



2023-2026



HAMILTON COUNTY

COMMUNITY HEALTH ASSESSMENT

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## EXECUTIVE SUMMARY

### EXECUTIVE SUMMARY

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

ASSESSMENT	DESCRIPTION	KEY FINDINGS
<b>Community Health Status Assessment</b>	Secondary data covering Demographics, Socio-economics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, and Health Care Access and Usage.	<ul style="list-style-type: none"> <li>High rates of poverty and food insecurity, disparities in poverty</li> <li>Low life expectancy, high mortality rates due to cancer, heart disease, COVID-19, unintentional injuries, stroke</li> <li>High rate of mental health ED visits and Baker Acts</li> <li>Risky health behaviors including tobacco use, overweight and obesity, lack of screenings, low rates of first trimester care</li> <li>Few facilities/providers, high rate of general/dental ED visits</li> </ul>
<b>Community Themes and Strengths Assessment</b>	Survey feedback collected from community members on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Hamilton County.	<ul style="list-style-type: none"> <li>Top health factors and issues included access to health care/primary care, nutritious foods, good schools, jobs, low crime, substance/drug abuse, cancer, obesity, high blood pressure</li> <li>Emergency, urgent, specialty care were most difficult to obtain</li> <li>33.9% didn't get needed dental care (mainly due to cost), 20.0% primary care (due to provider/appointment availability), 9.6% mental health care (due to cost and provider availability)</li> </ul>
<b>Forces of Change Assessment</b>	Discussion on current or potential trends, factors, and events within Hamilton County.	<ul style="list-style-type: none"> <li>Social trends including increased teen pregnancies, drug misuse, domestic violence, vaping, and chronic diseases, with decreasing 3rd grade reading levels, volunteerism, and migrant families</li> <li>Factors/events of transportation challenges, lack of hospital and internet access, limited first responders, environmental disasters</li> </ul>
<b>Community Partner Assessment</b>	Survey of activities, resources, and capacity of partners involved in the health assessment process	<ul style="list-style-type: none"> <li>Common priority populations of families, pregnant people, homeless, and youth; issues of education, tobacco/substance use</li> <li>Capacities include community engagement, assets for community meetings, policy/advocacy work, communication</li> </ul>
<b>Strategic Priorities</b>	Chronic Disease Substance Misuse and Mental Health Access to Care	

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# INTRODUCTION AND ASSESSMENT METHODOLOGY

## Background

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

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Hamilton County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health assessment process every three (3) to five (5) years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from throughout Hamilton County. This body, called the 2023 Hamilton County CHA Steering Committee, guided the process and assured that the health needs and issues of all Hamilton County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Hamilton County for the larger goal of improving health outcomes and quality of life for all residents in Hamilton County.

## Process and Methodology

This comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). In 2023, NACCHO released an update version of the Mobilizing for Action through Planning and Partnerships (MAPP) framework for community health assessment (CHA). The new version, MAPP 2.0, replaced the Local Public Health System Assessment with the Community Partner Assessment. This new assessment provides partners involved in a MAPP-based community health assessment process a structured way to look critically at their individual activities and resources and their collective capacity as a network of community partners to address health issues, gaps, and system challenges as they work together towards improving population health outcomes.

Although MAPP 2.0 was released after the initiation of the 2023 Hamilton County Community Health Assessment, the Hamilton County Steering Committee opted to include the Community Partner Assessment in the 2023 CHA. As such, the 2023 Hamilton CHA followed a modified MAPP and MAPP 2.0 process.

Strategies to establish the assessment of social determinants of health, quality of life, and health disparities have been included in the Hamilton County MAPP process. Use of the MAPP tools and techniques helped Hamilton County ensure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

## Assessments

The health of a community is generally measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex nature of determinants of health, the community health assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data



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sources. Data was generated from three core assessments to inform the analysis, prioritization, and identification of community health priorities. These assessments are described in further detail below.

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

- Executive Summary
- Introduction and Assessment Methodology
- Organizing for Success and Partnership Development
- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Partner Assessment
- Intersecting Themes and Key Considerations
- Resources for Community Interventions
- Appendices
  - ▶ Appendix A – Steering Committee Members
  - ▶ Appendix B – Community Survey
  - ▶ Appendix C – Community Partner Assessment Survey

### *Community Health Status Assessment*

The Community Health Status Assessment provides a narrative summary of the data presented in the *2023 Columbia County and Hamilton County Community Health Assessment Technical Appendix*, which includes analysis of social determinants of health, community health status, and health system assessment. A myriad of secondary data sources were used to examine the health of Hamilton County, including the U.S. Census Bureau, the Florida Agency for Health Care Administration, the Florida Department of Health’s Florida HealthCHARTS, and the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Hamilton County. More information on ZCTAs as well as a list of ZCTAs for Hamilton County can be found in the Technical Notes section of the *2023 Columbia County and Hamilton County Community Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 32096 White Springs. Through the analysis of data on these indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: “How healthy is the community?”.

### *Community Themes and Strengths Assessment*

The Community Themes and Strengths Assessment component represents the core of the community’s input and perspective into the health problems and needs of the community. In order to determine the community’s perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large, garnering 115 responses. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment

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segment of this report and seeks to understand “What is important to the community?” and “How is health and quality of life perceived in the community?”.

### *Forces of Change Assessment*

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on April 20, 2023, with the Hamilton County Community Health Assessment Steering Committee and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on “What is occurring or might occur that affects the health of the community and/or health system?”

### *Community Partner Assessment*

The Community Partner Assessment provides partners involved in a MAPP-based community health assessment process a structured way to look critically at their individual activities and resources and their collective capacity as a network of community partners to address health issues, gaps, and system challenges as they work together towards improving population health outcomes.

## **Intersecting Themes and Key Considerations**

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the assessments. Identification and prioritization of strategic issues based on intersecting themes are discussed here as well. The narrative report concludes with a resource list of planning assets with promising, model practices as well as evidence-based interventions for addressing the identified issues. Recommendations for addressing the identified needs are listed in the Key Considerations section.

## **Identified Health Priorities**

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

- Chronic Disease
  - ▶ Chronic conditions including hypertension, pre-diabetes, diabetes, heart disease
  - ▶ Obesity
  - ▶ Self-management education
  - ▶ Nutrition and healthy lifestyle education and outreach
- Substance Misuse and Mental Health
  - ▶ All substances including alcohol, tobacco, illicit drugs
  - ▶ Youth and adult focus on prevention and treatment
- Access to Health Care
  - ▶ Mental and behavioral health care services
  - ▶ Telehealth service improvement and expansion

- ▶ Primary care, primary prevention, and wellness
- ▶ Appropriate and expanded use of existing resources, including EMS

## Action and Implementation

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

**FIGURE 1: MAPP PROCESS DIAGRAM**



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

**FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT**



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



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## Using the Community Health Assessment

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

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

## Technical Appendix

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

# ORGANIZING FOR SUCCESS, PARTNERSHIP DEVELOPMENT, AND VISIONING

## Organizing for Success and Partnership Development

Having broad community representation during the Community Health Assessment process is critical to accurately identifying and reflecting the health issues and needs of the community. Therefore, a diverse array of community leaders and organizations were invited to partake in the assessment process as Steering Committee members. In total 31 Steering Committee members were involved. Their names and titles are provided in Appendix A.

## Assuring Diversity and Equity in the Hamilton County Community Health Assessment Process

At the February 9, 2023 Hamilton County Community Health Assessment meeting, Steering Committee members reflected on how to assure wider, more diverse representation of community partner organizations as well as the community at large in the overall assessment process. Steering Committee members discussed the following questions:

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

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

Organizations, Partnerships, Groups, or Populations	
County and city commissioners	Chamber of commerce
Law enforcement	Mental health leaders
Department of Juvenile Justice and Department of Corrections	North Florida Pediatrics
Youth representatives, such as 4H	Agricultural community

Source: Hamilton County diversity and equity discussion results, February 9, 2023. Prepared by WellFlorida Council, 2023.

## Survey Distribution and Participation

At their February 9, 2023 Kickoff Meeting, the Hamilton County Steering Committee reviewed the content of the community wide survey designed for this community health assessment. It was requested that questions related to children be added for those who are caregivers, with a simple yes/no option to skip these questions for those who do not have children in their care. WellFlorida Council later added these questions into the survey.

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The topic of how to ensure broad survey participation was also discussed at great length. The following ideas were brought up during discussion:

- Put up survey flyers in all 3 libraries; some libraries have previously put the survey on their website homepage
- Nurses in college who need hours or even Department of Health employees can go sit out in front of the library and ask people to fill out the survey
  - ▶ Could incentivize with gift cards and vouchers
  - ▶ Utilize outreach workers in both counties
- Have EMS send out as a post
- Promote on Hamilton County gossip and venting page
- Ask schools to do call-out on phones
- Head Start to promote at next parent meeting
- Put stickers on gas pumps
- Events
  - ▶ Could promote at the leadership forum on February 23
  - ▶ Could promote at the Florida Gateway College Music and Arts Forum on March 4

Additionally, the survey timeline was designed to encompass as many community events and promotional opportunities as possible. In particular, with a launch date of February 14, the survey was open in time for the Olustee festival on February 17 and 18.

## Visioning

At their kick-off meeting on February 9, 2023, the Hamilton Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Hamilton County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed for a healthy Hamilton County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Much of the discussion revolved around issues in Hamilton County, including challenges with transportation, the poor middle class, lack of access to care, and lack of access to healthy foods. Steering Committee members also thought it could be helpful to solicit community input on the vision statement via social media, perhaps by allowing people to vote. The word cloud on the next page depicts terms that were frequently used to define health and a healthy Hamilton County.

FIGURE 3: HAMILTON COUNTY VISION WORD CLOUD, 2023

## What is one word that describes a Healthy Hamilton County?

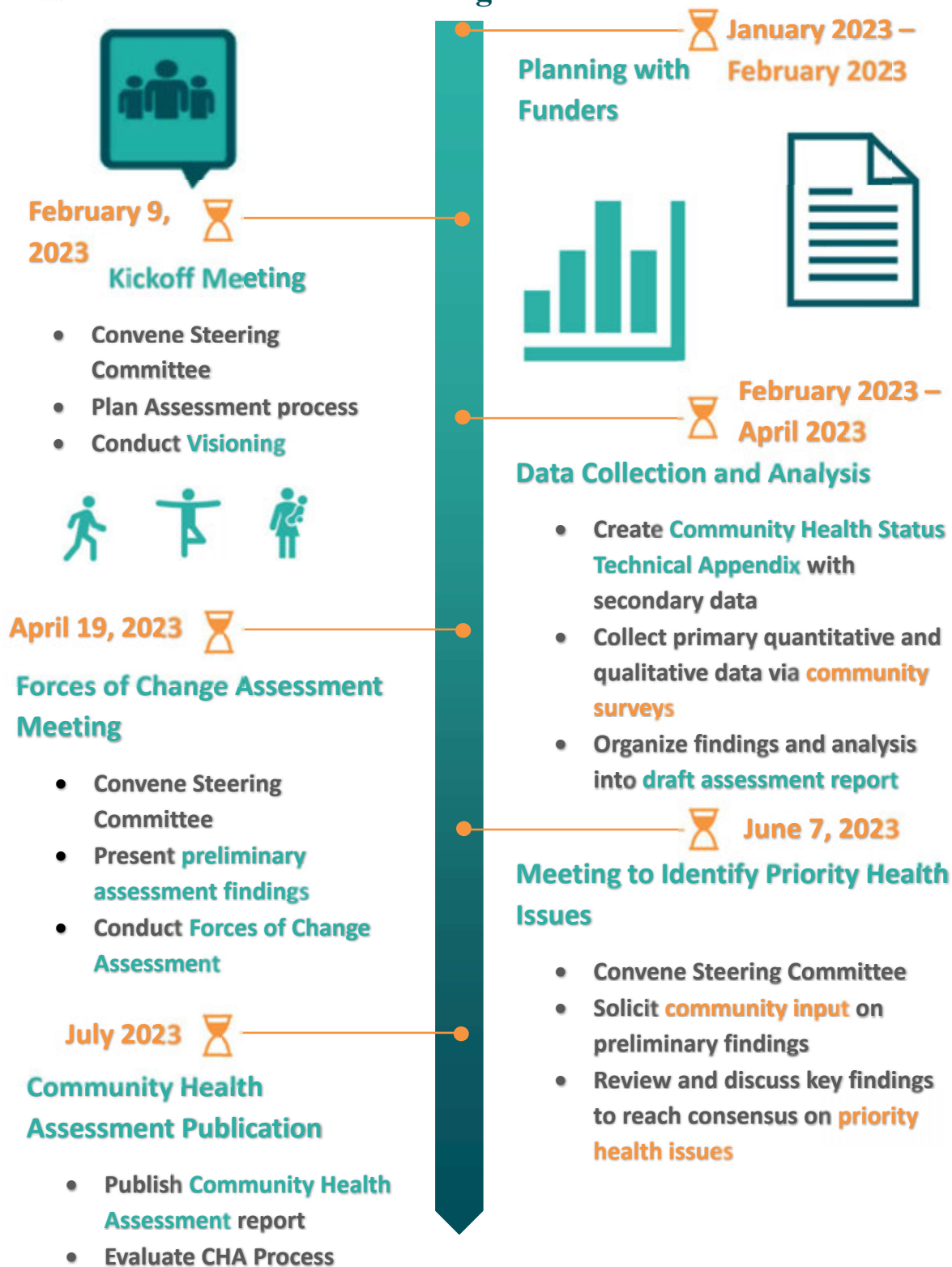


Prepared by WellFlorida Council, 2023.

Participants were encouraged to continue thinking about these concepts in order to guide planning and discussion at future community meetings.



# 2022-2023 Hamilton County Community Health Assessment Planning Process Timeline



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# COMMUNITY HEALTH STATUS ASSESSMENT

## Introduction

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

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

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

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

## Demographics and Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The 2023 Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Hamilton County demographic and socioeconomic profile.

### Population

The US Census Bureau reported a 2020 population of 14,004 individuals in Hamilton County (Table 4, 2023 Technical Appendix). UF Bureau of Economic Business Resources population projections anticipate a growth of just 3.2 percent between 2021 and 2025, slower than Florida at 5.8 percent during the same time period. Most of this population (65.5 percent) lives in unincorporated areas, far outstripping the 49.6 percent of Floridians that live in

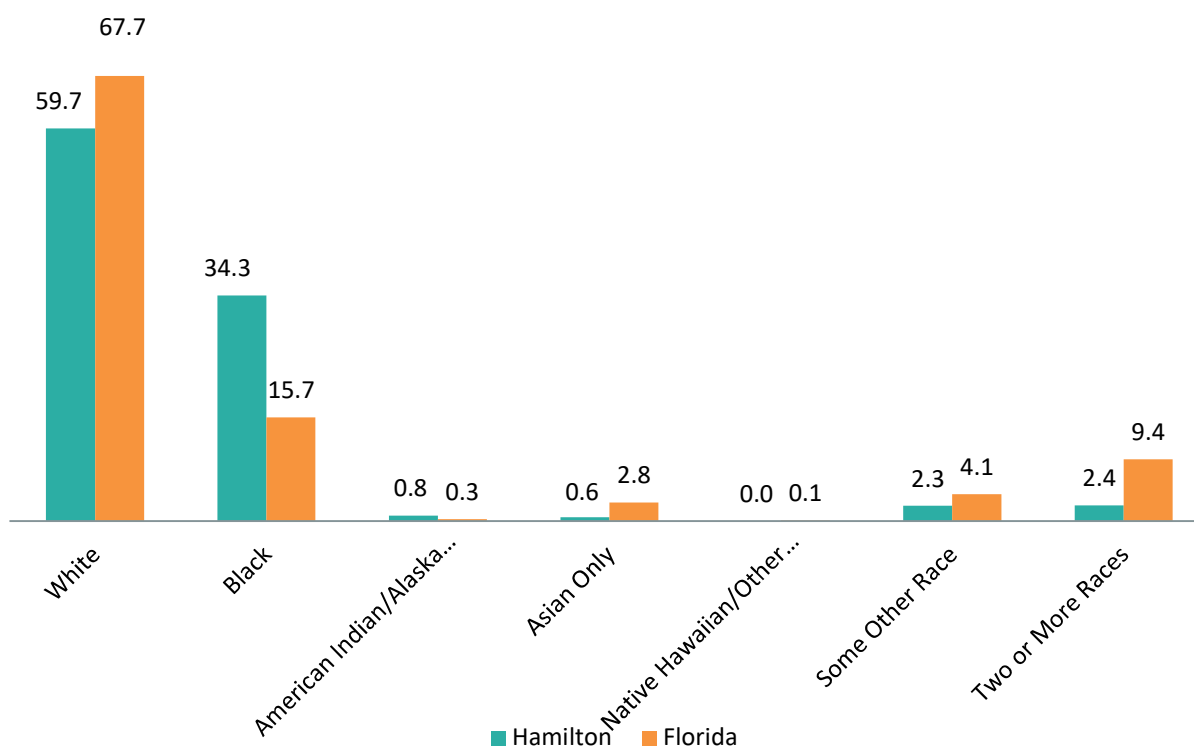
unincorporated areas, with 21.8 percent in Jasper, 6.3 percent in Jennings, and 6.4 percent in White Springs (Tables 2 and 3, 2023 Technical Appendix).

The 2020 US Census data provides a valuable snapshot of the exact demographics of Hamilton County and Florida in 2020. However, most of the data in this report refers to calculations based on the 2017-2021 American Community Survey (ACS) estimates, including all the zip code level data. The ACS estimates are a five-year average that is updated every year; for example, the current set of estimates is for 2017-2021, while the upcoming set of estimates will be for 2018-2022. Although both the US Census and ACS estimates are conducted by the US Census Bureau, only the official US Census is administered to the entire population; the ACS is completed by only a subset of the population, and is therefore an estimate, not an official count. Since detailed breakdown of the US Census data is not yet publicly available, including zip code level data, for the rest of this report we will be using the 2017-2021 ACS estimates, and the population of Hamilton County will be considered 13,973, according to these most recent ACS estimate, unless specified otherwise (Table 5, 2023 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2023 Technical Appendix.

Furthermore, Hamilton County contains an estimated 710 Veterans, comprising 6.3 percent of the population. This number is marginally lower than the state rate of 8.2 percent (Table 18, 2023 Technical Appendix).

## Race

**FIGURE 4: PERCENTAGE POPULATION BY RACE, HAMILTON COUNTY AND FLORIDA, 2017-2021 ACS ESTIMATES**



Source: Table 5, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

As shown in Figure 4, the 2017-2021 ACS estimates place 59.7 percent of the Hamilton County population as White – less than the state overall – and 34.3 percent as Black – more than double that of the state (Table 5, 2023 Technical Appendix).

### *Ethnicity*

Roughly 10.2 percent of the Hamilton County population identifies as Hispanic, far less than the state rate of 26.2 percent of Floridians. The highest rate of Hispanic residents is found in 32053 Jennings, comprising 18.1 percent of this ZCTA. However, the largest raw number of Hispanic residents can be found in 32052 Jaspers, with 734 Hispanic residents constituting 8.4 percent of the population (Table 6, 2023 Technical Appendix).

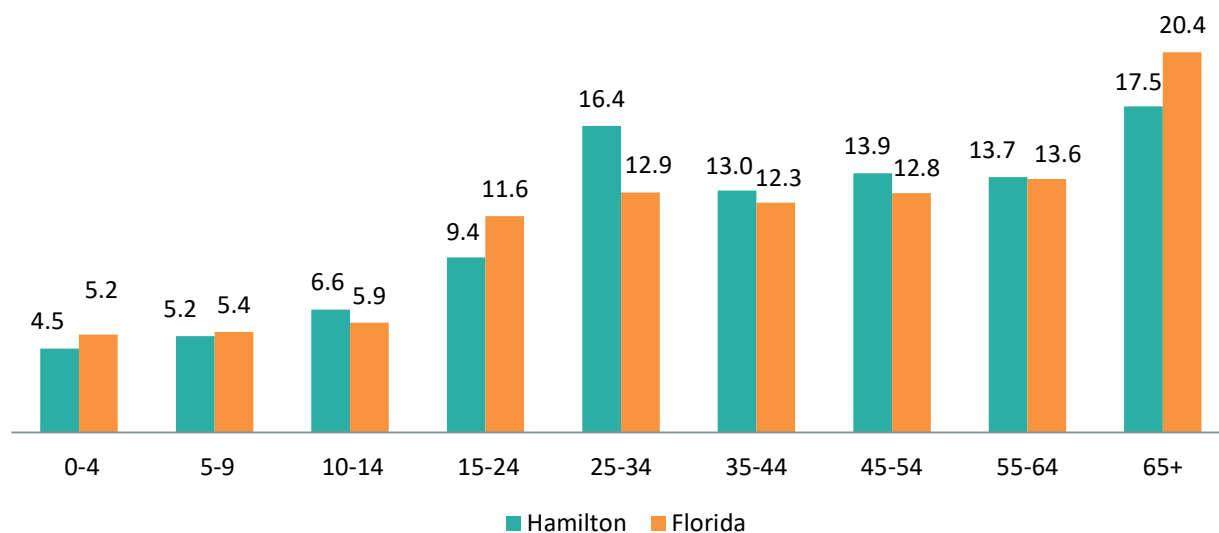
### *Sex*

With respect to the 2017-2021 ACS estimates, 59.3 percent of Hamilton County is male and 40.7 percent female. This distribution is skewed in favor of males when compared to the state, where only 49.2 percent of the population is male and 50.8 percent females (Table 7, 2023 Technical Appendix).

### *Age*

Figure 5 below illustrates the population distributions of Hamilton County by age group. When compared to Florida, we generally see that a higher proportion of the population is working age adults, especially in the 25-34 years old age group.

**FIGURE 5: POPULATION BY AGE GROUP, HAMILTON COUNTY AND FLORIDA, 2017-2021**



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

By ZCTA, 32096 White Springs holds the highest proportion of seniors ages 65+, which make up 22.2 percent of this ZCTA's population. On the other hand, 32053 Jennings holds the highest proportion of children under the age of 18, which comprise 27.1 percent of this ZCTA. Finally, 32052 Jasper contains the highest proportion of working aged adults at 68.9 percent of this population (Table 8, 2023 Technical Appendix).

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There exist several interesting intersections between age, sex, race, and ethnicity. For example, the female population in Hamilton County has a larger percentage of seniors than the male population – 22.9 percent of the female population as compared to 13.7 percent of the male population. This also holds true when comparing the White Hamilton County population to the Black Hamilton County population, with 21.5 percent of the former being 65 years of age or older compared to just 12.6 percent of the Black population, and when comparing the entire population to Hispanics, with 17.5 percent of the overall population as seniors far exceeding only 2.0 percent of the Hispanic population being in this age group. In particular, among Hispanic males only 1.5 percent of the population is 65 years of age or older. On the opposite extreme, 26.4 percent of White females are seniors in Hamilton County. The Hamilton County Hispanic population also is made up of an unusually large percentage of children, comprising 33.2 percent of the entire county’s Hispanic population as compared to just 19.5 percent among all races (Tables 9-12, 2023 Technical Appendix).

### *Families and Households*

The US Census Bureau defines a family as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Meanwhile, a household is any group of people living together or an individual living alone, and hence includes both family households and non-family households. Hamilton County is home to about 2,963 families according to the most recent 2017-2021 ACS estimates, of which the average family size is 2.94 people (3.16 for Florida). The overwhelming majority of these families are married couple families, followed by female householder, no husband present families, then male householder, no wife present families. When looking at overall households – amounting to 4,208 in Hamilton County – the average household size comes to just 2.60 individuals, roughly equal to the state average of 2.57. The largest average family size is found in 32052 Jasper at 2.89 people and the largest average household size in 32053 Jennings at 2.87 people (Tables 16 and 17, 2023 Technical Appendix).

There are approximately 331 households owned by grandparents in Hamilton County, with 75.1 percent of these households being responsible for their own grandchildren under 18, this number being just 44.1 percent for Florida overall. Roughly 81 percent of these households have a parent present, greater than just 63.9 percent of these households in Florida (Tables 14 and 15, 2023 Technical Appendix).

According to the 2017-2021 ACS estimates, 3,042 individuals in Hamilton County live in group quarters, which include correctional institutions and nursing homes, comprising 21.8 percent of the population. This is markedly higher than just 1.9 percent of Florida (Table 13, 2023 Technical Appendix).

### *Languages Spoken*

Additional ACS data considers the languages spoken by Hamilton County residents ages five (5) and older. Among this demographic, 89.0 percent speak only English, and among those speaking another language, just 26.5 percent speaking English less than “Very Well” (compared to 39.6 percent of Florida). Roughly 2/3 of these individuals speak Spanish (66.5 percent), just over a quarter speak other Indo-European languages (27.7 percent), and less than five (5) percent speak Asian and Pacific Island languages (Table 19, 2023 Technical Appendix).

### *Life Expectancy*

Table 2 presents life expectancy by sex for Hamilton County and Florida. In summary, Hamilton County residents on average live about four (4) years less than their Florida counterparts, and average life expectancy is more than six (6) years shorter for males as compared to females.

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

	Hamilton County	Florida
<b>Overall</b>	75.6	79.4
<b>Females</b>	79.1	82.3
<b>Males</b>	72.8	76.5

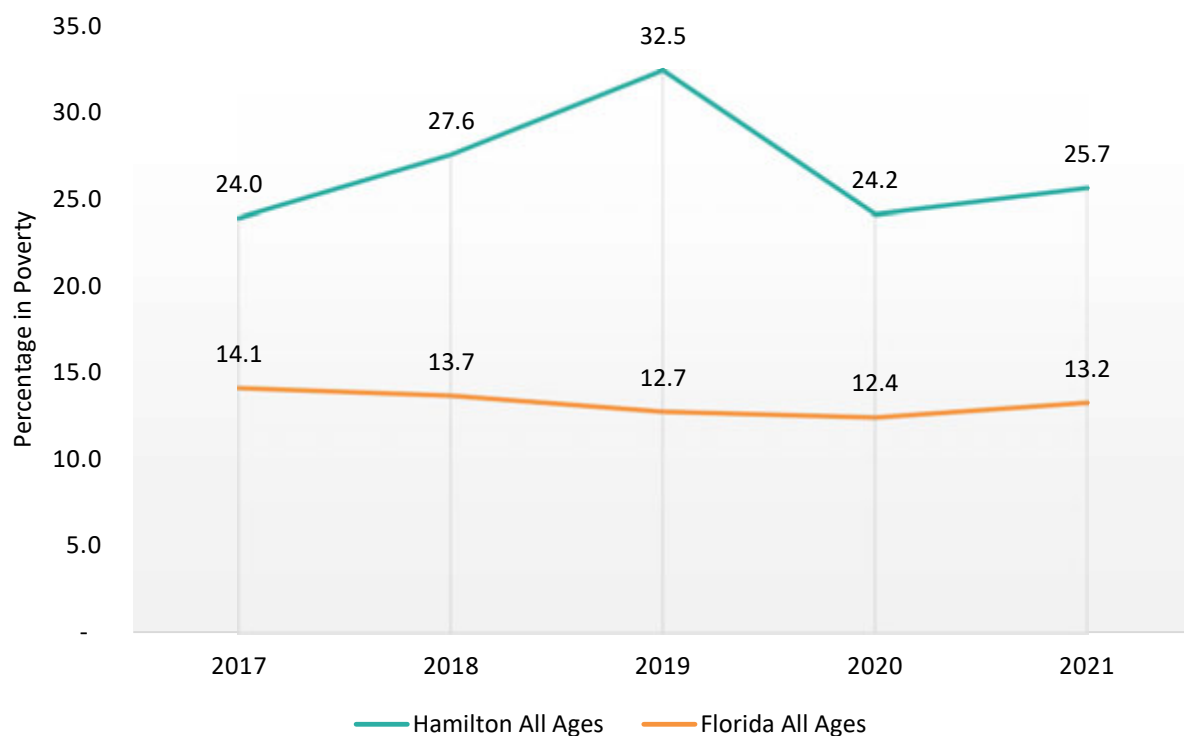
Source: Table 20, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Life expectancy also demonstrates slight variations by race, with Black Hamilton County residents living an average of 2.3 years less than their White counterparts at 73.8 years and 76.1 years, respectively. These numbers compare to 76.7 years for Black Floridians and 79.7 years for White Floridians (Table 20, 2023 Technical Appendix).

### *Economic Characteristics*

#### **Poverty**

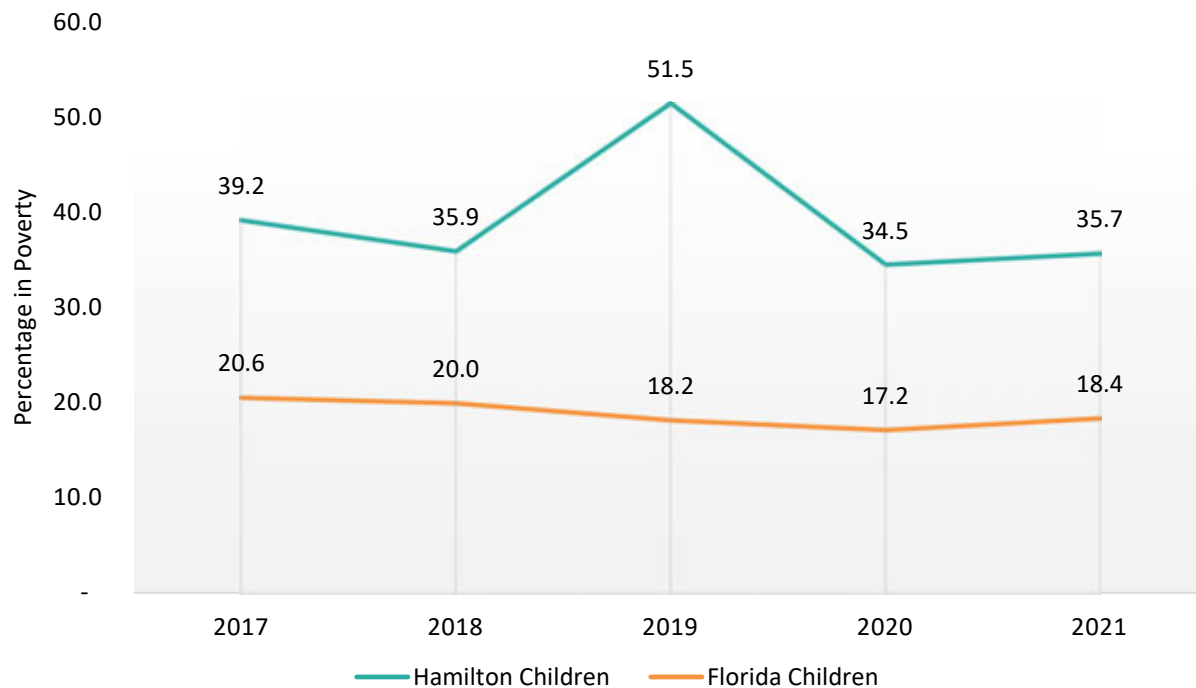
The US Census Bureau Small Area Income and Poverty 2021 estimates place poverty rates for Hamilton County at a staggering 25.7 percent of the population overall and 35.7 percent of children under 18; Florida rates are lower in both categories at 13.2 percent overall and 18.4 percent of children in poverty (Table 21, 2023 Technical Appendix).

**FIGURE 6: POVERTY RATES AMONG ALL AGES, HAMILTON COUNTY AND FLORIDA, 2017-2021**

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



**FIGURE 7: CHILDREN IN POVERTY ESTIMATES, HAMILTON COUNTY AND FLORIDA, 2017-2021**



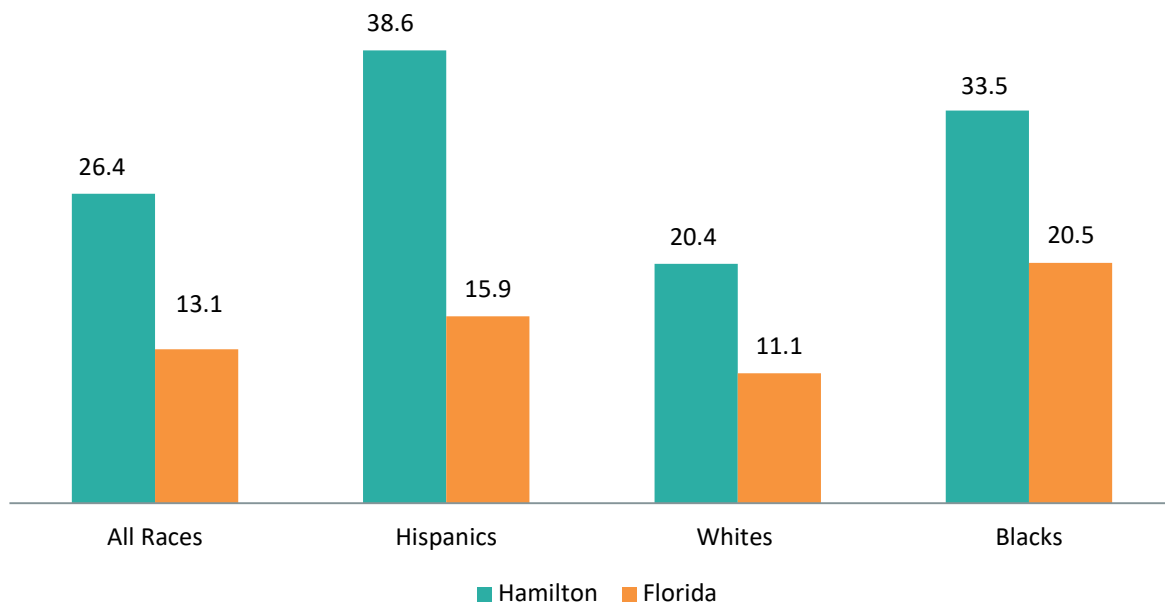
Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By ZCTA, the highest rate of poverty in Hamilton County is located in 32053 Jennings at 34.2 percent of the population; the highest rate of poverty among children can also be found here at 45.6 percent of children 0-17 years of age (Table 22, 2023 Technical Appendix). When broken out by poverty among the working-aged population, those 18-64 years of age, approximately 26.5 percent are in poverty (12.2 percent in Florida); among seniors ages 65 and older, 18.8 percent are in poverty (10.7 percent for Florida). The highest rate of seniors in poverty can be found at 26.9 percent of the senior population in 32053 Jennings (Table 24, 2023 Technical Appendix).

Poverty rates also show some variation by sex, with 27.8 percent of Hamilton County females in poverty compared to 24.9 percent of Hamilton County males. These numbers compare to just 14.1 percent and 12.0 percent in Florida, respectively (Table 25, 2023 Technical Appendix).

Figure 8 displays disparities in poverty by ethnicity and race. Specifically, Hispanics experience markedly higher rates of poverty compared to the overall population (38.6 versus 26.4 percent), as do Black races compared to White races (33.5 versus 20.4 percent) (Table 26, 2023 Technical Appendix).

**FIGURE 8: ESTIMATED PERCENT OF PERSONS IN POVERTY BY SELECTED RACES AND ETHNICITY, HAMILTON COUNTY AND FLORIDA, 2017-2021**



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

By household type, family households generally have lower poverty rates than households overall (19.5 versus 25.3 percent). However, when looking at family households with Female Head of Household, no Husband Present, this group holds the highest rate of poverty by any type of household, coming in at 30.8 percent of this population (Table 27, 2023 Technical Appendix).

### ALICE Households

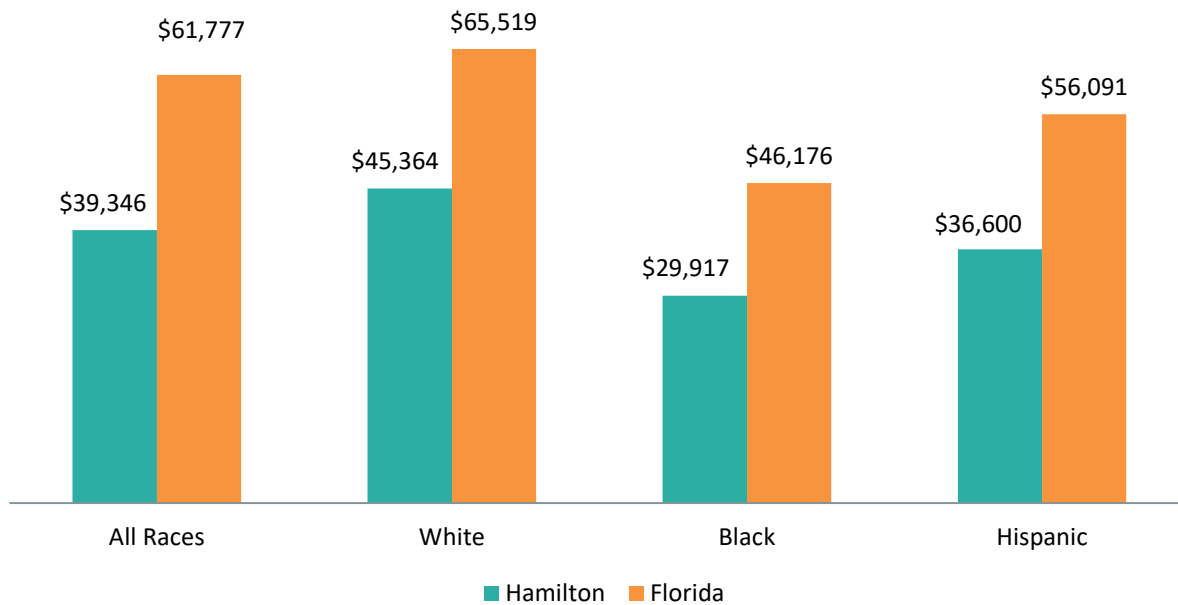
ALICE household reports, or Asset Limited, Income Constrained, Employed household reports, are publications producing unbiased, high quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. Their methodology is reviewed by outside experts and supported with an independent Research Advisory Committee within each state; more information can be found at <https://www.unitedforalice.org/overview>. The following data is taken from the 2023 ALICE Report, which contains information collected in 2021, located in Table 29 of the 2023 Technical Appendix.

The ALICE report calculates household survival budgets by family type and size in an attempt to reflect the minimum income necessary to meet basic living expenses within a county or state. For example, the household survival budget for a single adult in Hamilton County is estimated at 23,904 dollars per year, and for a household of two (2) adults with two (2) children in childcare, that number rises to 56,928 dollars per year. ALICE households are therefore households that earn more than the federal poverty guidelines but less than these household survival budgets. Within Hamilton County, this demographic accounts for 34.0 percent of the population, slightly higher than the 32.0 percent found in Florida overall. ALICE households are particularly prevalent among those 65 years of age and over, comprising 40.0 percent of this population both at the county and state levels.

## Income

Median household income varies by race and ethnicity, as shown in Figure 9 below. It is particularly noteworthy that the median income for Black households is more than 15,000 dollars less than that for White households. Geographically, ZCTA 32053 Jennings has the lowest median household income at 34,267 dollars, while 32096 White Springs has the lowest average household income at 50,325 dollars (Tables 30 and 31, 2023 Technical Appendix).

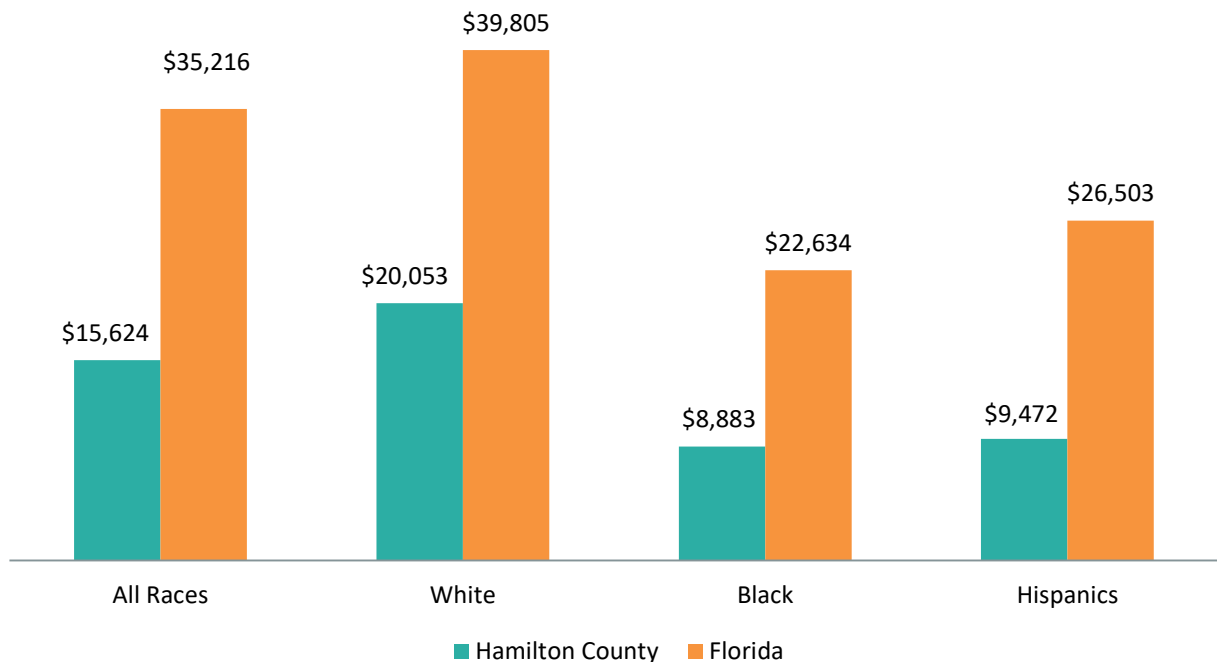
**FIGURE 9: MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, HAMILTON COUNTY AND FLORIDA, 2017-2021**



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

Per capita income reflects similar patterns as that of median household income. Per capita income in Hamilton County is consistently less than that of the state, with Black income in particular being half of that of White income in the county. Figure 10 displays this in more detail. By ZCTA, 32052 Jasper has the lowest per capita income at 13,292 dollars per person; by ZCTA and race/ethnicity, the lowest per capita income is 7,567, found among Black residents of 32052 Jasper (Table 32, 2023 Technical Appendix).

**FIGURE 10: PER CAPITA INCOME BY RACE AND ETHNICITY, HAMILTON COUNTY AND FLORIDA, 2017-2021**



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

### *Employment*

Unemployment rates with Hamilton County have been very similar to those of the state for the past eight (8) years. In 2021, Hamilton County reported 6.0 percent of the population as unemployed, slightly higher than Florida at 4.6 percent. These rates are with respect to estimates from the United States Bureau of Labor Statistics (Table 36, 2023 Technical Appendix).

The ACS also samples employment rates among the civilian labor force by ZCTA. These estimates place the average rate of unemployment from 2017-2021 at 11.3 percent of Hamilton County. The highest rate of unemployment can be found in ZCTA 32052 Jasper, at 11.7 percent of the population (Table 37, 2023 Technical Appendix).

The US Census Bureau collects information from a sample of businesses, and the result of this 2020 data collection revealed that, like the state of Florida, most non-governmental businesses in Hamilton County are small (96.3 percent), employing less than 50 people. Of these businesses, 24.7 percent are retail (compared to 12.6 percent of Florida) and 42.6 percent are services (51.8 percent in Florida) (Tables 42 and 43, 2023 Technical Appendix).

**FIGURE 11: UNEMPLOYMENT RATES, HAMILTON COUNTY AND FLORIDA, 2014 - 2021**

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

### Transportation

The 2017-2021 ACS also inquires about transportation availability and methods by household. Among households with workers age 16 and over, 98 percent have a vehicle available in Hamilton County, and 75.9 percent of workers drive alone to work. These numbers are similar to those of the state. Commute time is generally slightly lower for Hamilton County residents, with 12.8 percent reporting a commute of less than 10 minutes (8.9 percent for Florida) and 61.4 percent reporting less than 30 minutes (57.2 for Florida) (Tables 54 and 55, 2023 Technical Appendix).

### Education

Educational attainment is an important indicator of community health that is often correlated with health literacy, income, and job opportunities. Hamilton County residents over the age of 25 depict lower rates of educational attainment, with nearly a quarter holding less than a high school diploma and roughly 60 percent with a high school diploma as their highest level of educational attainment. Furthermore, a higher proportion of females are college-educated (22.7 percent) as compared to males (11.5 percent). Some details are shown in Table 3 below, alongside Hamilton County's high school graduation rates and extraordinarily high dropout rates (Tables 38 and 39, 2023 Technical Appendix).

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

High School Graduation			School Dropout Rates			Highest Level of School Completed, by Percent of Population 25+ Years, 2017-2021		
Year	Hamilton County	Florida	Year	Hamilton County	Florida		Hamilton County	Florida
2017-18	73.5	86.1	2016-17	18.6	4.0			
2018-19	73.1	86.9	2017-18	9.8	3.5	No high school diploma	24.1	11.5
2019-20	87.0	90.0	2018-19	9.3	3.4	High school diploma	59.8	48.0
2020-21	83.8	90.1	2019-20	8.3	3.1	College degree	16.1	40.5
2021-22	75.4	87.3	2020-21	8.8	3.2			

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

### Food Insecurity

Food insecurity rates are estimated by Feeding America, a national nonprofit network of food banks that operates in every county in the country. Their estimates are made using a tested model based on Current Population Survey (CPS) food security questionnaire data, and it takes into account – among other things – unemployment rates, poverty rates, and disability rates. As shown in Table 4, Hamilton County residents suffer notably higher rates of food insecurity than the state among children and all ages.

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

Year	Food Insecurity Percent		Child Food Insecurity Percent	
	Hamilton County	Florida	Hamilton County	Florida
2016	21.5	13.9	26.4	20.7
2017	20.2	13.4	24.6	20.4
2018	19.8	13.0	29.1	19.4
2019	19.0	12.0	30.3	17.1
2020	16.6	10.6	25.9	15.7

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

The rates of children eligible for free and reduced lunch is also an important indicator of food insecurity and use of public assistance programs. Within Hamilton County, the rates of students eligible for free or reduced lunch were notably higher than the state across all school ages record, Pre-K through Middle School. In particular, eligibility for



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children in Pre-K has risen from 57.4 percent in 2019 to 73.4 percent in the most recent year of data recorded, 2021, while only 61.0 percent of Florida children in Pre-K were eligible. This is the highest rate of eligibility across all school categories in Hamilton County, with Elementary School students coming in as second at 73.3 percent of students being eligible, compared to just 56.6 percent throughout Florida (Table 47, 2023 Technical Appendix).

Another food assistance program of interest is WIC (Women, Infants, and Children), which provides food assistance to young children and women who are pregnant or have young children. Hamilton County reports a high rate of individuals eligible for WIC at 4,501.9 individuals per 100,000 population, compared to just 2,890.5 in Florida. In 2021, just 46.7 percent of those eligible in Hamilton County were served, the lowest this rate has been since before 2014. Similarly, Florida's rate of WIC-eligibles served was just 63.0 percent in 2021, the lowest its been since before 2014. Food stamps or cash public assistance are also public health interventions of interest, accounting for 29.4 percent of Hamilton County households as compared to just 14.1 percent of Florida households. Roughly a third of these households in Hamilton County contain one or more persons aged 60 years or older (Tables 48, 50, and 51, 2023 Technical Appendix).

### *Housing Data*

According to the 2017-2021 ACS estimates, 25.2 percent of Hamilton County housing units are vacant – much greater than the state rate of 16.5 percent. Among occupied houses, 24.3 percent of households have the burden of housing costs that are 30 percent or more of household income, less than the state rate of 34.6 percent. This number rises to 50.4 percent of renter-occupied housing units but stays at 24.3 percent of owner-occupied households. Additionally, roughly 10 percent of Hamilton County housing units see severe housing problems, slightly less than the corresponding 14.4 percent of Florida households (Table 44, 2023 Technical Appendix).

### *Incarcerations*

According to the Florida Department of Corrections, Hamilton County had a rate of incarcerations in 2022 that was more than double that of the state: 5.4 incarcerations per 1,000 population as compared to 2.5 in Florida. This rate has been consistently higher since before 2018. Additionally, inmate admission rates were consistently higher from 2019 through 2021, with the most recent year of data in 2021 coming to 274.3 incarcerations per 1,000 Hamilton County population as compared to 104.0 per 1,000 Florida population (Tables 56 and 57, 2023 Technical Appendix).

The Florida Department of Corrections also shares recidivism numbers, or the number of previously incarcerated individuals that are returned to prison within 36 months of release. In Hamilton County, these recidivism rates were consistently lower than Florida as a whole with respect to 2016, 2017, and 2018 releases. However, these rates are based on very small numbers (1 return, 4 returns, and 0 returns, respectively), and should be interpreted with caution (Table 58, 2023 Technical Appendix).

### *Voter Registration*

As of January 31, 2023, Hamilton County was home to 7,944 registered voters. In the 2018 election, 59.7 percent of registered voters cast a ballot, slightly less than the state rate of 62.0 percent. Tables 59 and 60 of the 2023 Technical Appendix contain these and more details regarding party and ballot type distribution.

## **Mortality and Morbidity**

Disease and death rates are some of the most direct and traditional measures of health and well-being in a community. Hamilton County has higher mortality rates than the state among All Races, White Races, Black Races, and Hispanics, as well as lower life expectancy and high rates of Years of Potential Life Lost (YPLL). This section

details the various causes of death recorded by hospital discharge data and how they break down by race, ethnicity, and sex across the county and the state. Zip code level data is presented when available.

It is important to note that this section may have numbers that are suppressed due to a small sample size, as specific causes of morbidity and mortality by race, ethnicity, and/or zip code can be rare. It is also noteworthy that the data that is available for small samples sizes should be interpreted with caution, as these rates can fluctuate greatly from year to year with just a few cases or individuals of interest being added or taken away. These instances are generally noted in the narrative below but will not always be isolated in the 2023 Technical Appendix.

### *Causes of Death*

In this section, we will refer to crude death rates and age-adjusted death rates. Crude rates are simply the number of deaths per some given population, and directly reflect the rate of deaths seen within a community. Age-adjusted rates are the number of cases within a certain population that is then adjusted to match a standard age distribution. In practice, this allows us to compare death rates in different geographical regions as if the age distribution within those regions were exactly the same. For example, Florida has an older age distribution than Hamilton County, which would make it inappropriate to compare crude death rates between these two geographical areas. Hence, we age-standardize the rates as if the age distribution were the same, allowing us to make comparisons between the two.

Hamilton County had an overall, age-adjusted mortality rate of 956.4 deaths per 100,000 population from 2019-2021. Within Florida, this rate is just 740.1 (Table 65, 2023 Technical Appendix). Table 5 details the most common causes of death within Hamilton County and Florida during this time period of 2019-2021. Cancer and heart disease were the leading causes of death, as in Florida, with cancer comprising 18.9 percent of all county deaths and heart disease, 16.6 percent. Suicide tied for the 7<sup>th</sup> leading cause of death in Hamilton County as compared to just 10<sup>th</sup> in Florida, and homicide and septicemia tied for 9<sup>th</sup> leading cause of death in Hamilton County, while not being ranked in the top 10 for Florida (Tables 61 and 66, 2023 Technical Appendix).

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

Cause of Death	Hamilton County	Florida
Cancer	1	2
Heart Disease	2	1
COVID-19	3	3
Unintentional Injury	4	4
Stroke	5	5
Chronic Lower Respiratory Disease (CLRD)	6	6
Diabetes	7T	7
Suicide	7T	10
Homicide	9T	NR
Septicemia	9T	NR

\*T – Tied. NR – Not Ranked in the top 10.

Source: Table 61, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Although rank causes and percentages of deaths provide insight into the relative impact of individual causes of death within a community, death rates provide a more absolute perspective of the effect of each cause of death. In particular, age-adjusted death rates allow us to compare the rates of death by cause within Hamilton County and

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the state of Florida. When compared to the state, Hamilton County residents experience higher age-adjusted rates of death due to:

- Cancer (187.0 deaths per 100,000 population versus 139.7 in Florida)
- Heart disease (169.9 versus 144.5)
- COVID-19 (89.7 versus 56.4)
- CLRD (58.9 versus 33.6)
- Unintentional injury (91.5 versus 65.3)
- Stroke (61.7 versus 43.2)
- Diabetes (26.8 versus 22.4)
- Suicide (36.0 versus 13.8)
- Influenza and pneumonia (14.6 versus 8.9)
- Homicide (24.5 versus 7.2)
- Septicemia (16.7 versus 8.2)

Please note that influenza and pneumonia rates are based on an average of just 2.7 deaths per year in Hamilton County, and homicide and septicemia are based on an average of just 3.3 deaths per year each (Table 67, 2023 Technical Appendix).

It is also noteworthy that among the top 10 cause of death in Hamilton County, only two (2) having been consistently rising in recent years: heart disease, from 131.8 age-adjusted deaths per 100,000 population in 2019 to 213.0 in 2021; and suicide, from 0 deaths in 2017 to eight (8) deaths, or 50.6 deaths per 100,000 population in 2021 (Table 69, 2023 Technical Appendix).

### *Differences in Mortality by Zip Code*

Mortality rates by zip code come from Esri business solutions, an American geographic information system software company. Hence, the overall mortality rates do not match the previous estimates provided, and for this section only will be considered 1,058.8 age-adjusted deaths per 100,000 population in Hamilton County. The ZCTA with the highest age-adjusted mortality rate is 32052 Jasper at 966.7 deaths per 100,000 population from 2019-2021 (Table 75, 2023 Technical Appendix).

When examining specific causes of death, 32052 Jasper is leading in age-adjusted mortality rates due to cancer and COVID-19. 32053 Jennings leads in age-adjusted deaths due to heart disease, CLRD, and liver disease. Finally, 32096 White Springs leads in age-adjusted deaths due to unintentional injuries, diabetes, stroke, and influenza and pneumonia (Tables 76-84, 2023 Technical Appendix).

### *Differences In Mortality by Sex*

Males and females often die from different causes for a myriad of biological and sociological reasons. Identifying these disparities can allow for targeted community interventions and personal education on risks and risk factors for each sex. Overall, females have an age-adjusted mortality rate of 960.8 deaths per 100,000 population (compared to 654.8 for Florida) and males an age-adjusted mortality rate of 1,426.2 (compared to 968.7 for Florida). Within Hamilton County, females see higher age-adjusted mortality rates than males from cancer (168.5 deaths per 100,000 versus 120.8) and CLRD (92.0 versus 29.0). Males see higher age-adjusted mortality rates than females by:

- Heart disease (288.5 deaths per 100,000 males versus 124.7 among females)
- COVID-19 (244.9 versus 112.4)
- Unintentional injury (108.6 versus 65.0)

- Diabetes (46.3 versus 15.3)
- Stroke (97.1 versus 72.9)

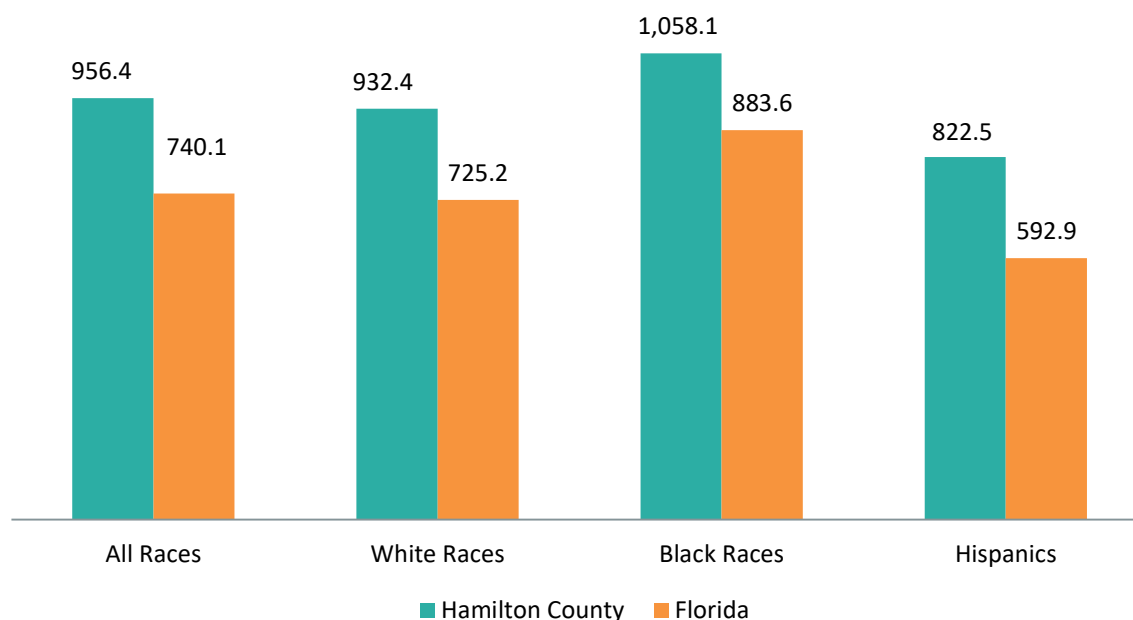
In particular, females have seen rising unintentional injury deaths in recent years, while males have seen rising stroke deaths and dropping CLRD deaths. Both sexes have seen rising heart disease deaths, as well as mortality rates overall (Tables 73 and 74, 2023 Technical Appendix).

When comparing rank causes of death, cancer is the leading cause of death for females, followed by heart disease – these two are switched for males. CLRD is also the third leading cause of death for females, while it only ranks as 7<sup>th</sup> for males, while unintentional injury ties for the third leading cause of death among males, only ranking as 6<sup>th</sup> among females. Females also experienced Alzheimer’s disease, hypertension, influenza and pneumonia, and nephritis as some of the top 10 leading causes of death that did not get ranked among males; in parallel, suicide and homicide were in the top 10 leading causes of death among males than did not get ranked among females (Table 62, 2023 Technical Appendix).

### *Differences In Mortality by Race and Ethnicity*

Figure 12 below provides an overview of the age-adjusted mortality rates of Hamilton County and Florida residents by race and ethnicity between 2019 and 2021. Please note that, given the small population of Hispanic residents, Hispanic estimates in Hamilton County are based on an average of just five (5) Hispanic deaths per year.

**FIGURE 12: AGE-ADJUSTED MORTALITY RATES BY RACE AND ETHNICITY FOR ALL CAUSES OF DEATH, HAMILTON COUNTY AND FLORIDA, 2019-2021**



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

Examining health outcomes by race is a crucial opportunity to further dive into racial disparities by type of death. Within Hamilton County, White Races see higher age-adjusted death rates than Black Races due to:

- Cancer (192.3 deaths per 100,000 population as compared to 183.8 for Black Races)

- CLRD (61.1 deaths as compared to 53.7)
- Stroke (69.4 deaths as compared to 49.5)
- Suicide (48.5 deaths as compared to 11.3)
- Liver disease (17.9 deaths as compared to 0)

Please note that stroke and suicide deaths include less than three (3) Black deaths per year, and these numbers should be interpreted with caution. White Hamilton County residents have also seen increasing rates of death due to heart disease, stroke, diabetes, and suicide in recent years. On the other hand, Black Races see higher age-adjusted death rates than White Races in the areas of:

- Heart disease (203.5 deaths per 100,000 population as compared to 163.4 for White Races)
- COVID-19 (150.9 as compared to 73.0)
- Diabetes (30.1 as compared to 24.5)
- Influenza and pneumonia (21.4 as compared to 14.3)
- Homicide (44.5 as compared to 12.9)
- Septicemia (25.2 as compared to 14.7)

Please note that for diabetes, influenza and pneumonia, homicide, and septicemia, rates are based on less than three (3) Black deaths per year, and these numbers should be interpreted with caution (Tables 68, 70, and 71, 2023 Technical Appendix).

### *Differences in Mortality by Age*

Crude death rates by age group can allow us to analyze the burden of mortality within a specific range of ages. Of particular interest are death rates among children under the age of 18 – at an overall death rate of 71.1 deaths per 100,000 population, six (6) children died in Hamilton County from 2019 to 2021, with three (3) from unintentional injuries and one (1) from perinatal period conditions. These are also the two (2) leading causes of death among children throughout Florida. Florida rates compare at just 50.1 deaths per 100,000 population overall, with a slightly higher rate of deaths due to perinatal period conditions (15.6 per 100,000) but a much lower rate of deaths due to unintentional injury – just 9.3 per 100,000 population (Tables 63 and 85, 2023 Technical Appendix).

When focusing on the adult population ages 18-44, Hamilton County presents a mortality rate of 276.6 per 100,000 population, much higher than the state rate of 192.8. The leading cause of death in this age group for Hamilton County was unintentional injury at 75.4 deaths per 100,000 population, similar to the state. However, homicide follows at 50.3 deaths per 100,000 population (just 13.4 in Florida), then suicide at 50.3 deaths (16.0 for Florida) and COVID-19 at 25.1 deaths (Table 86, 2023 Technical Appendix).

Mortality rates continue to climb as we transition to the next age bracket, those ages 45-64. For 2019-2021, Hamilton County came in at 1,130.4 deaths per 100,000 population, far exceeding the state rate of 753.6 deaths per 100,000 population. The leading causes of death compare at:

- Cancer: 306.7 deaths per 100,000 population in Hamilton County, 182.0 in Florida
- Heart disease: 192.8 deaths per 100,000 population in Hamilton County, 131.4 deaths in Florida
- Unintentional injury: 113.9 deaths per 100,000 population in Hamilton County, 75.4 deaths in Florida

This data is with respect to Table 87 of the 2023 Technical Appendix.

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Continuing on to the senior population ages 65-84 years of age, found in Table 88 of the 2023 Technical Appendix, Hamilton County presents a crude death rate of 4,210.2 deaths per 100,000 population; Florida, just 2,682.2. Although the top five (5) causes of death are the same for both regions, the rates of death compare thusly:

- Cancer: 864.4 deaths per 100,000 population in Hamilton County, 667.5 in Florida
- Heart disease: 822.5 deaths per 100,000 population in Hamilton County, 541.4 deaths in Florida
- COVID-19: 460.1 deaths per 100,000 population in Hamilton County, 223.2 deaths in Florida
- CLRD: 278.8 deaths per 100,000 population in Hamilton County, 167.3 deaths in Florida
- Stroke: 209.1 deaths per 100,000 population in Hamilton County, 151.5 deaths in Florida

Finally, the 85+ years of age group experience a mortality rate of 11,974.1 deaths per 100,000 population in Hamilton County and 12,305.9 deaths per 100,000 population in Florida. With the exception of heart disease, the leading cause of death, the top five (5) leading causes of death – cancer, stroke, COVID-19, and CLRD – are all present at higher rates for Hamilton County residents as compared to Florida as a whole (Table 89, 2023 Technical Appendix).

### *Years of Potential Life Lost*

Years of Potential Life Lost, or YPLL, is an important indicator of premature deaths, and is calculated for those who die before the age of 75. The years lost, or the difference between the age at which someone dies and 75, is then reported as a rate per 100,000 population in order to compare this standardized numbers between different populations. For Hamilton County in 2021, the YPLL was 14,834.5 years per 100,000 population and in Florida, 10,015.4 (Table 92, 2023 Technical Appendix).

YPLL varies drastically by race and sex. Among White Hamilton County residents, YPLL for 2021 was 12,371.4 years per 100,000 residents; among Black Hamilton County residents, this number rises to 20,511.2. Additionally, males in Hamilton County report 16,560.4 YPLL per 100,000 population, much higher than their female counterparts at 12,344.3 YPLL per 100,000 population (Tables 92 and 93, 2023 Technical Appendix). Within Hamilton County, the largest contributors to YPLL were, in descending order, unintentional injury, cancer, heart diseases, suicide, and homicide (Table 94, 2023 Technical Appendix).

### *COVID-19*

Age-adjusted death rates from COVID-19 were 95.2 deaths per 100,000 population in 2020 and 171.9 per 100,000 population in 2021 for Hamilton County; both years marked higher rates than the state overall. Although analyzing by demographic subsets of the population becomes challenging due to small case numbers, both years marked a clear disparity by race, with Black residents reporting nearly triple the rate of White age-adjusted deaths in 2020 and nearly double the rate in 2021, and by sex, with male residents reporting more than 1.5 times the age-adjusted rate of female deaths in 2020 and more than double the rate in 2021 (Table 95, 2023 Technical Appendix).

### *Suicide*

Suicide death rates are a sobering yet crucial source of insight into the mental and behavioral health status of a community. Within Hamilton County, 16 suicide deaths occurred between 2019 and 2021, yielding an age-adjusted mortality rate of 36.0 deaths per 100,000 population, markedly higher than Florida's rate of 13.8 deaths. Similarly, Hamilton County reported 1,050.6 YPLL per 100,000 population due to suicide, while Florida only reported 411.3 YPLL. 13 of the 16 overall deaths occurred among White residents at an age-adjusted mortality rate of 48.5 deaths



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per 100,000 population. With only two (2) deaths among Black Races, the age-adjusted mortality rate among this population was just 11.3 deaths per 100,000 in the same time period (Tables 96 and 97, 2023 Technical Appendix).

### *Heart Disease Mortality*

The single most common cause of heart disease-related deaths is an acute myocardial infarction, also known as a heart attack, at a rate of 35.5 age-adjusted deaths per 100,000 population in Hamilton County. This rate compares to 21.8 age-adjusted deaths per 100,000 population in Florida overall. Hamilton County also has higher rates than the state of deaths due to heart failure, hypertensive heart disease, and “Other Forms Heart Disease” (Table 101, 2023 Technical Appendix).

By race and ethnicity, case numbers once again become dangerously small. However, it does appear evident that Black Hamilton County residents experience higher age-adjusted rates than White residents of:

- Heart attacks (42.6 deaths per 100,000 Black population versus 33.6 White)
- Hypertensive heart disease (46.3 deaths per 100,000 Black population versus 12.1 White)

This information is with respect to Table 101 of the 2023 Technical Appendix.

We also consider heart disease deaths by sex. Males experienced higher age-adjusted mortality rates across several forms of heart disease, including:

- Heart attacks (52.4 deaths per 100,000 males versus 20.8 for females)
- All other chronic ischemic heart diseases (59.8 deaths per 100,000 males versus 22.1 for females)
- Hypertensive heart disease (26.7 deaths per 100,000 males versus 15.2 for females)
- Other forms heart disease (59.6 deaths per 100,000 males versus 18.5 for females)

These details and more can be found in Table 102 of the 2023 Technical Appendix.

### *Cancer Mortality*

As the leading cause of death in Hamilton County, cancer mortality rates are a particularly important source of data on health outcomes in Hamilton County. Rates are higher than the state, with 112 deaths occurring in Hamilton County from 2019 to 2021. The most common cause of cancer death was trachea, bronchus, and lung cancer, comprising 35 deaths, followed by pancreatic cancer and colorectal cancer at 10 deaths each. When further examining cancer deaths by type of cancer, case numbers become very small, and should therefore be interpreted with caution. These and more details can be found in Table 98 of the 2023 Technical Appendix.

By all types of cancer, White Races and Black Races in Hamilton County depict very similar age-adjusted mortality rates: 192.3 deaths per 100,000 population for White Races and 183.8 deaths per 100,000 population for Black Races. A single Hispanic cancer-caused death occurred during this time span (Table 98, 2023 Technical Appendix).

Males also depict a higher rate of cancer deaths than females: 238.2 age-adjusted deaths per 100,000 males and 149.1 age-adjusted deaths per 100,000 females. By cancer type, case numbers become very small, but males do appear to have higher age-adjusted death rates specifically due to kidney and renal pelvis cancer, leukemia, and pancreatic cancer (Table 99, 2023 Technical Appendix).

### *Cancer Incidence*

Cancer incidence, when combined with cancer mortality, can be an important indication of access to and quality of care for those diagnosed. Cancer incidence rates are lower in Hamilton County than in Florida overall as of 2017-

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2019 reports: 411.5 age-adjusted cases per 100,000 population as compared to 450.2 cases. Throughout Hamilton County, the following cancer types have higher incidence rates than the state:

- Bladder cancer
- Female breast cancer
- Kidney, renal, and pelvic cancer
- Lung cancer
- Oral cancer
- Prostate cancer
- Uterus cancer

In contrast, the following cancer types have lower incidence rates than the state:

- Cervical cancer
- Leukemia
- Melanoma
- Non-Hodgkin's lymphoma
- Ovarian cancer
- Stomach cancer

Incidence numbers and rates are reported where available by race and ethnicity, but should be interpreted with caution given the very small and isolated cases. These details are located in Table 100 of the 2023 Technical Appendix.

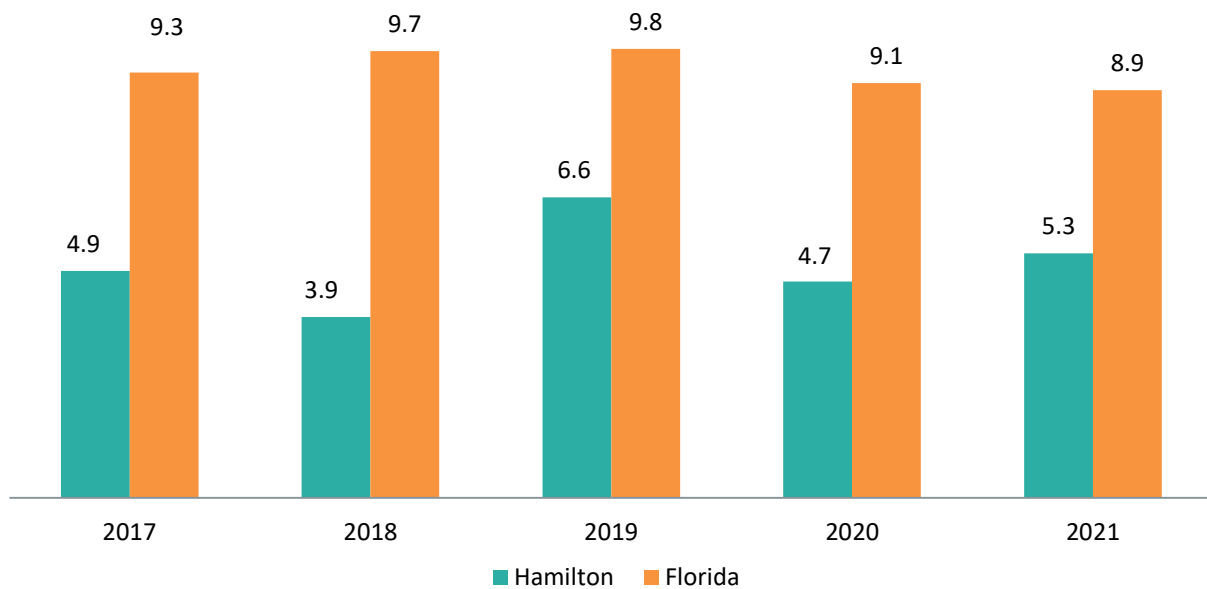
## Mental Health

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

### *Hospitalization and Emergency Department (ED) Usage*

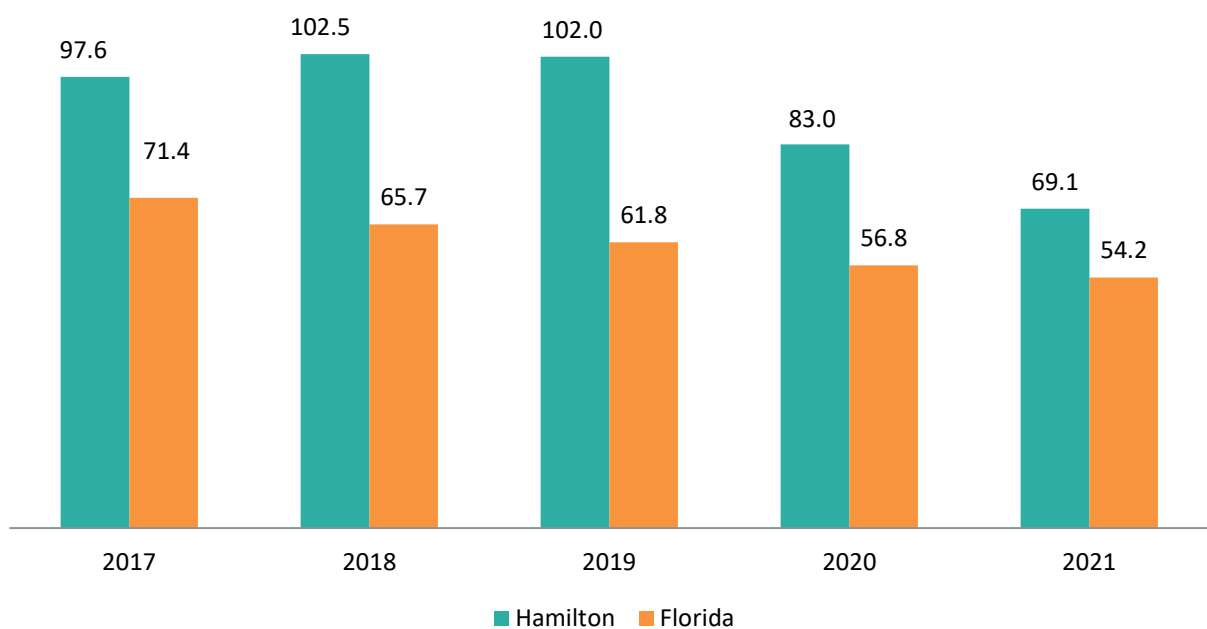
Florida hospital discharge data indicates that Hamilton County residents have a lower rate of hospitalizations for mental health reasons as compared to the state. These rates are shown in Figure 13. In particular, hospitalizations rates for mental health reasons have been declining among children ages 0-17 years of age. The highest rate of hospitalizations by ZCTA is found in 32053 Jennings. On the other hand, ED visits for mental health reasons are more prevalent among Hamilton County residents as compared to Florida overall, with the highest rate by ZCTA found in 32096 White Springs. Nonetheless, these rates have also been declining from 2018 through 2021, as shown in Figure 14 (Tables 104 and 105, 2023 Technical Appendix).

**FIGURE 13: MENTAL HEALTH HOSPITALIZATION RATE PER 1,000 POPULATION, HAMILTON COUNTY AND FLORIDA, 2017-2021**



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

**FIGURE 14: MENTAL HEALTH EMERGENCY DEPARTMENT VISIT RATE PER 1,000 POPULATION, HAMILTON COUNTY AND FLORIDA, 2017-2021**



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

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### *Involuntary Exam Initiations (Baker Acts)*

Involuntary Exam Initiations, or Baker Acts, are an important reflection of access to care for those that are a harm to themselves or others within a community. Hamilton County generally sees highly variable rates of Baker Acts, but among children under the age of 18 rates have been consistently rising since the 2016-2017 fiscal year, coming to 1,031.1 Baker Acts per 100,000 population in the 2020-2021 fiscal year. This rate is higher than Florida's was in the same year: 900.4 Baker Acts per 100,000 population. Baker Acts have also been consistently higher among seniors 65 and older in Hamilton County as compared to the state, with the most recent year contrasting with 444.4 per 100,000 in Hamilton and 294.3 in Florida. Across all age groups, Hamilton County reports a rate of 1,026.1 Baker Acts per 100,000 population and Florida just 899.6 (Tables 108 and 110, 2023 Technical Appendix).

Most Baker Acts were initiated by law enforcement in Hamilton County (80.7 percent) and the state (52.9 percent), followed by health professionals then ex-parte orders. Most Hamilton County residents were seen at Meridian Behavioral Health Care in Lake City, followed by UF Health Shands Psychiatric Hospital (Tables 109 and 110, 2023 Technical Appendix).

### *Mental Health Indicators Among Children*

The Florida Youth Tobacco Survey (FYTS) is a biannually administered survey that collects information on tobacco use and health behaviors among Florida public middle and high school students. One of these indicators is the percent of students who, in the past year, did something to purposely hurt themselves without wanting to die – 12.2 percent of respondents in Hamilton County and 13.9 percent in Florida. The percentage of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities has been increasing in both the county and the state, coming to 27.8 percent of Hamilton County students and 31.5 percent of Florida students (Table 106, 2023 Technical Appendix).

### *Substance Abuse*

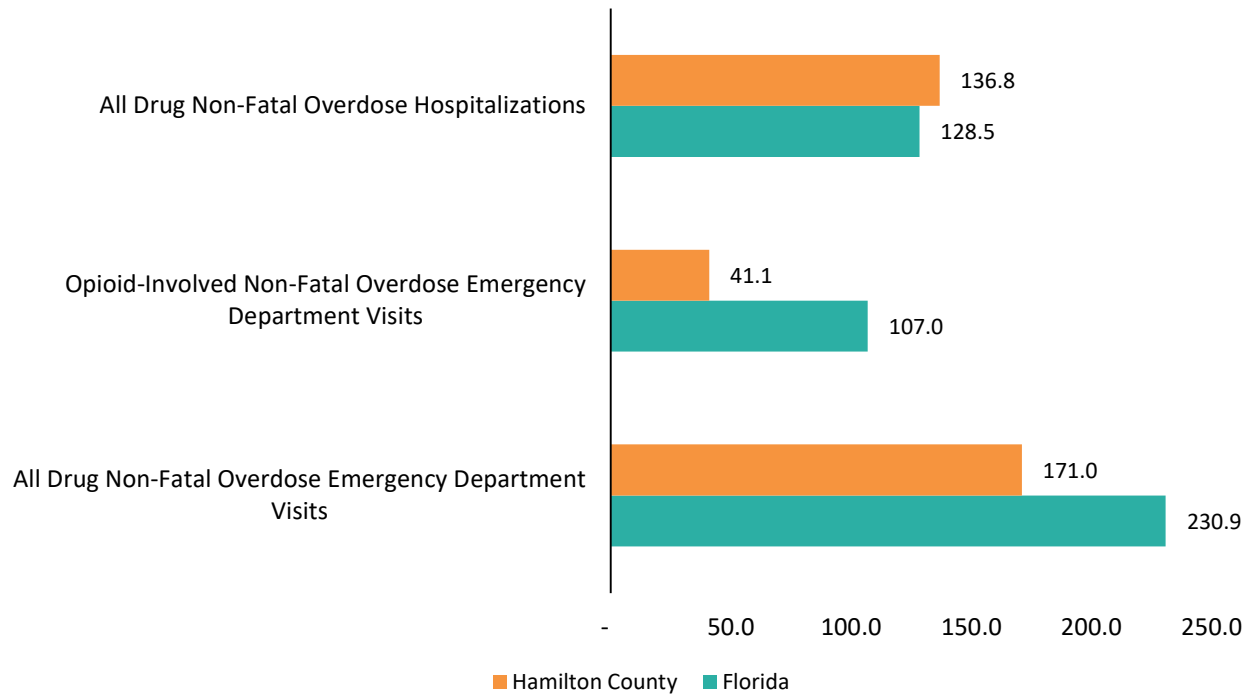
The Florida Behavioral Risk Factor Surveillance System, or BRFSS, collects self-reported data on heavy or binge drinking. In the most recent year of data, 2019, Hamilton County residents reported slightly lower rates of heavy or binge drinking (15.9 percent) as compared to Florida (18.0 percent). There are notable disparities by race and ethnicity – 18.9 percent of non-Hispanic White residents reported heavy or binge drinking, while only 10.7 percent of non-Hispanic Black and 11.6 percent of Hispanic residents reported the same. Alcoholic liver disease deaths and chronic liver disease deaths are also rare and comparable to those of the state (Tables 111 and 112, 2023 Technical Appendix).

Motor vehicle crashes appear to be a common occurrence in Hamilton County at a rate of 2,545.2 crashes per 100,000 population, greater than the state rate of 1,824.7. However, alcohol-confirmed motor vehicle crashes and injuries are relatively infrequent, with just four (4) injuries comprising a rate of 27.4 injuries per 100,000 population in 2021, still higher than the state rate of 13.6. There were zero (0) alcohol-confirmed motor vehicle fatalities in 2021, as well as zero (0) drug-confirmed motor vehicle crashes, injuries, or fatalities (Tables 113 and 114, 2023 Technical Appendix).

Drug arrests declined overall in Hamilton County and Florida from 2018 to 2020, with the final year measuring at 458.3 drug arrests per 100,000 Hamilton County population and 316.8 for Florida. This discrepancy is accentuated among minors ages 10-17, where the arrest rate of in Hamilton County was 232.0 arrests per 100,000 juveniles as compared to 78.7 in Florida in 2020. However, do keep in mind that this rate for Hamilton was based on just three (3) arrests in the small county (Table 117, 2023 Technical Appendix).

The following figure and table examine overdose data from Florida's 2021 Substance Use Dashboard.

**FIGURE 15: RATE PER 100,000 POPULATION OF NON-FATAL OVERDOSE EMERGENCY DEPARTMENT (ED) VISITS AND HOSPITALIZATIONS, HAMILTON COUNTY, 2021**



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

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

Indicators	Hamilton County		Florida	
	Number	Age Adjusted Death Rate Per 100,000 Persons	Number	Age Adjusted Death Rate Per 100,000 Persons
<b>Opioid Overdose Deaths</b>	4	21.2	6,442	31.2
<b>Drug Overdose Deaths</b>	7	36.8	8,093	38.5

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

### Domestic Violence

According to the Florida Department of Law Enforcement, as of 2020 Hamilton County sees rates of domestic violence that are very near those of the state: 506.2 offenses per 100,000 population in Hamilton versus 493.7 in Florida. By offense type, case numbers are so small that they are easily inflated by the small population size, but it does appear that simple assault occurs at a higher rate in Hamilton County as compared to the state – 431.0 offenses per 100,000 population (63 total cases) versus 391.5 for Florida. Additionally, index crimes (those crimes collected and reported by the FBI for their annual crime index report) are marginally higher with the county as compared to the state: 2,216.4 offenses versus 2,147.8 offenses (Tables 119 and 120, 2023 Technical Appendix).

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### *Adverse Childhood Experiences (ACEs)*

Adverse childhood experiences (ACEs) are traumatic and stressful events that occur during childhood that can have lasting effects on the health and wellbeing of an individual into their adult life. These incidences can include experiences of emotional, physical, or sexual abuse. BRFSS collects information on ACEs by state, but this information is not available on the county level. Within Florida in 2020, an estimated 62.5 percent of adults among All Races reported experiencing at least one (1) ACE, and an estimated 18.6 percent experienced four (4) or more (Table 174, 2023 Technical Appendix).

### *Human Trafficking*

Human trafficking data is also compiled and reported from on Florida HealthCHARTS. Within Florida, 738 national human trafficking hotline cases occurred in 2020, and in the most recent three (3) years of data, 2018-2020, only the number of combined sex and labor trafficking cases has shown consistent decreases. Total human trafficking offenses have also been increasing during this three (3) year period, rising to 137 offenses in 2020. Some risk factors have been decreasing during this time period – the number of estimated homeless and the number of child intakes accepted for child-on-child sexual abuse – but other risk factor numbers have been increasing, including the number of children under 18 in foster care, the estimated number of seriously mentally ill adults, and the estimated number of seriously emotionally disturbed youth ages 9-17 (Table 175, 2023 Technical Appendix).

## **Maternal and Infant Health**

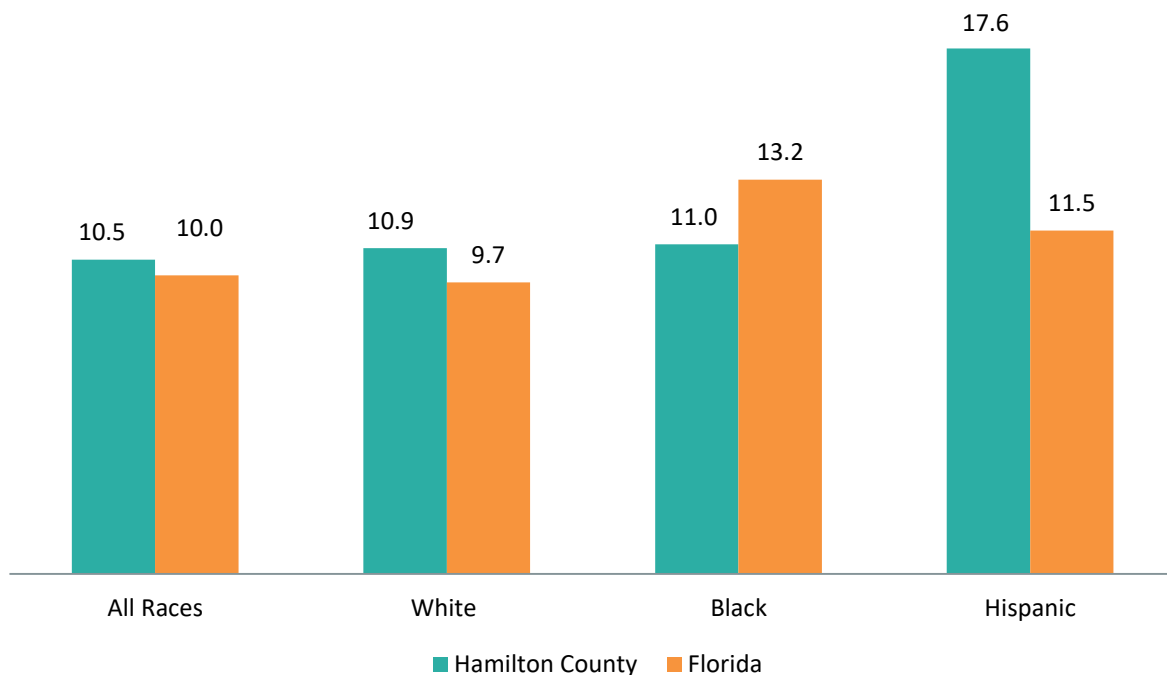
Pregnant women are a particularly vulnerable and integral component of society, making their health and well-being fundamental to any community health assessment. This section examines numerous statistics related to and measures of maternal and infant morbidity and mortality within Hamilton County and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

### *Birth Rates*

Birth rates are slightly higher in Hamilton County than in Florida among All Races, as well as among White Races and Hispanics, as shown in Figure 16. Birth rates are particularly high among Hispanic residents, but these rates have been dropping from the 2017-2019 through the 2019-2021 estimates. These rates are the most recent reports released by the Florida Department of Health, Office of Health Statistics and Assessment. By ZCTA, 32053 Jennings reports the highest birth rate at 12.5 births per 1,000 total population (Table 121, 2023 Technical Appendix).



**FIGURE 16: BIRTH RATES PER 1,000 TOTAL POPULATION, BY RACE AND ETHNICITY, HAMILTON COUNTY AND FLORIDA, 2019-2021**



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

### *Maternal and Infant Death Rates*

Infant deaths are rare occurrences consisting of very small sample sizes. Within a region as small as Hamilton County, interpreting these individual rates is particularly risky and prone to error. In general, and according to the Florida Department of Health Bureau of Vital Statistics, the county sees very low rates of sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), infant deaths from congenital and chromosomal anomalies, deaths under 1 from perinatal conditions, overall neonatal deaths, overall post neonatal deaths, and maternal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county (Tables 90 and 91, 2023 Technical Appendix).

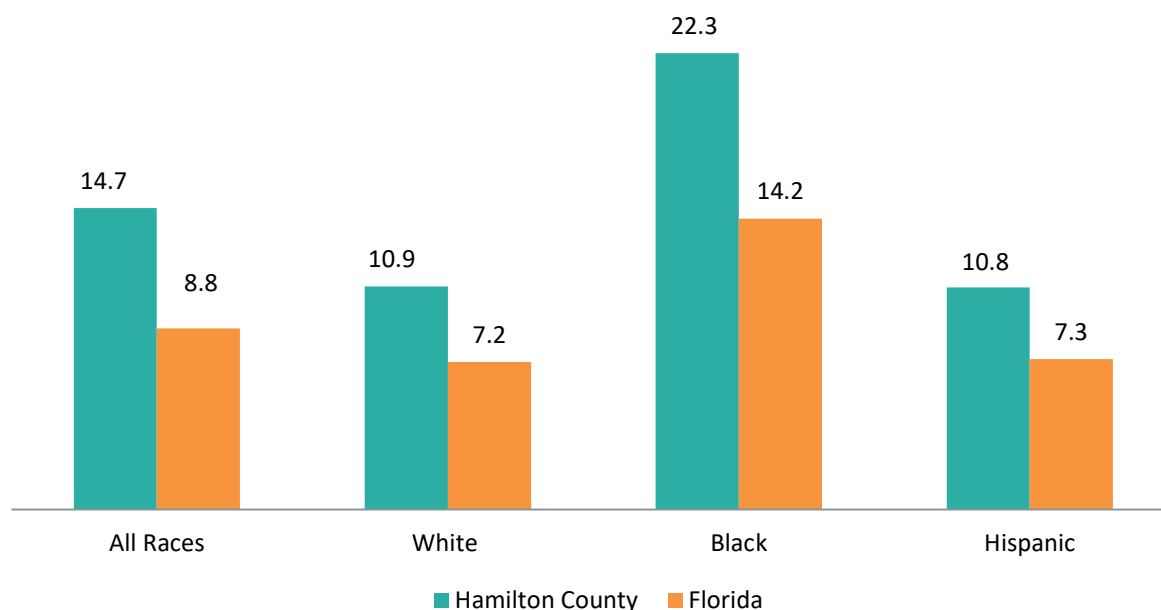
Overall, Hamilton County saw five (5) infant deaths from 2019-2021, yielding a rate of 10.2 deaths per 1,000 live births, notably higher than Florida at 5.9 deaths per 1,000 live births. It is particularly noteworthy that four (4) of these five (5) deaths were among Black infants, a rate of Black infant mortality equal to 24.1 deaths per 1,000 live births compared to just 3.3 among White infants (Table 122, 2023 Technical Appendix).

### *Low Birthweight Births*

Low birthweight is defined as a baby born at less than 5.5 pounds, or 5 pounds and 8 ounces. As shown in Figure 17, the percentage of births that are low birthweight vary considerably by race and ethnicity. Overall, low birthweight birth rates are higher in Hamilton County than the state and have been rising among recent estimates. In particular, the rate of low birthweight births is more than twice as great among Black births as compared to White births. Please note that only nine (9) Hispanic births comprise the rate of low birthweights from 2019-2021.

By ZCTA, 32052 Jasper reported the highest rate of low birthweight births at 17.2 percent of all births (Table 123, 2023 Technical Appendix).

**FIGURE 17: PERCENT OF LOW BIRTHWEIGHT BIRTHS BY RACE AND ETHNICITY, HAMILTON COUNTY AND FLORIDA, 2019-2021**



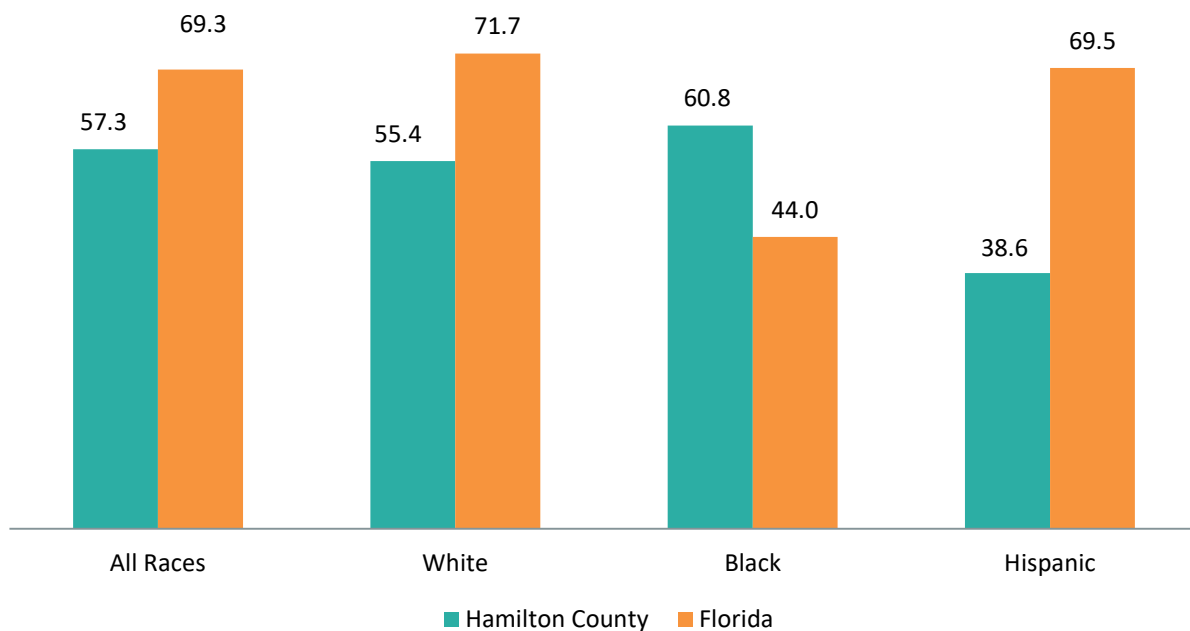
Source: Table 123, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

### *First Trimester Care*

The percentage of mothers receiving first trimester care is an important measure of maternal health and access to services early in one's pregnancy. Hamilton County displays rates of first trimester care that are marginally lower than those of the state and that are fairly consistent between White and Black Races. See Figure 18 for more details.

By ZCTA, 32052 Jasper reports the highest rate of first trimester care (66.8 percent of births) and 32053 Jennings the lowest (41.4 percent of births). Overall and by White Races, Black Races, and Hispanics, the rates of first trimester care have been increasing since 2017-2019 estimates (Table 124, 2023 Technical Appendix).

**FIGURE 18: PERCENT OF BIRTHS THAT RECEIVED CARE IN FIRST TRIMESTER, BY RACE AND ETHNICITY, HAMILTON COUNTY AND FLORIDA, 2019-2021**



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

### *Teen Births*

From 2019-2021, Hamilton County saw nine (9) births to teens ages 15-17. These made up roughly 1.8 percent of all births in the county, comparable to the state rate of 1.0 percent of Florida births. Four (4) of these births were to White mothers, three (3) to Black mothers, and three (3) to Hispanic mothers (Table 125, 2023 Technical Appendix).

### *Governmental Program Supports*

68.5 percent of births in Hamilton County from 2019-2021 had Medicaid as the payor source; in Florida, this number was just 46.3 percent. There is a large difference reported by race, with Medicaid covering just 58.7 percent of Hamilton County White births compared to 87.3 percent of their Black counterparts. This overall rate has shown very small decreases in recent years. By zip code, 32052 Jasper has the highest rate of births covered by Medicaid – 75.4 percent of births, and in particular 90.3 percent of Black births in this geographic location (Table 126, 2023 Technical Appendix).

53.8 percent of Hamilton County births from 2019-2021 were to mothers participating in WIC, and this estimate has been decreasing since the 2017-2019 estimates. These rates are higher among Hispanic mothers (63.9 percent) and Black mothers (69.9 percent) as compared to White mothers (45.2 percent). By zip code, 32052 Jasper reported the highest rate of mothers participating in WIC at 56.9 percent of all births (Table 127, 2023 Technical Appendix).

## **Health Behaviors**

Health behaviors encompass a wide range of personal lifestyle choices that impact health and that are heavily influenced by one's environment. These decisions have myriad short-term and long-term impacts on the health and

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wellbeing of both the individuals making them and the community that they are a member of. A large portion of the information in this section is taken from the Behavioral Risk Factor Surveillance System, or BRFSS, which is described below.

### *Behavioral Risk Factor Surveillance System (BRFSS)*

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

Only about 72 percent of the Hamilton County population reported their health as good or excellent overall, compared to 80.3 percent of Floridians. By race and ethnicity, this number is especially low among Hispanic residents of Hamilton County, with only 55.3 percent reporting good to excellent overall health. In particular, 30.5 percent of Hispanic respondents cited poor physical health on 14 or more of the past 30 days, compared to just 15.2 percent of non-Hispanic White residents and 14.9 percent of non-Hispanic Black residents. Additionally, Hamilton County residents report marginally lower rates of poor mental health on 14 or more of the past 30 days, as well as rates of being told they had a depressive disorder (Table 107, 2023 Technical Appendix).

### *Disability – BRFSS Indicators*

Although some disabilities are heavily influenced by health behaviors while others are largely determined by biological and environmental factors, all have a significant impact on the health behaviors and activities of daily living carried out by those holding a disability. Therefore, the BRFSS includes a number of disability indicators within its survey. Within Hamilton County, virtually all of these indicators were higher for county residents than state residents, including the percentage of adults with a vision, hearing, cognitive, mobility, or independent living disability. Most of these indicators were highest among Hamilton County Hispanic residents as compared to non-Hispanic White and non-Hispanic Black residents. Additionally, most disabilities were more prevalent among non-Hispanic Black residents as compared to non-Hispanic White residents. These estimates can be found in Table 131 of the 2023 Technical Appendix.

### *Selected Diseases – BRFSS Indicators*

The BRFSS inquires after several selected diseases and behaviors related to early detection and management. When compared to Florida, respondents in Hamilton County demonstrate higher rates of:

- Cancer, excluding skin cancer
- Heart disease, including heart attacks, angina or coronary heart disease, and stroke
- Hypertension

Respondents also indicated lower rates of:

- Asthma
- Skin cancer

- 
- Tests for high blood sugar or diabetes within the past three (3) years
  - Adults with diabetes who have ever had diabetes self-management education

These estimates vary considerably by race and ethnicity. Among heart diseases, cholesterol, diabetes, hypertension, and asthma, non-Hispanic Black residents of Hamilton County depict higher rates of disease and lower rates of screening and management in contrast to their non-Hispanic White counterparts. More details can be found in Tables 141, 142, and 146-150 in the 2023 Technical Appendix.

### *Cancer Screening*

Early diagnosis and treatment of cancer is a proven intervention for improving long-term survivability and quality of life, making cancer screenings of utmost importance to community well-being. According to 2016 BRFSS data, Hamilton County residents generally report low rates of colorectal cancer screenings, with only 65.9 percent of adults aged 50-75 meeting most recent colorectal cancer screening guidelines (67.3 percent in Florida). Rates of prostate cancer screenings are also lower, with just 56.5 percent of men over the age of 50 having ever had a PSA test compared to 67.5 percent in Florida. Breast cancer and cervical cancer screening indicators are similarly lacking; for example, just 53.8 percent of women 40 years of age and older received a mammogram in the past year (60.8 percent in Florida). These measures of cancer screening are typically higher among non-Hispanic Black residents when compared to non-Hispanic White residents (Tables 143-145, 2023 Technical Appendix).

### *Tobacco Use*

The BRFSS also collects data on tobacco usage among adults. Among Hamilton County adults, 20.2 percent report being current smokers, compared to just 14.8 percent of Floridian adults. However, Hamilton County current smokers appear to be open to reducing their tobacco usage, with 70.7 percent saying that they tried to quit smoking at least once in the past year, compared to just 59.0 percent of Floridians. There is also a higher rate of Hamilton County residents who currently use chewing tobacco, snuff, or snus some days or every day – 8.4 percent as compared to 2.2 percent. These indicators are not equally distributed across race and ethnicity. In general, non-Hispanic White residents depict higher rates of tobacco usage than non-Hispanic Black residents, and Hispanic residents display lower rates of tobacco usage than the county overall (Table 128, 2023 Technical Appendix).

### *Tobacco Use Among Children*

In order to capture similar data among youth throughout Florida, the Florida Department of Health administers the Florida Youth Tobacco Survey (FYTS) to a randomly selected subset of public middle school and high school students every two (2) years. The most recent survey data was collected in 2022. When compared to the state overall, this information reports that:

- More youth in Hamilton County have ever tried cigarettes (17.0 percent versus 8.1 percent)
- More youth in Hamilton County have ever tried cigarettes, cigars, or smokeless tobacco (21.4 percent versus 11.9 percent)
- More youth in Hamilton County currently use electronic vapor products (13.5 percent versus 10.6 percent)
- More youth in Hamilton County currently use tobacco products (15.0 percent versus 12.5 percent)

This data can be found in greater detail in Table 129 of the 2023 Technical Appendix.

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## *Infectious Diseases*

### **Sexually Transmitted Diseases (STDs)**

Sexually Transmitted Diseases, or STDs, are among those infectious diseases that are mandatorily reported to the Florida Department of Health. In 2021, 151 cases of bacterial STDs were reported in Hamilton County, yielding a rate of 1,033.1 STDs per 100,000 population, markedly higher than the state rate of 753.5. This rate was particularly higher among chlamydia cases – 786.8 cases per 100,000 Hamilton County residents as compared to 475.2 per 100,000 Floridians. Furthermore, syphilis cases – a viral STD – have been on the rise in Hamilton County, increasing from four (4) cases in 2019 to nine (9) cases in 2021 (Table 132, 2023 Technical Appendix).

HIV and AIDS diagnoses are unusual within Hamilton County, with only one (1) HIV diagnosis and zero (0) AIDS diagnoses in 2021. Nonetheless, approximately 150 persons with HIV (PWH) live in Hamilton County, constituting a rate of 1,026.3 individuals per 100,000 population, nearly double the state rate of 547.6 (Table 133, 2023 Technical Appendix). According to 2017-2019 BRFSS data, the percentage of adults who have ever been tested for HIV are nearly equal to that of the state (46.9 percent and 50.7 percent, respectively), with particularly high screening rates among non-Hispanic Black adults. These rates are somewhat lacking among adults less than 65 years of age, with only 51.9 percent having ever been tested in Hamilton County compared to 60.7 percent through Florida (Table 135, 2023 Technical Appendix).

### **COVID-19**

COVID-19 data has been extensively collected throughout the lifespan of this pandemic, with a cumulative 4,567 cases diagnosed in Hamilton County from March 1, 2020 through March 16, 2023. In the most recent week of data provided in this report, March 10 – March 16, Hamilton County reported a lower percent new case positivity rate and a lower rate of cases per 100,000 population as compared to Florida overall. Additionally, as of March 16, 2023, approximately 40.0 percent of the Hamilton County population is vaccinated for COVID-19, while 72.0 percent of Floridians are vaccinated (Tables 136 and 137, 2023 Technical Appendix).

The most recent quarter of hospital utilization data available through the Florida Agency for Health Care Administration (AHCA) for COVID-19 at the time of this report was October-December 2021. During this time, Hamilton County residents accounted for 10 hospital discharges at a rate of 68.4 per 100,000 population as compared to 104.5 in Florida. However, these rates vary drastically by quarter and should be interpreted in the context of trends over time, as provided in Table 163 of the 2023 Technical Appendix. Emergency Department (ED) visit rates per 100,000 population for COVID-19 also dramatically oscillate from quarter to quarter, but for most quarters are higher than that of the state. For October-December 2021, this came to 513.1 visits per 100,000 population in Hamilton County and 386.2 in Florida (Table 163, 2023 Technical Appendix).

### **Other Infectious Diseases**

Other reportable infectious diseases collected by the Florida Department of Health include Tuberculosis, Pertussis, and Hepatitis A, B, and C. Given how rare these diagnoses are and the small size of Hamilton County, these rates fluctuate dramatically from year to year. In general, all of these rates were low and within reasonable limits when compared to the state in recent years. Chronic Hepatitis C cases are especially of note, as 2021 was the first year since before 2016 that these rates were lower in Hamilton County as compared to the state, a promising sign of recent improvement (Tables 134 and 139, 2023 Technical Appendix).

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## *Immunizations*

As of 2021, 95.5 percent of Kindergartners and 97.6 percent of 7<sup>th</sup> graders were fully immunized as required for public schools by the Florida Department of Health. These rates have been slowly declining among Kindergartners in Hamilton County and Florida overall (Table 138, 2023 Technical Appendix).

BRFSS respondents indicate that adults in Hamilton County have lower rates of receiving a flu shot and the pneumonia vaccination than in Florida overall. In particular, only 54.3 percent of adults age 65 and older report having ever received a pneumonia vaccination as compared to 66.8 percent of Floridian adults age 65 and older. Furthermore, these vaccination rates are generally lower among Hamilton County non-Hispanic Black residents in comparison to Hamilton County non-Hispanic White residents (Table 140, 2023 Technical Appendix).

## *Obesity and Overweight*

The 2017-2019 BRFSS also included questions regarding weight and physical activity. Within Hamilton County, 29.9 percent of adults are overweight, and 43.7 percent are obese. Combined, this comes to 73.6 percent of adults being overweight or obese, compared to 64.6 percent of Floridians overall. Obesity rates are markedly higher among Black Hamilton County residents as compared to White Hamilton County residents – 51.2 percent and 37.7 percent, respectively. Furthermore, roughly one-third of Hamilton County residents report being sedentary, this number being just 26.5 percent in Florida, and 22.2 percent of Hamilton County residents report meeting muscle strengthening recommendations, compared to 38.1 percent of Floridians (Table 130, 2023 Technical Appendix).

## **Health Care Access and Utilization**

Health insurance and access to health care facilitates early detection and treatment of illness as well as promotes crucial continuity of care to maintain quality of life and minimize premature death or disability. It is therefore useful to consider various indicators of health care access and utilization in a community health assessment. The 2023 Technical Appendix includes data on insurance coverage, Medicaid eligibility, and healthcare utilization by payor source. Key findings from these data sets are presented below.

### *Selected BRFSS Indicators of Access*

From 2017-2019, approximately 80.6 percent of Hamilton County adults reported having some form of health care insurance coverage; this is just shy of the 84.2 percent of Floridians overall. A greater percentage of non-Hispanic Black residents reported having health care coverage (87.1 percent) as compared to non-Hispanic White residents (81.9 percent) or Hispanic residents (34.3 percent). Moreover, roughly 15 percent of Hamilton County adults could not see a doctor at least once in the past year due to cost, this number falling to 13.0 percent of non-Hispanic White residents and 14.4 percent of non-Hispanic Black residents while rising to 38.5 percent of Hispanic residents (Table 151, 2023 Technical Appendix).

The BRFSS also considers indicators of access to dental care. In 2016, 57.3 percent of Hamilton County adults visited a dentist or dental clinic in the past year, less than the 63.0 percent of Floridians. Additionally, 65.0 percent of adults had a permanent tooth removed because of tooth decay or gum disease, greater than the 47.3 percent of Floridians (Table 159, 2023 Technical Appendix).

### *Youth Indicators of Access*

The FYTS also considers indicators of access to care among middle and high school students, asking if students have visited a doctor's office or a dentist's office in the past 12 months. Within Hamilton County in 2022, 20.4 percent had not visited a doctor's office and 19.1 percent had not visited a dentist's office in the past 12 months, both double the state rates of 10.2 percent and 9.2 percent, respectively. Fortunately, the latter rate, the percentage of

student who have not visited a dentist's office in the past 12 months has been decreasing since 2018 (Table 152, 2023 Technical Appendix).

### *Health Professional Shortage Areas (HPSA)*

Health Professional Shortage Areas, or HPSAs, are geographic entities or facilities that are scored by the National Health Service Score as to assess the need for and prioritization of clinician assignments. Higher scores correspond to a greater need, ranging from 1-25 for primary care and mental health care and 1-26 for dental care. Any score above 18 is considered high priority. Within Hamilton County, a single correctional institution – the Hamilton Correctional Institution – is considered high priority for primary and mental health care, while a single rural health clinic – North Florida Pediatric – is considered high priority for all three areas. Table 7 below contains more details (Table 153, 2023 Technical Appendix).

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

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
<b>Hamilton County</b>				
<b>Dental Care</b>				
<b>Low Income Migrant Farmworker Population HPSA</b>	LI/MFW - Hamilton County	9/1/2022	1.45	20
<b>Correctional Facility</b>	Hamilton Correctional Institution	4/7/2022	1.21	6
<b>Rural Health Clinic</b>	North Florida Pediatrics	9/10/2021	---	20
<b>Primary Care</b>				
<b>High Needs Geographic HPSA</b>	Hamilton County	7/2/2021	2.67	20
<b>Correctional Facility</b>	Hamilton Correctional Institution	4/7/2022	2.09	24
<b>Rural Health Clinic</b>	North Florida Pediatrics	9/10/2021	---	20
<b>Mental Health</b>				
<b>High Needs Geographic HPSA</b>	Lutheran Service MHCA - Circuit 3	3/3/2022	6.92	18
<b>Correctional Facility</b>	Hamilton Correctional Institution	4/7/2022	1.81	21
<b>Rural Health Clinic</b>	North Florida Pediatrics	9/10/2021	---	20
<b>Type</b>	<b>Name</b>	<b>MUA Last Updated Date</b>		<b>Index of Medical Underservice Score</b>
<b>Medically Underserved Area</b>	Hamilton County	9/3/2009		60.3

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



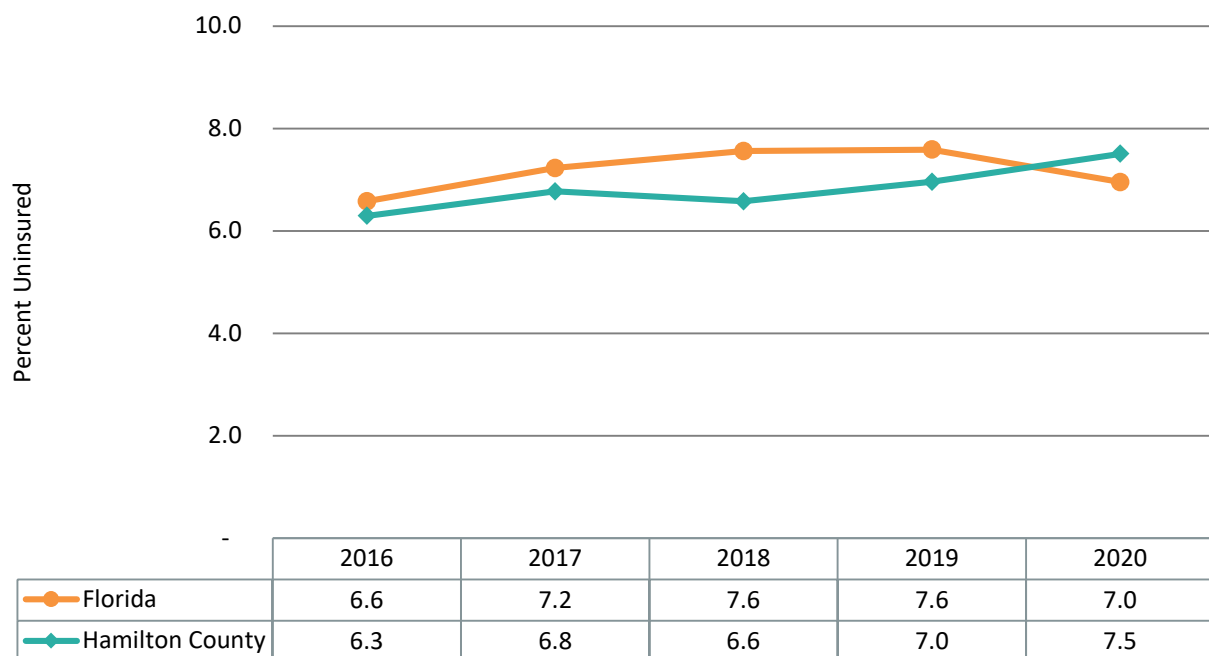
## Environmental Health

The built environment extensively impacts the resources available to and health behaviors participated in by residents of a community. Only 40.1 percent of the Hamilton County population has access to community water supplies, compared to 95.0 percent of all Floridians, while none have fluoridated water supplies, compared to 78.1 percent of Floridians. Roughly six (6) percent live within half of a mile of a park; this number is 40.0 percent for Florida. Less than one (1) percent live within half of a mile of a fast-food restaurant or a healthy food source (Tables 45 and 46, 2023 Technical Appendix).

## Insurance

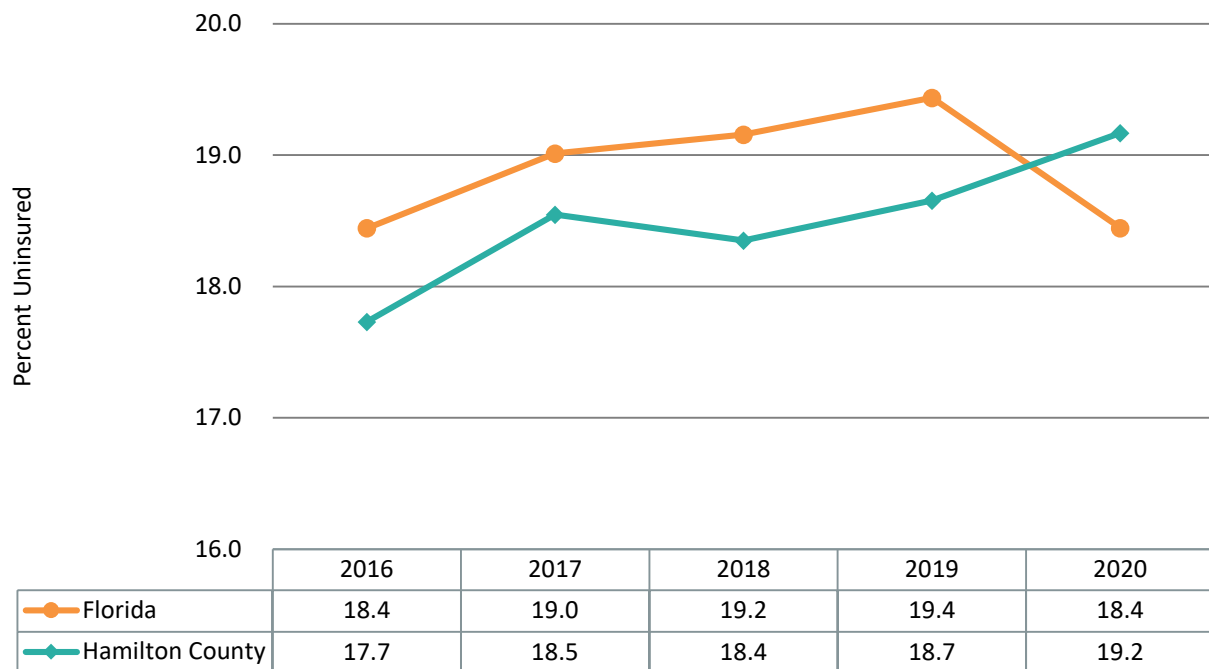
Figures 19 and 20 detail the rates of uninsured individuals in Hamilton County and Florida among those under 19 and from 18-64 years of age, respectively, according to annual U.S. Census Bureau, Small Area Health Insurance Estimates. Rates are generally close to that of the state, with recent increases leading to county uninsured rates being higher than the state in 2020 for the first time since 2016 (Table 154, 2023 Technical Appendix).

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



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

**FIGURE 20: PERCENT UNINSURED 18-64 POPULATION, HAMILTON COUNTY AND FLORIDA, 2016-2020**



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

ACS estimates also make five-year estimates of the uninsured population in Hamilton County and the state from 2017-2021. These numbers are slightly different than those above since they use different population sources and collection methods but are useful to consider since zip code level data is available. Therefore, it is also noteworthy that 2017-2021 ACS estimates place uninsured rates at 18.2 percent of Hamilton County and 12.6 percent of Florida. By zip code, the highest rate of uninsured individuals is located in 32053 Jennings at 18.3 percent of the population, and the lowest rate is in 32096 White Springs at 12.6 percent (Table 155, 2023 Technical Appendix).

### Medicaid Data

As of 2021, the Agency for Health Care Administration, or AHCA, reports that 30.8 percent of the Hamilton County population is Medicaid eligible, notably greater than 23.0 percent of Florida. Medicaid eligibles are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid. This population has consistently comprised a greater percentage of the Hamilton County population as compared to Florida from 2017 through 2021. This discrepancy is especially noteworthy among children 0-18 years of age: 78.1 percent are Medicaid eligible in Hamilton County, and only 55.1 percent in Florida overall (Table 52, 2023 Technical Appendix).

### Facilities

Hamilton County possesses very limited health care facilities, a common challenge in rural areas. As of 2023, the following are reported as absent: an adult day care center, ambulatory surgical center, community mental health – partial hospitalization program, crisis stabilization unit, end-stage renal disease center, home medical equipment provider, hospital, intermediate care facility for the developmentally disabled, rehabilitation agency, and residential treatment facility. In addition, there is only a single reported health care clinic exemption, home health agency exemption, nurse registry, nursing home, and rural health clinic (Table 156, 2023 Technical Appendix).

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The Florida Agency for Health Care Administration reports beds by type, number, and rate within Hamilton County and Florida at large. Sixty (60) nursing home beds yielded a rate of 510.5 beds per 100,000 population in 2020, greater than the state rate of 386.5. On the other hand, Hamilton County completely lacks hospital beds, including acute and specialty care beds, rehabilitation beds, adult psychiatric beds, adult substance abuse beds, and neonatal intensive care unit (NICU) level II beds (Table 157, 2023 Technical Appendix).

### *Providers*

Correlating with the aforementioned limited facilities is a shortage of healthcare providers in Hamilton County. Hamilton County reports only 6.8 physicians per 100,000 population during the physical year 2020-2021, an incredibly small figure overshadowed by the state rate of 314.0 physicians per 100,000 Floridians. In Hamilton County, there are no reported family practice physicians, obstetricians or gynecologists (OB/GYNS), or pediatricians. In the same year, only three (3) dentists were recorded, a rate of 20.5 dentists per 100,000 population as compared to 55.7 for Florida (Tables 158 and 160, 2023 Technical Appendix).

### *Hospitalizations and ED Usage*

Hospitalization and ED usage data is collected and provided by the Florida Agency for Health Care Administration, or AHCA. As of 2021, Hamilton County reported a hospital discharge rate of 113.7 discharges per 1,000 population as compared to 124.9 in Florida. Zip code 32096 White Springs reported the highest rate within the county at 161.6 discharges per 1,000 population. The most common payor source for these discharges was Medicare, accounting for 48.0 percent of discharges, followed by Medicaid at 23.3 percent, private insurance at 16.2 percent, self-pay or non-payment at 7.4 percent, and VA Tri-Care at 1.9 percent. The leading causes of discharge in 2021 were septicemia or severe sepsis (7.2 percent), psychoses (3.6 percent), and vaginal delivery without sterilization, complication, or comorbidity (3.5 percent) (Tables 165-167, 2023 Technical Appendix).

Emergency department visit rates were higher in Hamilton County than Florida in 2021 at a rate of 479.1 visits per 1,000 population in Hamilton and 375.4 visits in Florida. This number has been rising since 2019, and by zip code, the highest ED visit rate was found in 32096 White Springs at 691.5 visits per 1,000 population. The most common payor source for these ED visits was Medicaid at 38.0 percent of visits, followed by private health insurance at 22.2 percent, Medicare at 21.2 percent, self-pay or non-payment at 11.6 percent, then VA/Tricare at 4.2 percent. The main reason for ED visits is most frequently cough (6.3 percent of visits), abdominal pain (3.9 percent), or headache (3.1 percent) (Tables 171-173, 2023 Technical Appendix).

### *Dental ED Visits and Hospitalizations*

The overwhelming majority of dental hospitalizations and emergency department visits are preventable, and often reflect a lack of access to or utilization of basic dental services. The Florida Agency for Health Care Administration reported a dental ED visit rate of 11.5 visits per 1,000 population in Hamilton County, with 97.2 percent of those visits being preventable. In Florida, the dental ED visit rate was just 6.4 visits per 1,000 population, with 94.1 percent of those visits being preventable (Table 161, 2023 Technical Appendix). Dental hospitalizations are rare, with just 1.3 hospitalizations per 1,000 population reported in Hamilton County (1.0 in Florida), and also largely avoidable, with 81.0 percent of these county hospitalizations being considered preventable (Table 162, 2023 Technical Appendix).

### *Hospital Discharges by Chronic Disease Type*

Diving into hospital discharges by specific causes can help illuminate what conditions are prevalent and severe enough within a population to be driving this need for acute and/or specialty care. Table 8 provides the age-

adjusted discharge rate per 100,000 population for the most recent year of AHCA data available, 2021, with the larger of the two rates in bold.

**TABLE 8: HOSPITAL DISCHARGES BY TYPE OF CHRONIC DISEASE, AGE-ADJUSTED RATE PER 100,000 POPULATION, HAMILTON COUNTY AND FLORIDA, 2021**

Disease	Hamilton County	Florida
Coronary Heart Disease	<b>330.7</b>	242.2
Acute Myocardial Infarction (Heart Attack)	<b>243.2</b>	147.2
Congestive Heart Failure	<b>1,698.8*</b>	1,254.5
Stroke	<b>308.6</b>	227.0
Diabetes	<b>2,793.7</b>	2,258.3
Asthma	612.5*	<b>647.4</b>
Chronic Lower Respiratory Disease (CLRD), Including Asthma	<b>227.7</b>	148.5

\*This rate has been decreasing for 3 or more consecutive years.

Source: Table 164, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Hospital discharges also demonstrate notable disparities by race. White Hamilton County residents experience higher age-adjusted rates than Black Hamilton County residents of discharges due to:

- Coronary heart disease (352.0 White discharges versus 268.9 Black discharges)
- Heart attacks (249.0 versus 235.3)
- Asthma (584.7 versus 500.1)
- CLRD (224.5 versus 144.5)

On the opposite hand, Black Hamilton County residents experience higher age-adjusted rates than White Hamilton County residents of discharges due to:

- Congestive heart failure (2,050.2 Black discharges versus 1,534.4 White discharges)
- Stroke (365.0 versus 298.7)
- Diabetes (3,346.9 versus 2,437.5)

This data can be found in greater detail in Table 164 of the 2023 Technical Appendix.

### *Avoidable Discharges*

The Florida AHCA uses ICD-10 codes to determine which hospitalizations and ED Visits are considered avoidable. In 2021, this came to 11.4 discharges per 1,000 population under the age of 65 in Hamilton County and 12.3 discharges in Florida. This rate has been decreasing in Hamilton County since 2019. The most common payor source for these avoidable discharges was Medicare (27.4 percent), followed closely by Medicaid (26.7 percent) and private insurance (25.3 percent). Self-pay or non-payment also comprises a respectable 14.4 percent of avoidable discharges, with VA/Tricare covering just 2.1 percent. The top three (3) payor sources are reversed for Florida, with private insurance covering 33.7 percent of avoidable discharges, Medicaid 26.4 percent, and Medicare 19.6 percent. The most common cause of avoidable discharges is consistently dehydration, comprising 4.9 percent of discharges in 2021, followed by nutritional deficiencies (1.9 percent), then cellulitis (0.9 percent) (Tables 168-170, 2023 Technical Appendix).

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## Community Resources and Assets for Improving Health

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

Hamilton County faces many of the challenges typical of a small, rural community, including limited healthcare resources and facilities. Nonetheless, the following facilities are all reported within the county: assisted living facilities, clinical laboratories, health care services pools, homemaker and companion services, a health care clinic exemption, home health agency exemption, nurse registry, nursing home, and rural health clinic. Three (3) dentists reported Hamilton County as their mailing address. County residents also report high rates of health insurance and Medicaid and Medicare usage, as well as extensive participation in a number of nutritional assistance programs, such as WIC, food stamps, and free and reduced lunches for school-aged children (Tables 47, 48, 50-52, 126, 127, 156, 160, 166, 169, and 172, 2023 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components such as strong, collaborative partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, Hamilton County holds a number of natural resources, including abundant timberland and agricultural land, as well as proximity to the major marketplaces of Jacksonville and Orlando. The county also sees lower rates of severe housing problems (10.0 percent of occupied housing units compared to 14.4 percent of the state) and lower rates of households facing housing costs that are 30 percent or more of household income (24.3 percent of occupied households in Hamilton versus 34.6 percent in Florida). Environmental resources are present at much lower rates than the state, but still provide 40 percent of the population with community water supplies and place roughly six (6) percent within half of a mile of a park (Tables 44-46, 2023 Technical Appendix). As far as social components go, Appendix A lists the Steering Committee members involved in this Community Health Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the quality of life in Hamilton County.

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

## Health Disparities and Inequities

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

### *Health Disparities*

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

(<https://www.cdc.gov/aging/disparities/index.htm>, accessed 8/2/2022). Simply put, health disparities are

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preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Hamilton County and are detailed below.

### *Life Expectancy*

Life expectancy demonstrates noteworthy disparities by sex and race. Hamilton County females have an average life expectancy of 79.1 years as of 2018-2020 estimates, contrasting with just 72.8 years for males. Racial disparities are comparatively minimal, with a White life expectancy of 76.1 years and Black life expectancy of 73.8. Overall life expectancy in the county is just 75.6 years, while the same estimates for Florida come to 79.4 years (Table 20, 2023 Technical Appendix).

### *Mortality and Morbidity*

Females throughout the state have lower age-adjusted mortality rates than males, and Hamilton County demonstrates the same trend. Overall, females have an age-adjusted mortality rate of 960.8 deaths per 100,000 population (compared to 654.8 for Florida) and males an age-adjusted mortality rate of 1,426.2 (compared to 968.7 for Florida). Within Hamilton County, females see higher age-adjusted mortality rates than males from cancer (168.5 deaths per 100,000 versus 120.8) and CLRD (92.0 versus 29.0). Males see higher age-adjusted mortality rates than females by:

- Heart disease (288.5 deaths per 100,000 males versus 124.7 among females)
- COVID-19 (244.9 versus 112.4)
- Unintentional injury (108.6 versus 65.0)
- Diabetes (46.3 versus 15.3)
- Stroke (97.1 versus 72.9)

By race and ethnicity, Black Races see the highest overall age-adjusted mortality rate at 1,058.1 deaths per 100,000 population as compared to 932.4 for White Races and 822.5 for Hispanics. Specifically, White Races see higher age-adjusted death rates than Black Races due to:

- Cancer (192.3 deaths per 100,000 population as compared to 183.8 for Black Races)
- CLRD (61.1 deaths as compared to 53.7)
- Stroke (69.4 deaths as compared to 49.5)
- Suicide (48.5 deaths as compared to 11.3)
- Liver disease (17.9 deaths as compared to 0)

Please note that stroke and suicide deaths include less than three (3) Black deaths per year, and these numbers should be interpreted with caution. On the other hand, Black Races see higher age-adjusted death rates than White Races in the areas of:

- Heart disease (203.5 deaths per 100,000 population as compared to 163.4 for White Races)
- COVID-19 (150.9 as compared to 73.0)
- Diabetes (30.1 as compared to 24.5)
- Influenza and pneumonia (21.4 as compared to 14.3)
- Homicide (44.5 as compared to 12.9)
- Septicemia (25.2 as compared to 14.7)

Please note that for diabetes, influenza and pneumonia, homicide, and septicemia, rates are based on less than three (3) Black deaths per year, and these numbers should be interpreted with caution (Tables 68, 70, and 71, 2023 Technical Appendix).

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Hospital discharges also demonstrate notable disparities by race. White Hamilton County residents experience higher age-adjusted rates than Black Hamilton County residents of discharges due to:

- Coronary heart disease (352.0 White discharges versus 268.9 Black discharges)
- Heart attacks (249.0 versus 235.3)
- Asthma (584.7 versus 500.1)
- CLRD (224.5 versus 144.5)

Contrarily, Black Hamilton County residents experience higher age-adjusted rates than White Hamilton County residents of discharges due to:

- Congestive heart failure (2,050.2 Black discharges versus 1,534.4 White discharges)
- Stroke (365.0 versus 298.7)
- Diabetes (3,346.9 versus 2,437.5)

This data can be found in greater detail in Table 164 of the 2023 Technical Appendix.

### *Maternal and Infant Health*

There are several measures of maternal and infant health noted in this document. Some of them demonstrate disparities by race and ethnicity, such as higher rates of low birthweight births among Black mothers (22.3 percent of births) as compared to White mothers (10.9 percent), and lower rates of entry into prenatal care during the first trimester among Hispanics (38.6 percent of births) as compared to All Races (57.3 percent). Ethnic and racial minorities are also particularly characterized by a high rate of births compensated for by Medicaid, covering 87.3 percent of all Black births and 63.9 percent of all Hispanic births as compared to 58.7 percent of White births. Additionally, 53.8 percent of Hamilton County births from 2019-2021 were by mothers participating in WIC. These rates are again higher among ethnic and racial minorities: 63.9 percent of Hispanic births and 69.9 percent of Black births as compared to 45.2 percent of White births (Tables 123, 126, and 127, 2023 Technical Appendix).

### *Health Inequities*

Health equity is defined by the CDC as “the state in which everyone has a fair and just opportunity to attain their highest level of health” (<https://www.cdc.gov/nchhstp/healthequity/index.html>, accessed 8/2/2022). Therefore, health inequities are “systematic differences in health outcomes” (<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>, accessed 8/2/2022). These health inequities are commonly caused or influenced by social determinants of health – the conditions in the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 8/2/2022). According to the Prevention Institute, these conditions can generally be allotted to one of three domains: 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare services ([https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20\\_Full\\_Report.pdf](https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf), accessed 8/2/2022).

### *Structural Drivers – Income, Poverty, and Food Insecurity*

#### **Income**

Median household income varies by race and ethnicity. It is particularly noteworthy that the median income for Black households is more than 15,000 dollars less than that for White households, at 29,917 dollars and 45,364

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dollars, respectively. Additionally, Hispanic median household income (36,600 dollars) is slightly less than overall median household income for the county (39,346 dollars) (Tables 30 and 31, 2023 Technical Appendix).

Per capita income reflects similar patterns as that of median household income. Per capita income in Hamilton County is consistently less than that of the state, with Black per capita income in particular being half of that of White per capita income in the county at 8,883 dollars and 20,053 dollars, respectively. Hispanic per capita income comes in at 9,472 dollars compared to 15,624 in the county overall (Table 32, 2023 Technical Appendix).

## **Poverty**

Poverty rates show some variation by sex, with 27.8 percent of Hamilton County females in poverty compared to 24.9 percent of Hamilton County males. These numbers compare to just 14.1 percent and 12.0 percent in Florida, respectively. Moreover, by ethnicity and race, Hispanics experience markedly higher rates of poverty compared to the overall population (38.6 versus 26.4 percent), as do Black races compared to White races (33.5 versus 20.4 percent). By household type, family households generally have lower poverty rates than households overall (19.5 versus 25.3 percent). However, when looking at family households with Female Head of Household, no Husband Present, this group holds the highest rate of poverty by any type of household, coming in at 30.8 percent of this population (Tables 25-27, 2023 Technical Appendix).

## **Food Insecurity**

Food insecurity rates are estimated by Feeding America, a national nonprofit network of food banks that operates in every county in the country. Hamilton County residents suffer notably higher rates of food insecurity than the state among children (25.9 percent food insecure versus 15.7 percent) and all ages (16.6 percent food insecure versus 10.6 percent) as of 2020 (Table 41, 2023 Technical Appendix).

The rates of children eligible for free and reduced lunch is also an important indicator of food insecurity and use of public assistance programs. Within Hamilton County, the rates of students eligible for free or reduced lunch were notably higher than the state across all school ages record, Pre-K through Middle School. Another food assistance program of interest is WIC (Women, Infants, and Children), which provides food assistance to young children and women who are pregnant or have young children. Hamilton County reports a high rate of individuals eligible for WIC at 4,501.9 individuals per 100,000 population, compared to just 2,890.5 in Florida. In 2021, just 46.7 percent of those eligible in Hamilton County were served, the lowest this rate has been since before 2014. Similarly, Florida's rate of WIC-eligibles served was just 63.0 percent in 2021, the lowest its been since before 2014. Food stamps or cash public assistance are also public health interventions of interest, accounting for 29.4 percent of Hamilton County households as compared to just 14.1 percent of Florida households. Roughly a third of these households in Hamilton County contain one or more persons aged 60 years or older (Tables 47 and 48, 2023 Technical Appendix).

## *Community Determinants – Education*

Educational attainment is an important indicator of community health that is often correlated with health literacy, income, and job opportunities. Hamilton County residents over the age of 25 depict lower rates of educational attainment, with nearly quarter holding less than a high school diploma and roughly 60 percent with a high school diploma as their highest level of educational attainment (compared to 11.5 percent and 48.0 percent in Florida, respectively). Furthermore, a higher proportion of females are college-educated (22.7 percent) as compared to males (11.5 percent). Hamilton County also demonstrates lower graduation rates and higher school dropout rates as compared to the state (Tables 38 and 39, 2023 Technical Appendix).



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## Quality Healthcare Services

Differential access to care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, and other disease outcome differences. The prevalence of every recorded physician type is lower in Hamilton County than the state, including dentists, while family practice doctors, Obstetricians/Gynecologists, and pediatricians are all completely absent as of fiscal year 2020-2021. Hamilton County also lacks a number of healthcare facilities, including adult day care centers, end-stage renal disease centers, home medical equipment providers, rehabilitation facilities, and a hospital. In extension, there are no hospital, acute care, specialty care, rehabilitation, adult psychiatric, adult substance abuse, nor neonatal intensive care unit level II beds in the county (Tables 156-158 and 160, 2023 Technical Appendix).

A lack of access to healthcare services can often manifest as an abundance of avoidable hospitalizations and ED visits. In 2021, the rate of avoidable discharges among Hamilton County residents under the age of 65 was 11.4 per 1,000 population, near Florida's rate of 12.3. Additionally, the rate of ED visits in Hamilton County was 479.1 per 1,000 population, higher than the state rate of 375.4 (Tables 168 and 171, 2023 Technical Appendix).

## Priority Populations

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

- Racial minorities, especially the Black population
- Ethnic minorities, especially the Hispanic population
- Low-income individuals, especially children
- Pregnant women, infants, and children

## Summary

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

Hamilton County faces many of the challenges associated with a small, rural community. There are insufficient providers across the board and limited facilities available to address an abundance of chronic conditions. These chronic conditions, as well as age-adjusted mortality rates, prove to be very high in Hamilton County, especially due to cancer incidence and death. These issues contribute to lower quality of life, which manifest in the county's high rate of disabilities and percentage of residents who report their overall health as "fair" or "poor". The combination of low rates of providers and facilities and high rates of disease burden in addition to low income can create a lack of access to care that may lead to individuals avoiding or delaying seeking care and can result in elevated rates of hospital discharges and avoidable hospitalizations, such as those seen in Hamilton County. The county also reports higher rates of mental health ED visits and, among children, higher rates of Baker Acts. The uptake of certain

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healthy behaviors throughout the community is encouraging, such as low rates of reported binge drinking, syphilis, and opioid overdose deaths, as well as high rates of childhood immunizations. However, other health behavior indicators demand improvement, such as the high rates of tobacco use, overweight and obesity, and low cancer screening rates. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Hamilton County.

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## COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Quantitative data from an extensive array of secondary or administrative data sets describes a significant part of a community's core health needs and health issues. A community perspective of health and the healthcare experience is also essential to fully understanding the health and quality of life in a community. 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 sound understanding of community issues, concerns, experiences, and perceptions about quality of life through the lens of community members and healthcare and social service providers.

### Community Health Surveys

#### *Methodology*

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

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on February 14, 2023 and was available through March 31, 2023. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 115 complete, eligible surveys. No surveys from Hamilton County residents were completed in Spanish. The overall survey completion rate was calculated at 76.7 percent; note that any surveys deemed ineligible due to non-residency or age were classified as complete because survey respondents replied to all questions for which they were eligible. The eligible, completed surveys from Hamilton County residents were analyzed using descriptive analysis methods. The general demographic factors collected on respondents who completed surveys are presented in the table below. Tabulated results from survey items are presented in the following tables and figures.

#### *Limitations*

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Hamilton County population. The demographic data below shows that females, non-Hispanics, and persons who identified their race as White were the most frequent survey respondents. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the 2023 Columbia County and Hamilton County Community Health Assessment Technical Appendix.

## Community Survey Participant Profile

**TABLE 9: DEMOGRAPHICS OF HAMILTON COUNTY COMMUNITY HEALTH SURVEY RESPONDENTS, 2023**

Demographics	n = 115	
	Number	Percent
<b>Age Group</b>		
18-24	4	3.5
25-29	4	3.5
30-39	16	13.9
40-49	24	20.9
50-59	33	28.7
60-64	10	8.7
65-69	10	8.7
70-79	11	9.6
80 or older	3	2.6
Prefer not to answer		
<b>Gender Identity</b>		
Man	24	20.9
Woman	88	76.5
Non-binary	0	0
Prefer not to answer	3	2.6
Other	0	0
<b>Racial Identity</b>		
American Indian/Alaskan Native	1	0.9
Asian	0	0
Black or African American	33	28.7
Native Hawaiian and Other Pacific Islander	1	0.9
Two or more races	4	3.5
White	62	53.9
Prefer not to answer	11	9.6
Other (3 – 1 each Portuguese, Hispanic, Cuban) (0.8 percent each)	3	2.6
<b>Ethnicity</b>		
Not of Hispanic, Latino/a/x, or Spanish origin	102	88.7
Of Hispanic, Latino/a/x or Spanish origin	9	7.8
Prefer not to answer	4	3.5
<b>Highest Level of Education Completed</b>		
Elementary/Middle School	1	0.9
High school diploma or GED	34	29.6
Technical, community college, 2-yr college or Associate's degree	25	21.7
4-yr college/Bachelor's degree	21	18.3

Demographics	n = 115	
	Number	Percent
Graduate/Advanced degree	18	15.7
Some college	13	11.3
Prefer not to answer	3	2.6
Other	0	0
<b>Current Employment Status</b> (may choose all that apply)		
Employed (full-time)	69	60.0
Employed (part-time)	10	8.7
Full-time student	3	7.0
Part-time student	1	0.9
Homemaker	7	6.1
Retired	23	20.0
Self-employed	3	2.6
Unemployed	6	5.2
Work two or more jobs	3	2.6
Disabled, unable to work	3	2.6
Prefer not to answer	1	0.8
Other	0	0
<b>Methods of Healthcare Payment</b> (may choose all that apply)		
Health Insurance offered through job or family member's job	60	52.2
Health insurance that you pay on your own	25	21.7
Medicaid	21	18.3
Medicare	26	22.6
Military coverage/TriCare or VA	3	2.6
Pay cash	8	7.0
Do not have health insurance	2	1.7
Other	0	0
<b>Combined Annual Household Income</b>		
Less than \$10,000	13	11.3
\$10,000 - \$19,999	6	5.2
\$20,000 - \$29,999	7	6.1
\$30,000 - \$49,999	20	17.4
\$50,000 - \$74,999	13	11.3
\$75,000 - \$99,999	11	9.6
\$100,000 - \$124,999	15	13.0
\$125,000 - \$149,999	9	7.8
\$150,000 - \$174,999	8	7.0
\$175,000 - \$199,999	0	0
\$200,000 or more	1	0.9
Prefer not to answer	12	10.4
<b>Zip Code of Residence</b>		
32052 Jasper	53	46.1

Demographics	n = 115	
	Number	Percent
32053 Jennings	35	30.4
32096 White Springs	24	20.9
53+35Other (3 – blanks)	3	2.6

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

## Observations from Community Survey

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

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

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of surveys completed by Hamilton County residents included in the analysis was 115. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

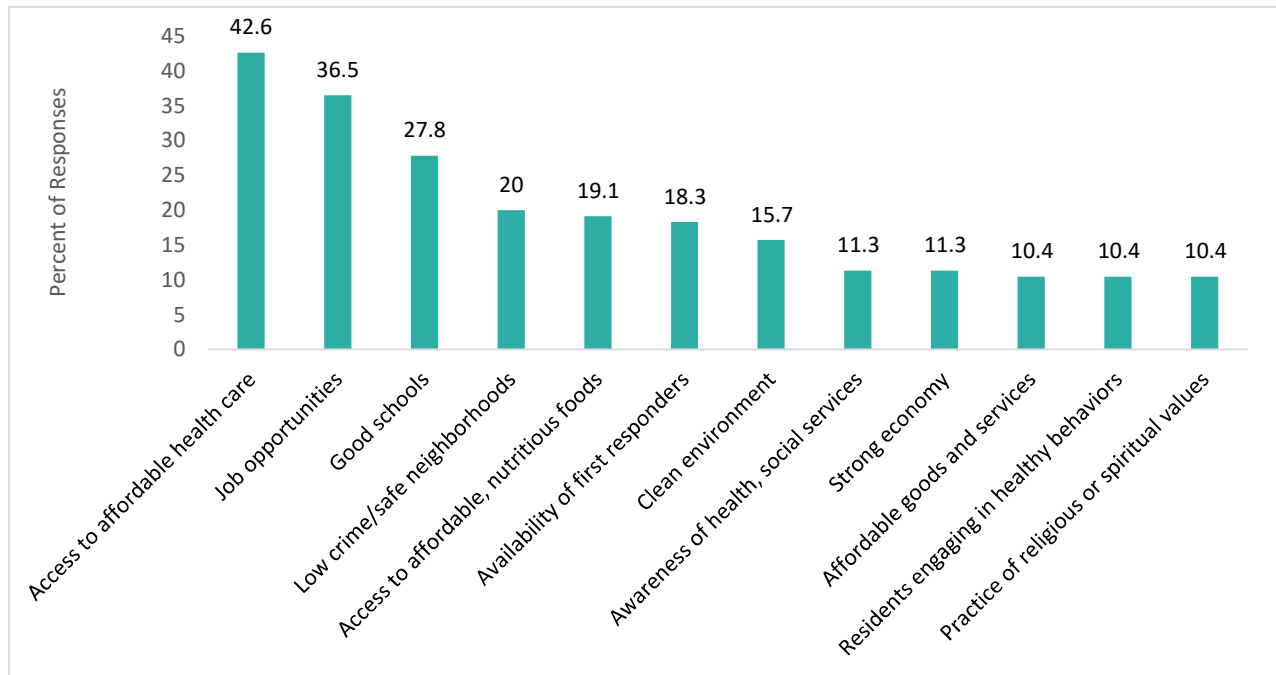
**What do you think contributes most to a healthy community? Choose 3.**

**TABLE 10: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTH COMMUNITY, HAMILTON COUNTY, RANKED BY PERCENT OF RESPONSES, 2023**

Rank	Factors (Percent of Responses)
<b>1</b>	Access to health care including primary/family care, specialty care, dental, and mental health care (42.6percent)
<b>2</b>	Job opportunities for all levels of education (36.5 percent)
<b>3</b>	Good schools (27.8 percent)
<b>4</b>	Low crime/safe neighborhoods (20.0 percent)
<b>5</b>	Access to convenient, affordable, and nutritious foods (19.1 percent)
<b>6</b>	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (18.3 percent)
<b>7</b>	Clean environment (15.7 percent)
<b>8, 9</b>	Awareness of health care and social services (11.3 percent)
<b>(tie)</b>	Strong economy (11.3 percent)
<b>10,</b>	Affordable goods and services (10.4 percent)
<b>11,</b>	Practice of religious or spiritual values (10.4 percent)
<b>12</b>	Residents engaging in healthy behaviors (10.4 percent)
<b>(tie)</b>	
<b>13</b>	Strong family ties (9.6 percent)
<b>14</b>	Affordable housing (8.7 percent)
<b>15,</b>	Affordable utilities (6.1 percent)
<b>16,</b>	Good race/ethnic relations (6.1 percent)
<b>17,</b>	Low preventable death and disease rates (6.1 percent)
<b>18,</b>	Choices of places of worship (6.1 percent)
<b>19</b>	Public transportation system (6.1 percent)
<b>(tie)</b>	
<b>20</b>	Low level of domestic violence (4.3 percent)
<b>21,</b>	Good place to raise children (3.5 percent)
<b>22</b>	Availability of parks and recreational opportunities (3.5 percent)
<b>(tie)</b>	
<b>23</b>	Low level of child abuse (2.6 percent)
<b>24.25</b>	Availability of arts and cultural events (1.7 percent)
<b>(tie)</b>	Low rates of infant and child deaths (1.7 percent)
<b>26</b>	Other (0 percent)

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

**FIGURE 21: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



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



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

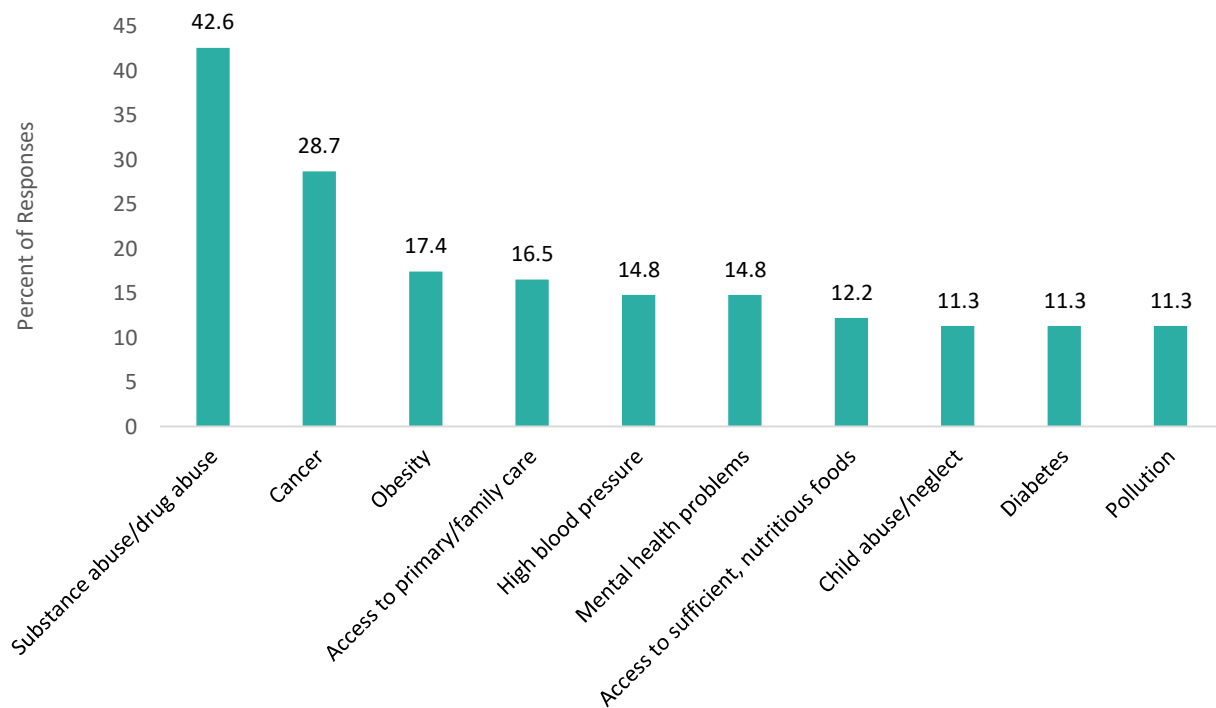
**TABLE 11: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN HAMILTON COUNTY, RANKED BY PERCENT OF RESPONSES, 2023**

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (42.6 percent)
2	Cancer (28.7 percent)
3	Obesity (17.4 percent)
4	Access to primary/family care (16.5 percent)
5, 6 (tie)	High blood pressure (14.8 percent)
	Mental health problems (14.8 percent)
7	Access to sufficient and nutritious food (12.2 percent)
8, 9, 10 (tie)	Diabetes (11.3 percent)
	Child abuse/neglect (11.3 percent)
	Pollution (e.g., water, air, soil) (11.3 percent)
11	Heart disease and stroke (10.4 percent)
12	Teenage pregnancy (9.6 percent)
13	Access to long-term care (7.8 percent)
14, 15, 16, 17, 18 (tie)	Affordable assisted living facilities (7.0 percent)
	Stress (7.0 percent)
	Elderly caregiving (7.0 percent)
	Tobacco use (includes e-cigarettes, smokeless tobacco use) (7.0 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (7.0 percent)
19	Dental problems (6.1 percent)
20	Domestic violence (.2 percent)
21, 22, 23, 24, 25 (tie)	Intellectual and Developmental Disabilities (including autism spectrum disorders) (4.3 percent)
	Disability (4.3 percent)
	Exposure to excessive and/or negative media and advertising (4.3 percent)
	Respiratory/lung disease (4.3 percent)
	Dementia (4.3 percent)
26, 27, 28 (tie)	Homelessness (3.5 percent)
	Homicide (3.5 percent)
	HIV/AIDS (3.5 percent)
29, 30 (tie)	Age-related issues (e.g., arthritis, hearing loss) (2.6 percent)
	Rape/sexual assault (2.6 percent)

<b>31, 32, 33, 34 (tie)</b>	Firearm-related injuries (1.7 percent)
	Infant death (1.7 percent)
	Suicide (1.7 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (1.7 percent)
<b>35, 36 (tie)</b>	Motor vehicle crash injuries (0 percent)
	Other (0 percent)

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

**FIGURE 22: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



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

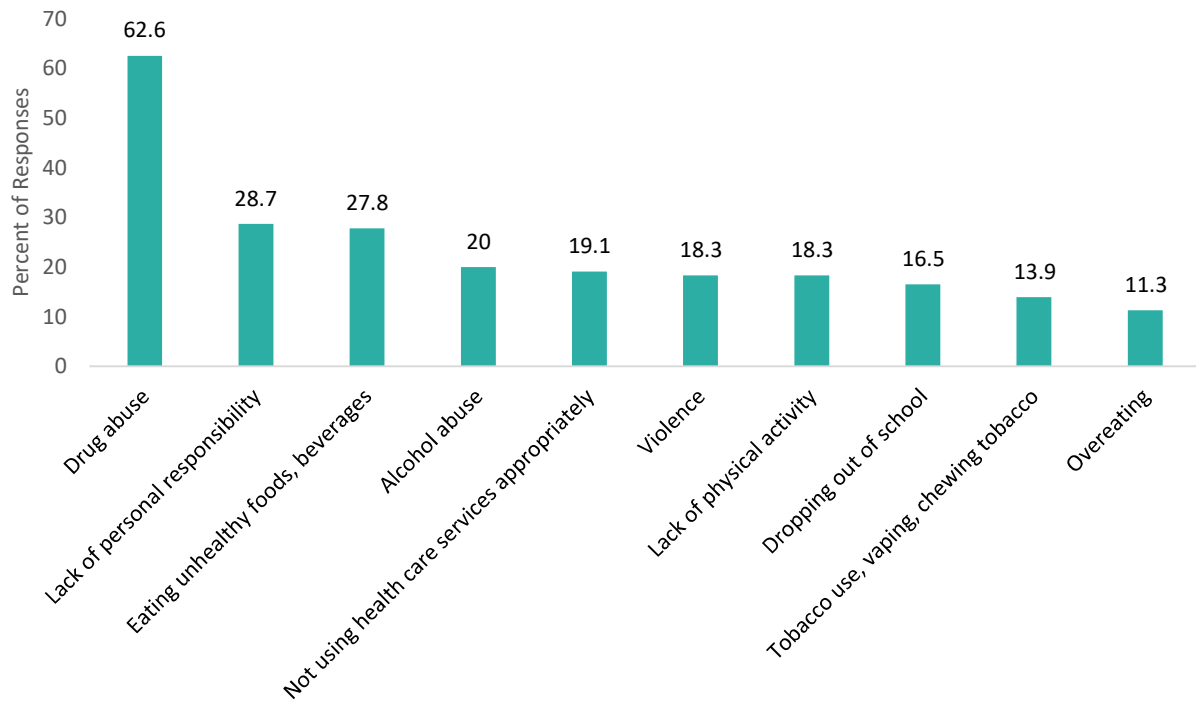
What has the greatest negative impact on the health of people in Hamilton County? Choose THREE (3).

**TABLE 12: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, HAMILTON COUNTY, RANKED BY PERCENT OF RESPONSES, 2023**

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) (62.6 percent)
2	Lack of personal responsibility (28.7 percent)
3	Eating unhealthy foods/drinking sugar sweetened beverages (27.8 percent)
4	Alcohol abuse (20.0 percent)
5	Not using healthcare services appropriately (19.1 percent)
6, 7 (tie)	Violence (18.3 percent)
	Lack of physical activity (18.3 percent)
8	Dropping out of school (7.9 percent)
9	Tobacco use, vaping, chewing tobacco (13.9 percent)
10	Overeating (11.3 percent)
11	Unsafe sex (10.4 percent)
12	Not getting immunizations to prevent disease (e.g., flu shots) (9.6percent)
13	Poor race/ethnic relations (7.8 percent)
14	Distracted driving (such as texting while driving) (6.1 percent)
15, 16, 17 (tie)	Unsecured firearms (5.2 percent)
	Starting prenatal care late in pregnancy (5.2 percent)
	Loneliness or isolation (5.2 percent)
18, 19 (tie)	Not using seat belts/child safety seats (3.5 percent)
	Not using birth control (3.5 percent)
20	Lack of stress management (2.6 percent)
21	Lack of sleep (7.9 percent)
22	Other (0 percent, no comments related to behaviors)

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

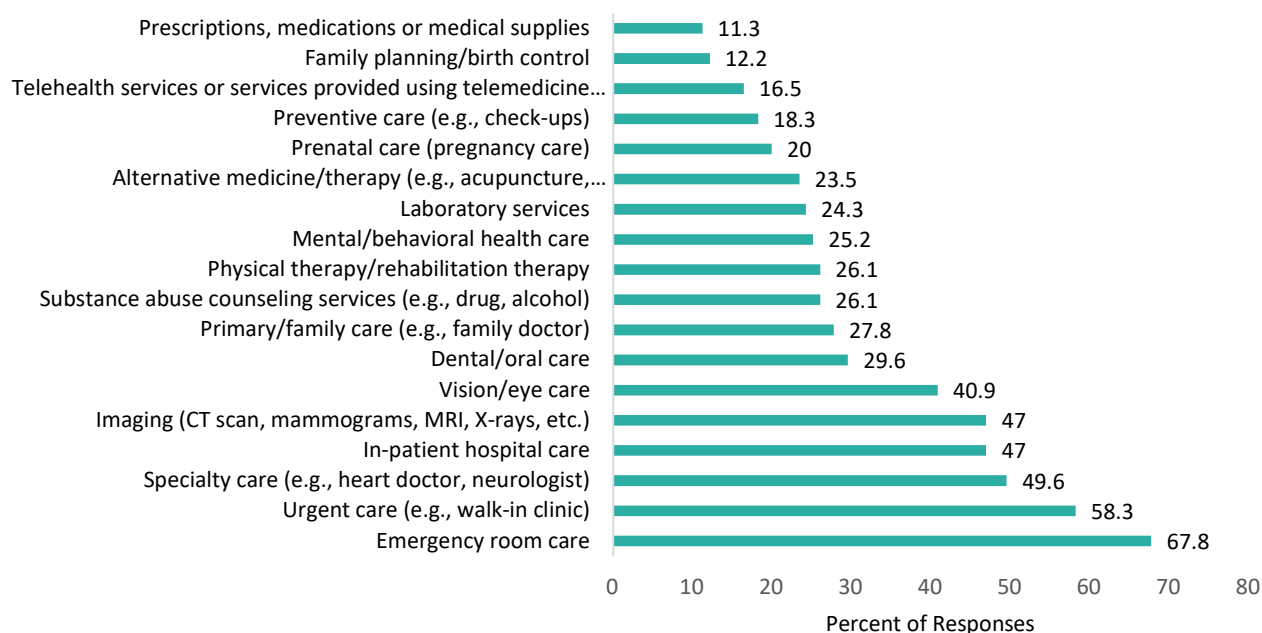
**FIGURE 23: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



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

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

**FIGURE 24: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



Source: Hamilton County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023. Note: Other (1 – most are not available (0.9 percent))

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

**TABLE 13: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Dental Care	Response
Received needed care or didn't need care (n=76)	66.1 percent
Did not receive needed care (n=39)	33.9 percent
<b>Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	53.8 percent
No appointments available or long waits for appointments	33.3 percent
No dentists available	30.8 percent
Service not covered by insurance or have no insurance	33.3 percent
Transportation, couldn't get there	2.6 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.8 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	15.4 percent
Other (1 – too busy)	2.6 percent

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

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

**TABLE 14: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Primary/Family Care	Response
Received needed care or didn't need care (n = 92)	80.0 percent
Did not receive needed care (n = 23)	20.0 percent
<b>Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	30.4 percent
No appointments available or long waits for appointments	39.1 percent
No primary care providers (doctors, nurses) available	43.5 percent
Service not covered by insurance or have no insurance	17.4 percent
Transportation, couldn't get there	4.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	17.4 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.0 percent
Other (1 – no vaccine available)	4.3 percent

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

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

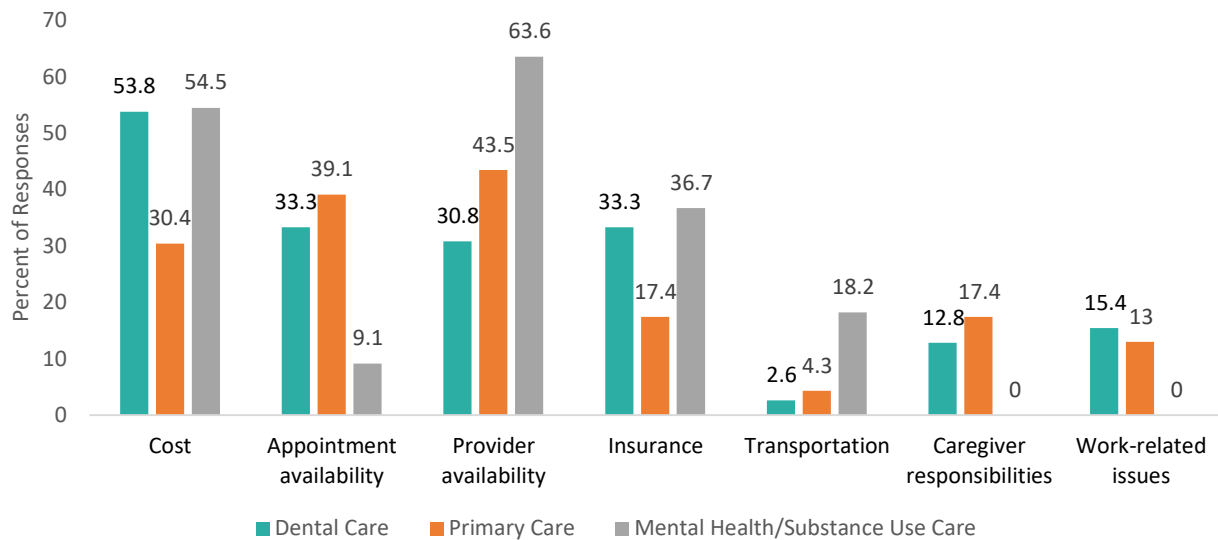
**TABLE 15: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care (n = 104)	90.4 percent
Did not receive needed care (n = 11)	9.6 percent
<b>Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	54.5 percent
No appointments available or long waits for appointments	9.1 percent
No mental health care providers or no substance use therapists or counselors available	63.6 percent
Service not covered by insurance or have no insurance	36.7 percent
Transportation, couldn't get there	18.2 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	0 percent
Stigma associated with this issue and/or stigma associated with seeking care	0 percent
Telehealth issue (e.g., telehealth service not offered, lack of internet)	27.3 percent
Other (0 percent)	0 percent

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



**FIGURE 25: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCED BY SURVEY RESPONDENTS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



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

**Are you responsible for getting health, dental, and/or mental or behavioral health care for a child or children under the age of 18?**

**TABLE 16: PERCENT OF SURVEY RESPONDENTS RESPONSIBLE FOR GETTING HEALTH, DENTAL AND/OR MENTAL OR BEHAVIORAL HEALTH CARE FOR A CHILD OR CHILDREN UNDER THE AGE OF 18, HAMILTON COUNTY, 2023**

Survey Respondents Responsible for Getting Care for Child/Children Under 18	
Yes	34.8 percent (n = 40)
No	65.2 percent (n= 75)

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

During the past 12 months, was there a time when a child or children in your care needed to see a primary/family care provider for health care but couldn't?" AND "What were the reasons the child or children in your care did not get the primary/family care they needed during the past 12 months? Choose ALL that apply.

**TABLE 17: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENTS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Primary/Family Care (by Percent of Responses)	Response
Received needed care or didn't need care (n=35)	87.5 percent
Did not receive needed care (n=5)	12.5 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	0 percent
No appointments available or long wait for appointments	20.0 percent
No primary care providers (doctors, nurses) available	20.0 percent
Service not covered by insurance or have no insurance	20.0 percent
Transportation, couldn't get there	0 percent
My responsibilities as a caregiver for others (child or adult) kept me from getting this care for the child/children	40.0 percent
Work/job issue (for example, work schedule conflict, no paid leave, denied time off)	0 percent
Other	0 percent

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

During the past 12 months, was there a time your child or children in your care needed dental care, including checkups, but didn't get it?" AND "What were the reasons the child or children in your care did not get the dental care they needed during the past 12 months? Choose ALL that apply.

**TABLE 18: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENTS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Dental Care (by Percent of Responses)	Response
Received needed care or didn't need care (n=28)	70.0 percent
Did not receive needed care (n=12)	30.0 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	16.7 percent
No appointments available or long wait for appointments	25.0 percent
No dentists available	33.3 percent
Service not covered by insurance or have no insurance	16.7 percent
Transportation, couldn't get there	0 percent
My responsibilities as a caregiver for others (child or adult) kept me from getting this care for the child/children	16.7 percent
Work/job issue (for example, work schedule conflict, no paid leave, denied time off)	0 percent
Other	0 percent

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

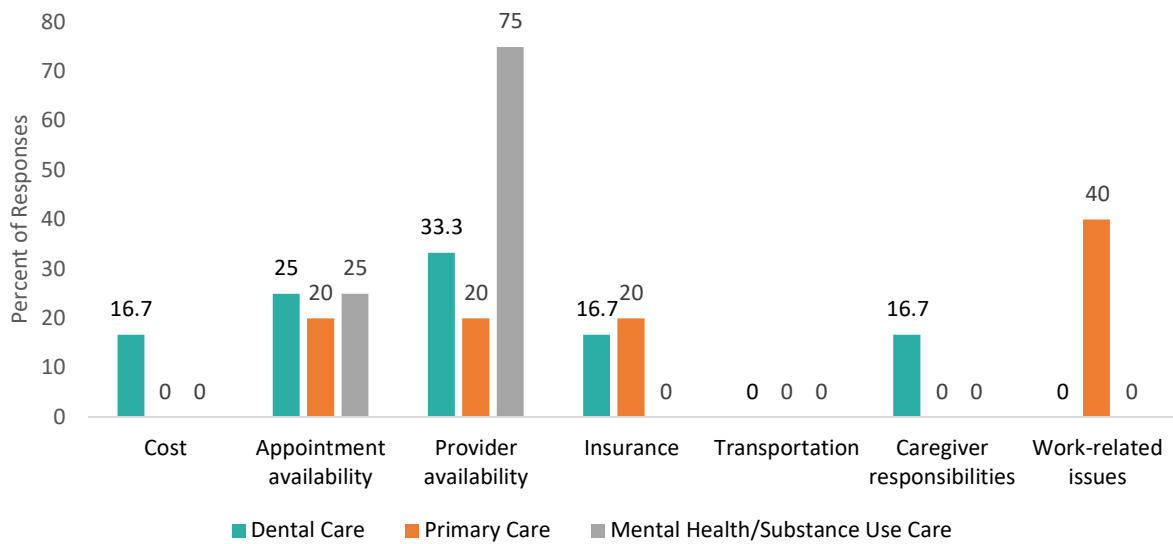
During the past 12 months, was there a time when your child or children in your care needed to see a doctor, therapist, or counselor for a mental or behavioral health issue but didn't?" AND "What were the reasons a child or children in your care did not see a doctor, therapist, or counselor for a mental or behavioral health issue during the past 12 months? Choose ALL that apply.

**TABLE 19: MENTAL OR BEHAVIORAL HEALTH CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENTS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Seen by Doctor, Therapist or Counselor for Mental or Behavioral Health Issue (by Percent of Responses)	Response
Received needed care or didn't need care (n=36)	90.0 percent
Did not receive needed care (n=4)	10.0 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	0 percent
No appointments available or long wait for appointments	25.0 percent
No mental or behavioral health providers, therapists, or counselors available	75.0 percent
Service not covered by insurance or have no insurance	0 percent
Transportation, couldn't get there	0 percent
My responsibilities as a caregiver for others (child or adult) kept me from getting this care for the child/children	0 percent
Work/job issue (for example, work schedule conflict, no paid leave, denied time off)	0 percent
Other	0 percent

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

**FIGURE 26: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL OR BEHAVIORAL HEALTH CARE EXPERIENCED BY CHILD/CHILDREN IN THE CARE OF SURVEY RESPONDENTS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



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

The next two (2) questions are about impacts of the Coronavirus (COVID-19) pandemic on your household over the past 12 months. There are optional questions. Do you wish to answer these questions? If not, you will be directed to the next set of questions.

In the past 12 months please indicate which aspects of your household have been negatively impacted by the Coronavirus (COVID-19) pandemic. (A negative impact means worsened or made more difficult.) Choose ALL that apply.

**TABLE 20: NEGATIVE IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD IN THE PAST 12 MONTHS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Optional Questions about the Pandemic	Response
Agreed to answer questions (n = 79)	68.7 percent
Chose to opt out (n = 30)	26.1 percent
Chose not to answer this question (n=6)	5.2 percent
Household Factors Negatively Impacted by Pandemic (By percent of responses of those who answered optional questions; n = 79)	
Childcare (ability to get care for child/children)	2.5 percent
Employment (ability to keep a job, have steady income)	11.4 percent
Food (ability to buy or get enough food to feed you and your family)	16.5 percent
Housing (ability to find housing, pay rent or mortgage)	5.1 percent
Schooling, education (ability to complete school-related assignments and programs)	10.1 percent
Transportation (ability to use public transportation or shared ride services)	2.5 percent
Utilities (ability to get and pay for electricity, gas, water, internet services)	7.6 percent
Physical activity and exercise (have means and ability to engage in regular physical activity)	8.9 percent
Nutrition (have means and ability to consume a healthy variety of foods)	13.9 percent
None of the items above negatively impacted by household in the past 12 months due to the pandemic	65.8 percent

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

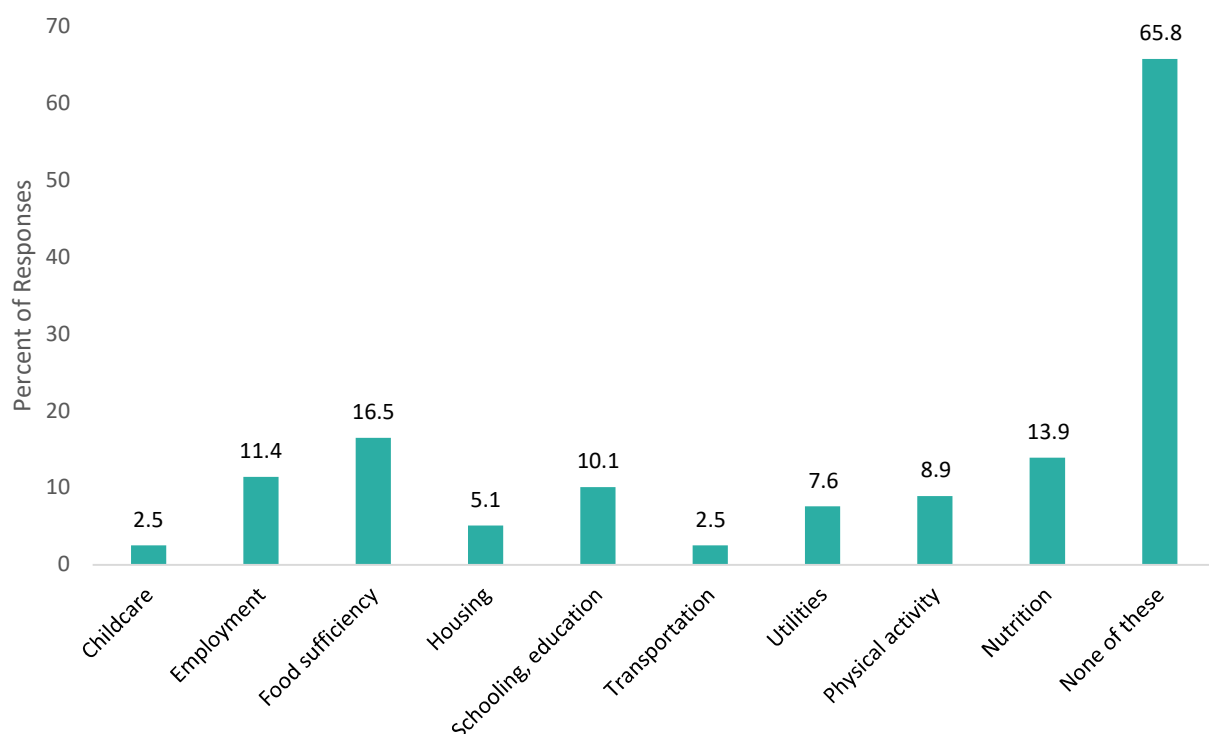
Please indicate if you or a member of your household delayed getting any of these services because of the Coronavirus (COVID-19) pandemic over the past 12 months. Choose ALL that apply.

**TABLE 13: DELAYED HEALTHCARE SERVICES OVER THE PAST 12 MONTHS DUE TO THE PANDEMIC, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Healthcare Services Delayed (By percent of responses of those who answered optional questions; n = 79)	
Routine (screenings, check-ups) or needed <b>primary healthcare</b> services	15.2 percent
Routine (screenings, check-ups) or needed <b>dental care</b>	17.7 percent
Routine (screenings, check-ups) or needed <b>mental, behavioral or substance use care</b>	5.1 percent
There was <b>no delay</b> in getting these services over the past 12 months by members of my household.	52.4 percent

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

**FIGURE 27: NEGATIVE COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS IN THE PAST 12 MONTHS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



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

Does your household have an emergency plan (a plan of action for when a disaster or emergency such as a hurricane threatens)?

TABLE 21: HAVE HOUSEHOLD EMERGENCY PREPAREDNESS PLAN, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023

Response	Household has an Emergency Plan (n = 444)
Yes	71.3 percent
No	21.7 percent
Don't know, not sure	7.0 percent

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

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Access to affordable health care, including primary care, specialty care, dental, and mental health care, rose to the top as the factor that most contributes to a healthy community according to 42.6 percent of Hamilton County survey respondents. Access to primary or family healthcare services ranked fourth among the most important health issues to be addressed in Hamilton County. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (20.0 percent of survey respondents), dental care (33.9 percent), and mental health/substance use care (9.6 percent percent). The most common barriers to primary/family care cited were provider and appointment availability and cost. More than half (53.8 percent) of those who did not get needed dental care in the past 12 months said cost was a factor, followed by insurance issues and appointment availability. Almost two-thirds (63.6 percent) of those who reported not getting mental health or substance use care indicated that provider availability was an issue with more than half (54.5 percent) pointing to cost as an obstacle.

More than a third (34.8 percent) of survey respondents reported being responsible for getting health, dental, and mental or behavioral health care for a child or children under the age of 18. Those survey respondents indicated having experienced similar barriers in accessing care for children. About 30.0 percent of children in the care of survey respondents did not get needed dental care in the past 12 months. Appointment and provider availability (25.0 and 33.3 percent, respectively) were barriers as was cost (16.7 percent). Survey respondents said that 12.5 percent of their children did not get needed primary care, citing similar barriers of caregiver work-related issues (40.0 percent), and appointment availability and insurance issues (both at 20.0 percent). Accessing mental health or behavioral health care was reported as an issue in the past 12 months for children of survey respondents with ten (10.0) percent not getting needed care. The biggest barrier reported was provider availability (75.0 percent) followed by appointment availability (25.0 percent).

When asked about specific services lacking in Hamilton County, those most commonly mentioned were emergency room care (67.8 percent), urgent care (58.3 percent), specialty care (49.6), and in-patient care and imaging at 47.0 percent. Survey respondents said that prescriptions, medications or medical supplies (11.3 percent), family planning/birth control (12.2 percent), and telehealth services (16.5 percent) were much less difficult to obtain in the county. Not using healthcare services appropriately was cited by 19.1 percent of survey respondents and ranked fifth among the behaviors with greatest negative impact on health in Hamilton County.



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## *Mental Health and Substance Abuse Care*

Concern about the community's substance use and mental health problems emerged as themes from the survey. Substance and drug abuse was ranked first among the most pressing health issues that need to be addressed in Hamilton County; 42.6 percent of survey respondents selected it as a priority problem. Mental health problems, garnering 14.8 percent of survey respondents' votes tied with high blood pressure as the fourth and fifth most important issue. Substance misuse is often linked with mental or behavioral health problems, and access to mental health and substance use services frequently go hand-in-hand. Hamilton County survey respondents ranked drug abuse as the first and alcohol abuse as the fourth ranked behaviors, respectively at 62.6 and 20.0 percent, with greatest negative impact on overall health. About a quarter (26.1 percent) of survey respondents felt substance abuse counseling services were difficult to obtain with an additional 25.2 percent reporting that mental and behavioral health care were services with barriers. To further illustrate this theme, about a tenth (9.6 percent) of Hamilton County survey respondents said that in the past 12 months they did not receive needed care from a therapist or counselor for a mental health or substance use issue. Similarly, about ten (10.0) percent of children in the care of survey respondents did not get needed mental or behavioral health care in the past year. Provider availability was the common barrier for both adults and children.

## *Health Behaviors and Chronic Conditions*

Hamilton County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are seen as problematic. In addition, chronic disease-related behaviors and outcomes surfaced among the most important health issues for Hamilton County residents. Cancer was the second ranked most important health issue (28.7 percent), followed by obesity as the third ranked issue (17.4 percent). High blood pressure tied with mental health problems in fourth and fifth place (14.8 percent) while diabetes tied for ninth and tenth place (11.3 percent) with pollution. Behaviors known to contribute to chronic disease prevalence scored among practices having great negative health impact including eating unhealthy foods and drinking sugar-sweetened beverages (ranked third at 27.8 percent), lack of physical activity (tied for sixth and seventh place at 18.3 percent), tobacco use (ranked ninth at 13.9 percent), and overeating (ranked tenth at 11.3 percent). An overall lack of personal responsibility was selected by more than a quarter (28.7 percent) of survey respondents as the behavior with the second most negative impact. Other ranked problematic behaviors according to survey respondents include drug and alcohol abuse (first and fourth ranked at 62.6 and 20.0 percent, respectively), not using health care services appropriately (fifth ranked at 19.1 percent), violence (tied for sixth and seventh at 18.3) and dropping out of school (ranked eighth at 16.5 percent).

## *Social Determinants of Health*

The value of the essentials for a healthy, safe community were made clear by Hamilton County survey respondents. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to healthcare services (top ranked, chosen by 42.6 percent of survey respondents), job opportunities (second ranked at 36.5 percent), good schools (third ranked at 27.8 percent), safe neighborhoods with low crime (fourth ranked at 20.0 percent), access to affordable nutritious foods (fifth ranked at 19.1 percent), availability of first responders (sixth ranked at 18.3 percent), and clean environment (ranked seventh at 15.7 percent). Also appearing in Hamilton County survey respondents' list of top ten factors were a strong economy, affordable goods and services, and the practice of religious or spiritual values.

## *Impact of COVID-19*

Although the height of the Coronavirus (COVID-19) pandemic was behind the United States and Florida at the time of this survey, the pandemic continues to impact lives. Hamilton County survey participants reported that in the

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past 12 months 16.5 percent felt a negative impact on food sufficiency that was related to pandemic impact. More than 80 percent of survey respondents said that in the past 12 months there was no delay in getting healthcare services due to pandemic concerns. Of the 19.0 percent who indicated they or a member of their household had delayed getting care, 17.3 percent put off getting dental care while 15.2 percent delayed routine or primary care. Fortunately, 71.3 percent of households of Hamilton County survey respondents report having an emergency plan in place for when natural and man-made disasters threaten.

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# FORCES OF CHANGE ASSESSMENT

## Methods

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

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

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

The Hamilton County Community Health Assessment Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment on April 19, 2023. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so that participants would be familiar with Hamilton County demographics, health conditions and behaviors, healthcare resources, and the perspectives of community members and providers on issues related to health and quality of life. The group brainstormed possible forces that may hinder or help the community in its quest for improvement in community health outcomes. Brainstorming followed discussions of the threats and opportunities associated with the forces. The *Forces of Change for Hamilton County* tables on the following pages summarize the forces of change identified for Hamilton County, as well as possible associated opportunities and threats that may be considered in any Hamilton County strategic planning or community health improvement planning process.

## Forces Of Change for Hamilton County - TRENDS

*(Prepared by WellFlorida Council – 2023)*

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
<b>Social/ Behavioral</b>	Teen Pregnancy	Lack of education and lower educational attainment in general; more school dropouts; child neglect and abuse; poverty; substance use; domestic violence; human trafficking; homelessness; more single parents, grandparents raising children; generational issues continued.	Increased population; increased awareness of issue; increased school enrollment; increased need for daycare; opportunity for education and prevention.
	Drug Misuse Increasing	Those misusing drugs are unable to get a job because of a positive drug test; increase in deaths and infant deaths; low academic performance and truancy; more children misusing drugs and starting a younger age; increase in crime; increase in child neglect and abuse; especially seeing an increased use of vin (mix of marijuana and meth); increased use of drugs in schools; increase use of Delta 9 gummies, which can easily be bought in stores and are provided by a plant in Jasper (easy access); drug misuse sometimes facilitated by parents, or peers; hard to get volunteers for 4H programs and Botvin grant.	Education; changes in legislation regarding what is available to buy in stores; apply for Botvin grant for 6 <sup>th</sup> grade anti-drug, life skills, and strengthening families program; encouraging families with children ages 10-14 to come to UF IFAS extension for their 7-week program centered around communication with their kids.
	3 <sup>rd</sup> Grade Reading Level Dropping	Only 39% of 3 <sup>rd</sup> graders are at reading level; threat to future workforce; increases in criminal activity; overcrowding in prisons; increases in drug misuse; increases in teen pregnancy; higher risk of dropping out.	Recruit an increase in mentors through programs like reading pals – volunteers who spend one hour a week reading with low-performing students in Kindergarten; pursue additional grant funding for intensive reading camps; after school and summer interventions; utilize state employees mentoring program, where state employees are given an hour a month during work hours to volunteer with schools.

## Forces Of Change for Hamilton County - TRENDS

*(Prepared by WellFlorida Council – 2023)*

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
	Domestic Violence Increasing	This year serving 37 clients just in Hamilton County, up from 30 last year; can lead to DCF taking away kids; can lead to substance misuse; lack of services for counseling; money issues and financial strain can act as a source of conflict in domestic relationship; increased number of neglected children in schools.	Education on domestic violence; providing more counseling services; mentorship through churches.
	Increase in Vaping	Leads to numerous health issues; normalization of tobacco use; increased use among children; difficult to treat as an addiction among children when there is a lack of parental approval.	Local ordinances to strengthen smoke-free zones to include prohibition of vaping, such as among parks; building out youth cessation program of Tobacco Free Florida, which is currently only available among those 18 years old and older; expand Live Vape Free program and national guard program on vaping; reform policy to treat vaping as an addiction rather than disciplinary issue in schools (need parental approval); parental education.
	Increasing Chronic Diseases	Difficulty to convincing people to invest their attention and concern into these persistent and prevalent issues; difficult to create behavior changes; increase in mortality and illness over the life course.	UF is working on a grant with minority faith communities, to be able to come into minority churches and present on diabetes, hypertension, cholesterol, etc., where they can set up stations in churches with blood pressure cuffs, scales, etc.; can target educational units; Department of Health can also provide equipment to minority churches if interested; education programs and community outreach in general; health literacy campaigns.
	Decreasing Number of Volunteers	Services becoming unavailable or less available due to lack of volunteer; may lose current volunteers because overwhelmed; some volunteers are not willing to be trained or there are too many state regulations regarding training; state regulations will push	Recruit more volunteers; education on the need for volunteers; build sense of community again through employment, access to recreation, etc.; restore the “it takes a village” mentality; education on the value of volunteering both to the organization and to the individual volunteer; reframing volunteerism not as work in a work-life balance, but a chance to fulfill a passion or

## Forces Of Change for Hamilton County - TRENDS

*(Prepared by WellFlorida Council – 2023)*

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
		away student volunteers from the health department.	desire to help; find alternatives to volunteers, such as paid employees; volunteer hours with inmate population; use CERT (community emergency response team) program as a model, built by starting with strong foundation of 10 people – teachers, retired physicians, etc., added some every few years, with 100 hours in training first year, then 4 hours every month plus one 3-day weekend per year; student volunteers.
<b>Social/ Economic</b>	Decreasing Migrant Population as Families Replaced by H-2A Workers	Parents that were already here have more difficulty finding employment because they don't have a social security number.	Teaching English; focus on improving stable family life, which decreases dropouts and improves school performance among children; more economic growth from legal workers who act as a tax base.

## Forces Of Change for Hamilton County - FACTORS

*(Prepared by WellFlorida Council – 2023)*

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
<b>Social</b>	Need For Mobile Services	Cost; finding a vehicle to meet all the needs of the community would cost about half a million dollars; maintaining staff; grants only offered to high population areas.	Can reach areas with less resources such as White Springs, Beville, etc.; provide services for older individuals that lack transportation; provide pregnancy testing and other primary care and public health services; instead of the community going to the clinic, the clinic goes to the community; need a fulltime mobile clinic because services are needed in a different place every single day; we have enough nurses to staff it even in the absence of a physician or mid-level provider; improve accessibility; decrease strain on EMS; provides more equipment than a school bus; prevent and improve chronic issues; work with hospital authority and board of county commissioners.
	Limited Number of First Responders	Overutilized or used in place of primary care and community health; sometimes receive calls for minor issues, such as checking sugar or blood pressure; 216 hours of training are required to become a volunteer firefighter; lack of community among volunteer firefighters, and a lack of resources if injured.	Community resource paramedicine (CRP) allows people identified as repeat hospital visitors to be added to the program, which can use student volunteers and does safety home evaluations, immunizations, etc., and can cut down on frequent flyers. Healthcare coalition can provide funding (can't apply for it as a health department), but would have to go through EMS.
<b>Built Environment</b>	Transportation Challenges	Inability to access care; students can't be involved in sports or clubs or tutoring because they can't get a ride home afterwards.	Increase access to care; increase job opportunities; increase availability of education, since people can now get to a place that provides the information that they need; use mobile clinics as a hotspot, providing access to free Wi-Fi.
	Lack of Internet Access	Lack of equipment and technology to access internet even if connection is provided.	Mobile hotspot bus to provide Wi-Fi; many students and community members use public libraries; could work in conjunction with and seek partnerships with internet providers to reach more rural communities; fiber optic cable project in development and will be able to reach 95% of the county by mid-2024 with discounts for families on SNAP; increase to tax

## Forces Of Change for Hamilton County - FACTORS

*(Prepared by WellFlorida Council – 2023)*

			base because opens up remote worker opportunities in Hamilton County; telehealth.
	Lack of Hospital	Use of ambulance as a taxi; difficult to get people to come to community health events.	Mobile bus; telehealth; urgent care center; increased screenings at community events, such as through the health fair at beginning of each school year; increase community outreach in general.



## Forces Of Change for Hamilton County - EVENTS

*(Prepared by WellFlorida Council – 2023)*

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
<b>Social</b>	UF Vaccine Bus	Majority was funded from COVID grants to give COVID vaccines which are soon to end.	Good turnout, especially good Hispanic population turnout; bring resources to people.
<b>Environmental</b>	Hurricane	Insufficient food in storage, since supplies can only be bought when in local state of emergency; food or water spoiling; limited resources; far from hospitals; loss of property; flooding, especially since Hamilton is the only county in Florida surrounded by 3 rivers; flooding can cut the county off from Florida and can only get resources from Georgia, which is challenging for the health department; if Alapaha River floods, can cut off the county from itself; strain on EMS services.	Educating and encouraging population to make emergency plans that include 7 days of water; churches assisting in providing shelters; building community resilience and cooperation; keeping water in reserve.
	Pandemic	Transportation difficult because of the width of the county; some clinics are only in Jasper which is 45 minutes from White Springs; learning loss, especially for families that don't have internet and equipment access when education goes virtual.	Tested health system capacity and held up pretty well.
	Fire	High risk with about 1/3 of the county being agricultural and 1/3 timberland; new growth; controlled burns; just began a career fire service (6 full time employees); hoping to rebuild volunteer firefighter program.	Challenge to get water to timberland fire because located in swamp; limited resources; strain on EMS; lack of fire services makes it more difficult and expensive to get homeowners insurance.
	Disasters in general	Lack of EMS services; long response times.	Invest in volunteers; new career firefighter program.

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## COMMUNITY PARTNER ASSESSMENT

Among other changes, the National Association of County and City Health Officials' (NACCHO's) 2023 update of the Mobilizing for Action through Planning and Partnerships (MAPP) framework for community health assessment (CHA) replaced the Local Public Health System Assessment with the Community Partner Assessment. This new assessment provides partners involved in a MAPP-based community health assessment process a structured way to look critically at their individual activities and resources and their collective capacity as a network of community partners to address health issues, gaps, and system challenges as they work together towards improving population health outcomes.

### Community Partner Assessment Process

#### *Methodology*

The Florida Department of Health in Hamilton County (DOH Hamilton) used a three-step process to conduct the community partner assessment. First, DOH Hamilton's CHA Core Team used the NACCHO partner assessment survey instrument as a guide to customize and adapt an electronic survey to collect information from partners about their organization, interest in community health assessment improvement planning, populations served, and capacities. Since Columbia and Hamilton Counties are contiguous and share regional assets including a single health officer serving both counties, one survey instrument was created and used for both county's community partner assessment. In the second step, survey data was reviewed and using descriptive analysis techniques, results and findings were shared in a written report. As a third action, at their CHA meeting on June 7, 2023 community partners reviewed and discussed the results and findings and strategized on how to best apply the new information to community health improvement priorities and plans.

The electronic survey, using the Qualtrics® web-based surveying platform, was deployed to partners who then had at least ten (10) days to respond on behalf of their organizations or agencies with one response per entity. In the survey, Columbia and Hamilton County partners could indicate if they served a single county or both. The survey contained 30 questions including several organization/agency demographic items. Prior to distribution the survey was tested for readability, functionality, and ease of use. A web link and QR code made the survey accessible on any internet-enabled device including smartphones. For the purposes of this survey eligible respondents were adults 18 years of age or older who represented an organization or agency that participates in collaborative community health improvement activities and planning in Hamilton County.

A convenience sampling approach (i.e., respondents self-select based on eligibility and willingness to participate) was used for collecting survey responses. The survey went live on May 19, 2023 and was available through May 31, 2023. The survey link and QR code with instructions and introductory comments were distributed via email using the Core Team's standard community partner distribution list. At the time the survey closed there were 11 complete, eligible surveys for both Columbia and Hamilton Counties. Of those, there were five (5) surveys completed by community partners that dedicate their efforts in Hamilton County and an additional three (3) surveys from partners who serve both Columbia County and Hamilton County. The overall survey completion rate was calculated at 68.8 percent. The completed surveys were analyzed using descriptive analysis methods. Tabulated results from survey items are presented in the following tables and figures.

#### *Limitations*

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of all organizations or agencies that serve Hamilton County. There is also potential for self-reporting bias. Self-

reporting bias may be present in any data that relies on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. The data from this assessment should be complemented by other sources, including data reported in the 2023 Columbia County and Hamilton County Community Health Assessment Technical Appendix, when making decisions about community health priorities and the strategies to address these issues.

### Survey Participant Profile

**TABLE 22: COMMUNITY PARTNER ASSESSMENT SURVEY RESPONDENT AGENCY OR ORGANIZATION, HAMILTON COUNTY, 2023**

Organization or Agency Name	Serve Hamilton Only	Serve Columbia and Hamilton
Hamilton County School District	X	
East Coast Migrant Head Start Project (Jennings Campus)	X	
East Coast Migrant Head Start Project	X	
Hanley Foundation		X
Florida Department of Health in Hamilton County	X	
Christian Service Center of Columbia County, Inc.		X
Healthy Start of North Central Florida Coalition		X
University of Florida (UF)/Institute of Food and Agricultural Sciences (IFAS) Hamilton County Extension	X	

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**TABLE 23: COMMUNITY PARTNER ASSESSMENT SURVEY RESPONDENT AGENCY OR ORGANIZATION POSITION OR MAIN ROLE, HAMILTON COUNTY, 2023**

Organizational or Agency Position or Main Role	Percent of Responses
Administrative staff	12.5 percent
Front line staff	0 percent
Supervisor (not senior management)	25.0 percent
Senior management level/unit or program leader	37.5 percent
Leadership team	0 percent
Community member	0 percent
Community leader	0 percent
Other, please specify (1 each: Outreach team member, Extension agent 12.5 percent each)	25.0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

## Results from the Community Partner Assessment Survey

Tables and figures below summarize the responses to the survey questions. In general, all responses are provided in the tables along with percent of responses while figures may show the top responses or all responses,

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depending on the question. The number of Hamilton County community partner assessment survey responses included in the summary and descriptive analysis was eight (8). Due to the small number in the sample size, no sub-analysis was performed and caution is urged in interpreting the results. Survey results are presented by the following topical groupings:

- Agency/Organization description
- Interests in community health assessment and health improvement planning
- Clients or members served or engaged by agency/organization
- Areas of focus by agency/organization
- Agency/Organization capacities to support community health improvement
- Community engagement, policy, and communication practices

### Agency/Organization Description

Which of the following best describe(s) your agency/organization? Select all that apply.

**TABLE 24: AGENCY/ORGANIZATION DESCRIPTORS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Agency/Organization Descriptor (More than one choice allowed)	Percent of Responses
County Health Department	12.5 percent
State Health Department	0 percent
City government agency	0 percent
County government agency	0 percent
State government agency	0 percent
Private hospital	0 percent
Public hospital	0 percent
Private clinic	0 percent
Public or community clinic	0 percent
Emergency response	0 percent
School/education (PK-12)	37.5 percent
College/university	12.5 percent
Library (county or city)	0 percent
Non-profit organization	75.0 percent
Grassroots community organizing group/organization	0 percent
Tenants' association	0 percent
Social service provider	12.5 percent
Housing provider	0 percent
Mental health provider	0 percent
Neighborhood association	0 percent
Foundation/philanthropic organization	12.5 percent
For-profit organization or private business	0 percent
Faith-based organization	12.5 percent
Center for Independent Living	0 percent
Other (please specify)	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**What are your agency's/organization's one to three (1-3) most valuable resources and strongest assets you would like others to know about (i.e., what makes your organization great)?**

**TABLE 25: AGENCY/ORGANIZATION MOST VALUABLE RESOURCES AND STRONGEST ASSETS, HAMILTON COUNTY, 2023**

Agency's/Organization's Most Valuable Resources and Strongest Assets (Open text)
Home visiting programs that suit individual and family needs
Continuous forming of new programs and initiatives to combat current issues and trends
Service to north Florida populations, particularly to rural areas
Good employees
Good work environment
Quality childcare for staff
The services, resources, and referrals we provide
Assisting with long-term change and betterment for the individuals we serve
Efficiency, responsiveness, accountability
Research-based and peer-reviewed curriculum and education programs
Youth programs designed to promote life skill development for youth to become productive members of the workforce
Resources that help educate Floridians to address issues related to agriculture, natural resources, youth development, families, and communities.
Preparing the children of migrant and seasonal farmworkers for success
Holistic and high -quality early childhood education services for children and families in a nurturing, culturally sensitive environment and by providing services and advocating for children and families in their other areas of need
Largest prevention-based provider in the state of Florida, active in over 27 counties, with unique connections and resources present in each area to help address that area's specific needs
Education opportunities

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

### *Interests in Community Health Assessment and Health Improvement Planning*

**Has your agency/organization ever participated in a community health improvement process?**

**TABLE 26: AGENCY/ORGANIZATION PARTICIPATION IN A COMMUNITY HEALTH IMPROVEMENT PROCESS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Ever Participated	Percent of Responses
Yes	62.5 percent
No	0 percent
Unsure	37.5 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

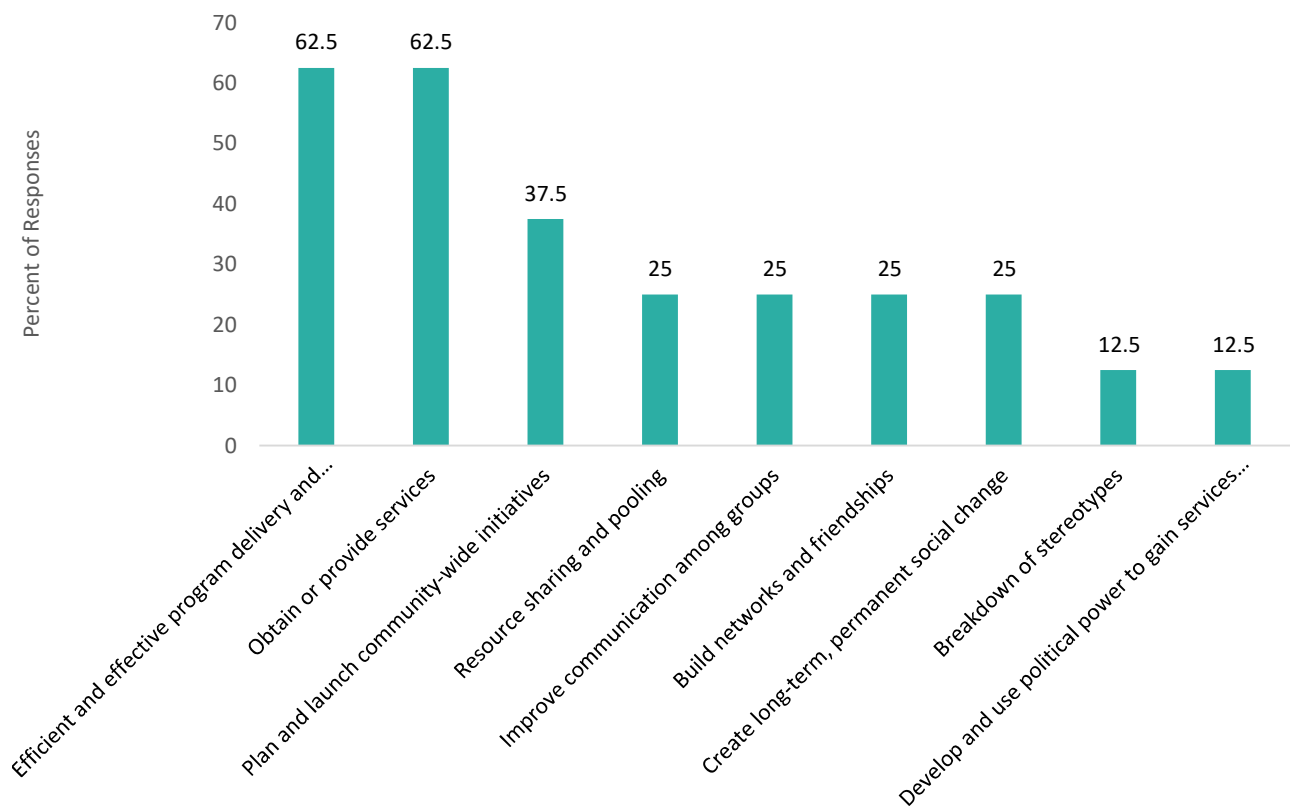
What are your agency's/organization's top three (3) interests in being part of a community health improvement partnership? Select up to three (3) choices.

**TABLE 27: TOP THREE AGENCY/ORGANIZATION INTERESTS IN BEING PART OF A COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

	Interests (Percent of Responses)
<b>Rank</b>	
<b>1, 2 tie</b>	Efficient and effective program delivery and avoiding duplicated efforts (62.5 percent)
	Obtain or provide services (62.5 percent)
<b>3</b>	Plan and launch community-wide initiatives (62.5 percent)
<b>4, 5, 6, 7 (tie)</b>	Resource sharing and pooling (25.0 percent)
	Improve communication among groups (25.0 percent)
	Build networks and friendships (25.0 percent)
	Create long-term, permanent social change (25.0 percent)
<b>8, 9, 10 (tie)</b>	Develop and use political power to gain services and other benefits for the community (12.5 percent)
	Breakdown of stereotypes (25.0 percent)
	Other (1 - collaborative programming for community events and programs) 12.5 percent
<b>11, 12, 13 (tie)</b>	Revitalize low energy of groups that are trying to do too much alone (0 percent)
	Improve lines of communications from communities to governmental decision-makers (0 percent)
	Improve lines of communication from governmental entities to communities (0 percent)

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**FIGURE 28: TOP THREE AGENCY/ORGANIZATION INTERESTS IN BEING PART OF A COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, HAMILTON COUNTY, RANKED BY PERCENT OF RESPONSES, 2023**



Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.



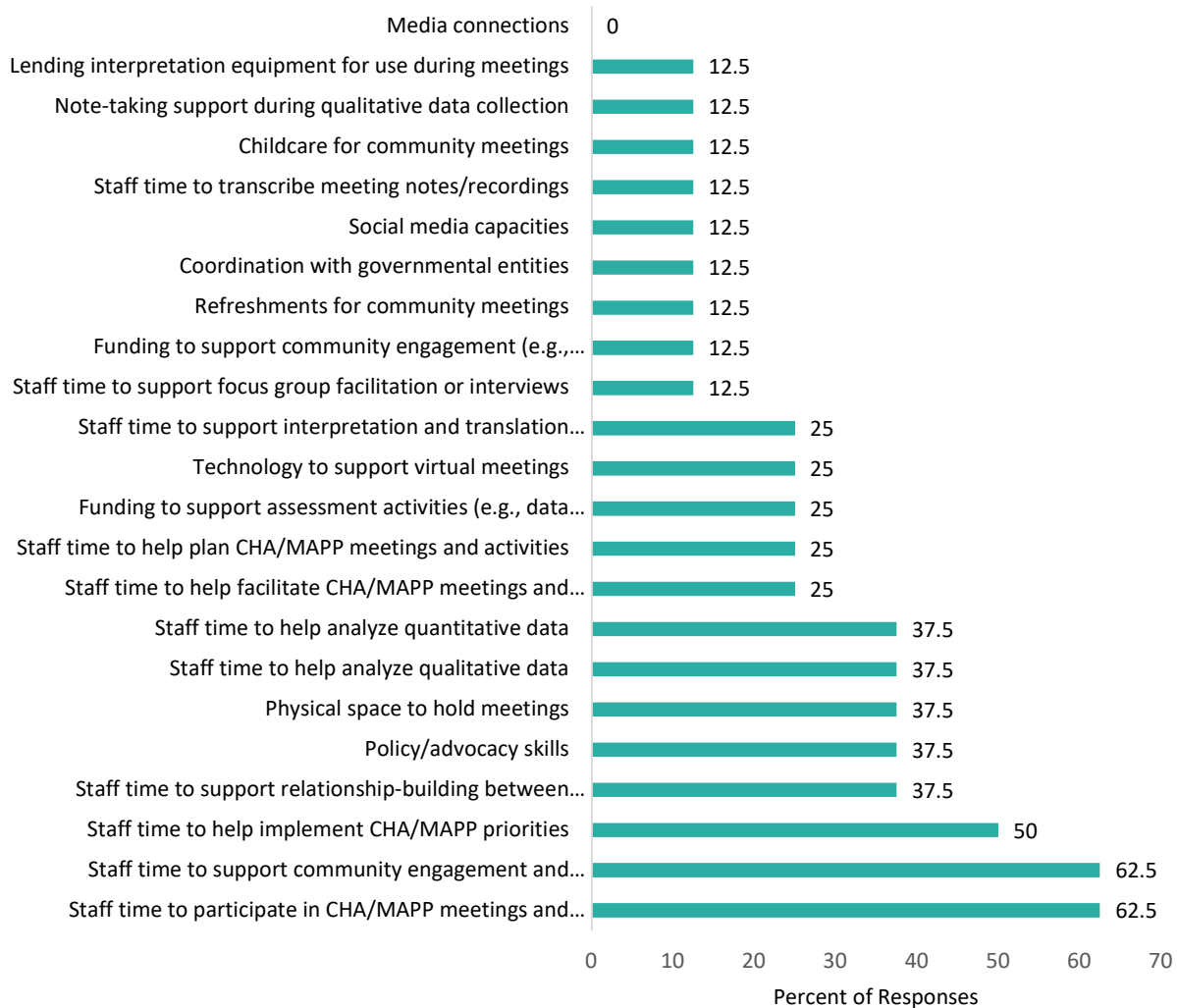
What resources *might* your agency/organization contribute to support CHA/CHIP activities? Select all that apply. Note: this question does not commit your agency/organization; it only identifies ways your agency/organization *might* provide support.

**TABLE 28: AGENCY/ORGANIZATION CHA/CHIP RESOURCES, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Resource	Percent of Responses
Staff time to support community engagement and involvement	62.5 percent
Staff time to participate in CHA/CHIP meetings and activities	62.5 percent
Staff time to help implement CHA/CHIP priorities	50.0 percent
Staff time to support relationship-building between CHA/CHIP staff and other organizations	37.5 percent
Policy/advocacy skills	37.5 percent
Physical space to hold meetings	37.5 percent
Staff time to help analyze quantitative data	37.5 percent
Staff time to help analyze qualitative data	37.5 percent
Staff time to help plan CHA/CHIP meetings and activities	25.0 percent
Staff time to help facilitate CHA/CHIP meetings and activities	25.0 percent
Funding to support assessment activities (e.g., data collection, analysis)	25.0 percent
Technology to support virtual meetings	25.0 percent
Staff time to support interpretation and translation services	25.0 percent
Staff time to support focus group facilitation or interviews	12.5 percent
Social media capacities	12.5 percent
Coordination with governmental entities	12.5 percent
Refreshments for community meetings	12.5 percent
Funding to support community engagement (e.g., stipends, gift cards)	12.5 percent
Childcare for community meetings	12.5 percent
Lending interpretation equipment for use during meetings	12.5 percent
Note-taking support during qualitative data collection	12.5 percent
Staff time to transcribe meeting notes/recordings	12.5 percent
Media connections	0 percent
Other (please specify)	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**FIGURE 29: AGENCY/ORGANIZATION CHA/CHIP RESOURCES, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

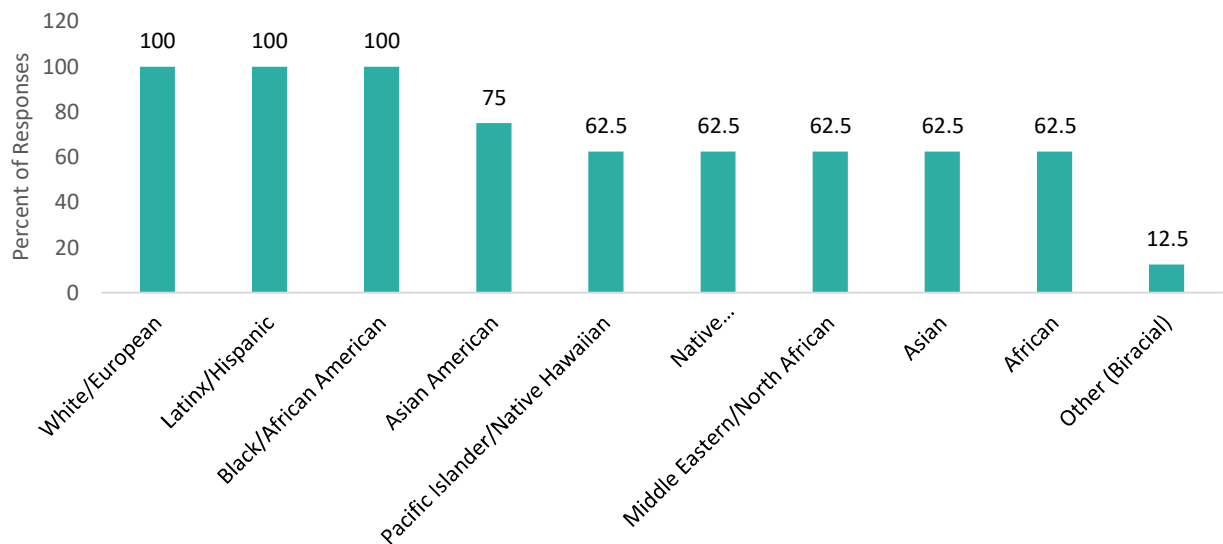


Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

Clients or Members Served by Agency/Organization

What racial and ethnic populations does your agency/organization serve? Select all that apply.

FIGURE 30: RACIAL AND ETHNIC POPULATIONS SERVED BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023



Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

Does your agency/organization work with populations who speak English as a second language?

TABLE 29: AGENCY/ORGANIZATION WORKS WITH POPULATIONS WHO SPEAK ENGLISH AS A SECOND LANGUAGE, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023

Work with Populations who Speak English as a Second Language	Percent of Responses
Yes	87.5 percent
No	12.5 percent
Unsure	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**Does your agency/organization offer services specifically for transgender, non-binary, and other members of the LBBTQIA+ community?**

**TABLE 30: AGENCY/ORGANIZATION SERVICES FOR TRANSGENDER, NON-BINARY, AND OTHER MEMBERS OF THE LBBTQIA+ COMMUNITY, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Services for Transgender, Non-Binary, and Other Member of the LBBTQIA+ Community	Percent of Responses
We provide services specifically for the LBBTQIA+ community	0 percent
Somewhat. We provide general services and LBBTQIA+ individuals could use those services	75.0 percent
No. LBBTQIA+ populations are not welcome	0 percent
Unsure	25.0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**Does your agency/organization offer services specifically for people with disabilities?**

**TABLE 31: AGENCY/ORGANIZATION SERVICES FOR PEOPLE WITH DISABILITIES, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Services for People with Disabilities	Percent of Responses
We provide services specifically for people with disabilities	25.0 percent
We are wheelchair-accessible and compliant with the Americans with Disabilities Act but are not specifically designed to serve people with disabilities	75.0 percent
Our organization is not specifically designed to serve people with disabilities	0 percent
Unsure	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**Does your agency/organization serve other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.**

**TABLE 32: AGENCY/ORGANIZATION SERVICE TO OTHER POPULATIONS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Service to Other Populations	Percent of Responses
Yes, we serve other populations (Listed populations – 1 each – everyone, youth at-risk, migrant workers' children, student population)	62.5 percent
No	25.0 percent
Unsure	12.5 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**Does your agency/organization have access to interpretation and translation services?**

**TABLE 33: AGENCY/ORGANIZATION ACCESS TO INTERPRETATION AND TRANSLATION SERVICES, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Access to Interpretation and Translation Services	Percent of Responses
Agency/Organization has access to services	75.0 percent
Languages listed: 2 each - all languages, use language line services, Spanish	
No	12.5 percent
Unsure	12.5 percent
Not applicable	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**Who are the priority populations your agency/organization serves? Please list them below.**

**TABLE 34: AGENCY/ORGANIZATION PRIORITY POPULATIONS SERVED, HAMILTON COUNTY, 2023**

Priority Populations Served by Agency/Organization
High-risk pregnant people
Premature babies
Vulnerable families with infants
Everyone is a priority, serve all populations (x2)
Low-income families and individuals
Homeless persons
Seasonal and migrant farmworkers' children
Youth aged 11-18
Students
Adult parents and caregivers to children of all ages

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

## Areas of Focus of Agency/Organization

How much does your agency/organization focus on each of these topics?

**TABLE 35: AGENCY/ORGANIZATION TOPICAL FOCUS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Topic Area	Not at all	A little	A lot	Unsure
<b>Economic Stability:</b> The connection between people's financial resources, income, cost of living, and socioeconomic status, and their health. This includes issues such as poverty, employment, food security, and housing stability.	12.5 percent	12.5 percent	75.0 percent	0
<b>Education Access and Services:</b> The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	12.5 percent	0	87.5 percent	0
<b>Healthcare Access and Quality:</b> The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	0	50.0 percent	50.0 percent	0
<b>Neighborhood and Built Environment:</b> The connection between where a person lives--housing, neighborhood, and environment--and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	0	37.5 percent	62.5 percent	0
<b>Social and Community Context:</b> The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	12.5 percent	12.5 percent	75.0 percent	0

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

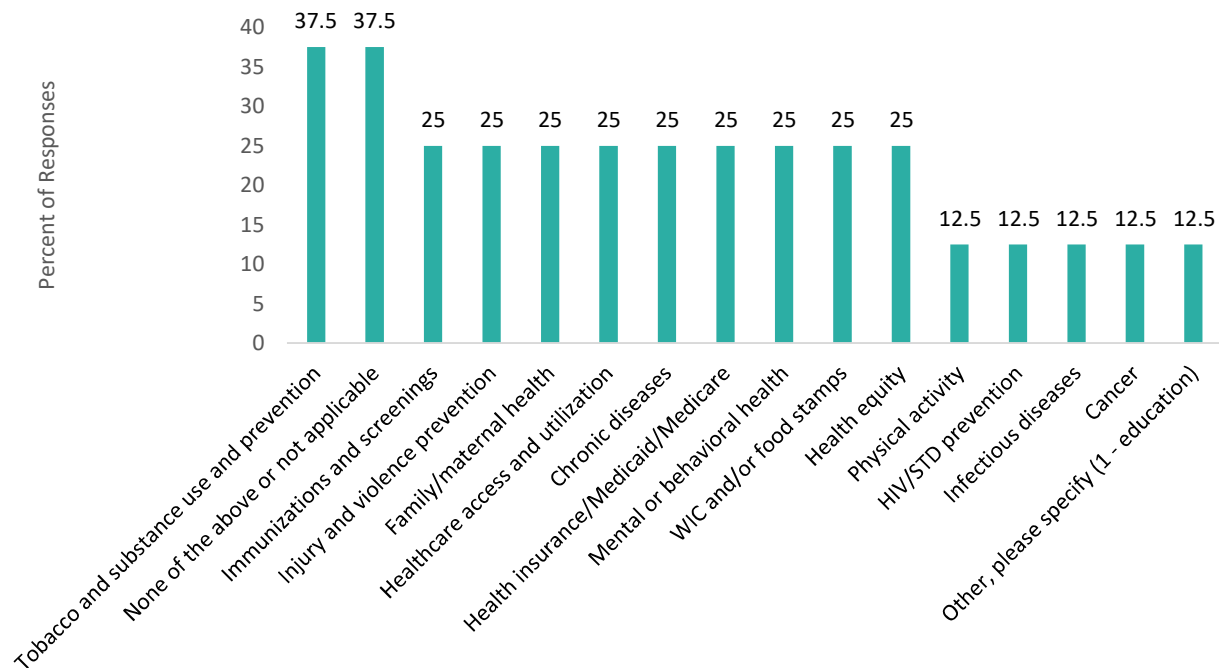
Which of the following health topics does your agency/organization work on? Select all that apply.

**TABLE 36: HEALTH TOPICS WORKED ON BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Health Topics Worked On	Percent of Responses
Tobacco and substance use and prevention	37.5 percent
None of the above or not applicable	37.5 percent
Family/maternal health	25.0 percent
Mental or behavioral health (e.g., PTSD, anxiety, trauma)	25.0 percent
Immunizations and screenings	25.0 percent
Health equity	25.0 percent
Injury and violence prevention	25.0 percent
Healthcare access and utilization	25.0 percent
Health insurance/Medicaid/Medicare	25.0 percent
Chronic diseases (e.g., asthma, diabetes, obesity, cardiovascular disease)	25.0 percent
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or food stamps	25.0 percent
Physical activity	12.5 percent
HIV/STD prevention	12.5 percent
Infectious diseases	12.5 percent
Cancer	12.5 percent
Other (1 – education)	12.5 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**FIGURE 31: HEALTH TOPICS WORKED ON BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

**In one or two sentences, please describe the people impacted by your agency/organization and the work you are doing.**

**TABLE 37: PEOPLE IMPACTED BY AGENCY/ORGANIZATION WORK, HAMILTON COUNTY, 2023**

People Impacted by Agency's/Organization's Work
Any family in need of assistance
Low-income families (x2) in both rural and urban areas
Spanish-speaking agricultural workers
The whole community
Youth and their families
Persons and families who live and work on farms
Pre-K through 12 <sup>th</sup> grade students
Pregnant people
Newborns and families with infants
Middle and high school aged youth and their parents

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.



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## *Agency/Organization Capacities to Support Community Health Improvement*

**Does your agency/organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?**

**TABLE 38: AGENCY/ORGANIZATION CAPACITY TO MEET CLIENT NEEDS, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Capacity Assessment	Percent of Responses
Yes, agency/organization has sufficient capacity	37.5 percent
No. (Elaboration: 1 each – largely staffed by volunteers and need more of them, have sufficient capacity but with more funding for staffing could reach even more clients, need specialty staff (e.g., early education) with credentials and experience)	50.0 percent
Unsure. (Elaboration: Occasional short staffing that is managed until new hires are trained, no comment)	12.5 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**Does your agency/organization conduct assessments (e.g., of basic needs, community health, neighborhoods, not including individual assessments)? If yes, please describe what you assess.**

**TABLE 39: AGENCY/ORGANIZATION ASSESSMENTS CONDUCTED, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Assessments Conducted	Percent of Responses
Yes (Description of assessments: community health assessments, income and social stability, surveys)	50.0 percent
No, no assessments are conducted	12.5 percent
Unsure	37.5 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

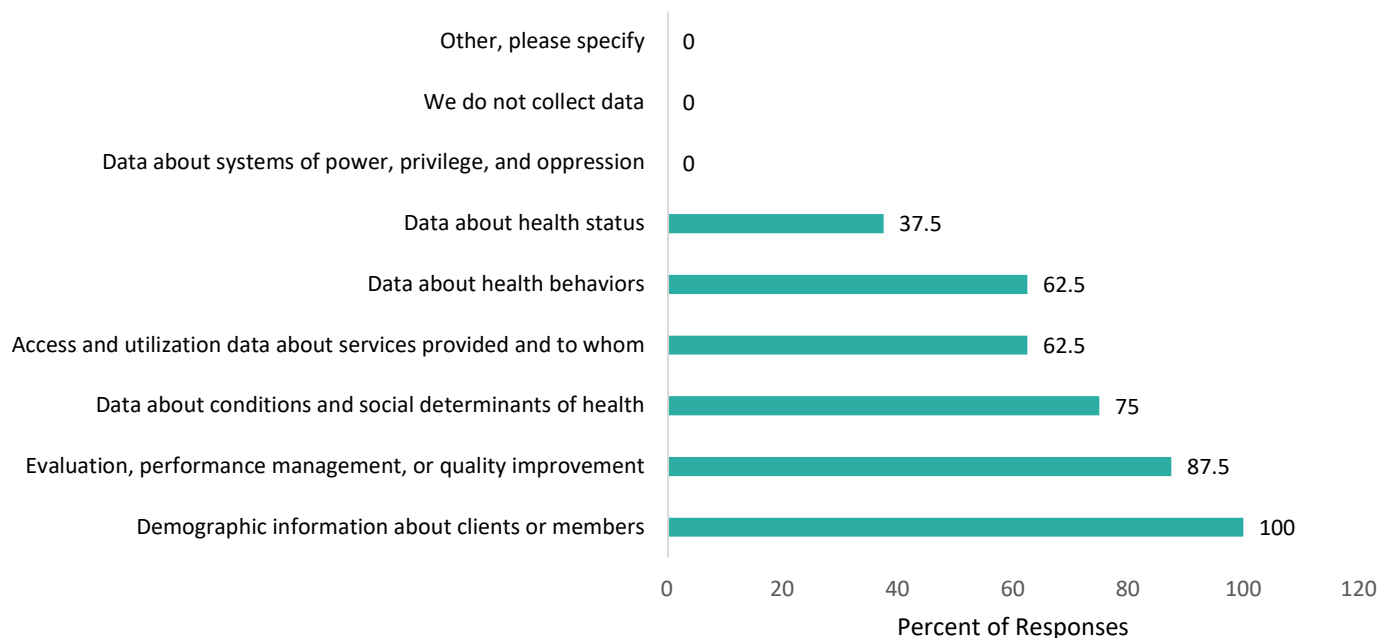
What data does your agency/organization collect? Select all that apply.

**TABLE 40: TYPES OF DATA COLLECTED BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Type of Data Collected	Percent of Responses
Demographic information about clients or members	100.0 percent
Evaluation, performance management, or quality improvement information about services and programs offered	87.5 percent
Data about conditions and social determinants of health (e.g., housing, education, other conditions)	75.0 percent
Access and utilization data about services provided and to whom	62.5 percent
Data about health behaviors	62.5 percent
Data about health status	37.5 percent
Data about systems of power, privilege, and oppression	0
Other, please specify	0
We do not collect data	0

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**FIGURE 32: TYPES OF DATA COLLECTED BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

## Can you share any of that data with the CHA/CHIP collaborative?

**TABLE 41: DATA SHARING BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Can Share Data for CHA/CHIP	Percent of Responses
Yes, it's already being shared	25.0 percent
Yes, we can share data	12.5 percent
No	12.5 percent
Unsure	50.0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

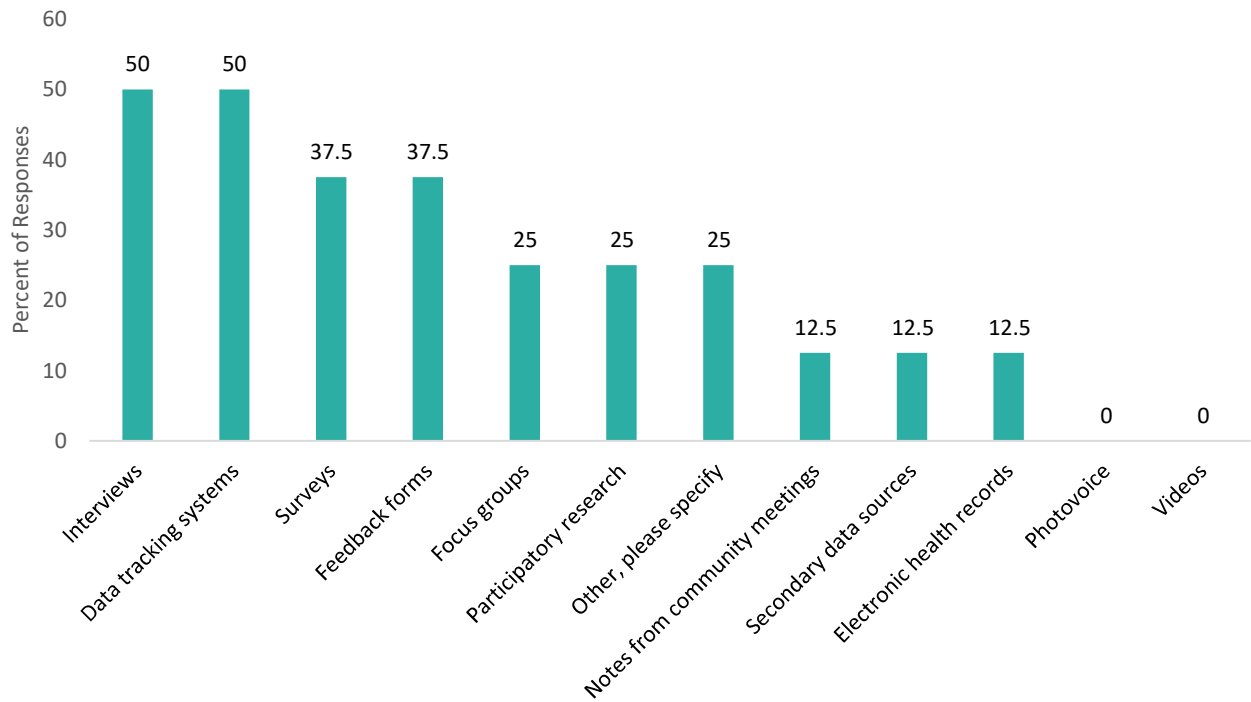
## How does your agency/organization collect data? Select all that apply.

**TABLE 42: DATA COLLECTION METHODS USED BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Data Collection Methods Used	Percent of Responses
Interviews	50.0 percent
Data tracking systems	50.0 percent
Surveys	37.5 percent
Feedback forms	37.5 percent
Focus groups	25.0 percent
Participatory research	25.0 percent
Other (1 each – enrollment, pre-/post-intervention assessment, 12.5 percent each)	25.0 percent
Notes from community meetings	12.5 percent
Secondary data sources	12.5 percent
Electronic health records	12.5 percent
Photovoice	0 percent
Videos	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**FIGURE 33: DATA COLLECTION METHODS USED BY AGENCY/ORGANIZATION, HAMILTON COUNTY, 2023**



Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023 (Other: 1 each – enrollment, pre-/post-intervention achievement)

*Agency/Organization Community Engagement, Policy/Advocacy, and Communication Practices*

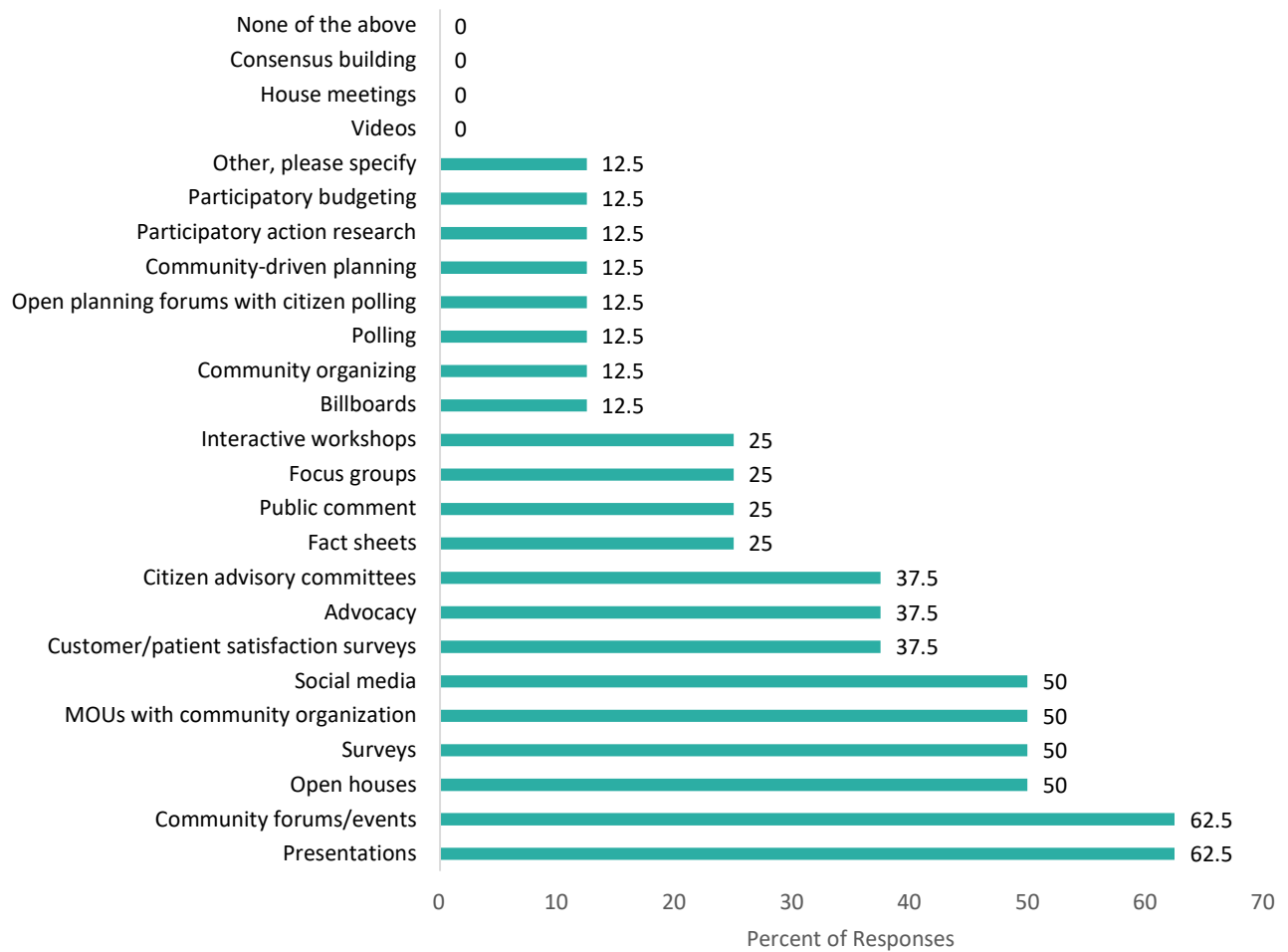
**Which of the following methods of community engagement does your agency/organization use most often? Select all that apply.**

**TABLE 43: COMMUNITY ENGAGEMENT PRACTICES USED MOST OFTEN BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Community Engagement Methods Used Most Often	Percent of Responses
Presentations	62.5 percent
Community forums/events	62.5 percent
Open houses	50.0 percent
Surveys	50.0 percent
Memorandums of understanding (MOUs) with community-based organizations	50.0 percent
Social media	50.0 percent
Customer/patient satisfaction surveys	37.5 percent
Advocacy	37.5 percent
Citizen advisory committees	37.5 percent
Fact sheets	25.0 percent
Public comment	25.0 percent
Interactive workshops	25.0 percent
Focus groups	25.0 percent
Billboards	12.5 percent
Community organizing	12.5 percent
Community-driven planning	12.5 percent
Participatory budgeting	12.5 percent
Open planning forums with citizen polling	12.5 percent
Participatory action research	12.5 percent
Polling	12.5 percent
Other (1 – parent meetings)	12.5 percent
House meetings	0 percent
Videos	0 percent
Consensus building	0 percent
None of the above	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**FIGURE 34: METHODS OF COMMUNITY ENGAGEMENT USE MOST OFTEN, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**



Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023 (Other – 1 unsure)

When you host community meetings, do you offer any of the following? Select all that apply.

**TABLE 44: OFFERINGS AT COMMUNITY MEETINGS HOSTED BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Offered When Hosting Community Meetings	Percent of Responses
Food/snacks	62.5 percent
Virtual ways to participate	62.5 percent
Interpretation/translation to other languages including sign language	37.5 percent
Childcare if needed	25.0 percent
Accessible materials for low literacy populations	25.0 percent
Not applicable to my agency/organization	25.0 percent
Stipends or gift cards for participation	0 percent
Transportation vouchers if needed	0 percent
None of the above	0 percent
Other, please specify	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

What policy/advocacy work does your agency/organization do? Select all that apply.

**TABLE 45: TYPE OF POLICY/ADVOCACY WORK DONE BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Types of Policy/Advocacy Work Done	Percent of Responses
Educate decision-makers and respond to their questions	75.0 percent
Respond to requests from decision makers	62.5 percent
Use relationships to access decision makers	62.5 percent
Develop close relationships with elected officials	37.5 percent
Advocate for policy change	37.5 percent
Write or develop policy	12.5 percent
Build capacity of impacted individuals/communities to advocate for policy change	12.5 percent
Not applicable	12.5 percent
Unsure	12.5 percent
Mobilize public opinion on policies via media/communications	0 percent
Lobby for policy change	0 percent
Contribute to political campaigns/political action committees (PACs)	0 percent
Voter outreach and education	0 percent
Legal advocacy	0 percent
Other, please specify	0 percent
None of the above	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**What communications work does your agency/organization do most often? Select all that apply.**

**TABLE 46: TYPE OF COMMUNICATIONS WORK DONE MOST OFTEN BY AGENCY/ORGANIZATION, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Types of Communications Work Done Most Often	Percent of Responses
Social media outreach (e.g., Facebook, Twitter, Instagram)	62.5 percent
External newsletters to members/public	62.5 percent
Internal newsletters to staff	37.5 percent
Media contact list for press advisories/releases	37.5 percent
Meetings to discuss narrative and messaging to the public	37.5 percent
Ongoing and active relationships with local journalists and earned media organizations	25.0 percent
Press releases/press conferences	25.0 percent
Ethnicity-specific outreach in non-English language	25.0 percent
Data dashboard	12.5 percent
None of the above	0 percent
Other, please specify	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

**If your agency/organization has publicly available materials, are they translated into other languages? Please select one response.**

**TABLE 47: PUBLICLY AVAILABLE MATERIALS TRANSLATED INTO OTHER LANGUAGES, HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2023**

Publicly Available Materials Translated	Percent of Responses
Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)	50.0 percent
All publicly available materials are translated into other languages	25.0 percent
Few publicly available materials are translated into other languages (e.g., only when requested)	12.5 percent
Not applicable (we do not have publicly available materials)	12.5 percent
No publicly available materials are translated in other languages	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023



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## Summary and Key Findings from Community Partner Assessment Survey

### *Participating Community Partner Agency/Organization Attributes*

Eight (8) agencies or organizations responded to the community partner assessment survey. These Hamilton County community partners represent governmental public health, educational institutions, non-profit organizations, social service providers, faith-based organizations, and a philanthropic group. Collectively, these partners highlighted their most valuable resources and strongest assets to include commitment to service, experience, knowledge, access to resources and opportunities, the quality and reach of their programs that bring a host of specialized and client-focused services to the county, and many areas of subject matter expertise. The assessment survey results show these Hamilton County community partners serve diverse racial and ethnic populations. All partners indicated that they have dedicated or accessible services for persons with disabilities and the majority (75 percent) provide services that members of the LGBTQIA+ community are welcome to access. Most (87.5 percent) work with populations who speak English as second language and 75 percent have access to interpretation and translation services. The list of priority populations served by these partners included all populations and specific age groups such as youth aged 11-18 years, children, and infants. Other priority populations listed were groups such as pregnant people, vulnerable families, homeless persons, seasonal and migrant farmworker children, parents and caregivers, and low-income working families.

### *Areas and Topics of Focus of Participating Community Partner Agencies/Organizations*

Hamilton County community partner agencies and organizations reported on their work in a variety of domains. Some of these included areas often referred to as the Social Determinants of Health, or as defined by the U.S. Department of Health and Human Services “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.” (Accessed June 5, 2023 <https://health.gov/healthypeople/priority-areas/social-determinants-health>). The survey asked about their focus in five domains: economic stability, education access and services, healthcare access and quality, neighborhood and built environment, and social and community context. A large majority (87.5 percent) of respondent partners said they focused “a lot” on education access and services. This was closely followed by 75.0 percent of partners who indicated they placed “a lot” of focus on economic stability and the social and community context. All responding agencies or organizations focus on healthcare access and quality; half (50.0 percent) dedicate “a little” and the other half “a lot” of their efforts. According to survey results, four out of the five social determinant focus areas are being worked on at least “a little” in Hamilton County.

Tobacco and substance use and prevention was the health topic worked on in common by 37.5 percent of survey respondents. A quarter (25.0 percent) listed family and maternal health, immunizations and screenings, health equity, injury and violence prevention, healthcare access and utilization, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or food stamps, health insurance, and chronic disease as health topics being addressed. Single agencies or organizations selected health topics such as physical activity, HIV/STD prevention, infectious diseases, and cancer as their work focus. However, 37.5 percent of community partners said they worked on none of the health topics listed.

The Hamilton County community partners generated a compelling list of the people impacted by their agency’s or organization’s work. These included any family in need, persons in poverty, youth and their families, Spanish-speaking agricultural workers, persons and families who live and work on farms, pregnant people, newborns and families with infants, pre-K through 12<sup>th</sup> grade students, and also persons and families who live in rural areas.

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## *Interests in Community Health Improvement*

The majority of Hamilton County community partner assessment survey respondents (62.5 percent) reported that they had participated in a community health improvement process previously. They ranked their top three (3) interests in being part of a community health improvement process to include program delivery and avoiding duplicated efforts, obtaining or providing services to clients, and planning and launching community-wide initiatives; all received 62.5 percent of survey responses and tied for first, second, and third place. A quarter (25.0 percent) of partners selected resource sharing and pooling, improving communication, building networks and friendships, and creating long-term, permanent social change as their top interests in a community health improvement partnership.

Resources the Hamilton County community partners might contribute to community health assessment and health improvement planning were numerous. Almost two-thirds (62.5 percent) of survey respondents listed staff time to support community engagement and to participate in meetings and activities as potential resources. Half (50.0 percent) indicated they might contribute staff time to implement CHA/CHIP priorities. More than a third (37.5 percent) of responding community partners selected staff time to support relationship-building and to help analyze qualitative and quantitative data, policy and advocacy skills, and physical space to hold meetings. Another quarter (25.0 percent) said their contributions might include funding to support assessment activities, technology support for virtual meetings, and staff time to help plan and facilitate meetings and activities as well as staff dedicated for interpretation and translation services. Single agencies or organizations felt they might contribute support for focus groups and interviews, social media capacities, coordination with governmental entities, meeting refreshments, childcare for meetings, funding to support community engagement, and note-taking and transcription work.

## *Agency/Organization Capacities to Support Community Health Improvement*

**Resources.** Self-assessment of capacity to meet current work needs showed that the Hamilton County community partners are careful stewards of their resources. While half of survey respondents indicated their current capacity was lacking, they elaborated to say they are able to manage issues such as short-staffing and funding limitations in addition to balancing the need for volunteers and credentialed specialty staff. More than a third (37.5 percent) said their agency or organization has sufficient capacity. Half (50.0 percent) of responding community partners indicated they conduct assessments such as community health assessments, income and social stability assessments and general surveys. More than a third (37.5 percent) were unsure about any assessments conducted by their agency or organization.

**Data Collection and Sharing.** Data collection was a common activity among the responding Hamilton County community partners. All partners indicated they collect some kind of data. The most commonly reported types of data collected by these partners were demographic information about clients (100.0 percent) and evaluation, performance management, or quality improvement information about services and programs offered (87.5 percent). Three-quarters (75.0 percent) collect information on conditions and social determinants of health. The majority (62.5 percent) of survey respondents said they collect access and utilization data about services provided and to whom. Half (50.0 percent) of survey respondents collect health behavior data as well as access and utilization data about services provided and to whom. Another third (37.5 percent) of respondents said their agency or organization collects data on health status. Only a quarter (25.0 percent) of the community partners currently share the data for community health assessment purposes. Half (50.0 percent) reported that they were unsure about data sharing. Interviews and data tracking systems were the most commonly used methods to collect data reported by partners (50.0 percent each). These methods were followed by surveys and feedback forms at 37.5 percent each. Another 25.0 percent of partners indicated they used focus groups and participatory research. Single agencies or organizations collect enrollment data, and use community meeting notes, secondary data sources, and electronic health records for data collection.

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*Community Engagement, Policy, and Communication Practices.* Of the many methods of community engagement, community forums and events and presentations were reported to be used by 62.5 percent of Hamilton County community partner survey respondents. Half (50.0 percent) execute Memorandums of Understanding with community-based organizations, hold open houses, and use surveys and social for engagement. Another third (37.5 percent) use customer or patient satisfaction surveys, advocacy strategies, and have citizen committees. Fact sheets, public comment opportunities, interactive workshops, and focus groups are other engagement methods used by 25.0 percent of responding community partners. At community meetings hosted by these Hamilton County partners the following are offered: food and snacks (62.5 percent), virtual ways to participate (62.5 percent), interpretation and/or translation services (37.5 percent) and childcare and accessible materials for low literacy populations (25.0 percent each).

All but one community partner agency or organization indicated that they do some form of policy or advocacy work. Educating decision-makers and responding to their questions was the most common type of work reported (75.0 percent). Relatedly, 62.5 percent of respondents also respond to requests from decision-makers and use relationships to access decision-makers. Another third (37.5 percent) work to develop close relationships with elected officials and advocate for policy change. Single community partner agencies or organizations write or develop policy and build the capacity of impacted individuals and communities to advocate for policy change.

Social media outreach and external newsletters for members and the public are the communication tactics used by the majority (62.5 percent) of Hamilton County community partners in their communication work as reported in the survey. Another 37.5 percent use internal newsletters for staff, maintain media contact lists, and conduct meetings to discuss narrative and messaging to the public. A quarter (25.0) of participating community partners said they have ongoing and active relationships with local journalists and earned media, send press releases or hold press conferences, and do ethnicity-specific outreach in a non-English language. One agency or organization partner uses a data dashboard as part of their communications work. The majority (75.0 percent) of partner agencies or organizations indicated that all or most of their publicly available materials are translated into other languages either routinely or for specific activities or events with various populations.

### *Key Points from the Hamilton County Community Partner Assessment Survey*

- Hamilton County community partners serve diverse populations and reach many of the most vulnerable in this rural county
- Partners address a variety of health issues and social problems
  - ▶ All responding partners are addressing healthcare access and quality and the neighborhood and built environment
  - ▶ Tobacco and substance use and prevention are the focus of more than a third of the community partner agencies or organizations
  - ▶ Collectively community partner agencies or organizations address a wide variety of health topics
- Community partners have some experience with community health assessment health improvement planning work and activities
- Hamilton County partners are interested in partnering for assessment and health improvement work
- Resources the community partners bring to collaborative health improvement work are many and varied including
  - ▶ Staff time and expertise
  - ▶ Relationships with the communities they serve, other agencies/organizations, and leaders

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- ▶ Community engagement experience and expertise
  - ▶ Communication and technology skills
  - ▶ Policy and advocacy skills

Gaps identified include:

- Limited data collection and data sharing
- Somewhat limited focus social determinant of health domains of economic stability, education access and services, and social and community context
- Lack of familiarity or experience with assessments by half of responding community partners

Strengths identified include:

- Common commitment and dedication to service all populations as well as priority groups
- Interest in CHA/CHIP partnership and process
- Many resources and expertise for CHA/CHIP work
- Shared focus of current work on healthcare access and quality and tobacco and substance use and prevention

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## INTERSECTING THEMES, STRATEGIC PRIORITY ISSUES, AND KEY CONSIDERATIONS



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

### Intersecting Themes

The intersecting themes, recurring issues, and major health needs in Hamilton County as identified through the community health assessment process are listed below. The themes articulated below emerged from the four (4) assessments conducted as part of Hamilton County's customized MAPP process. That process included the health status assessment carried out through a comprehensive secondary data review, the community themes and strengths assessment that generated primary survey data collected from the community at large to hear their opinions and perspectives on health issues, the community partner assessment which inquired after the interests, resources, and capacities of organizations involved in this process, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding the common themes and root causes, the key issues are grouped below into categories including social determinants of health, healthcare access and resources, health status and outcomes, health behaviors, and community infrastructure for health improvement. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

#### *Intersecting Themes*

- Social Determinants of Health
  - ▶ Poverty (focusing on economic stressors that contribute to worsening health conditions)
  - ▶ Food Insecurity
- Healthcare Access and Resources (also a Social Determinant of Health)
  - ▶ Primary Care and Primary Prevention Services (including education and outreach)
  - ▶ Mental and Behavioral Health Care
  - ▶ Substance Misuse Treatment and Prevention (including drugs and alcohol)
  - ▶ Accessible Community Resources
- Health Status and Outcomes
  - ▶ Heart Disease and Cardiovascular Problems (Stroke, Hypertension)
  - ▶ Pre-Diabetes and Diabetes

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- ▶ Overweight and Obesity
  - ▶ Unintentional Injuries
  - Health Behaviors
    - ▶ Substance/Drug Misuse
    - ▶ Alcohol Misuse
    - ▶ Youth Tobacco Use and Vaping
    - ▶ Poor Nutrition, Eating Habits, Overeating
    - ▶ Lack of Preventive Screenings
    - ▶ Misuse of Emergency Medical Services (EMS)
  - Community Infrastructure for Health Improvement
    - ▶ Community Partner Capacity and Collaboration (focusing on enhancing strengths and broadening partnerships)

## Strategic Priority Issue Areas

Hamilton County Community Health Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process at their June 7, 2023 meeting. The Steering Committee reviewed the findings of the previously mentioned assessments and confirmed that they accurately reflected the health status and health issues of Hamilton County. In addition, the characteristics of strategic issues were introduced to assure a common understanding of their scope, scale, and purpose. The prioritization criteria included importance and urgency, impact, feasibility, and resource availability (see table below). As a collective workgroup, Steering Committee members used a strategy grid, intersecting themes matrix, and several assessment data resources to discuss and agree upon their recommendations for strategic priority issues. This discussion brought up a variety of issues, including youth mental health and contributing factors of alcohol and tobacco use, inappropriate use of EMS and emergency room services, need for expanded telehealth along with internet access, call for education and outreach to prevent and manage chronic diseases, addressing mental health's impact on substance misuse and chronic diseases, unintentional injuries, wider and wiser use of existing resources, and expanding and recognizing community partner roles and importance in improving health. Through a facilitated consensus process three (3) priority themes emerged. These included substance misuse and mental health, access to health care, and chronic disease. Facilitators checked for understanding and issue definitions, queried about priority population focus, and confirmed that supporting data exists. The priorities listed below move forward for consideration and operationalizing in the Community Health Improvement Plan (CHIP).

**TABLE 48: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, HAMILTON COUNTY, 2023**

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

Source: Adapted from National Association of County and City Health Officials (N.A.C.C.H.O.). *Community Health Assessment and Improvement Planning*. Retrieved June 6, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

### *Strategic Priority Issue Areas Identified*

- Chronic Disease
  - ▶ Chronic conditions including hypertension, pre-diabetes, diabetes, heart disease
  - ▶ Obesity
  - ▶ Self-management education
  - ▶ Nutrition and healthy lifestyle education and outreach
- Substance Misuse and Mental Health
  - ▶ All substances including alcohol, tobacco, illicit drugs
  - ▶ Youth and adult focus on prevention and treatment
- Access to Health Care
  - ▶ Mental and behavioral health care services
  - ▶ Telehealth service improvement and expansion
  - ▶ Primary care, primary prevention, and wellness
  - ▶ Appropriate and expanded use of existing resources including EMS

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

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### *Key Considerations*

- Promote a culture of community health as a system of many diverse partners, organizations, and individuals
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures of progress
- Educate on and increase awareness of current resource availability and the appropriate use of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental and behavioral health problems and substance misuse
- Enhance or create initiatives to more effectively manage chronic diseases
- Enhance or create initiatives and policies to address obesity and promote attainment of a healthy weight as well as access to nutritious foods
- Develop collaborative strategies to address, reduce, and prevent unintentional injuries
- Create initiatives to increase the availability of primary care and mental healthcare professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health



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# RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

## Resource Databases

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

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

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

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

<https://thecommunityguide.org/>

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

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

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

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

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

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

## Resource and Intervention Quality Assessment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Resources for Community-Based Interventions

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

**TABLE 49: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS**

Issue	Practice or Intervention	Effective-ness	Source
Animal Control	<b>A road map for effective, community-based animal care and control.</b>	Non-systematic Review	<a href="https://www.nacanet.org/wp-content/uploads/2019/03/Best-Friends-Humane-Animal-Control-Manual.pdf">https://www.nacanet.org/wp-content/uploads/2019/03/Best-Friends-Humane-Animal-Control-Manual.pdf</a>
Animal Control	<b>Recommendations for City/County Animal Control Contracts</b> This guide addresses key decisions in making contractual agreements with local governments to provide animal control services. It also includes suggestions for contracts between humane organizations and municipalities.	Expert Opinion	<a href="https://www.americanhumane.org/app/uploads/2016/08/op-guide-citycountycontracts.pdf">https://www.americanhumane.org/app/uploads/2016/08/op-guide-citycountycontracts.pdf</a>
Barriers to Care	<b>Health insurance enrollment outreach &amp; support</b> Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops,	Scientifically Supported	<a href="https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support">https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support</a>

Issue	Practice or Intervention	Effective-ness	Source
	etc.) and are often supported through grants from federal agencies or private foundations.		
<b>Barriers to Care</b>	<p><b>Patient Navigation Services Increase Cancer Screening and Advance Health Equity</b></p> <p>Cancer screenings save lives — however, barriers to getting screened, like cost or lack of access to screening services, exist. Patient navigation services can help lower those barriers. The Community Preventive Services Task Force (CPSTF) recommends patient services to help increase screening rates for breast, cervical, and colorectal cancer among historically disadvantaged racial and ethnic populations and people with lower incomes. The CPSTF's recommendation is based on a systematic review of 34 studies.</p>	Systematic Review	<p>The Guide to Community Preventive Services <a href="#">CPSTF Recommends Patient Navigation Services to Increase Cancer Screening   The Community Guide</a></p>
<b>Access to Care for the Homeless</b>	<p><b>Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review</b></p>	Systematic Review	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/</a></p>
<b>Chronic Disease – Hypertension</b>	<p><b>Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients</b></p>	Evidence-Based (Strong)	<p><a href="https://pubmed.ncbi.nlm.nih.gov/23821088/">https://pubmed.ncbi.nlm.nih.gov/23821088/</a></p>
<b>Chronic Disease – Diabetes</b>	<p><b>Help Educate to Eliminate Diabetes (HEED)</b></p> <p>A culturally appropriate and community-based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p><a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3841">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3841</a></p>
<b>Dementia Care, including Alzheimer's</b>	<p><b>Healthy Brain Initiative Road Map 2018-2023</b></p> <p>Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer's can be incorporated easily and efficiently into existing public health initiatives.</p>	Non-systematic Review	<p>CDC Healthy Brain Initiative <a href="https://www.cdc.gov/aging/healthybrain/roadmap.htm">https://www.cdc.gov/aging/healthybrain/roadmap.htm</a></p>

Issue	Practice or Intervention	Effective-ness	Source
<b>Dementia Care, including Alzheimer's</b>	<b>Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning</b>	Systematic Review	<a href="https://www.ncbi.nlm.nih.gov/books/NBK55462/">https://www.ncbi.nlm.nih.gov/books/NBK55462/</a>
<b>Dementia Care, including Alzheimer's</b>	<b>Public Health Approach to Alzheimer's – How does public health address Alzheimer's?</b> Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer's, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.	Non-systematic Review	Alzheimer's Association  <a href="https://www.alz.org/professionals/public-health/public-health-approach">https://www.alz.org/professionals/public-health/public-health-approach</a>
<b>Dental Health</b>	<b>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</b>  The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide:  <a href="#">Task Force Finding and Rationale Statement - Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs (thecommunityguide.org)</a>
<b>Dental Health</b>	<b>Preventing Dental Caries: Community Water Fluoridation</b>  The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide:  <a href="#">Cavities: Community Water Fluoridation   The Community Guide</a>
<b>Drowning Prevention</b>	<b>Preventing Drowning: An Implementation Guide</b> This guide provides practical steps to reduce drowning – one of the world's most preventable, neglected and pressing public health issues. Through 10 evidence-based interventions and strategies it is designed to help drowning-	Evidence-based	<a href="https://www.who.int/publications/i/item/9789241511933">https://www.who.int/publications/i/item/9789241511933</a>

Issue	Practice or Intervention	Effective-ness	Source
	prevention practitioners – from nongovernmental organizations (NGOs) and researchers to government officials and policy-makers – approach drowning prevention in a strategic, evidence-based and multisectoral way. It also highlights ways to harness public awareness and engagement to strengthen drowning prevention interventions.		
<b>Fall Prevention</b>	<b>CDC Compendium of Effective Fall Interventions</b> This report is intended to showcase specific interventions for which there is published evidence of the intervention’s ability to reduce falls among community-dwelling older adults. The compilation of this information can help public health practitioners, senior service providers, clinicians, and others who want to address falls in their community.	Data Compendium	<a href="https://www.cdc.gov/falls/pdf/Steady_Compndium_2023_508.pdf">https://www.cdc.gov/falls/pdf/Steady_Compndium_2023_508.pdf</a>
<b>Housing</b>	<b>Medicaid Accountable Care Organizations: A Case Study with Hennepin Health</b> As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.	Case Study	<a href="https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf">https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf</a>
<b>Housing</b>	<b>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</b> This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.	Experimental Study	<a href="https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project">https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project</a>
<b>Infant Mortality and Maternal Child Health</b>	<b>Nurse-Family Partnership – Providing babies with the best start in life</b> Partners mothers with registered nurses from pregnancy through a child’s second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become	Evidence-based	<a href="http://www.kingcounty.gov/nfp">www.kingcounty.gov/nfp</a>



Issue	Practice or Intervention	Effective-ness	Source
	knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.		
<b>Infant Mortality and Maternal Child Health</b>	<p><b>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</b></p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>	Systematic Review	<p>Cochrane Library of Systematic Reviews:</p> <p><a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</a></p>
<b>Mental Health</b>	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	<p>Healthy People 2030:</p> <p><a href="#">Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030   health.gov</a></p>
<b>Mental Health</b>	<p><b>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management</b></p> <p>Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case</p>	Systematic Review	<p>Healthy People 2030:</p> <p><a href="#">Mental Health: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management -</a></p>



Issue	Practice or Intervention	Effective-ness	Source
	management, patient education, and a supervising psychiatrist.		<a href="#">Healthy People 2030   health.gov</a>
<b>Mental Health</b>	<b>School-Based Programs to Reduce Violence</b>  Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or teamwork. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide:  <a href="https://www.thecommunityguide.org/findings/violence-school-based-programs">https://www.thecommunityguide.org/findings/violence-school-based-programs</a>
<b>Nutrition</b>	<b>Mind, Exercise, Nutrition...Do it! (MEND) Program</b>  The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	SNAP-Ed Toolkit  <a href="https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/">https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/</a>
<b>Nutrition</b>	<b>Video Game Play</b>  This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute:  <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3826">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3826</a>
<b>Nutrition/Physical Activity</b>	<b>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</b>  HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get	Evidence-Based (Moderate)	<a href="https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf">https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf</a>

Issue	Practice or Intervention	Effective-ness	Source
	more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.		
<b>Nutrition/ Physical Activity</b>	<p><b>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</b></p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	<a href="https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/">https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/</a>
<b>Nutrition</b>	<p><b>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</b></p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers,</p>	Evidence-Based	<a href="https://pubmed.ncbi.nlm.nih.gov/17495210/">https://pubmed.ncbi.nlm.nih.gov/17495210/</a>

Issue	Practice or Intervention	Effective-ness	Source
	before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
<b>Obesity</b>	<b>Text4Diet: A Text Message-based Intervention for Weight Loss</b>  Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	<a href="https://cdc.thehcn.net/promisepractice/index/view?pid=3490">https://cdc.thehcn.net/promisepractice/index/view?pid=3490</a>
<b>Obesity</b>	<b>Health Education to Reduce Obesity (HERO)</b>  The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/ Good Idea	Healthy Communities Institute:  <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=4003">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=4003</a>
<b>Obesity</b>	<b>Healthy Eating Lifestyle Program (HELP)</b>  Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.	Effective Practice	Healthy Communities Institute:  <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3542">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3542</a>
<b>Obesity</b>	<b>Pounds Off Digitally (POD)</b>  Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks, overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute:  <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3209">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3209</a>
<b>Obesity</b>	<b>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</b>  Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and	Systematic Review	The Community Guide:  <a href="https://www.thecommunityguide.org/f">https://www.thecommunityguide.org/f</a>

Issue	Practice or Intervention	Effective-ness	Source
	control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.		<a href="#">findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</a>
<b>Physical Activity</b>	<p><b>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</b></p> <p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both.</p>	Systematic Review	<p>Healthy People 2030:</p> <p><a href="https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches">https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</a></p>
<b>Physical Activity</b>	<p><b>Activity Bursts in the Classroom (ABC) Fitness Program</b></p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p><a href="http://cdc.thehcn.net/index.php?module=promisepractice&amp;controller=index&amp;action=view&amp;pid=3616">http://cdc.thehcn.net/index.php?module=promisepractice&amp;controller=index&amp;action=view&amp;pid=3616</a></p>

Issue	Practice or Intervention	Effective-ness	Source
	activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.		
<b>Physical Activity and Greenways</b>	<p><b>Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions</b></p> <p>Safe, accessible outdoor spaces can help encourage people to get active. In this systematic review, the Community Preventive Services Task Force (CPSTF) found that infrastructure interventions to improve parks, trails, and greenways — if combined with other interventions — can increase the number of people engaging in moderate to vigorous physical activity</p>	Systematic Review	<p>The Community Guide</p> <p><a href="#">Phys Activity: Park, Trail, Greenway multicomponent   The Community Guide</a></p>
<b>Poverty</b>	<p><b>Policies to Address Poverty in America</b></p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Evidence-Based	<p>The Hamilton Project:</p> <p><a href="http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years">http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years</a></p>
<b>Poverty</b>	<p><b>Social Programs That Work: Employment and Welfare</b></p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p><a href="http://evidencebasedprograms.org/about/employment-and-welfare">http://evidencebasedprograms.org/about/employment-and-welfare</a></p>
<b>Rural Health</b>	<p><b>What Works? Strategies to Improve Rural Health</b></p> <p>This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.</p>	Non-systematic Review	<a href="https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health">https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health</a>
<b>Substance Abuse</b>	<b>Principles of Drug Addiction Treatment: A Research-Based Guide</b>	Evidence-Based	National Institute of Health:

Issue	Practice or Intervention	Effective-ness	Source
	This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.		<a href="#">NIDA Notes   National Institute on Drug Abuse (NIDA) (nih.gov)</a>
<b>Substance Abuse</b>	<p><b>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</b></p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.</p>	Systematic Review	<p>The Community Guide:</p> <p><a href="https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi">https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</a></p>
<b>Substance Abuse</b>	<p><b>Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide</b></p> <p>Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family, and society.</p>	Evidence-Based	<p>National Institutes of Health, National Institute on Drug Abuse:</p> <p><a href="#">Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide   SAMHSA</a></p>
<b>Tobacco Use</b>	<b>Cell Phone-based Tobacco Cessation Interventions</b>	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings:

Issue	Practice or Intervention	Effective-ness	Source
	Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.		<a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions">http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</a>
<b>Tobacco Use</b>	<p><b>Mass Media Campaigns Against Tobacco Use</b></p> <p>Media campaigns use television, print, digital, social media, radio broadcasts, or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p><a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use">http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</a></p>
<b>Violence</b>	<p><b>Clinician Screening for Intimate Partner Violence</b></p> <p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	Systematic Review	<p>U.S. Preventive Services Task Force <a href="https://www.uspreventiveservicestaskforce.org/Recommendation:IntimatePartnerViolence,ElderAbuse,andAbuseofVulnerableAdults:Screening UnitedStatesPreventiveServicesTaskforce(uspreventiveservicestaskforce.org)">Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening   United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</a></p>
<b>Violence</b>	<p><b>Anti-Bullying Policies and Enumeration</b></p> <p>Anti-bullying laws and policies at the state and local levels are common components of current bullying prevention efforts. Every state has an anti-bullying law or policy. Many local school districts also establish anti-bullying policies.</p>	Systematic Review	<p>CDC, Adolescent and School Health</p> <p><a href="https://www.cdc.gov/adolescentandschoolhealth/anti-bullying/policies-and-enumeration">Anti-Bullying Policies and Enumeration  </a></p>

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Issue	Practice or Intervention	Effective- ness	Source
			<a href="#">Adolescent and School Health   CDC</a>



## APPENDIX A – STEERING COMMITTEE MEMBERS

Name	Organization
Amy Crider	Florida Department of Health in Hamilton County
Beth Kerr	University of Florida Extension
Cary Collins	Health Start Coalition
Chris Combass	Hamilton County School District
Connie Speights	Hamilton County Alcohol and Other Drug Prevention Coalition
Cristina Martinez	East Coast Migrant Head Start Project
Emily Berry	Suwannee River Area Health Education Center
Emily Lumpkin	Hamilton County Alcohol and Other Drug Prevention Coalition
Erin Peterson	Health Start Coalition of North Central Florida
Jennifer Anchors	United Way
Jeremy Gifford	Florida Department of Health in Hamilton County
Joshua Callis	Another Way, Inc.
Kody Latham	Hanley Foundation
Leannys Mendoza Gutierrez	East Coast Migrant Head Start Project
Lee W. Zamora	Hamilton County School District
Lisa Burnham	Saint Leo University
Lisa Mcneil	Hanley Foundation
Lisa Swisher	Florida Department of Health in Hamilton County
Louie Goodin	Hamilton County Board of County Commissioners
Marjorie Cooks	Hamilton County Sheriff's Office
Marjorie Rigdon	Florida Department of Health in Hamilton County
Migneris Lugo	East Coast Migrant Head Start Project
Nijah Brown	Suwannee River Area Health Education Center
Pam Allen	Hamilton County Sheriff's Office
Patrick Howell	Hamilton County School District
Shane Ross	Florida Department of Health in Hamilton County
Shankeyda Jones-Simmons	Florida Department of Health in Hamilton County
Shauna Adams	Civic Communications
Terry Cribbs	Florida Department of Health in Hamilton County
Tom Moffses	Florida Department of Health in Hamilton County
Wendy Bragdon	Florida Department of Health in Hamilton County

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## APPENDIX B – COMMUNITY HEALTH SURVEY

English

### Default Question Block

Dear Neighbor,

What are the most important health and healthcare issues in your community? The Florida Department of Health in Columbia County and Hamilton County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from February 14 through March 31, 2023. Community leaders will use your answers to take action towards a healthier community.

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

To be eligible to take this survey:

- You must be at least 18 years old and
- Be a Columbia County or Hamilton County resident.


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

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

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Please respond to the statement below.

☐ I'm not a robot

  
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## Age Eligibility

What is your age?

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

## Residency

Are you a resident of Columbia County or Hamilton County?

- ☐ Yes, I am a Columbia County resident.
- ☐ Yes, I am a Hamilton County resident.
- ☐ No, I am not a resident of Columbia or Hamilton County

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## Community Health

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

- |   |   |
|---|---|
| <input type="checkbox"/> Public <b>transportation</b> system                          | <input type="checkbox"/> Affordable <b>utilities</b>  |
| <input type="checkbox"/> Practice of <b>religious or spiritual values</b>             | <input type="checkbox"/> <b>Low</b> preventable <b>death and disease</b> rates  |
| <input type="checkbox"/> Access to convenient, affordable and nutritious <b>foods</b> | <input type="checkbox"/> <b>Clean environment</b> (for example, water and air)  |
| <input type="checkbox"/> <b>Low</b> level of <b>domestic violence</b>                 | <input type="checkbox"/> Low crime/ <b>safe</b> neighborhoods   |
| <input type="checkbox"/> <b>Low</b> rates of <b>infant and child deaths</b>           | <input type="checkbox"/> Availability of <b>parks and recreational opportunities</b>  |
| <input type="checkbox"/> <b>Awareness</b> of <b>health care and social services</b>   | <input type="checkbox"/> Good place to <b>raise children</b>  |
| <input type="checkbox"/> Affordable <b>goods and services</b>                         | <input type="checkbox"/> Choices of <b>places of worship</b>  |
| <input type="checkbox"/> Good <b>race/ethnic relations</b>                            | <input type="checkbox"/> Availability of <b>arts and cultural events</b>  |
| <input type="checkbox"/> Good <b>schools</b>  | <input type="checkbox"/> Affordable <b>housing</b>  |
| <input type="checkbox"/> <b>Job opportunities</b> for all levels of education         | <input type="checkbox"/> Availability of <b>first responders, law enforcement, fire/rescue/EMS, emergency preparedness services</b>                   |
| <input type="checkbox"/> Strong <b>economy</b>  | <input type="checkbox"/> Access to affordable <b>health care</b> including primary/family care and specialty care, dental care and mental health care |

- ☐ **Low** level of **child abuse**  
Residents engaging in **healthy**  
☐ **behaviors**

- ☐ Strong **family** ties  
Other, please tell us

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

- |   |   |
|---|---|
| <input type="checkbox"/> Poor race/ethnic relations                                     | <input type="checkbox"/> Not using seat belts/child safety seats                    |
| <input type="checkbox"/> Loneliness or isolation  | <input type="checkbox"/> Not using health care services appropriately               |
| <input type="checkbox"/> Tobacco use, vaping, chewing tobacco                           | <input type="checkbox"/> Eating unhealthy foods, drinking sugar-sweetened beverages |
| <input type="checkbox"/> Dropping out of school   | <input type="checkbox"/> Not using birth control                                    |
| <input type="checkbox"/> Lack of physical activity                                      | <input type="checkbox"/> Lack of stress management                                  |
| <input type="checkbox"/> Lack of personal responsibility                                | <input type="checkbox"/> Lack of sleep  |
| <input type="checkbox"/> Not getting immunizations to prevent disease (e.g., flu shots) | <input type="checkbox"/> Overeating   |
| <input type="checkbox"/> Starting prenatal care late in pregnancy                       | <input type="checkbox"/> Violence   |
| <input type="checkbox"/> Alcohol abuse  | <input type="checkbox"/> Unsecured firearms   |
| <input type="checkbox"/> Unsafe sex   | <input type="checkbox"/> Distracted driving (such as texting while driving)         |

- ☐ Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
- ☐ Other, please tell us

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

- |  |   |
|--|---|
| <input type="checkbox"/> Access to sufficient and nutritious foods   | <input type="checkbox"/> Dental problems  |
| <input type="checkbox"/> Mental health problems  | <input type="checkbox"/> Cancer   |
| <input type="checkbox"/> Intellectual and Developmental Disabilities (including autism spectrum disorders) | <input type="checkbox"/> Teenage pregnancy  |
| <input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)      | <input type="checkbox"/> Elderly caregiving   |
| <input type="checkbox"/> Heart disease and stroke  | <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles)          |
| <input type="checkbox"/> Affordable assisted living facilities   | <input type="checkbox"/> Infant death   |
| <input type="checkbox"/> Suicide   | <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) |
| <input type="checkbox"/> Rape/sexual assault   | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> Motor vehicle crash injuries  | <input type="checkbox"/> Substance abuse/drug abuse                                 |
| <input type="checkbox"/> Access to long-term care  | <input type="checkbox"/> Respiratory/lung disease                                   |
| <input type="checkbox"/> Domestic violence   | <input type="checkbox"/> Pollution (e.g., water, air, soil quality)                 |
| <input type="checkbox"/> Access to primary/family care   | <input type="checkbox"/> Homicide   |
| <input type="checkbox"/> Child abuse/neglect   | <input type="checkbox"/> Obesity  |

☐ Age-related issues (e.g., arthritis, hearing loss)

☐ Exposure to excessive and/or negative media and advertising

☐ Diabetes

☐ Firearm-related injuries

☐ High blood pressure

☐

☐ Stress

☐ Dementia

☐ Homelessness

☐ HIV/AIDS

Other, please tell us

☐

## Access to Services

Which **healthcare services are difficult for you to obtain** in your county of residence? Choose **ALL** that apply.

☐ Vision/eye care

☐ Preventive care (e.g., check-ups)

☐ Family planning/birth control

☐ In-patient hospital care

☐ Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)

☐ Dental/oral care

☐ Substance abuse counseling services (e.g., drug, alcohol)

☐ Imaging (CT scan, mammograms, MRI, X-rays, etc.)

☐ Laboratory services

☐ Physical therapy/rehabilitation therapy

☐ Mental/behavioral health care

☐ Prenatal care (pregnancy care)

☐ Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)

☐ Urgent care (e.g., walk-in clinic)

- 
- ☐ Prescriptions, medications or medical supplies

☐ Emergency room care

- ☐ Primary/family care (e.g., family doctor)

Other, please tell us

☐

- ☐ Telehealth services or services provided using telemedicine technology

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

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

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

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or have no insurance
- ☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.
- ☐ Transportation, couldn't get there



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☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)

☐  Other, please tell us

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

☐ Yes

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

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

☐ Cost

☐ No appointments available or long waits for appointments

☐ No primary care providers (doctors, nurses) available

☐ Service not covered by insurance or have no insurance

☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself

☐ Transportation, couldn't get there

☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)

- 
- ☐ Other, please tell us

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

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

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

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers or no substance use therapists or counselors available
- ☐ Service not covered by insurance or have no insurance
- ☐ Stigma associated with this issue and/or stigma associated with seeking care
- ☐ Telehealth issue (e.g., telehealth service not offered, lack of internet accessibility)
- ☐ Transportation, couldn't get there

- 
- ☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.
  - ☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
  - ☐ Other, please tell us

### Child Healthcare Access

Are you responsible for getting health, dental, and/or mental or behavioral health care for a child or children under the age of 18?

- ☐ Yes
- ☐ No

During the past 12 months was there a time when a child or children in your care needed to see a **primary care/family care** provider for health care but didn't?

- ☐ Yes
- ☐ No. The child or children in my care got the care they needed or didn't need care.

---

What were the reasons the child or children in your care did not get the **primary/family care** they needed during the past 12 months? Choose ALL that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Work/job issue (for example, work schedule conflict, no paid leave, denied time off)
- ☐ My responsibilities as a caregiver for others (child or adult) kept me from getting this care for the child/children
- ☐ Other, please tell us

During the past 12 months, was a time when a child or children in your care needed **dental care**, including check-ups, but didn't get it?

- ☐ Yes
- ☐ No. The child or children in my care got the dental care they needed or didn't need care.

---

What were the reasons the child or children in your care did not get the **dental care** they needed during the past 12 months? Choose ALL that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Work/job issue (for example, work schedule conflict, no paid leave, denied time off)
- ☐ My responsibilities as a caregiver for others (child or adult) kept me from getting this care for the child/children
- ☐ Other, please tell us

During the past 12 months, was there a time when a child or children in your care needed to see a doctor, therapist or counselor for a **mental or behavioral health issue**, but didn't?

- ☐ Yes
- ☐ No. The child or children in my care did not need to see a doctor, therapist or counselor for a mental or behavioral health issue or they got the care they needed.

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What were the reasons a child or children in your care did not see a doctor, therapist or counselor for a **mental or behavioral health issue** during the past 12 months? Choose ALL that apply.

- ☐ Cost
- ☐ No appointments or long waits for appointments
- ☐ No mental or behavioral health providers, therapists, or counselors available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Work/job issue (for example, work schedule conflict, no paid leave, denied time off)
- ☐ My responsibilities as a caregiver for others (child or adult) kept me from getting the mental or behavioral health care for the child/children.
- ☐ Other, please specify

## **Pandemic Questions**

The next two (2) questions are about impacts of the Coronavirus (COVID-19) pandemic on your household over

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the past 12 months. These are optional questions. Do you wish to answer these questions? If not, you will be directed to the next set of questions.

- ☐ Yes
- ☐ No

In the past 12 months, please indicate which aspects of your household have been **negatively impacted** by the Coronavirus (COVID-19) pandemic. (A negative impact means worsened or made more difficult.) Choose ALL that apply.

- ☐ Child care (ability to get care for child/children)
- ☐ Employment (ability to keep a job, have steady income)
- ☐ Food (ability to buy or get enough food to feed you and your family)
- ☐ Housing (ability to find housing, pay rent or mortgage)
- ☐ Schooling, education (ability to complete school-related assignments and programs)
- ☐ Transportation (ability to use public transportation or shared ride services)
- ☐ Utilities (ability to get and pay for electricity, gas, water, internet services)
- ☐ Physical activity and exercise (means and ability to engage in regular physical activity)
- ☐ Nutrition (means and ability to consume a healthy variety of foods)
- ☐ None of the items above negatively impacted my household in the past 12 months due to the pandemic.

---

Please indicate if you or a member of your household **delayed getting any of these services** because of the Coronavirus (COVID-19) pandemic over the past 12 months? Select ALL that apply.

- ☐ Routine (screenings, check-ups) or needed **primary healthcare** services
- ☐ Routine (screenings, check-ups) or needed **dental care**
- ☐ Routine (screenings, check-ups) or needed **mental, behavioral or substance use care**
- ☐ There was **no delay in getting these services** over the past 12 months by members of my household.

Does your household have an **emergency plan** (a plan of action for when a disaster or emergency such as a hurricane threatens)?

- ☐ Yes
- ☐ No
- ☐ I don't know, not sure

## Demographics



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

What is your age?

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

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

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

---

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

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

What is your gender identity?

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

What is the highest level of school you have completed?  
Choose ONE.

- ☐ Elementary/Middle School

- 
- ☐ High School diploma or GED
  - ☐ Technical, Community College, 2-year College or Associate's degree
  - ☐ 4-year College/Bachelor's degree
  - ☐ Graduate/Advanced degree
  - ☐ Some college
  - ☐ I prefer not to answer
  - ☐  Other, please tell us

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

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

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

- ☐ Health insurance offered from your job or a family member's job
- ☐ Health insurance that you pay on your own
- ☐ Medicaid
- ☐ Medicare
- ☐ Military coverage/VA/TriCare
- ☐ Pay cash
- ☐ I do not have health insurance
- ☐  Other, please tell us

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

- |   |  |
|---|--|
| <input type="radio"/> Less than \$10,000  | <input type="radio"/> \$100,000 – \$124,999  |
| <input type="radio"/> \$10,000 – \$19,999 | <input type="radio"/> \$125,000 – \$149,999  |
| <input type="radio"/> \$20,000 – \$29,999 | <input type="radio"/> \$150,000 – \$174,999  |
| <input type="radio"/> \$30,000 – \$49,999 | <input type="radio"/> \$175,000 – \$199,999  |
| <input type="radio"/> \$50,000 – \$74,999 | <input type="radio"/> \$200,000 or more      |
| <input type="radio"/> \$75,000 – \$99,999 | <input type="radio"/> I prefer not to answer |

What is the zip code of your residence?

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☐ 32024 Lake City

☐ 32025 Lake City

☐ 32038 Ft. White

☐ 32055 Lake City

☐ 32056 Lake City

32061 Lulu

☐

☐ 32052 Jasper

☐ 32053 Jennings

☐ 32094 Wellborn

☐ 32096 White Springs

☐ 32643 High Springs

Other

☐

## Open Ended

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

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## APPENDIX C – COMMUNITY PARTNER ASSESSMENT SURVEY

### Columbia County and Hamilton County Community Partner Assessment Survey May 2023

#### Introduction

Dear Community Partner,

Thank you for taking the community health assessment (CHA) Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together. Your agency/organization—and you—are vital to our community's local public health system, even if you do not work in public health or health care.

Public health<sup>[1]</sup> is more than health care. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our CHA process and Community Health Improvement Plan (CHIP) development. The results will help collectively describe the agencies/organizations involved, who they serve, what they do, and their capacities to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact. A summary of survey responses may be included in our CHA and CHIP reports. Results will be used to develop the CHIP to improve health in our community.

- This survey should take about 10 minutes to complete. Your responses will not be identifiable to you or your agency/organization. Responses will be combined and summarized with all other responses in any written report
- Please submit only *one* completed survey per agency/organization

- 
- This survey will be open through Saturday, May 20, 2023

The survey starts on the next page. Many thanks for participating in this assessment process.


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[1] The [Centers for Disease Control and Prevention](#) defines the local public health system as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”

## Block 8

Please respond to the question below.

☐ I'm not a robot

  
reCAPTCHA  
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## About Your Agency/Organization

This section asks about your agency/organization, including type, interest in participating in the community

2

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health assessment (CHA) process and Community Health Improvement Plan (CHIP) development using the Mobilizing for Action through Planning and Partnership (MAPP) model, populations served, topic or focus areas, and capacities.

What is the full name of your agency or organization?

Please indicate which county (or counties) your agency/organization serves. (Your agency/organization may serve a broad geographic area. For the purposes of this survey, we are interested in your work in Columbia and/or Hamilton Counties only.)

- ☐ Columbia County only
- ☐ Hamilton County only
- ☐ Both Columbia County and Hamilton County

Which best describes your position or main role in your agency/organization? Please select one answer.

- ☐ Administrative staff
- ☐ Front line staff
- ☐ Supervisor (not senior management)

3



- 
- ☐ Senior management level/unit or program leader
  - ☐ Leadership team
  - ☐ Community member
  - ☐ Community leader
  - ☐ Other, please specify

Has your agency/organization ever participated in a community health improvement process?

- ☐ Yes
- ☐ No
- ☐ Unsure

Which of the following best describe(s) your agency/organization? (Select all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> County health department | <input type="checkbox"/> Non-profit organization                            |
| <input type="checkbox"/> State health department  | <input type="checkbox"/> Grassroots community organizing group/organization |
| <input type="checkbox"/> City government agency   | <input type="checkbox"/> Tenants' association                               |
| <input type="checkbox"/> County government agency | <input type="checkbox"/> Social service provider                            |
| <input type="checkbox"/> State government agency  | <input type="checkbox"/> Housing provider                                   |

4

- 
- |   |   |
|---|---|
| <input type="checkbox"/> Private hospital           | <input type="checkbox"/> Mental health provider   |
| <input type="checkbox"/> Public hospital            | <input type="checkbox"/> Neighborhood association   |
| <input type="checkbox"/> Private clinic             | <input type="checkbox"/> Foundation/philanthropic organization                                    |
| <input type="checkbox"/> Public or community clinic | <input type="checkbox"/> For-profit organization or private business                              |
| <input type="checkbox"/> Emergency response         | <input type="checkbox"/> Faith-based organization   |
| <input type="checkbox"/> School/education (PK-12)   | <input type="checkbox"/> Center for Independent Living  |
| <input type="checkbox"/> College/university         | <input type="checkbox"/> Other, please specify  |
| <input type="checkbox"/>                            | <input type="checkbox"/> <div style="border: 1px solid black; height: 60px; width: 300px;"></div> |
| <input type="checkbox"/> Library (county or city)   |   |

### **Interest in Community Health Assessment and Health Improvement Planning**

What are your agency's/organization's top three (3) interests in being part of a community health improvement partnership? Select up to three (3) choices.

- ☐ Efficient and effective program delivery and avoiding duplicated efforts
- ☐ Resource sharing and pooling
- ☐ Improve communication among groups
- ☐ Breakdown of stereotypes
- ☐ Build networks and friendships
- ☐ Revitalize low energy of groups that are trying to do too much alone

5

- 
- ☐ Plan and launch community-wide initiatives
  - ☐ Develop and use political power to gain services and other benefits for the community
  - ☐ Improve lines of communications from communities to governmental decision-makers
  - ☐ Improve lines of communication from governmental entities to communities
  - ☐ Create long-term, permanent social change
  - ☐ Obtain or provide services
  - ☐ Other, please specify

What are your agency's/organization's one to three (1-3) most valuable resources and strongest assets you would like others to know about (i.e., what makes your organization great)?

What resources *might* your agency/organization contribute to support CHA/CHIP activities? (Select all that apply.)  
Note: this question does not commit your organization; it

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only identifies ways your agency/organization *might* provide support.

- |   |   |
|---|---|
| <input type="checkbox"/> Funding to support assessment activities (e.g., data collection, analysis) | <input type="checkbox"/> Lending interpretation equipment for use during meetings                                   |
| <input type="checkbox"/> Funding to support community engagement (e.g., stipends, gift cards)       | <input type="checkbox"/> Staff time to support relationship-building between CHA/MAPP staff and other organizations |
| <input type="checkbox"/> Refreshments for community meetings  | <input type="checkbox"/> Staff time to support focus group facilitation or interviews                               |
| <input type="checkbox"/> Childcare for community meetings   | <input type="checkbox"/> Staff time to help analyze quantitative data   |
| <input type="checkbox"/> Policy/advocacy skills   | <input type="checkbox"/> Staff time to help analyze qualitative data  |
| <input type="checkbox"/> Media connections  | <input type="checkbox"/> Staff time to participate in CHA/MAPP meetings and activities                              |
| <input type="checkbox"/> Social media capacities  | <input type="checkbox"/> Staff time to help plan CHA/MAPP meetings and activities                                   |
| <input type="checkbox"/> Physical space to hold meetings  | <input type="checkbox"/> Staff time to help facilitate CHA/MAPP meetings and activities                             |
| <input type="checkbox"/> Technology to support virtual meetings                                     | <input type="checkbox"/> Staff time to help implement CHA/MAPP priorities   |
| <input type="checkbox"/> Coordination with governmental entities                                    | <input type="checkbox"/> Note-taking support during qualitative data collection                                     |
| <input type="checkbox"/> Staff time to support community engagement and involvement                 | <input type="checkbox"/> Staff time to transcribe meeting notes/recordings  |

---

☐ Staff time to support interpretation and translation services

☐ Other (please specify)

### **Demographics and Characteristics of Clients/Members Served/Engaged**

What racial and ethnic populations does your agency/organization serve? (Select all that apply.)

- ☐ Black/African American
- ☐ African
- ☐ Native American/Indigenous/Alaska Native
- ☐ Latinx/Hispanic
- ☐ Asian
- ☐ Asian American
- ☐ Pacific Islander/Native Hawaiian
- ☐ Middle Eastern/North African
- ☐ White/European
- ☐ Other (please specify)

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Does your agency/organization work with populations who speak English as a second language?

- ☐ Yes
- ☐ No
- ☐ Unsure

Does your agency/organization offer services for transgender, non-binary, and other members of the LGBTQIA+ community?

- ☐ Yes. We provide services specifically for the LGBTQIA+ community.
- ☐ Somewhat. We provide general services and LGBTQIA+ individuals could use those services.
- ☐ No. LGBTQIA+ populations are not welcome.
- ☐ Unsure

Does your agency/organization offer services specifically for people with disabilities?

- ☐ Yes. We provide services specifically for people with disabilities.
- ☐ Somewhat. We are wheelchair-accessible and compliant with the Americans with Disabilities Act but are not specifically designed to serve people with disabilities.
- ☐ No. Our organization is not specifically designed to service people with disabilities.

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☐ Unsure

Does your agency/organization serve other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

☐ Yes. Please list these groups.

☐ No

☐ Unsure

Does your agency/organization have access to interpretation and translation services?

☐ Yes. Please list languages offered.

☐ No

- 
- ☐ Unsure
  - ☐ Not applicable

Who are the priority populations your agency/organization serves? Please list them below.

### Topic Area Focus

How much does your agency/organization focus on each of these topics?

	Not at all	A little	A lot	Unsure
<b>Economic Stability:</b> The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Not at all	A little	A lot	Unsure
<b>Education Access and Services:</b> The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Healthcare Access and Quality:</b> The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Neighborhood and Built Environment:</b> The connection between where a person lives—housing, neighborhood, and environment—and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Social and Community Context:</b> The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Which of the following health topics does your agency/organization work on? (Select all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Health equity  |
| <input type="checkbox"/> Chronic diseases (e.g., asthma, diabetes, obesity, cardiovascular disease) | <input type="checkbox"/> Health insurance/Medicaid/Medicare   |
| <input type="checkbox"/> Family/maternal health   | <input type="checkbox"/>  |
| <input type="checkbox"/> Immunizations and screenings   | <input type="checkbox"/> Mental or behavioral health (e.g., PTSD, anxiety, trauma)  |
| <input type="checkbox"/> Infectious diseases  | <input type="checkbox"/> Physical activity  |
| <input type="checkbox"/> Injury and violence prevention   | <input type="checkbox"/> Tobacco and substance use and prevention   |
| <input type="checkbox"/> HIV/STD prevention   | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or food stamps |
| <input type="checkbox"/> Healthcare access and utilization  | <input type="checkbox"/> None of the above or not applicable  |
| <input type="checkbox"/>  | <input type="checkbox"/> Other, please specify  |
|   | <input type="checkbox"/> <div style="border: 1px solid black; height: 60px; width: 300px;"></div>                         |

## Agency/Organizational Capacity

In one or two sentences, please describe the people impacted by your agency/organization and the work you

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are doing.

### **Organizational Capacities related to the 10 Essential Public Health Services**

Does your agency/organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?

- ☐ Yes
- ☐ No. Please elaborate.

- ☐ Unsure. Please elaborate.

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## Capacities to Support Community Health Improvement

The following questions ask about your agency's/organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your agency/organization does the following tasks and whether your agency/organization might support the CHA/CHIP in those areas.

Does your agency/organization conduct assessments (e.g., of basic needs, community health, neighborhoods, not including individual assessments)?

☐ Yes. Please describe what you assess.

☐ No

☐ Unsure

What data does your agency/organization collect? (Select

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all that apply.)

- ☐ Demographic information about clients or members
- ☐ Access and utilization data about services provided and to whom
- ☐ Evaluation, performance management, or quality improvement information about services and programs offered
- ☐ Data about health status
- ☐ Data about health behaviors
- ☐ Data about conditions and social determinants of health (e.g., housing, education, other conditions)
- ☐ Data about systems of power, privilege, and oppression
- ☐ We do not collect data
- ☐ Other, please specify

Can you share any of that data with the CHA/CHIP collaborative?

- ☐ Yes, it's already being shared
- ☐ Yes, we can share data
- ☐ No
- ☐ Unsure

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How does your agency/organization collect data? (Select all that apply.)

- ☐ Surveys
- ☐ Focus groups
- ☐ Interviews
- ☐ Feedback forms
- ☐ Photovoice
- ☐ Participatory research
- ☐ Notes from community meetings
- ☐ Videos
- ☐ Secondary data sources
- ☐ Electronic health records
- ☐ Data tracking systems
- ☐ Other, please specify

Which of the following methods of community engagement does your agency/organization use most often? (Select all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer/patient satisfaction surveys | <input type="checkbox"/> Interactive workshops |
| <input type="checkbox"/> Fact sheets                           | <input type="checkbox"/> Polling               |

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- |  |  |
|--|--|
| <input type="checkbox"/> Open houses             | <input type="checkbox"/> Memorandums of understanding (MOUs) with community-based organizations  |
| <input type="checkbox"/> Presentations           | <input type="checkbox"/> Citizen advisory committees   |
| <input type="checkbox"/> Billboards              | <input type="checkbox"/> Open planning forums with citizen polling                               |
| <input type="checkbox"/> Videos                  | <input type="checkbox"/> Community-driven planning   |
| <input type="checkbox"/> Public comment          | <input type="checkbox"/> Consensus building  |
| <input type="checkbox"/> Focus groups            | <input type="checkbox"/> Participatory action research   |
| <input type="checkbox"/> Community forums/events | <input type="checkbox"/> Participatory budgeting   |
| <input type="checkbox"/> Surveys                 | <input type="checkbox"/> Social media  |
| <input type="checkbox"/> Community organizing    | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Advocacy                | <input type="checkbox"/> Other, please specify   |
| <input type="checkbox"/>                         | <input type="checkbox"/> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| <input type="checkbox"/> House meetings          |  |

When you host community meetings, do you offer any of the following? (Select all that apply.)

- ☐ Stipends or gift cards for participation
- ☐ Interpretation/translation to other languages including sign language
- ☐ Food/snacks
- ☐ Transportation vouchers if needed
- ☐ Childcare if needed

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- ☐ Accessible materials for low literacy populations
  - ☐ Virtual ways to participate
  - ☐ Not applicable
  - ☐ None of the above
  - ☐ Other, please specify

What policy/advocacy work does your agency/organization do? (Select all that apply.)

- ☐ Develop close relationships with elected officials
- ☐ Educate decision-makers and respond to their questions
- ☐ Respond to requests from decision makers
- ☐ Use relationships to access decision makers
- ☐ Write or develop policy
- ☐ Advocate for policy change
- ☐ Build capacity of impacted individuals/communities to advocate for policy change
- ☐ Lobby for policy change
- ☐ Mobilize public opinion on policies via media/communications
- ☐ Contribute to political campaigns/political action committees (PACs)
- ☐ Voter outreach and education
- ☐ Legal advocacy
- ☐ Not applicable



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- ☐ Unsure
  - ☐ None of the above
  - ☐ Other, please specify

What communications work does your agency/organization do most often? (Select all that apply.)

- ☐ Internal newsletters to staff
- ☐ External newsletters to members/public
- ☐ Ongoing and active relationships with local journalists and earned media organizations
- ☐ Media contact list for press advisories/releases
- ☐ Social media outreach (e.g., Facebook, Twitter, Instagram)
- ☐ Ethnicity-specific outreach in non-English language
- ☐ Press releases/press conferences
- ☐ Data dashboard
- ☐ Meetings to discuss narrative and messaging to the public
- ☐ None of the above
- ☐ Other, please specify

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If your agency/organization has publicly available materials, are they translated into other languages?  
(Please select one response.)

- ☐ All publicly available materials are translated into other languages
- ☐ Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- ☐ Few publicly available materials are translated into other languages (e.g., only when requested)
- ☐ No publicly available materials are translated in other languages
- ☐ Not applicable (we do not have publicly available materials)

Please add any questions, comments, or suggestions about the CHA/CHIP process and our next steps together to improve community health.