2023-2026

COLUMBIA COUNTY

COMMUNITY HEALTH ASSESSMENT

PUBLISHED JULY 2023 | REVIEW DATE

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EXECUTIVE SUMMARY

In January 2023, WellFlorida Council and the Florida Department of Health in Columbia 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 Columbia 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
Community Health Status Assessment	Secondary data covering Demographics, Socio-economics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, and Health Care Access and Usage.	• High rates of poverty and food insecurity, disparities in poverty • Low life expectancy, high mortality rates due to cancer, heart disease, COVID-19, CLRD, unintentional injuries, infant deaths • High rate of mental health ED visits and Baker Acts • Risky health behaviors including tobacco use, overweight and obesity, lack of screenings, low rates of first trimester care • High rate of ED visits, preventable discharges/dental ED visits
Community Themes and Strengths Assessment	Survey feedback collected from community members on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Columbia County.	• Top health factors and issues included access to health care/primary care, nutritious foods, affordable housing, low crime, substance/drug abuse, obesity, mental health problems, jobs • Mental health, specialty, dental care: most difficult to obtain • 42.2% didn't get needed dental care (mainly due to insurance or appointment availability), 21.5% mental health care (due to insurance/cost), 28.4% primary care (due to all of these issues)
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Columbia County.	• Behavioral trends including increased crime (starting at younger age), mental health issues, resource-limited households, vaping • Social factors like use of technology/social media, lack of health knowledge, prevalent chronic disease/unhealthy lifestyle, young moms, no school mental health counselors, hospital closure
Community Partner Assessment	Survey of activities, resources, and capacity of partners involved in the health assessment process	• Common priority populations of families, pregnant people, and youth; issues of substance use, immunizations, screenings • Capacities include data collection, community engagement, policy/advocacy work, communication work, meeting assets

Strategic Priorities	• Chronic Disease • Substance Misuse and Mental Health	• Health Behaviors • Health Information Access

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In January 2023, the Florida Department of Health launched the 2023 Community Health Assessment (CHA) process in Columbia County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Columbia 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 Columbia 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 Columbia County. This body, called the 2023 Columbia County CHA Steering Committee, guided the process and assured that the health needs and issues of all Columbia County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Columbia County for the larger goal of improving health outcomes and quality of life for all residents in Columbia 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 Columbia County Community Health Assessment, the Columbia County Steering Committee opted to include the Community Partner Assessment in the 2023 CHA. As such, the 2023 Columbia 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 Columbia County MAPP process. Use of the MAPP tools and techniques helped Columbia 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

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 Columbia 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 Columbia County. More information on ZCTAs as well as a list of ZCTAs for Columbia 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, 32025 Lake City. 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 405 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

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 Columbia 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 four (4) strategic priority issue areas listed below:

- Chronic Disease
    - ► Prevention and management of chronic conditions including hypertension, pre-diabetes, diabetes, heart disease
    - ► Obesity
    - ► Physical activity
    - ► Health literacy
- Substance Misuse and Mental Health
    - ► All substances including alcohol, tobacco, illicit drugs
    - ► Youth and adult focus on prevention and treatment
- Health Behaviors
    - ► Sexual health education

- ► Youth and young adult focus

- ► Emphasis on education, prevention, screening and treatment

- Health Information Access

  - ► Focus on local providers and services

  - ► Streamlined referrals

  - ► Centralized information access points

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 Columbia County residents.

FIGURE 1: MAPP PROCESS DIAGRAM

Source: National Association of County and City Health Officials (N.D.). Community Health Assessment and Improvement Planning. Retrieved August 8, 2023, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment
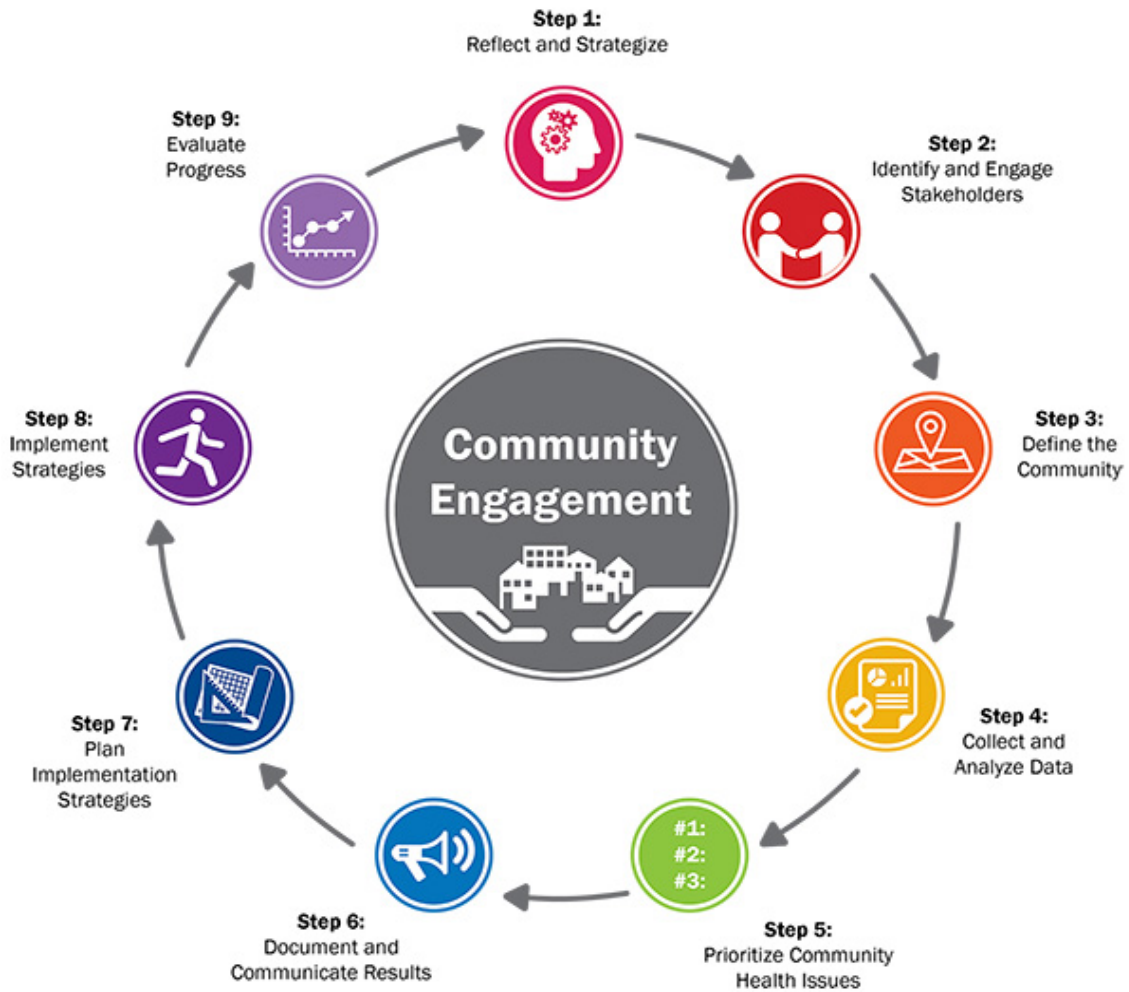
Source: Association for Community Health Improvement (N.D.). Community Health Assessment toolkit. Retrieved August 3, 2023.
https://www.healthycommunities.org/resources/community-health-
assessmenttoolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHA)%20process%20every%20three%20years

Using the Community Health Assessment

The 2023 Columbia 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 NACCHP 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 Columbia 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 Columbia 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 have 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, 28 Steering Committee members were involved. Their names and titles are provided in Appendix A.

Assuring Diversity and Equity in the Columbia County Community Health Assessment Process

At the February 9, 2023 Columbia 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, COLUMBIA COUNTY, 2023

Organizations, Partnerships, Groups, or Populations	
Hospitals	Law enforcement
Faith-based organizations (Christian Services was invited but unable to come to the kickoff; expect to be involved in the future).	Under-represented minorities, including racial minorities
United Way	County, city, and chamber leaders
Senior center	Richardson Community Center

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

The Steering Committee also deliberated over how to promote representation from these groups. They suggested having one person from the Department of Health being focused on knocking on doors and extending personal invitations to other organizations, particularly those mentioned in the table above. Steering Committee members also encouraged each other to look within their own organizations and consider people that they could invite to increase representation, or inviting one (1) person outside of their organization that they know should be there. In this case, Department of Health representatives also encouraged Steering Committee members to share with them

the contact information of anyone that they reach out to, so that the Department of Health could follow up with them and add them to the communication loop.

Survey Content, Distribution, and Participation

At their February 9, 2023 Kickoff Meeting, the Columbia 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.

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

- Utilizing volunteers to increase community survey responses, especially through promoting/helping people fill out the survey on iPads at community events

- Promoting the survey at the Olustee festival

- Promoting the survey at college events by having students table with iPad, laptop, or phone to help people to fill out the survey

- Use raffle to promote, where anyone who fills out the survey is given a raffle ticket for a promotion gift basket

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

Visioning

At their kick-off meeting on February 9, 2023, the Columbia Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Columbia 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 Columbia 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? The word cloud on the next page depicts terms that were frequently used to define health and a healthy Columbia County.

What is one word that describes your vision for a Healthy Columbia County?

Prepared by WellFlorida Council, 2023.

Further discussion yielded the following potential vision statements:

- Columbia County: accessible, available, affordable

- Columbia County: connecting and thriving across the lifespan

- Columbia County: the opportunity to thrive and connect across the lifespan

- Columbia County: where all have access to thrive and connect across the lifespan

Participants were encouraged to continue thinking about these concepts so to guide priority selection and discussion at future community meetings.

2022-2023 Columbia County Community Health Assessment Planning Process Timeline

January 2023 – February 2023

Planning with Funders

February 9, 2023

Kickoff Meeting

- Convene Steering Committee
- Plan Assessment process
- Conduct Visioning

February 2023 – April 2023

Data Collection and Analysis

- Create Community Health Status Technical Appendix with secondary data
- Collect primary quantitative and qualitative data via community surveys
- Organize findings and analysis into draft assessment report

April 20, 2023

Forces of Change Assessment Meeting

- Convene Steering Committee
- Present preliminary assessment findings
- Conduct Forces of Change Assessment

June 7, 2023

Meeting to Identify Priority Health Issues

- Convene Steering Committee
- Solicit community input on preliminary findings
- Review and discuss key findings to reach consensus on priority health issues

July 2023

Community Health Assessment Publication

- Publish Community Health Assessment report
- Evaluate CHA Process

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 Columbia 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 Columbia 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 Columbia County demographic and socioeconomic profile.

Population

The US Census Bureau reported a 2020 population of 69,698 individuals in Columbia County (Table 4, 2023 Technical Appendix). UF Bureau of Economic Business Resources population projections anticipate a growth of just 3.9 percent between 2021 and 2025, slower than Florida at 5.8 percent during the same time period. Most of this population (81.0 percent) lives in unincorporated areas, far outstripping the 49.6 percent of Floridians that live in

unincorporated areas, with 18.0 percent in Lake City and 1.0 percent in Fort White (Tables 2 and 3, 2023 Technical Appendix).

The 2020 US Census data provides a valuable snapshot of the exact demographics of Columbia 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 Columbia County will be considered 69,265, 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, Columbia County contains an estimated 6,291 Veterans, comprising 11.6 percent of the population. This number is respectably higher than the state rate of 8.2 percent (Table 18, 2023 Technical Appendix).

Race

FIGURE 4: PERCENTAGE POPULATION BY RACE, COLUMBIA COUNTY AND FLORIDA, 2017-2021 ACS ESTIMATES
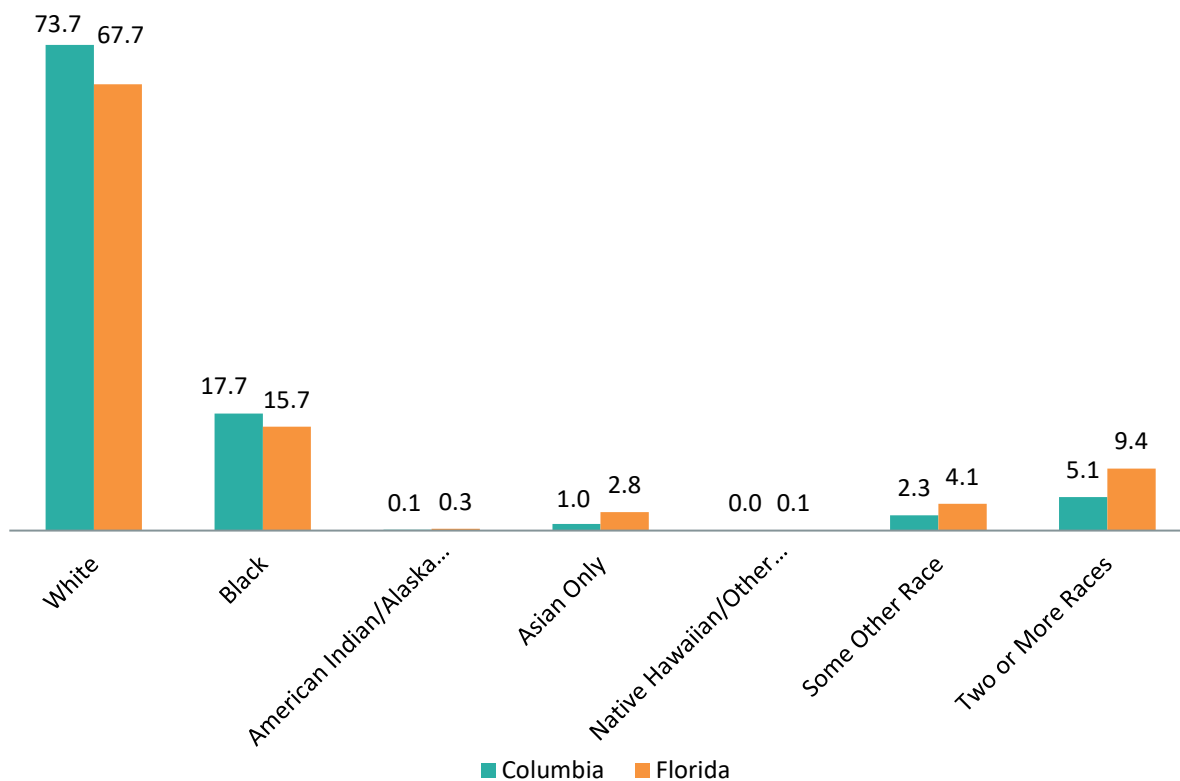
Source: Table 5, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

As shown in Figure 4 above, the 2017-2021 ACS estimates place 73.7 percent of the Columbia County population as White – more than the state overall – and 17.7 percent as Black, slightly higher than that of the state (Table 5, 2023 Technical Appendix).

Ethnicity

Roughly 6.6 percent of the Columbia 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 32024 Lake City, comprising 8.8 percent of this ZCTA. However, the largest raw number of Hispanic residents can be found in 32025 Lake City, with 1,853 Hispanic residents constituting 7.8 percent of the population (Table 6, 2023 Technical Appendix).

Sex

With respect to the 2017-2021 ACS estimates, 52.1 percent of Columbia County is male and 47.9 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 Columbia County by age group. When compared to Florida, we generally see that a higher proportion of the population under the age of 25, with slightly less especially in the 65+ age range.

FIGURE 5: POPULATION BY AGE GROUP, COLUMBIA COUNTY AND FLORIDA, 2017-2021
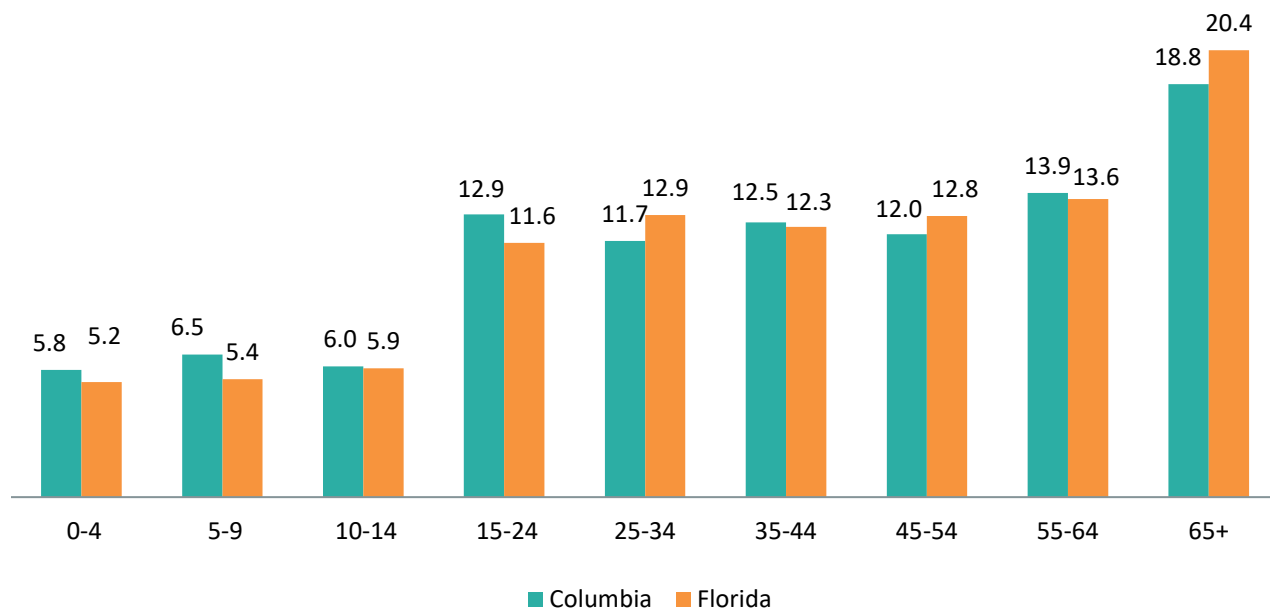
Source: Table 8, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By ZCTA, 3204 Lake City holds the highest proportion of seniors ages 65+, which make up 22.0 percent of this ZCTA's population. On the other hand, 32061 Lulu holds the highest proportion of children under the age of 18, which comprise 33.7 percent of this ZCTA. Finally, 32025 Lake City contains the highest proportion of working aged adults at 63.4 percent of this population (Table 8, 2023 Technical Appendix).

There exist several interesting intersections between age, sex, race, and ethnicity. For example, the female population in Columbia County has a larger percentage of seniors than the male population – 20.6 percent of the female population as compared to 17.2 percent of the male population. This also holds true when comparing the White Columbia County population to the Black Columbia County population, with 21.5 percent of the former being 65 years of age or older compared to just 11.3 percent of the Black population, and when comparing the entire population to Hispanics, with 18.8 percent of the overall population as seniors exceeding only 10.1 percent of the Hispanic population being in this age group. The Columbia County Hispanic population also is made up of an unusually large percentage of children, comprising 30.3 percent of the entire county's Hispanic population as compared to just 21.9 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. Columbia County is home to about 16,126 families according to the most recent 2017-2021 ACS estimates, of which the average family size is 3.15 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, the average household size comes to just 2.50 individuals, roughly equal to the state average of 2.57. The largest average family size and average household size is found in 32061 Lulu and 4.70 and 4.05 people, respectively (Tables 16 and 17, 2023 Technical Appendix).

There are approximately 2,738 households owned by grandparents in Columbia County, with 57.3 percent of these households being responsible for their own grandchildren under 18, this number being just 44.1 percent for Florida overall. Roughly 67.5 percent of these households have a parent present, similar to 63.9 percent of these households in Florida (Tables 14 and 15, 2023 Technical Appendix).

According to the 2017-20121 ACS estimates, 4,871 individuals in Columbia County live in group quarters, which include correctional institutions and nursing homes, comprising 7.0 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 Columbia County residents ages five (5) and older. Among this demographic, 92.7 percent speak only English, and among those speaking another language, just 29.2 percent speaking English less than "Very Well" (compared to 39.6 percent of Florida). Roughly 3/4 of these individuals speak Spanish (73.7 percent), about 16.3 percent speak other Indo-European languages, and less than 10 percent speak Asian and Pacific Island languages (Table 19, 2023 Technical Appendix).

Life Expectancy

Table 2 presents life expectancy by sex for Columbia County and Florida. In summary, Columbia County residents on average live about five (5) years less than their Florida counterparts, and average life expectancy is six (6) years shorter for males as compared to females.

	Columbia County	Florida
Overall	74.6	79.4
Females	77.7	82.3
Males	71.7	76.5

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

Life expectancy also demonstrates slight variations by race, with Black Columbia County residents living an average of 73.9 years as compared to 74.5 years for their White counterparts. 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 Columbia County at a concerning 16.5 percent of the population overall and 22.7 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, COLUMBIA COUNTY AND FLORIDA, 2017-2021
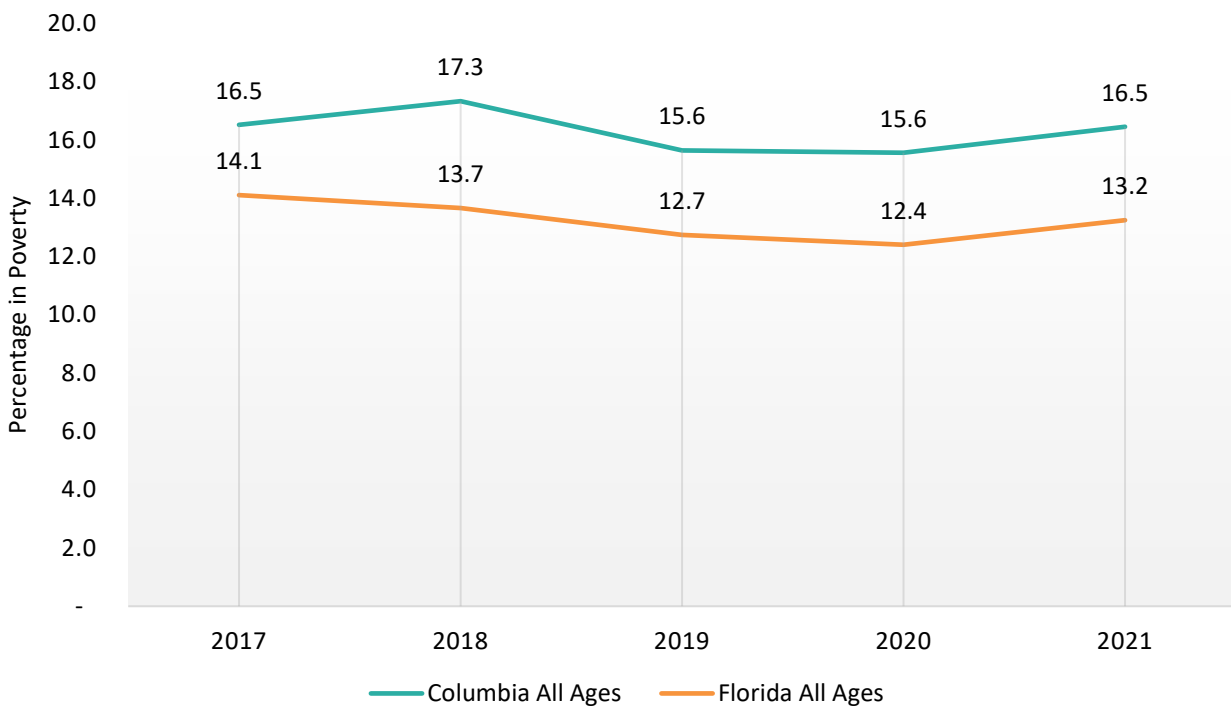
Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.
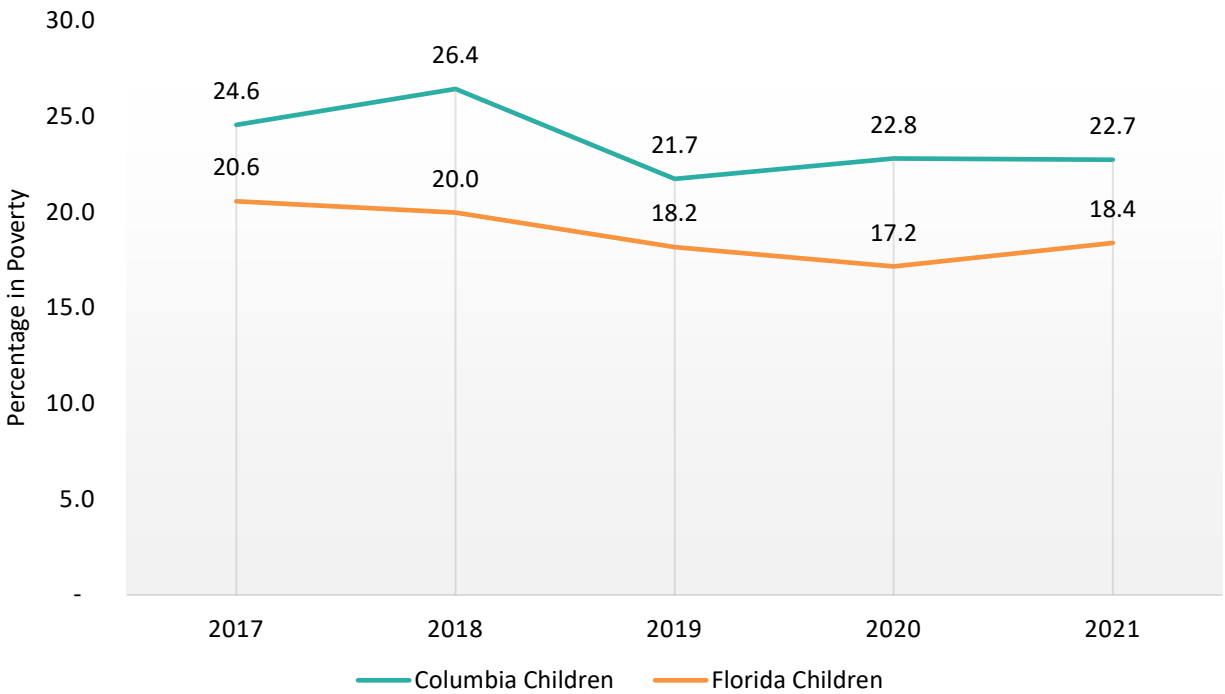
Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By ZCTA, the highest rate of poverty in Columbia County is located in 32055 Lake City at 17.6 percent of the population; the highest rate of poverty among children can be found at 20.9 percent of children 0-17 years of age in 32038 Fort White. When broken out by poverty among the working-age population, those 18-64 years of age, approximately 15.3 percent are in poverty (12.2 percent in Florida); among seniors ages 65 and older, 9.6 percent are in poverty (10.7 percent for Florida). The highest rate of seniors in poverty can be found at 12.6 percent of the senior population in 32025 Lake City (Tables 22 and 24, 2023 Technical Appendix).

Poverty rates show minimal variation by sex, with 14.2 percent of Columbia County females in poverty and 14.5 percent of Columbia County males in poverty. These numbers compare to 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 (29.1 versus 14.4), as do Black races compared to White races (20.7 versus 11.2 percent) (Table 26, 2023 Technical Appendix).
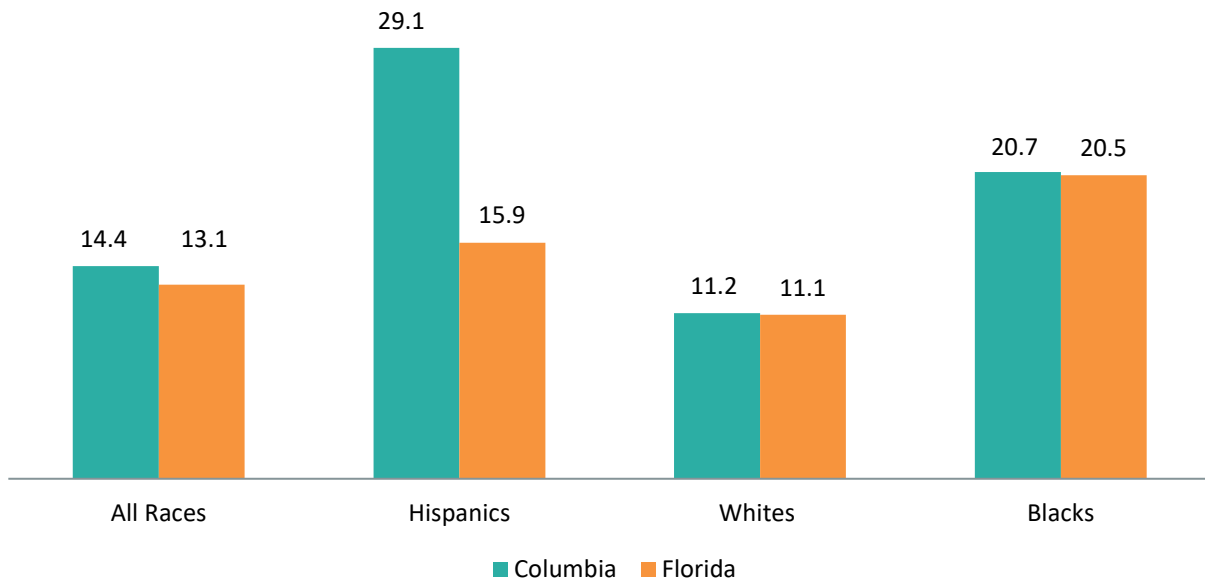
Source: Table 26, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By household type, family households generally have lower poverty rates than households overall (9.4 versus 14.6 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 23.3 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 Columbia County is estimated at 25,116 dollars per year, and for a household of two (2) adults with two (2) children in childcare, that number rises to 58,824 dollars per year. ALICE households are therefore households that earn more than the federal poverty guidelines but less than these household survival budgets. Within Columbia County, this demographic accounts for 36.0 percent of the population, higher than the 32.0 percent found in Florida overall. ALICE households are particularly prevalent among those 65 years of age and over, comprising 44.0 percent of this population (40.0 percent for Florida seniors).

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 10,000 dollars less than that for White households. Geographically, ZCTA 32055 Lake City has the lowest median household income at 41,065 dollars, as well as the lowest average household income at 62,664 dollars (Tables 30 and 31, 2023 Technical Appendix).

FIGURE 9: MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, COLUMBIA COUNTY AND FLORIDA, 2017-2021
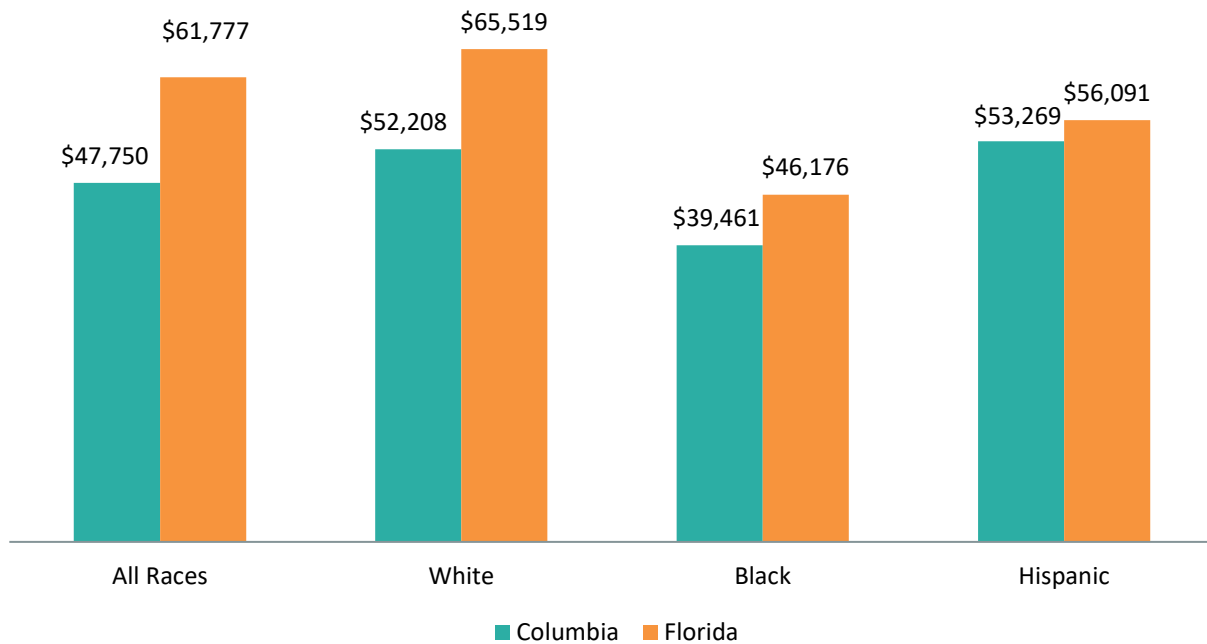
Source: Table 30, 2023 Technical Appendix. Prepared by WellFlorida, 2023.

Per capita income reflects similar patterns as that of median household income. Per capita income in Columbia County is consistently less than that of the state, with Black income in particular being a little over half of that of White income in the county. Hispanic per capita income is also markedly lower than that of the county overall. Figure 10 displays this in more detail. By ZCTA and race/ethnicity, the lowest per capita income is 10,819, found among Black residents of 32025 Lake City (Table 32, 2023 Technical Appendix).

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

Employment

Unemployment rates with Columbia County have been very similar to those of the state for the past eight (8) years. In 2021, Columbia County reported 4.5 percent of the population as unemployed, approximately equal to 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 8.2 percent of Columbia County. The highest rate of unemployment can be found in ZCTA 32055 Lake City at 13.3 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 Columbia County are small (95.6 percent), employing less than 50 people. Of these businesses, 18.6 percent are retail (compared to 12.6 percent of Florida) and 47.1 percent are services (51.8 percent in Florida) (Tables 42 and 43, 2023 Technical Appendix).
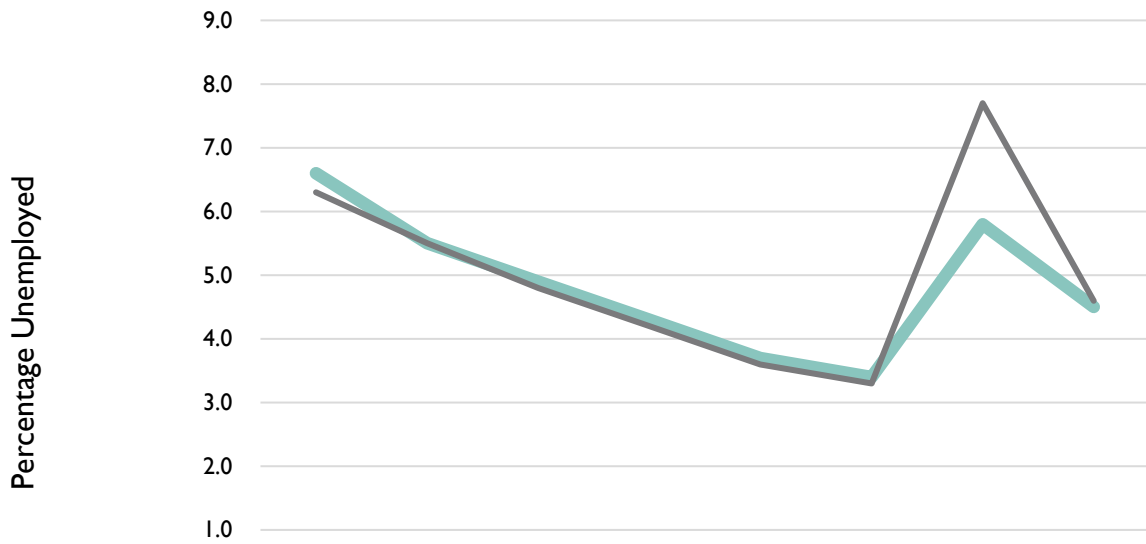
	2014	2015	2016	2017	2018	2019	2020	2021
Columbia County	6.6	5.5	4.9	4.3	3.7	3.4	5.8	4.5
Florida	6.3	5.5	4.8	4.2	3.6	3.3	7.7	4.6

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, about 97 percent have a vehicle available in Columbia County, and 78.3 percent of workers drive alone to work. These numbers are similar to those of the state. Commute time is generally slightly lower for Columbia County residents, with 11.6 percent reporting a commute of less than 10 minutes (8.9 percent for Florida) and 66.9 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. Columbia County residents over the age of 25 depict lower rates of educational attainment, with roughly a quarter holding a college degree compared to 40.5 percent of Floridians. Furthermore, a higher proportion of females are college-educated (29.3 percent) as compared to males (20.4 percent). Some details are shown in Table 3 below, alongside Columbia County's high school graduation rates and dropout rates, both of which are consistently better than the state (Tables 38 and 39, 2023 Technical Appendix).

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

High School Graduation			School Dropout Rates			Highest Level of School Completed, by Percent of Population 25+ Years, 2017-2021		
Year	Columbia County	Florida	Year	Columbia County	Florida		Columbia County	Florida
2017-18	88.4	86.1	2016-17	2.5	4.0	No high school diploma	13.5	11.5
2018-19	92.4	86.9	2017-18	1.8	3.5	High school diploma	61.7	48.0
2019-20	95.4	90.0	2018-19	0.3	3.4			
2020-21	95.6	90.1	2019-20	1.6	3.1	College degree	24.8	40.5
2021-22	89.6	87.3	2020-21	0.2	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, Columbia County residents suffer notably higher rates of food insecurity than the state among children and all ages, with recent years showing promising improvements.

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

Year	Food Insecurity Percent		Child Food Insecurity Percent	
	Columbia County	Florida	Columbia County	Florida
2016	17.5	13.9	23.3	20.7
2017	16.0	13.4	21.8	20.4
2018	15.2	13.0	23.5	19.4
2019	14.3	12.0	20.6	17.1
2020	13.2	10.6	17.4	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 Columbia County, the rates of students eligible for free or reduced lunch were notably higher than the state among Kindergarten students (64.5 percent eligible in Columbia versus 53.4 percent

in Florida) and elementary students (58.5 percent versus 56.6 percent) in the most recent year of data recorded, 2021. Rates of eligibility were lower than the state among Pre-K and middle school students (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. Columbia County reports a high rate of individuals eligible for WIC at 3,732.2 individuals per 100,000 population, compared to just 2,890.5 in Florida. In 2021, about 67.4 percent of those eligible for WIC in Columbia 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 it has been since before 2014. Food stamps or cash public assistance are also public health interventions of interest, accounting for 19.7 percent of Columbia County households as compared to just 14.1 percent of Florida households. More than a third of these households in Columbia 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, 13.2 percent of Columbia County housing units are vacant – slightly less than the state rate of 16.5 percent. Among occupied houses, only 23.1 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 42.6 percent of renter-occupied housing units but drops to 17.8 percent of owner-occupied households. Additionally, roughly 12 percent of Columbia County housing units see severe housing problems, marginally less than the corresponding 14.4 percent of Florida households (Table 44, 2023 Technical Appendix).

Incarcerations

According to the Florida Department of Corrections, Columbia County had a rate of incarcerations in 2022 that was 3.7 incarcerations per 1,000 population as compared to 2.5 in Florida. This rate has been consistently higher in Columbia County 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 355.4 incarcerations per 1,000 Columbia County residents, more than three (3) times the Florida rate of 104.0 (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 Columbia County, these recidivism rates were higher than Florida with respect to 2018 releases at a recidivism rate of 30.0 percent of releases returned in Columbia County compared to 21.2 percent in Florida (Table 58, 2023 Technical Appendix).

Voter Registration

As of January 31, 2023, Columbia County was home to 43,732 registered voters. In the 2018 election, 62.0 percent of registered voters cast a ballot, same as the state. Tables 59 and 60 of the 2023 Technical Appendix contain these details and more 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. Columbia 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 Columbia 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.

Columbia County had an overall, age-adjusted mortality rate of 967.9 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 Columbia 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 18.3 percent of all county deaths and heart disease, 17.1 percent. Of concern is that chronic lower respiratory disease, or CLRD, is the 4th leading cause of death in Columbia as compared to only the 6th leading cause of death in Florida, comprising 7.8 percent of all county deaths as compared to 4.9 percent of Florida deaths (Tables 61 and 66, 2023 Technical Appendix).

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

Cause of Death	Columbia County	Florida
Cancer	1	2
Heart Disease	2	1
COVID-19	3	3
Chronic Lower Respiratory Disease (CLRD)	4	6
Unintentional Injury	5	4
Stroke	6	5
Diabetes	7	7
Liver Disease	8	9
Suicide	9	10
Influenza and Pneumonia	10	NR

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

- Cancer (179.5 deaths per 100,000 population versus 139.7 in Florida)
- Heart disease (174.6 versus 144.5)
- COVID-19 (96.1 versus 56.4)
- CLRD (74.4 versus 33.6)
- Stroke (52.7 versus 43.2)
- Diabetes (39.2 versus 22.4)
- Suicide (23.4 versus 13.8)
- Liver Disease (21.4 versus 12.6)
- Influenza and pneumonia (15.4 versus 8.9)
- Homicide (8.4 versus 7.2)
- Septicemia (11.9 versus 8.2)

This data is with respect to Table 67 of the 2023 Technical Appendix.

It is also noteworthy that among the top 10 cause of death in Columbia County, only two (2) having been consistently rising in recent years: heart disease, from 151.9 age-adjusted deaths per 100,000 population in 2019 to 199.8 in 2021; and diabetes, from 30.3 age-adjusted death per 100,000 population in 2018 to 44.1 deaths per 100,000 population in 2021. Homicide has also shown recent increases from three (3) deaths in 2019 to eight (8) in 2021, as well as septicemia from nine (9) deaths in 2019 to 15 deaths in 2021. Contrarily, suicide has decreased from 20 deaths in 2019 to 15 deaths 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 1,028.9 age-adjusted deaths per 100,000 population in Columbia County. The ZCTA with the highest age-adjusted mortality rate is 32055 Lake City at 1,146.5 deaths per 100,000 population from 2019-2021 (Table 75, 2023 Technical Appendix).

When examining specific causes of death, 32055 Lake City leads in age-adjusted death rates due to heart disease and COVID-19, 32038 Fort White leads in deaths due to unintentional injuries and diabetes, and 32024 Lake City leads in deaths due to CLRD and influenza and pneumonia. The highest average number of deaths due to cancer is found in 32025 Lake City, due to stroke is tied for 32055 Lake City and 32025 Lake City, and due to liver disease is found in 32024 Lake City (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 1,038.8 deaths per 100,000 population (compared to 654.8 for Florida) and males an age-adjusted mortality rate of 1,346.8 (compared to 968.7 for Florida). Within Columbia County, females see higher age-adjusted mortality rates than males due to stroke (54.7 age-adjusted deaths per 100,000 population versus 47.0). Males see higher age-adjusted mortality rates than females by:

- Cancer (199.8 deaths per 100,000 males versus 159.4 among females)
- Heart disease (259.1 versus 143.8)
- COVID-19 (193.4 versus 183.9)
- Unintentional injury (96.0 versus 49.0)

- Chronic lower respiratory disease (90.8 versus 57.9)
- Diabetes (54.4 versus 32.3)

In particular, males have seen rising unintentional injury deaths in recent years, while 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. Stroke is also the 5th leading cause of death for females, while it only ranks as 7th for males. Females also had influenza and pneumonia, hypertension, Alzheimer's disease, and nephritis among the top 10 leading causes of death that did not get ranked among males; in parallel, liver disease, suicide, and septicemia 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 Columbia 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 Columbia County are based on an average of just 26 Hispanic deaths per year.

FIGURE 12: AGE-ADJUSTED MORTALITY RATES BY RACE AND ETHNICITY FOR ALL CAUSES OF DEATH, COLUMBIA COUNTY AND FLORIDA, 2019-2021
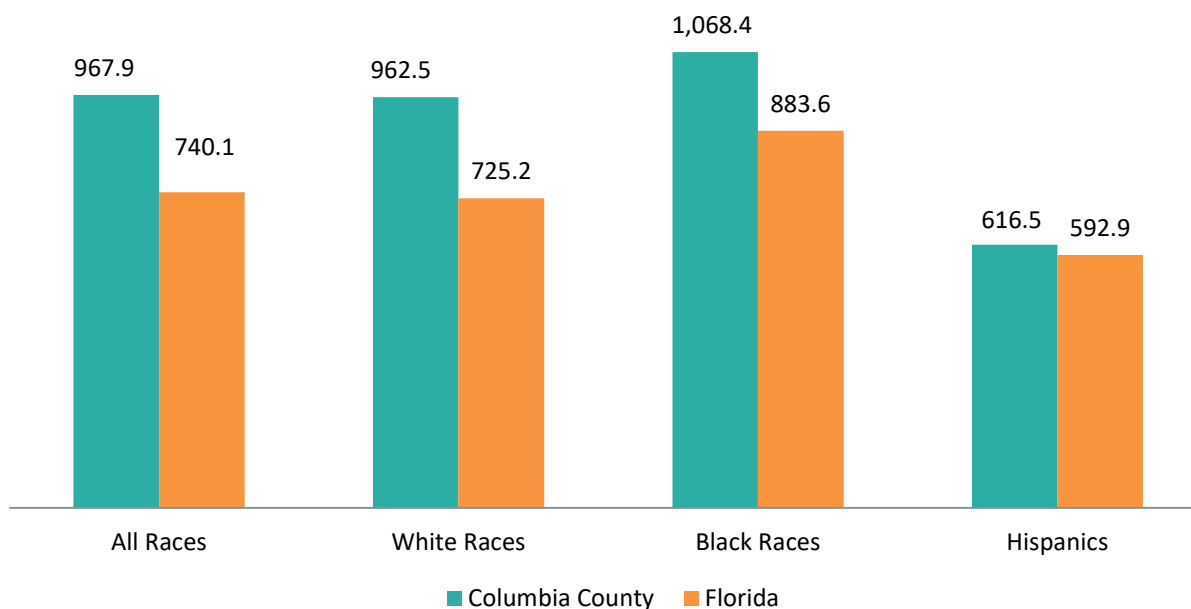
Source: Table 65, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

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

- Cancer (189.2 deaths per 100,000 population as compared to 135.9 for Black Races)
- CLRD (79.0 deaths as compared to 52.4)
- Unintentional injury (71.3 deaths as compared to 53.0)

- Suicide (28.7 deaths as compared to 2.1)
- Liver disease (24.6 deaths as compared to 4.0)
- Influenza and pneumonia (16.6 deaths as compared to 7.6)

Please note that suicide, liver disease, and influenza and pneumonia deaths only include one (1) or fewer Black deaths per year, and these numbers should be interpreted with caution. White Columbia County residents have also seen increasing rates of death due to all causes, heart disease, and influenza and pneumonia in recent years, alongside decreasing rates in suicide. On the other hand, Black Races see higher age-adjusted death rates than White Races in the areas of:

- Heart disease (186.7 deaths per 100,000 population as compared to 170.1 for White Races)
- COVID-19 (118.5 as compared to 92.1)
- Stroke (69.9 as compared to 50.6)
- Diabetes (50.3 as compared to 37.2)
- Homicide (29.6 as compared to 3.1)

Black Columbia County residents have reported increasing age-adjusted death rates due to all causes and CLRD in recent years (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 111.4 deaths per 100,000 population, 51 children died in Columbia County from 2019 to 2021, with 15 from perinatal conditions and eight (8) from unintentional injuries. These are also the two (2) leading causes of death among children throughout Florida. Florida rates compare at half this overall rate, 50.1 deaths per 100,000 population under the age of 18. Death rates are also nearly double in Columbia County as compared to the state due to perinatal conditions (32.8 deaths per 100,000 versus 15.6) and unintentional injuries (17.5 deaths versus 9.3) (Tables 63 and 85, 2023 Technical Appendix).

When focusing on the adult population ages 18-44, Columbia County presents a mortality rate of 238.8 per 100,000 population, much higher than the state rate of 192.8. The leading cause of death in this age group for Columbia County was unintentional injury at 61.8 deaths per 100,000 population, slightly lower than the state rate of 78.9. However, heart disease follows at 33.7 deaths per 100,000 population (just 13.5 in Florida), then suicide at 32.3 deaths (16.0 for Florida) and cancer at 18.3 deaths (14.3 for Florida) (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, Columbia County came in at 1,207.7 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: 254.4 deaths per 100,000 population in Columbia County, 182.0 in Florida

- Heart disease: 182.5 deaths per 100,000 population in Columbia County, 131.4 deaths in Florida

- COVID-19: 134.6 deaths per 100,000 population in Columbia County, 73.0 deaths in Florida

- Unintentional injury: 94.0 deaths per 100,000 population in Columbia County, 75.4 deaths in Florida

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

Continuing on to the senior population ages 65-84 years of age, found in Table 88 of the 2023 Technical Appendix, Columbia County presents a crude death rate of 3,816.8 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: 819.4 deaths per 100,000 population in Columbia County, 667.5 in Florida

- Heart disease: 665.5 deaths per 100,000 population in Columbia County, 541.4 deaths in Florida

- COVID-19: 382.2 deaths per 100,000 population in Columbia County, 223.2 deaths in Florida

- CLRD: 360.2 deaths per 100,000 population in Columbia County, 167.3 deaths in Florida

- Stroke: 214.5 deaths per 100,000 population in Columbia County, 151.5 deaths in Florida

Finally, the 85+ years of age group experience a mortality rate of 14,928.7 deaths per 100,000 population in Columbia County and 12,305.9 deaths per 100,000 population in Florida. The leading cause of death, heart disease, and the 3rd leading cause of death, stroke, are less prevalent in Columbia than the state as a whole, while death rates due to cancer, CLRD, and COVID-19 in Columbia exceed those of that state (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 Columbia County in 2021, the YPLL was 15,446.1 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 Columbia County residents, YPLL for 2021 was 15,176.9 years per 100,000 residents; among Black Columbia County residents, this number rises to 17,120.0. Additionally, males in Columbia County report 18,096.2 YPLL per 100,000 population, much higher than their female counterparts at 12,549.0 YPLL per 100,000 population (Tables 92 and 93, 2023 Technical Appendix). Within Columbia County, the largest contributors to YPLL were, in descending order, cancer, unintentional injury, heart disease, COVID-19, and suicide (Table 94, 2023 Technical Appendix).

COVID-19

Age-adjusted death rates from COVID-19 were 99.0 deaths per 100,000 population in 2020 and 187.8 per 100,000 population in 2021 for Columbia 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 reported an age-adjusted death rate of 215.0 per 100,000 population in 2021 compared to 181.4 among White residents, and by sex, with male residents reporting roughly double the age-adjusted rate of female deaths in 2020 and 193.4 age-adjusted deaths per 100,000 in 2021 as compared to 183.9 among females (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 Columbia County, 51 suicide deaths occurred between 2019 and 2021, yielding an age-adjusted mortality rate of 23.4 deaths per 100,000 population, markedly higher than Florida's rate of 13.8 deaths. Similarly, Columbia County reported 650.5 YPLL per 100,000 population due to suicide, while Florida only reported 411.3 YPLL. 48 of the 51 overall deaths occurred among White residents at an age-adjusted mortality rate of 28.7 deaths

per 100,000 population. With only one (1) death among Black Races, the age-adjusted mortality rate among this population was just 2.1 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 40.9 age-adjusted deaths per 100,000 population in Columbia County. This rate compares to 21.8 age-adjusted deaths per 100,000 population in Florida overall. Columbia County also has higher rates than the state of deaths due to "All Other Chronic Ischemic Heart Disease", heart failure, hypertensive heart and renal disease, 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 Columbia County residents experience higher age-adjusted rates than White residents of:

- Heart attacks (51.6 deaths per 100,000 Black population versus 38.9 White)
- Atherosclerotic cardiovascular disease (10.9 deaths per 100,000 Black population versus 5.1 White)
- Hypertensive heart disease (34.5 deaths per 100,000 Black population versus 24.3 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 nearly every recorded form of heart disease, especially:

- Heart attacks (51.0 age-adjusted deaths per 100,000 males versus 31.0 females)
- All other chronic ischemic heart disease (72.2 age-adjusted deaths per 100,000 males versus 24.6 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 Columbia County, cancer mortality rates are a particularly important source of data on health outcomes in Columbia County. Rates are higher than the state, with 536 deaths occurring in Columbia County from 2019 to 2021. The most common cause of cancer death was trachea, bronchus, and lung cancer, comprising a quarter of all cancer deaths, followed by colorectal cancer (7.6 percent of cancer deaths) and breast cancer (7.1 percent of cancer deaths). Nearly every recorded type of cancer death is more common in Columbia County than the state, especially trachea, bronchus, and lung cancer at 43.4 age-adjusted deaths per 100,000 populations as compared to 32.0 in Florida (Table 98, 2023 Technical Appendix).

By all types of cancer, White Races in Columbia County depict higher age-adjusted mortality rates than Black Races: 189.2 deaths per 100,000 population for White Races and 135.9 deaths per 100,000 population for Black Races. Twelve (12) Hispanic cancer-caused deaths occurred during this time span, yielding an age-adjusted mortality rate of just 94.3 deaths per 100,000 population. Breaking out deaths by type of cancer and race or ethnicity results in very small incidences, so we will not comment further on these rates. However, these details and more can be found in Table 98 of the 2023 Technical Appendix.

Males also depict a higher rate of cancer deaths than females: 213.7 age-adjusted deaths per 100,000 males and 150.8 age-adjusted deaths per 100,000 females. By cancer type, case numbers become small, but males do appear to have higher age-adjusted death rates specifically due to:

- Bladder cancer
- Esophagus cancer
- Larynx cancer
- Lip, oral cavity, and pharynx cancer

- Liver and intrahepatic bile ducts cancer
- Leukemia
- Pancreatic cancer
- Meninges, brain and other central nervous system cancers
- Trachea, bronchus, and lung cancers

These details and more can be found in Table 99 of the 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 higher in Columbia County than in Florida overall as of 2017-2019 reports: 512.3 age-adjusted cases per 100,000 population as compared to 450.2 cases. Throughout Columbia County, every cancer type in this report has a higher incidence rate than the state except for melanoma. Some highlights include the high rates of cervical cancer as compared to the state (14.9 age-adjusted cases per 100,000 versus 8.9) and lung cancer (88.2 age-adjusted cases per 100,000 versus 55.8). Incidence numbers and rates are reported where available by race and ethnicity, but should be interpreted with caution given the very small and isolated nature of these cases. 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 Columbia 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 from 2018 through 2021. The highest rate of hospitalizations by ZCTA is found in 32055 Lake City at 11.1 hospitalizations for mental health reasons per 1,000 population. On the other hand, ED visits for mental health reasons are more prevalent among Columbia County residents as compared to Florida overall, with the highest rate by ZCTA found again in 32055 Lake City at 135.7 visits per 1,000 population. Nonetheless, these rates have also been declining from 2017 through 2021, as shown in Figure 14 (Tables 104 and 105, 2023 Technical Appendix).

FIGURE 13: MENTAL HEALTH HOSPITALIZATION RATE PER 1,000 POPULATION, COLUMBIA COUNTY AND FLORIDA, 2017-2021
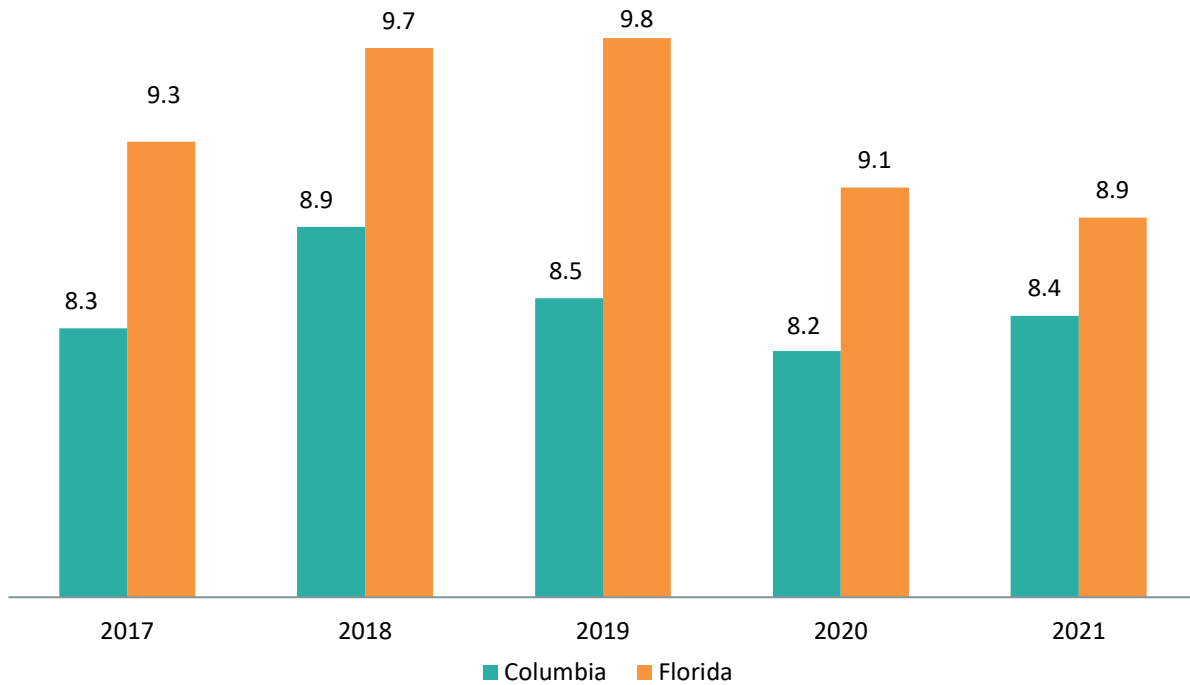
Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

FIGURE 14: MENTAL HEALTH EMERGENCY DEPARTMENT VISIT RATE PER 1,000 POPULATION, COLUMBIA COUNTY AND FLORIDA, 2017-2021
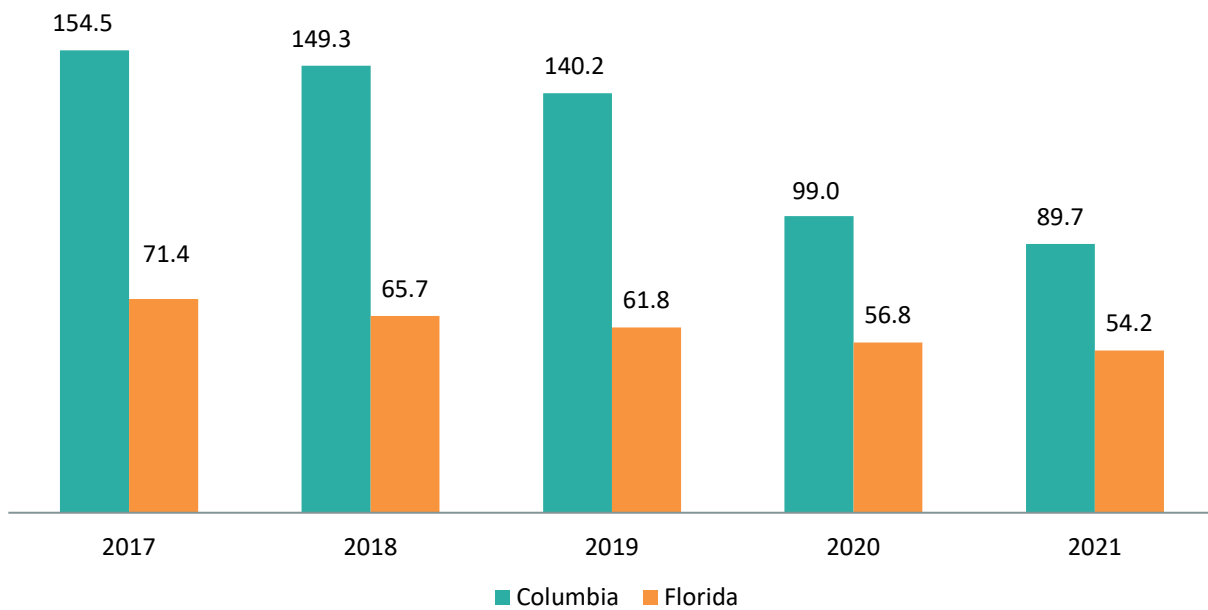
Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

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. Columbia County sees an overall Baker Act rate of 1,316.9 Baker Acts per 100,000 population during fiscal year 2020-2021. This rate is higher than Florida's was in the same year: 899.6 Baker Acts per 100,000 population. Columbia Baker Act rates are higher across all age categories, especially among children under 18 at 1,696.8 Baker Acts per 100,000 population as compared to just 900.4 in Florida, as well as among seniors at 521.6 Baker Acts per 100,000 65+ population as compared to just 294.3 in Florida (Tables 108 and 110, 2023 Technical Appendix).

Most Baker Acts were initiated by law enforcement in Columbia County (77.8 percent) and the state (52.9 percent), followed by health professionals then ex-parte orders. Most Columbia County residents were seen at Meridian Behavioral Health Care in Lake City (69.3 percent), followed by UF Health Shands Psychiatric Hospital (7.5 percent) then HCA Florida North Florida Hospital (5.9 percent) (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 – 14.4 percent of respondents in Columbia County and 12.4 percent in Florida for 2020. 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 came to 34.2 percent of Columbia County students and 30.0 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, Columbia County residents reported lower rates of heavy or binge drinking (13.9 percent) as compared to Florida (18.0 percent). There are notable disparities by race and ethnicity – 15.7 percent of non-Hispanic White residents reported heavy or binge drinking, while only 12.2 percent of non-Hispanic Black and 9.1 percent of Hispanic residents reported the same. Alcoholic liver disease deaths are also rare and comparable to those of the state, while chronic liver disease and cirrhosis deaths are slightly higher – 17.8 age-adjusted deaths per 100,000 population as compared to 13.5 (Tables 111 and 112, 2023 Technical Appendix).

Motor vehicle crashes appear to be a common occurrence in Columbia County at a rate of 2,443.9 crashes per 100,000 population, greater than the state rate of 1,824.7. Alcohol-confirmed motor vehicle crashes, injuries, and fatalities are also present at higher rates than the state, especially alcohol-confirmed motor vehicle injuries at 40.9 injuries per 100,000 population versus just 13.6 in Florida. Similarly, drug-confirmed motor vehicle crashes, injuries, and fatalities are all much more prevalent with Columbia than the state, with nine (9) fatalities in 2021 yielding a rate of 12.7 deaths per 100,000 population as compared to a mere 1.9 in Florida. Although alcohol-confirmed motor vehicle injuries and fatalities have shown recent declines, drug-confirmed motor vehicle crashes, injuries, and fatalities have shown no recent improvements (Tables 113 and 114, 2023 Technical Appendix).

Drug arrest rates in Columbia County are consistently higher than those of the state, with the most recent 2020 data coming in at 642.2 arrests per 100,000 population in Columbia and 316.8 in Florida. The overwhelming majority of these arrests were among adults (445 arrests) as compared to juveniles (ages 10-17) at just 9 arrests in 2020. Rates declined among juvenile arrests in Columbia County and Florida from 2017 to 2020, with the final year measuring at 130.5 juvenile drug arrests per 100,000 Columbia County population and 78.7 for Florida (Table 117, 2023 Technical Appendix).

The following figure and table examine overdose data from Florida's 2021 Substance Use Dashboard.
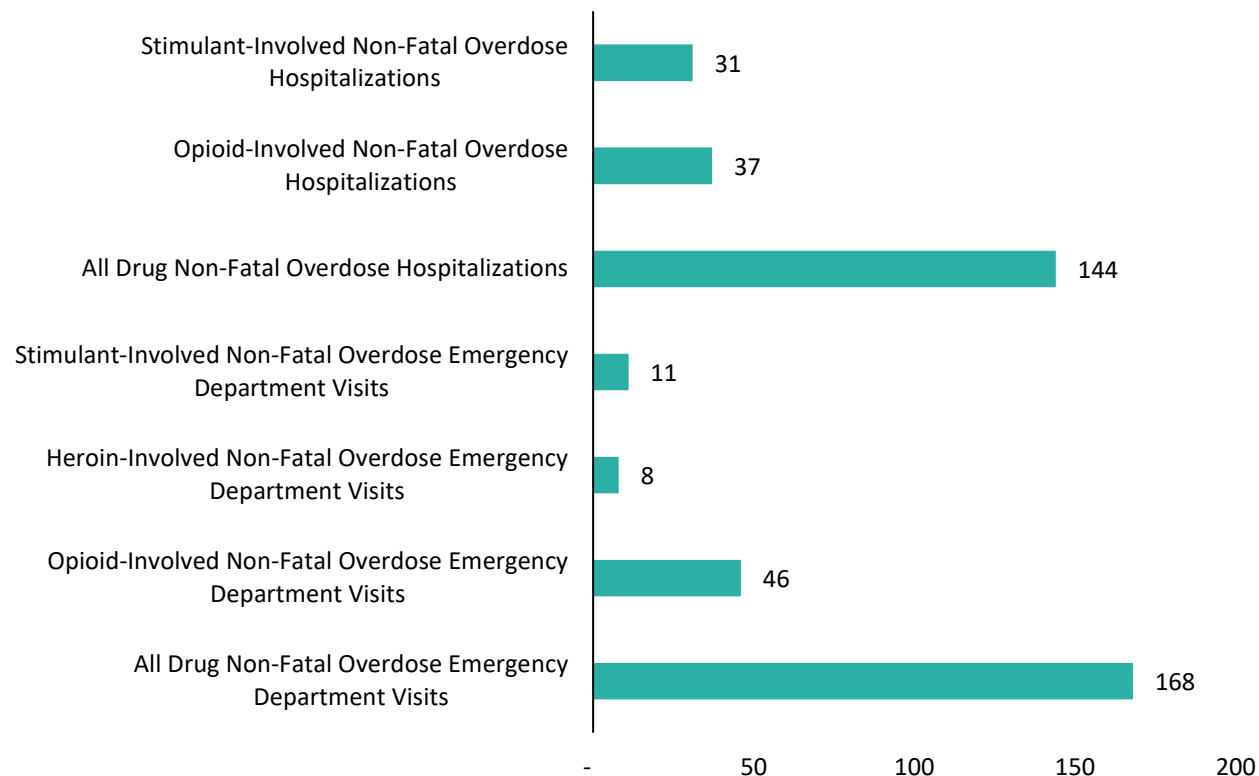
Source: Table 115, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

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

Indicators	Columbia County		Florida	
	Number	Age Adjusted Death Rate Per 100,000 Persons	Number	Age Adjusted Death Rate Per 100,000 Persons
Opioid Overdose Deaths	13	17.8	6,442	31.2
Drug Overdose Deaths	25	33.6	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 Columbia County sees rates of domestic violence that are markedly higher than those of the state: 628.1 offenses per 100,000 population in Columbia versus 493.7 in Florida. By offense type, aggravated assault and simple assault rates are particularly high in

Columbia County. Although index crimes (those crimes collected and reported by the FBI for their annual crime index report) have shown respectable decline from 2017 to 2021, overall domestic violence offenses have been increasing since 2018 (Tables 119 and 120, 2023 Technical Appendix).

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 Columbia County and the state of Florida.

Birth Rates

Birth rates are slightly higher in Columbia County than in Florida among All Races, as well as among White Races, as shown in Figure 16. Birth rates are particularly high among Black residents, but these rates have been dropping from the 2017-2019 through the 2019-2021 estimates, as have estimates by White Races and Hispanics. These rates are the most recent reports released by the Florida Department of Health, Office of Health Statistics and Assessment. By ZCTA, 32061 Lulu reports the highest birth rate at 17.0 births per 1,000 total population (Table 121, 2023 Technical Appendix).
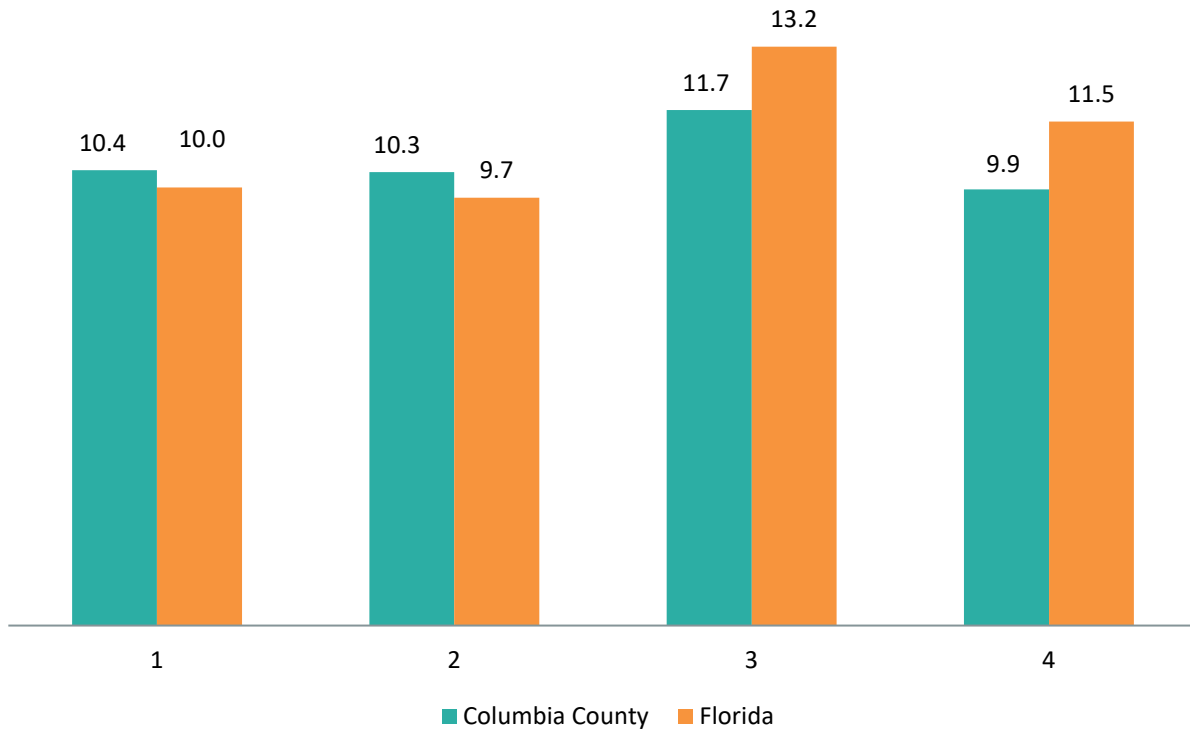
Source: Table 121, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

Maternal and Infant Death Rates

Infant deaths are rare occurrences consisting of very small sample sizes. Within a region as small as Columbia 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), infant deaths from congenital and chromosomal anomalies, deaths due to unintentional suffocation and strangulation (in bed and overall), 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. Nonetheless, despite low counts, Columbia County has recorded higher rates than Florida of sudden unexpected infant deaths (SUIDs) and deaths under one (1) from perinatal conditions every year from 2017-2021 (Tables 90 and 91, 2023 Technical Appendix).

Overall, Columbia County saw 31 infant deaths from 2019-2021, yielding a rate of 13.8 deaths per 1,000 live births, markedly higher than Florida at 5.9 deaths per 1,000 live births. 32025 Lake City saw the most infant deaths by zip code during this time span, with 12 infant deaths yielding a mortality rate of 17.4 infant deaths per 1,000 live births. It is particularly noteworthy that four (4) of the county infant deaths were among Hispanics, yielding a rate of 27.0 Hispanic infant deaths per 1,000 live births (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 Columbia County than in the state. In particular, the rate of low birthweight births is approximately twice as great among Black births as compared to White births. Please note that only 13 Hispanic births comprise the rate of low birthweights from 2019-2021. By ZCTA, 32055 Lake City reported the highest rate of low birthweight births at 12.4 percent of all births (Table 123, 2023 Technical Appendix).
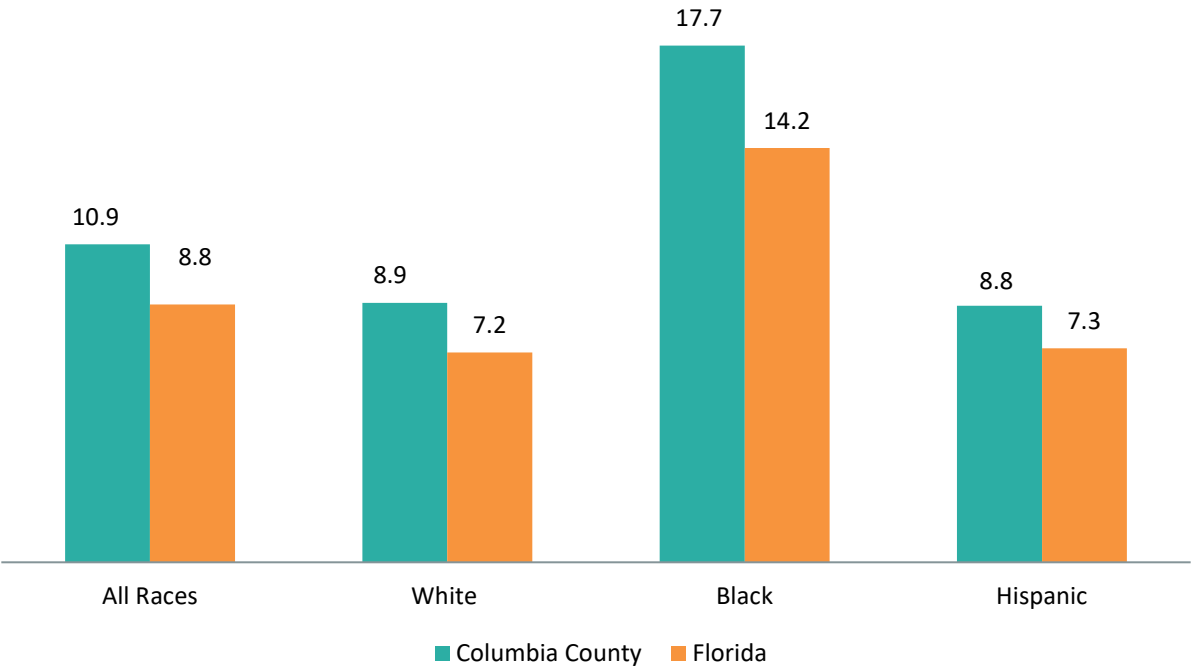
Source: Table 123, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

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. Columbia 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, 32024 Lake City reports the highest rate of first trimester care (65.8 percent of births) and 32061 Lulu the lowest (57.1 percent of births). Overall and by White Races, Black Races, and Hispanics, the rates of first trimester care have only been increasing among Hispanics since 2017-2019 estimates (Table 124, 2023 Technical Appendix).
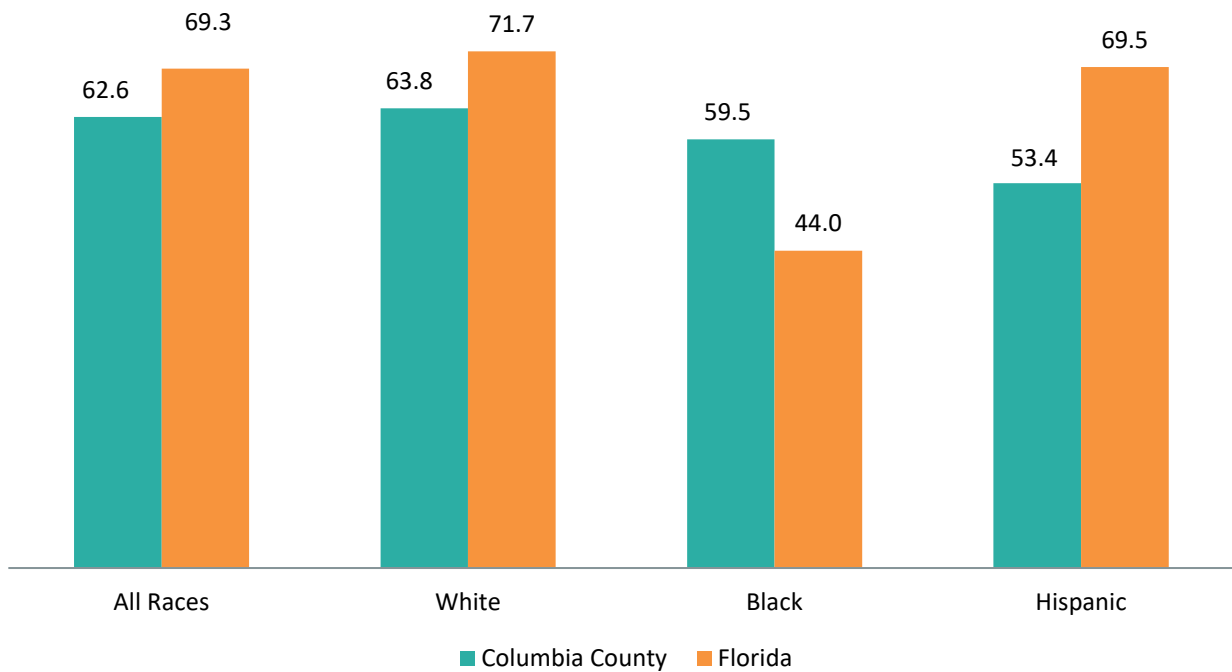
Source: Table 124, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023

Teen Births

From 2019-2021, Columbia County saw 27 births to teens ages 15-17. These made up roughly 1.2 percent of all births in the county, comparable to the state rate of 1.0 percent of Florida births. Eighteen (18) of these births were to White mothers, eight (8) to Black mothers, and one (1) to a Hispanic mother (Table 125, 2023 Technical Appendix).

Governmental Program Supports

Within Columbia County, 65.4 percent of births 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 61.4 percent of Columbia County White births compared to 81.4 percent of their Black counterparts. By zip code, 32055 Lake City has the highest rate of births covered by Medicaid – 73.3 percent of births, and in particular 82.8 percent of Black births in this geographic location (Table 126, 2023 Technical Appendix).

Additionally, 46.0 percent of Columbia 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 (47.3 percent) and Black mothers (63.1 percent) as compared to White mothers (41.6 percent). By zip code, 32055 Lake City reported the highest rate of mothers participating in WIC at 52.0 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 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.

Over 25 percent of the Columbia County population reported their health as fair or poor overall, compared to only 19.7 percent of Floridians. Additionally, Columbia County residents report a higher rate of having poor physical or mental health keep them from doing usual activities on 4 or more of the past 30 days – 27.1 percent of the population as compared to just 18.3 percent of Floridians. By race and ethnicity, non-Hispanic Black residents were overrepresented on this measure, with 33.9 percent with poor health preventing usual activities as compared to just 26.7 percent of non-Hispanic White residents (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 Columbia County, all of these indicators were higher for county residents than state residents, including the percentage of adults with a vision, hearing, cognitive, mobility, self-care, or independent living disability. Overall, 40.5 percent of Columbia County residents reported having some form of disability, while 31.0 percent of Floridian adults reported the same. Most of these indicators were highest among Columbia County Hispanic residents as compared to non-Hispanic White and non-Hispanic Black residents with the exceptions of hearing and self-care disabilities. Overall, 38.7 percent of non-Hispanic White, 43.2 percent of non-Hispanic Black adults, and 46.0 percent of Hispanic adults reported a disability. 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 Columbia County demonstrate higher rates of:

• Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

• Asthma

• Chronic obstructive pulmonary disease, emphysema, or chronic bronchitis

- Diabetes

- Heart disease, including heart attacks, angina or coronary heart disease, and stroke

- High blood cholesterol

- Hypertension

Respondents also indicated lower rates of:

- Adults with diabetes who have ever had diabetes self-management education

- Adults with hypertension who currently take high blood pressure medicine

These estimates vary considerably by race and ethnicity. Among lung diseases, including asthma, stroke, diabetes, and hypertension, non-Hispanic Black residents of Columbia County depict higher rates of disease in contrast to their non-Hispanic White counterparts. Hispanic Columbia County residents demonstrate higher rates of asthma and stroke alongside lower rates of diabetes, hypertension, and skin cancer as compared to the county overall. 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, Columbia County residents generally report low rates of colorectal cancer screenings, with only 64.8 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 55.4 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 54.3 percent of women 40 years of age and older received a mammogram in the past year (60.8 percent in Florida), and 35.6 percent of women 18 years of age and older received a pap test in the past year (48.4 percent in Florida) (Tables 143-145, 2023 Technical Appendix).

Tobacco Use

The BRFSS also collects data on tobacco usage among adults. Among Columbia County adults, 23.9 percent report being current smokers, compared to just 14.8 percent of Floridian adults. There is also a higher rate of Columbia County residents who currently use chewing tobacco, snuff, or snus some days or every day – 7.4 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 Columbia County have ever tried cigarettes (11.5 percent versus 8.1 percent)

- More youth in Columbia County have ever tried cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products (31.5 percent versus 25.7 percent)

- More youth in Columbia County currently use electronic vapor products (15.4 percent versus 10.6 percent)

- More youth in Columbia County currently use tobacco products (17.9 percent versus 12.5 percent)

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

Obesity and Overweight

The 2017-2019 BRFSS also included questions regarding weight and physical activity. Within Columbia County, 38.2 percent of adults are overweight, and 35.2 percent are obese. Combined, this comes to 73.4 percent of adults being overweight or obese, compared to 64.6 percent of Floridians overall. Obesity rates are markedly higher among Black Columbia County residents as compared to White Columbia County residents – 42.7 percent and 34.5 percent, respectively, as well as among Hispanic residents as compared to the county overall – 58.0 percents versus 35.2 percent, respectively. Furthermore, more than a third of Columbia County residents report being sedentary, this number being just 26.5 percent in Florida, and just 30.1 percent of Columbia County residents report meeting muscle strengthening recommendations, compared to 38.1 percent of Floridians. Rate of being sedentary are also worse among non-Hispanic Black Columbia County residents (45.4 percent) as compared to non-Hispanic White Columbia County residents (34.6 percent) (Table 130, 2023 Technical Appendix).

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, 615 cases of bacterial STDs were reported in Columbia County, yielding a rate of 867.8 STDs per 100,000 population, notably higher than the state rate of 753.5. This rate was particularly higher among chlamydia cases – 585.6 cases per 100,000 Columbia County residents as compared to 475.2 per 100,000 Floridians. However, rates of bacterial STDs have been decreasing within Columbia County from 2019-2021. Furthermore, syphilis cases – a viral STD – have been consistently less frequent than at the state level since 2016, with 15 cases in 2021 yielding an overall rate of 21.2 cases per 100,000 population in Columbia County, contrasting with 74.7 cases per 100,000 Floridians (Table 132, 2023 Technical Appendix).

HIV and AIDS diagnoses are generally unusual within Columbia County. Nonetheless, 2021 saw a spike in both HIV and AIDS diagnoses with 12 and eight (8) diagnoses, respectively. Approximately 323 persons with HIV (PWH) live in Columbia County, constituting a rate of 455.8 individuals per 100,000 population, less than 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 equal to that of the state (50.7 percent), with particularly high screening rates among non-Hispanic Black and Hispanic adults. These rates are somewhat lacking among adults less than 65 years of age, with only 56.9 percent having ever been tested in Columbia 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 25,712 cases diagnosed in Columbia County from March 1, 2020 through March 16, 2023. In the most recent week of data provided in this report, March 10 – March 16, Columbia County reported a lower percent new case positivity rate and a similar rate of cases per 100,000 population as compared to Florida overall. Additionally, as of March 16, 2023, approximately 46.0 percent of the Columbia 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, Columbia County residents accounted for 72 hospital discharges at a rate of 101.6 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. In general, COVID-19 discharge rates are higher in Columbia County than in the state for most quarters. 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 314.7 visits per 100,000 population in Columbia 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 Columbia County, these rates fluctuate dramatically from year to year. In general, these rates were low and within reasonable limits when compared to the state in recent years. Chronic Hepatitis C cases are of note, as despite recent declines, 73.4 cases per 100,000 population in 2021 were still slightly higher than the rate of 58.2 cases per 100,000 population in Florida. Moreover, chronic Hepatitis B cases have been on the rise from 2019-2021, but rates remain lower than the state overall (Tables 134 and 139, 2023 Technical Appendix).

Immunizations

As of 2021, 95.0 percent of Kindergartners and 96.0 percent of 7th graders were fully immunized as required for public schools by the Florida Department of Health. These rates are slightly higher than those found throughout Florida as a whole (Table 138, 2023 Technical Appendix).

BRFSS respondents indicate that adults in Columbia County have marginally higher rates of receiving the pneumonia vaccination than in Florida overall (38.6 percent versus 35.4 percent). In particular, Columbia County adults ages 65 and older have higher rates of receiving both the pneumonia vaccine (69.8 percent versus 66.8 percent) and the flu shot (63.4 percent versus 58.3 percent) as compared to Florida overall, although flu shot rates are slightly lower among all Columbia County adults (34.6 percent versus 36.9 percent). These rates do not appear to vary greatly by race, but Hispanic adults do report higher rates of receiving a flu shot (37.4 percent as compared to 34.6 percent overall) and lower rates of having ever received a pneumonia vaccination (28.8 percent as compared to 38.6 percent overall) (Table 140, 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 83.2 percent of Columbia County adults reported having some form of health care insurance coverage; this is just shy of the 84.2 percent of Floridians overall. A lower percentage of Hispanic residents reported having health care coverage (63.4 percent) as compared to non-Hispanic White residents (83.2 percent) and non-Hispanic Black residents (83.4 percent). Moreover, roughly 16 percent of Columbia County adults

could not see a doctor at least once in the past year due to cost, this number rising to 28.4 percent of Hispanic residents (Table 151, 2023 Technical Appendix).

The BRFSS also considers indicators of access to dental care. In 2016, 52.9 percent of Columbia County adults visited a dentist or dental clinic in the past year, less than the 63.0 percent of Floridians. Additionally, 60.9 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 Columbia County in 2020, 28.6 percent had not visited a doctor's office and 30.8 percent had not visited a dentist's office in the past 12 months, both similar to the state rates of 29.5 percent and 28.7 percent, respectively (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 Columbia County, a single Federally Qualified Health Center, or FQHC, is considered high priority for dental care and primary care – Trenton Medical Center Inc. There are three (3) rural health clinics designated as high priority for mental health care. Table 7 below contains more details (Table 153, 2023 Technical Appendix).

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

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
Columbia County				
Dental Care				
Low Income Population HPSA	LI - Columbia County	9/1/2022	4.43	18
Correctional Facility	Columbia Correctional Institution	5/11/2022	0.57	3
Federally Qualified Health Center	Trenton Medical Center Inc	9/10/2021	---	24
Rural Health Clinic	Children's Medical Center	9/10/2021	---	18
Rural Health Clinic	Grace Pediatrics Place	9/10/2021	---	18
Rural Health Clinic	North Florida Pediatrics PA	9/10/2021	---	18
Primary Care				
Low Income Population HPSA	LI - Columbia County	8/2/2021	3.12	15
Correctional Facility	Columbia Correctional Institution	5/11/2022	1.93	6
Federally Qualified Health Center	Trenton Medical Center Inc	9/10/2021	---	22
Rural Health Clinic	Children's Medical Center	9/10/2021	---	17

Rural Health Clinic	Grace Pediatrics Place	9/10/2021	---	17
Rural Health Clinic	North Florida Pediatrics PA	9/10/2021	---	17
Mental Health				
High Needs Geographic HPSA	Lutheran Service MHCA - Circuit 3	3/3/2022	6.92	18
Correctional Facility	Columbia Correctional Institution	5/11/2022	2.85	15
Federally Qualified Health Center	Trenton Medical Center Inc	9/10/2021	---	18
Rural Health Clinic	Children's Medical Center	9/10/2021	---	19
Rural Health Clinic	Grace Pediatrics Place	9/11/2021	---	19
Rural Health Clinic	North Florida Pediatrics PA	9/10/2021	---	19
Type	Name	MUA Last Updated Date		Index of Medical Underservice Score
Medically Underserved Area	Low Inc - Columbia County	3/12/2001		60.4

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. Less than a third of the Columbia County population (29.7 percent) have 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 9.3 percent live within half of a mile of a park; this number is 40.0 percent for Florida. A mere 7.2 percent live within half of a mile of a fast-food restaurant and 5.8 percent within half of a mile of a healthy food source (Tables 45 and 46, 2023 Technical Appendix).

Insurance

Figures 19 and 20 detail the rates of uninsured individuals in Columbia 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 a little less than that of Florida, with recent county increases leading to uninsured rates under 19 being higher than the state for the first time since 2016. Rates have been increasing among those 18-64 since 2017, as well (Table 154, 2023 Technical Appendix).

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

	2016	2017	2018	2019	2020
Florida	6.6	7.2	7.6	7.6	7.0
Columbia County	6.2	6.0	6.4	6.8	7.4
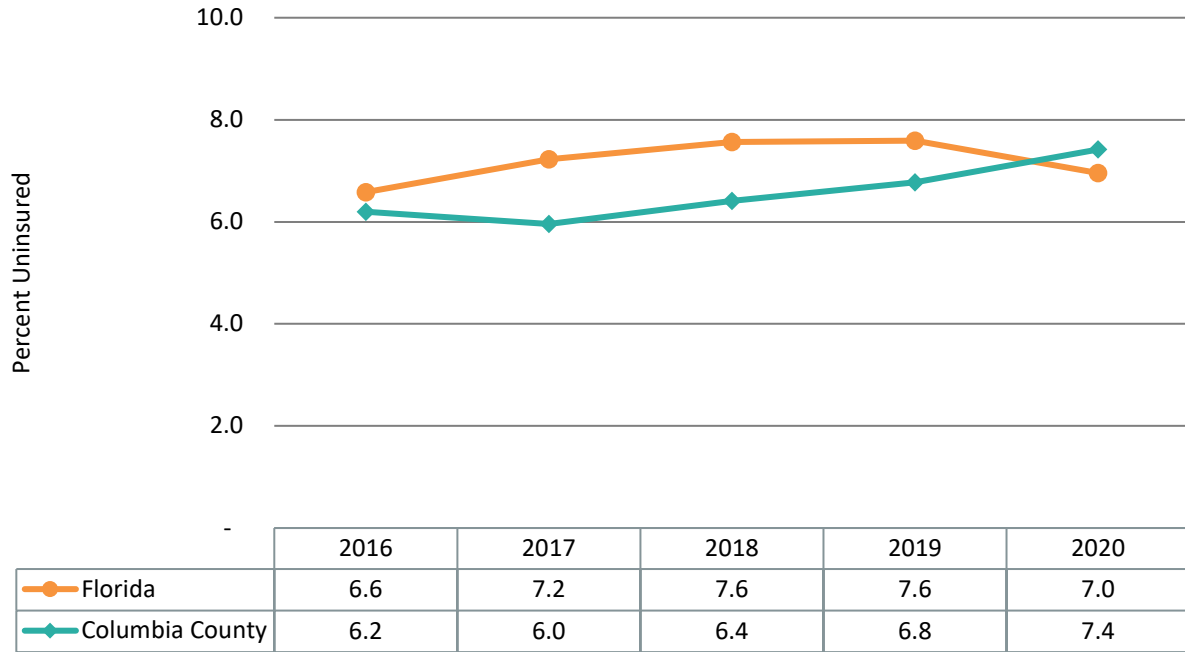
Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

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

	2016	2017	2018	2019	2020
Florida	18.4	19.0	19.2	19.4	18.4
Columbia County	15.3	15.1	16.0	17.3	17.4
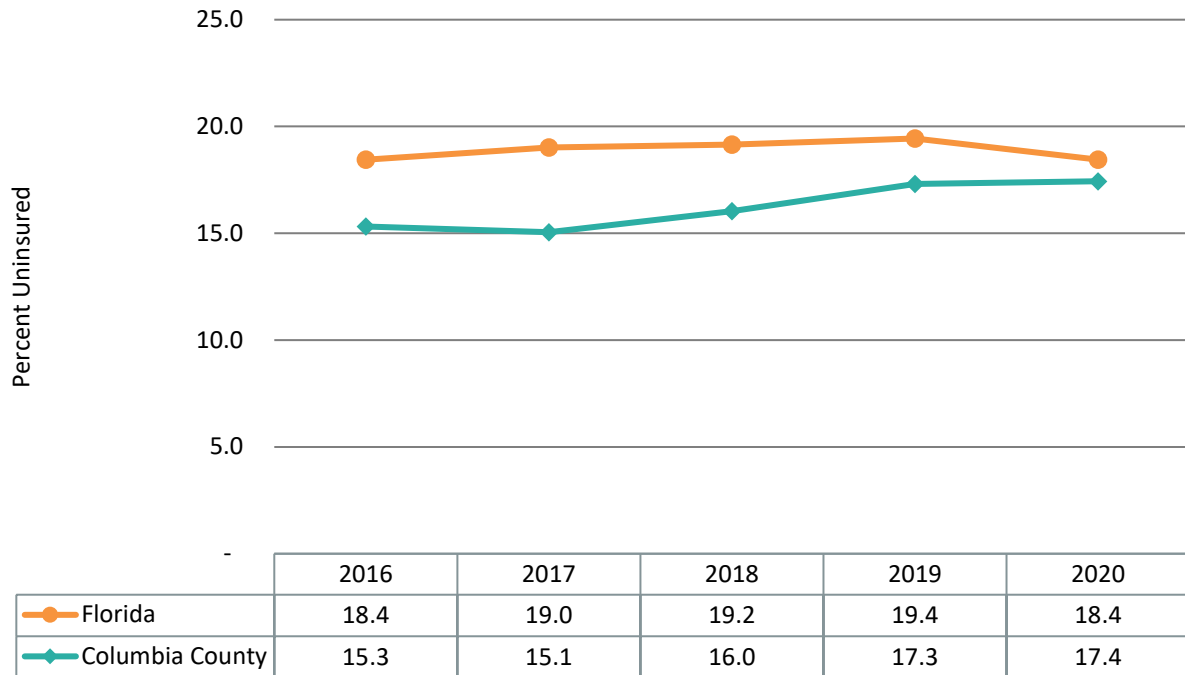
Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

ACS estimates also make five-year estimates of the uninsured population in Columbia 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 14.0 percent of Columbia County and 12.6 percent of Florida. By zip code, the highest rate of uninsured individuals is located in 32024 Lake City at 17.1 percent of the population (Table 155, 2023 Technical Appendix).

Medicaid Data

As of 2021, the Agency for Health Care Administration, or AHCA, reports that 32.2 percent of the Columbia 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 Columbia County population as compared to Florida from 2017 through 2021 and has been rising since 2019. This discrepancy is especially noteworthy among children 0-18 years of age: 69.3 percent are Medicaid eligible in Columbia County, and only 55.1 percent in Florida overall. The median monthly Medicaid enrollment for Columbia was 31.5 percent of the population in 2021 (Table 52, 2023 Technical Appendix).

Facilities

Columbia County possesses a variety of health care facilities, albeit in limited numbers, a common challenge in rural areas. There is only a single of each of the following facilities reported: adult day care center, community mental health – partial hospitalization program, short term residential facility, hospital, nurse registry, rehabilitation agency, and residential treatment facility. Furthermore, health care clinics and clinic exemptions are present at a lower rate than the state: 12.5 and 19.4 facilities per 100,000 population as compared to 12.6 and 21.5 facilities per 100,000 Floridians, respectively. However, Columbia County does have a greater rate of rural health clinics with 8.3 facilities per 100,000 population as compared to 0.7 in Florida, as well as assisted living facilities with 16.6 facilities per 100,000 population as compared to 13.3 in Florida (Table 156, 2023 Technical Appendix).

The Florida Agency for Health Care Administration reports beds by type, number, and rate within Columbia County and Florida at large. The county holds 418 nursing home beds at a rate of 591.3 beds per 100,000 population in 2020, greater than the state rate of 386.5. On the other hand, rates of hospital beds and acute care beds are lower in the county than in the state, while specialty care beds, rehabilitation beds, adult psychiatric beds, adult substance abuse beds, and neonatal intensive care unit (NICU) level II beds are completely lacking (Table 157, 2023 Technical Appendix).

Providers

Correlating with the aforementioned limited facilities is a shortage of healthcare providers in Columbia County. Columbia County reports only 128.4 physicians per 100,000 population during the physical year 2020-2021, an figure overshadowed by the state rate of 314.0 physicians per 100,000 Floridians. In Columbia County, there are less family practice physicians, internal medicine, obstetricians or gynecologists (OB/GYNS), osteopathic physicians, and pediatricians as compared to Florida. In the same year, only 18 dentists were recorded, a rate of 25.4 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, Columbia County reported a hospital discharge rate of 141.6 discharges per 1,000 population as compared to 124.9 in Florida. Zip code 32061 Lulu reported the highest rate within the county at 221.8

discharges per 1,000 population. The most common payor source for these discharges was Medicare, accounting for 47.8 percent of discharges, followed by Medicaid at 21.6 percent, private insurance at 20.2 percent, self-pay or non-payment at 6.1 percent, and VA Tri-Care at 1.8 percent. The leading causes of discharge in 2021 were septicemia or severe sepsis (7.0 percent), respiratory infections and inflammations (3.7 percent), and psychoses (3.6 percent) (Tables 165-167, 2023 Technical Appendix).

Emergency department visit rates were much higher in Columbia County than Florida in 2021 at a rate of 599.8 visits per 1,000 population in Columbia and 375.4 visits in Florida. By zip code, the highest ED visit rate was found in 32061 Lulu at 989.1 visits per 1,000 population. The most common payor source for these ED visits was Medicaid at 36.5 percent of visits, followed by private health insurance at 23.8 percent, Medicare at 20.8 percent, self-pay or non-payment at 12.9 percent, then VA/Tricare at 4.0 percent. The main reason for ED visits is most frequently cough (6.4 percent of visits), abdominal pain (3.7 percent), or shortness of breath (3.3 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 18.8 visits per 1,000 population in Columbia County, with 97.7 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. The Columbia County zip code with the highest dental ED visit rate was 32061 Lulu at 29.1 visits per 1,000 population, followed closely by 32055 Lake City with 28.2 visits per 1,000 population (Table 161, 2023 Technical Appendix). Dental hospitalizations are rare, with just 1.3 hospitalizations per 1,000 population reported in Columbia County (1.0 in Florida), and also largely avoidable, with 90.6 percent of these county hospitalizations being considered preventable. The rate of dental hospitalizations has been slowly climbing since 2019 (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 below 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, COLUMBIA COUNTY AND FLORIDA, 2021

Disease	Columbia County	Florida
Coronary Heart Disease	**286.6**	242.2
Acute Myocardial Infarction (Heart Attack)	**178.6**	147.2
Congestive Heart Failure	**2,072.0**	1,254.5
Stroke	**329.9**	227.0
Diabetes	**3,367.5**	2,258.3
Asthma	**917.0**	647.4
Chronic Lower Respiratory Disease (CLRD), Including Asthma	**275.2***	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. Black Columbia County residents experience higher age-adjusted rates than White Columbia County residents of discharges due to:

- Coronary heart disease (284.2 Black discharges versus 268.6 White discharges)

- Heart attacks (179.6 versus 162.9)

- Congestive heart failure (3,033.0 versus 1,819.6)

- Stroke (399.1 versus 315.5)

- Diabetes (4,725.7 versus 3,041.9)

- Asthma (1,223.8 versus 821.8)

- CLRD (292.2 versus 262.4)

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 17.7 discharges per 1,000 population under the age of 65 in Columbia County and 12.3 discharges in Florida. The highest rate of avoidable discharges by zip code was in 32055 Lake City at 25.9 discharges per 1,000 population. The most common payor source for these avoidable discharges was Medicaid (30.0 percent), followed closely by Medicare (28.8 percent) and private insurance (26.3 percent). Self-pay or non-payment also comprises a respectable 11.6 percent of avoidable discharges, with VA/Tricare covering just 1.4 percent. The top three (3) payor sources in Florida are 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 37.2 percent of discharges in 2021, followed by nutritional deficiencies (8.8 percent), then chronic obstructive pulmonary disease (5.2 percent). These have all been in the top three (3) causes of avoidable discharges since 2019 (Tables 168-170, 2023 Technical Appendix).

Community Resources and Assets for Improving Health

The Columbia 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.

Columbia 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 at a greater rate than at the state level: assisted living facilities, clinical laboratories, community mental health – partial hospitalization programs, short term residential treatment facilities, end-stage renal disease centers, home medical equipment providers, intermediate care facilities for the developmentally disabled, nursing homes, and rural health clinics. There is also a higher prevalence of nursing home beds, as well as 103 hospital, acute care beds. Furthermore, Columbia County reports 128.4 physicians and 25.4 dentists per 100,000 population, a not negligible asset even when compared to 314.0 physicians and 55.7 dentists per 100,000 population in Florida. A large portion of the population is covered by government-funded health insurance, Medicare and Medicaid. With over 30 percent of residents enrolled in Medicaid, this insurance covers 65 percent of births, 21.6 percent of hospital discharges, and 36.5 percent of ED visits. Medicare accounts for 47.8 percent of discharges and 20.8 of ED visits. Additionally, Columbia County residents demonstrate high rates of participation in food assistance programs including WIC, food stamps, and free

or reduced lunch for school-aged children (Tables 47, 48, 50-52, 126, 127, 156, 157, 160, 166, 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, Columbia contains the intersection of Interstates I-75 and I-10, as well as proximity to the major marketplaces of Jacksonville and Orlando. The county also sees lower rates of severe housing problems (11.9 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 (23.1 percent of occupied households in Columbia versus 34.6 percent in Florida). Environmental resources are present at much lower rates than the state, but still provide 30 percent of the population with community water supplies and place roughly nine (9) percent within half of a mile of a park and seven (7) percent within half of a mile of a fast-food restaurant (Tables 44-46, 2023 Technical Appendix). As far as social components go, Appendix C 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 Columbia 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 preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Columbia County and are detailed below.

Life Expectancy

Life expectancy demonstrates noteworthy disparities by sex and race. Columbia County females have an average life expectancy of 77.7 years as of 2018-2020 estimates, contrasting with just 71.7 years for males. Racial disparities are comparatively minimal, with a White life expectancy of 74.5 years and Black life expectancy of 73.9. Overall life expectancy in the county is just 74.6 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 Columbia County demonstrates the same trend. Overall, females have an age-adjusted mortality rate of 1,038.8 deaths per 100,000 population (compared to 654.8 for Florida) and males an age-adjusted mortality rate of 1,346.8 (compared to 968.7 for Florida). Within Columbia County, females see higher age-adjusted mortality rates than males from stroke (54.7 versus 47.0). Males see higher age-adjusted mortality rates than females by:

- Cancer (199.8 deaths per 100,000 males versus 159.4 among females)
- Heart disease (259.1 versus 143.8)
- COVID-19 (193.4 versus 183.9)
- Unintentional injury (96.0 versus 49.0)
- Chronic lower respiratory disease (90.8 versus 57.9)
- Diabetes (54.4 versus 32.3)

By race and ethnicity, Black Races see the highest overall age-adjusted mortality rate at 1,068.4 deaths per 100,000 population as compared to 962.5 for White Races and 616.5 for Hispanics. Specifically, White Races see higher age-adjusted death rates than Black Races due to:

- Cancer (189.2 deaths per 100,000 population as compared to 135.9 for Black Races)
- CLRD (79.0 deaths as compared to 52.4)
- Unintentional injury (71.3 deaths as compared to 53.0)
- Suicide (28.7 deaths as compared to 2.1)
- Liver disease (24.6 deaths as compared to 4.0)
- Influenza and pneumonia (16.6 deaths as compared to 7.6)

Please note that suicide, liver disease, and influenza and pneumonia deaths only include one (1) or fewer 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 (186.7 deaths per 100,000 population as compared to 170.1 for White Races)
- COVID-19 (118.5 as compared to 92.1)
- Stroke (69.9 as compared to 50.6)
- Diabetes (50.3 as compared to 37.2)
- Homicide (29.6 as compared to 3.1)

These mortality details can be found in Tables 68, 70, and 71 of the 2023 Technical Appendix.

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

- Coronary heart disease (284.2 Black discharges versus 268.6 White discharges)
- Heart attacks (179.6 versus 162.9)
- Congestive heart failure (3,033.0 versus 1,819.6)
- Stroke (399.1 versus 315.5)
- Diabetes (4,725.7 versus 3,041.9)
- Asthma (1,223.8 versus 821.8)

- CLRD (292.2 versus 262.4)

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 (17.7 percent of births) as compared to White mothers (8.9 percent), and lower rates of entry into prenatal care during the first trimester among Hispanics (53.4 percent of births) as compared to All Races (62.6 percent). Racial minorities are also particularly characterized by a high rate of births compensated for by Medicaid, covering 81.4 percent of all Black births as compared to 61.4 percent of White births. Additionally, 46.0 percent of Columbia County births from 2019-2021 were by mothers participating in WIC. These rates are again higher among ethnic and racial minorities: 47.3 percent of Hispanic births and 63.1 percent of Black births as compared to 41.6 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, accessed 6/29/2023).

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 10,000 dollars less than that for White households, at 39,461 dollars and 52,208 dollars, respectively (Tables 30 and 31, 2023 Technical Appendix).

Per capita income reflects similar patterns as that of median household income. Per capita income in Columbia County is consistently less than that of the state, with Black per capita income in particular being a little more than half of that of White per capita income in the county at 16,331 dollars and 29,513 dollars, respectively. Hispanic per capita income comes in at 16,548 dollars compared to 25,912 in the county overall (Table 32, 2023 Technical Appendix).

Poverty

Poverty rates show minimal variation by sex, with 14.2 percent of Columbia County females in poverty and 14.5 percent of Columbia County males in poverty. These numbers compare to 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 (29.1 versus 14.4 percent), as do Black races compared to White races (20.7 versus 11.2 percent). By household type, family households generally have lower poverty rates than households overall (9.4

versus 14.6 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 23.3 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. Columbia County residents suffer notably higher rates of food insecurity than the state among children (17.4 percent food insecure versus 15.7 percent) and all ages (13.2 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 Columbia County, the rates of students eligible for free or reduced lunch were notably higher than the state among kindergarten students (64.5 percent eligible in Columbia versus 53.4 percent in Florida) and elementary students (58.5 percent versus 56.6 percent) in the most recent year of data recorded, 2021. Rates of eligibility were lower than the state among Pre-K and middle school students. Another food assistance program of interest is WIC. Columbia County reports a high rate of individuals eligible for WIC at 3,732.2 individuals per 100,000 population, compared to just 2,890.5 in Florida. In 2021, about 67.4 percent of those eligible for WIC in Columbia 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 it has been since before 2014. Food stamps or cash public assistance are also public health interventions of interest, accounting for 19.7 percent of Columbia County households as compared to just 14.1 percent of Florida households. More than a third of these households in Columbia County contain one or more persons aged 60 years or older (Tables 47, 48, 50, and 51, 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. Columbia County residents over the age of 25 depict lower rates of educational attainment, with 13.5 percent 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 (29.3 percent) as compared to males (20.4 percent). On a positive note, Columbia County demonstrates higher graduation rates and lower school dropout rates as compared to the state (Tables 38 and 39, 2023 Technical Appendix).

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 Columbia County than the state, including dentists, as of fiscal year 2020-2021. Columbia County also reports a limited number of healthcare facilities, with only a single of each of the following types reported: adult day care center, community mental health – partial hospitalization program, short term residential facility, hospital, nurse registry, rehabilitation agency, and residential treatment facility. The county does hold 418 nursing home beds at a rate of 591.3 beds per 100,000 population in 2020, greater than the state rate of 386.5. Nonetheless, rates of hospital beds and acute care beds are lower in the county than in the state, while specialty care beds, rehabilitation beds, adult psychiatric beds, adult substance abuse beds, and neonatal intensive care unit (NICU) level II beds are completely lacking (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 Columbia County residents under the age of 65 was 17.7 per 1,000 population, greater than Florida's rate of 12.3. Additionally, the rate of ED visits in Columbia County was 599.8 visits 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 Columbia 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 Columbia 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 Columbia County Community Health Assessment and accompanying *2023 Columbia and Columbia 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 Columbia 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 Columbia County residents.

Columbia 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 Columbia 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 ED visits and avoidable hospitalizations, such as those seen in Columbia County. The county also reports higher rates of mental health ED visits and higher rates of Baker Acts across all age groups, especially children and seniors. The uptake of certain 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, pneumonia, and senior flu 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 Columbia County.

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 ask Columbia 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 Columbia 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 405 complete, eligible surveys. No surveys from Columbia 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 Columbia 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 Columbia 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 and Hamilton County Community Health Assessment Technical Appendix.

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

Demographics	n = 405	
	Number	Percent
Age Group		
18-24	36	8.9
25-29	33	8.1
30-39	83	20.5
40-49	62	15.3
50-59	57	14.1
60-64	38	9.4
65-69	34	8.4
70-79	49	12.1
80 or older	10	2.5
Prefer not to answer	3	0.7
Gender Identity		
Man	77	19.0
Woman	314	77.5
Non-binary	1	0.2
Prefer not to answer	11	2.7
Other (1 each – human, undecipherable)	2	0.5
Racial Identity		
American Indian/Alaskan Native	6	1.5
Asian	1	0.2
Black or African American	65	16.0
Native Hawaiian and Other Pacific Islander	0	
Two or more races	11	2.7
White	297	73.3
Prefer not to answer	21	5.2
Oher (4 – 1 each – human, American, Hispanic, undecipherable) (1.0 percent total)	4	1.0
Ethnicity		
Not of Hispanic, Latino/a/x, or Spanish origin	360	88.9
Of Hispanic, Latino/a/x or Spanish origin	23	5.7
Prefer not to answer	22	5.4
Highest Level of Education Completed		
Elementary/Middle School	8	2.0

Demographics	n = 405	
	Number	Percent
High school diploma or GED	113	27.9
Technical, community college, 2-yr college or Associate's degree	82	20.2
4-yr college/Bachelor's degree	72	17.8
Graduate/Advanced degree	45	11.1
Some college	73	18.0
Prefer not to answer	12	3.0
Other	0	0
Current Employment Status (may choose all that apply)		
Employed (full-time)	202	49.9
Employed (part-time)	40	9.9
Full-time student	14	3.5
Part-time student	7	1.7
Homemaker	29	7.2
Retired	90	22.2
Self-employed	9	2.2
Unemployed	24	5.9
Work two or more jobs	15	3.7
Disabled, unable to work	19	4.7
Prefer not to answer	7	1.7
Other (1 – caregiver for family members)	1	0.2
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	173	42.7
Health insurance that you pay on your own	66	16.3
Medicaid	82	20.2
Medicare	91	22.5
Military coverage/TriCare or VA	20	4.9
Pay cash	23	5.7
Do not have health insurance	34	8.4
Other	0	0
Combined Annual Household Income		
Less than $10,000	36	8.9
$10,000 - $19,999	35	8.6
$20,000 - $29,999	37	9.1
$30,000 - $49,999	57	14.1
$50,000 - $74,999	55	13.6

Demographics	n = 405	
	Number	Percent
$75,000 - $99,999	48	11.9
$100,000 - $124,999	38	9.4
$125,000 - $149,999	22	5.4
$150,000 - $174,999	8	2.0
$175,000 - $199,999	8	2.0
$200,000 or more	5	1.2
Prefer not to answer	56	13.8
Zip Code of Residence		
32024 Lake City	123	30.4
32025 Lake City	138	34.1
32038 Ft. White	34	8.4
32055 Lake City	95	23.5
32056 Lake City	1	0.2
32061 Lulu	1	0.2
32094 Wellborn	2	0.5
32096 White Springs	5	1.2
32643 High Springs	2	0.5
Other (4 – blank)	4	1.0

Source: Columbia 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 Columbia County residents included in the analysis was 405. 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 HEALTHY COMMUNITY, COLUMBIA COUNTY, RANKED BY PERCENT OF RESPONSES, 2023

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (43.2 percent)
2	Job opportunities for all levels of education (20.2 percent)
3	Affordable housing (20.0 percent)
4	Access to convenient, affordable, and nutritious foods (19.8 percent)
5	Low crime/safe neighborhoods (19.3 percent)
6	Good schools (18.3 percent)
7	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (17.5 percent)
8	Awareness of health care and social services (15.1 percent)
9	Clean environment (14.1percent)
10	Affordable goods and services (12.6 percent)
11	Good place to raise children (11.1 percent)
12	Residents engaging in healthy behaviors (10.4 percent)
13	Affordable utilities (10.1 percent)
14	Practice of religious or spiritual values (9.4 percent)
15	Strong economy (9.1 percent)
16	Strong family ties (8.9 percent)
17	Availability of parks and recreational opportunities (8.4 percent)
18	Public transportation system (5.9 percent)
19	Good race/ethnic relations (2.9 percent)
20	Choices of places of worship (4.4 percent)
21	Low level of domestic violence (4.2 percent)
22	Low preventable death and disease rates (3.7 percent)
23	Low level of child abuse (3.2 percent)
24	Low rates of infant and child deaths (2.7 percent)
25	Availability of arts and cultural events (2.5 percent)
26	Other (4 – 2 birthing center, 1 each - day activities/care for persons with Alzheimer's Disease and dementia, children in school rather than in the streets (0.3 percent each, 1.2 percent total)

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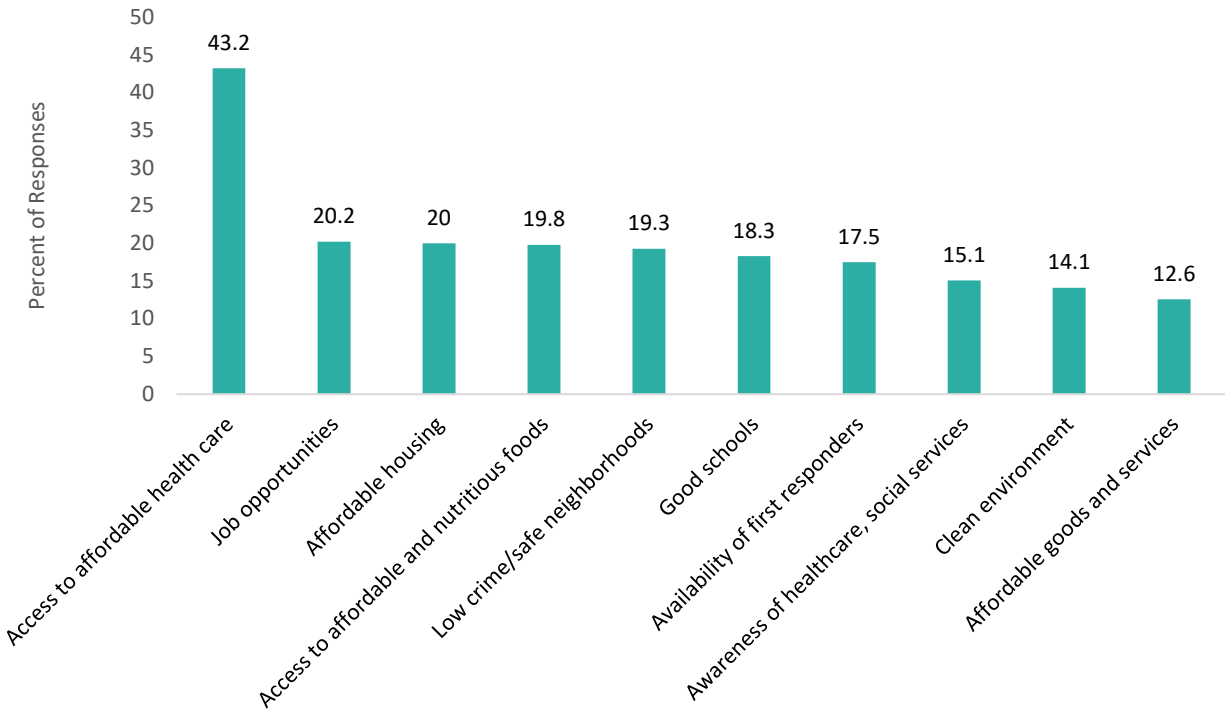
Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

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

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (33.8 percent)
2	Mental health problems (28.1 percent)
3	Homelessness (22.2 percent)
4	Obesity (15.1 percent)
5	Access to primary/family care (11.6 percent)
6	Elderly caregiving (11.1 percent)
7	Dental problems (10.6 percent)
8	Cancer (10.4 percent)
9	Affordable assisted living facilities (9.6 percent)
10	Heart disease and stroke (9.1 percent)
	Access to sufficient and nutritious food (8.6 percent)

Rank	Health Issues (Percent of Responses)
11, 12, 13, 14 (tie)	Child abuse/neglect (8.6 percent)
	Diabetes (8.6 percent)
	Stress (8.6 percent)
15, 16 (tie)	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (7.9 percent)
	High blood pressure (7.9 percent)
17	Firearm-related injuries (7.2 percent)
18	Teenage pregnancy (6.9 percent)
19, 20 (tie)	Domestic violence (6.7 percent)
	Tobacco use (includes e-cigarettes, smokeless tobacco use) (6.7 percent)
21	Vaccine-preventable diseases (e.g., flu, measles) (6.2 percent)
22, 23 (tie)	Age-related issues (e.g., arthritis, hearing loss) (5.9 percent)
	Access to long-term care (5.9 percent)
24	Motor vehicle crash injuries (5.2 percent)
25, 26 (tie)	HIV/AIDS (4.4 percent)
	Suicide (4.4 percent)
27	Exposure to excessive and/or negative media and advertising (4.0 percent)
28, 29, 30 (tie)	Disability (3.7 percent)
	Rape/sexual assault (3.7 percent)
	Intellectual and Developmental Disabilities (including autism spectrum disorders) (3.7 percent)
31	Homicide (3.0 percent)
32, 33 (tie)	Pollution (e.g., water, air, soil) (2.7 percent)
	Dementia (2.7 percent)
34	Respiratory/lung disease (1.7 percent)
35	Infant death (0.5 percent)
36	Other (7 total – 2 each - transportation, all are issues (0.5 percent each); 1 each – specialty care, labor/delivery hospital, ALS care) (0.2 percent each) (1.7 percent total)

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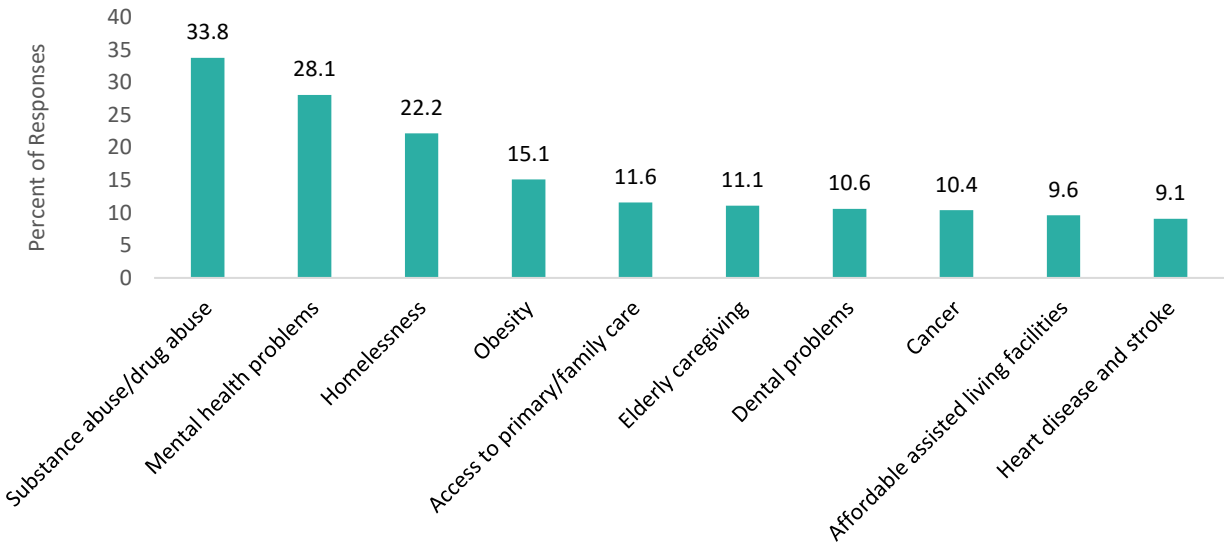
Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

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

Rank	Behaviors (Percent of Responses)
1	Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) (53.3 percent)
2	Violence (28.9 percent)
3	Lack of personal responsibility (25.7 percent)
4	Eating unhealthy foods/drinking sugar sweetened beverages (24.9 percent)
5	Lack of physical activity (20.0 percent)
6	Alcohol abuse (17.0 percent)
7	Tobacco use, vaping, chewing tobacco (14.8 percent)
8	Not using healthcare services appropriately (13.3 percent)
9	Distracted driving (such as texting while driving) (12.9 percent)
10	Not getting immunizations to prevent disease (e.g., flu shots) (10.7 percent)
11	Unsecured firearms (9.4 percent)
12	Unsafe sex (8.4 percent)

Rank	Behaviors (Percent of Responses)
13, 14 (tie)	Lack of stress management (8.1 percent)
	Loneliness or isolation (8.1 percent)
15	Dropping out of school (7.7 percent)
16	Poor race/ethnic relations (7.4 percent)
17, 18 (tie)	Overeating (6.9 percent)
	Not using birth control (6.9 percent)
19	Lack of sleep (5.9 percent)
20	Not using seat belts/child safety seats (4.0 percent)
21	Starting prenatal care late in pregnancy (3.0 percent)
22	Other (5 – 1 each – all, speeding, lack of trust in healthcare system, losing hospital, poor communication between city and county) (0.22 percent each, 1.2 percent total)

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

FIGURE 23: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023
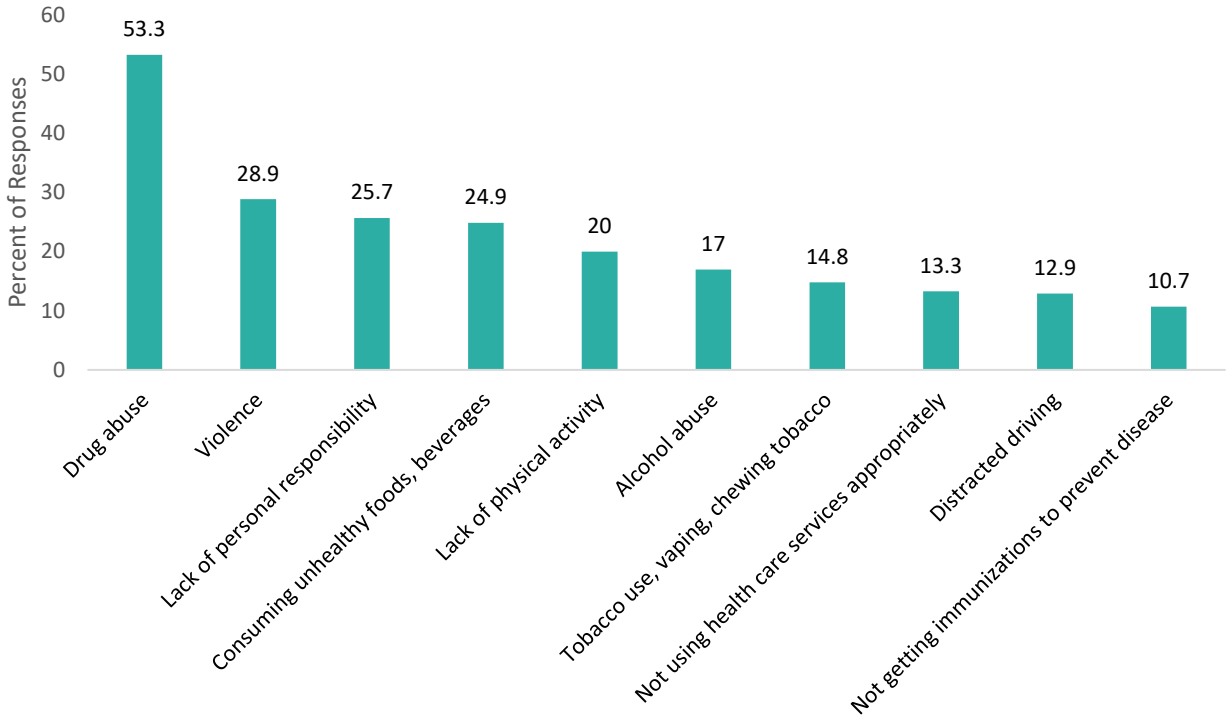
Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

Which healthcare services are difficult for you to obtain in Columbia County? Choose <u>ALL</u> that apply.

Healthcare Service	Percent of Responses
Telehealth services	7.9
Family planning/birth control	8.6
Preventive care (e.g., check-ups)	9.1
Laboratory services	10.1
Vision/eye care	10.6
Physical therapy/rehabilitation therapy	12.1
Urgent care (e.g., walk-in clinic)	13.8
Prenatal care (pregnancy care)	14.8
Prescriptions, medications or medical supplies	14.8
Primary/family care (e.g., family doctor)	16.8
Substance abuse counseling services (e.g., drug, alcohol)	17
Imaging (CT scan, mammograms, MRI, X-rays, etc.)	17.8
In-patient hospital care	20
Alternative medicine/therapy	21.2
Emergency room care	23.5
Dental/oral care	28.6
Specialty care (e.g., heart doctor, neurologist)	33.3
Mental/behavioral health care	33.6

Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023. Note: Other (19 total, 7 – ob/gyn/maternity care (1.7 percent), 6 – none are difficult to access (1.5 percent), 2 – transportation to healthcare (0.5 percent), 1 each – care for disabled children, pediatrics, speech therapy, care for veterans (0.22 percent each), 4.7 percent total)

During the past 12 months, was there a time <u>you</u> 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 <u>ALL</u> that apply.

TABLE 13: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Dental Care	Response
Received needed care or didn't need care (n=234)	57.8 percent
Did not receive needed care (n=171)	42.2 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	71.9 percent
No appointments available or long waits for appointments	36.3 percent
No dentists available	24.0 percent
Service not covered by insurance or have no insurance	40.9 percent
Transportation, couldn't get there	7.6 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.3 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	10.0 percent
Other (4 total – 1 each – COVID, cancer, procrastination, neglectful parents) (0.6 percent each)	2.4 percent

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

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

Primary/Family Care	Response
Received needed care or didn't need care (n = 290)	71.6 percent
Did not receive needed care (n = 115)	28.4 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	43.5 percent
No appointments available or long waits for appointments	40.0 percent
No primary care providers (doctors, nurses) available	18.3 percent
Service not covered by insurance or have no insurance	37.4 percent
Transportation, couldn't get there	7.8 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.2 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	15.6 percent
Other (4 total – 2 – care quality, 1 each – too sick, neglectful parents) (0.9 percent each)	3.6 percent

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

During the past 12 months, was there a time <u>you</u> 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 <u>ALL</u> that apply.

TABLE 15: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, COLUMBIA 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 = 318)	78.5 percent
Did not receive needed care (n = 87)	21.5 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	59.8 percent
No appointments available or long waits for appointments	37.9 percent
No mental health care providers or no substance use therapists or counselors available	33.3 percent
Service not covered by insurance or have no insurance	41.4 percent
Transportation, couldn't get there	6.9 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	9.2 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	18.4 percent
Stigma associated with this issue and/or stigma associated with seeking care	20.7 percent
Telehealth issue (e.g., telehealth service not offered, lack of internet)	11.5 percent
Other (3 total – 1 each – laziness, no referral, don't know how to start, (1.1 percent each))	3.4 percent

Source: Columbia 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, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023
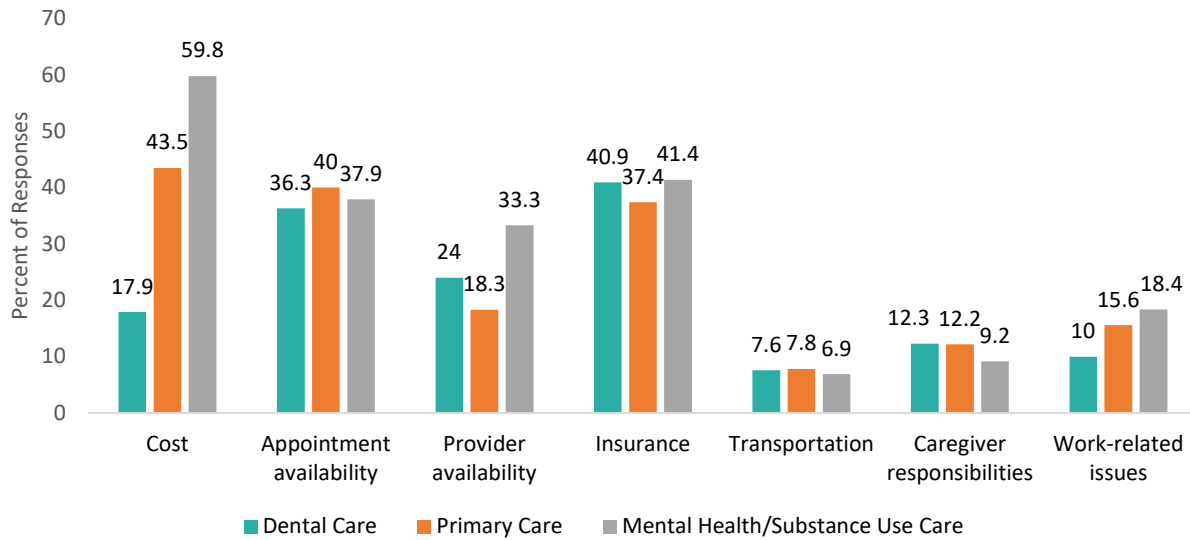
Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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, COLUMBIA COUNTY, 2023

Survey Respondents Responsible for Getting Care for Child/Children Under 18	
Yes	38.0 percent (n = 154)
No	62.0 percent (n= 251)

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

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

Primary/Family Care (by Percent of Responses)	Response
Received needed care or didn't need care (n=125)	81.2 percent
Did not receive needed care (n=29)	18.8 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	24.1 percent
No appointments available or long wait for appointments	20.7 percent
No primary care providers (doctors, nurses) available	20.7 percent
Service not covered by insurance or have no insurance	20.7 percent
Transportation, couldn't get there	6.9 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)	3.4 percent
Other (1 – just moved to Florida)	3.4 percent

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

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

Dental Care (by Percent of Responses)	Response
Received needed care or didn't need care (n=102)	66.2 percent
Did not receive needed care (n=52)	33.8 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	21.2 percent
No appointments available or long wait for appointments	36.5 percent
No dentists available	34.6 percent
Service not covered by insurance or have no insurance	17.3 percent
Transportation, couldn't get there	5.8 percent
My responsibilities as a caregiver for others (child or adult) kept me from getting this care for the child/children	1.9 percent
Work/job issue (for example, work schedule conflict, no paid leave, denied time off)	3.8 percent
Other (3 total – 2 – no providers accept Medicaid, 1 – poor quality care) (1.9 percent each)	5.8 percent

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

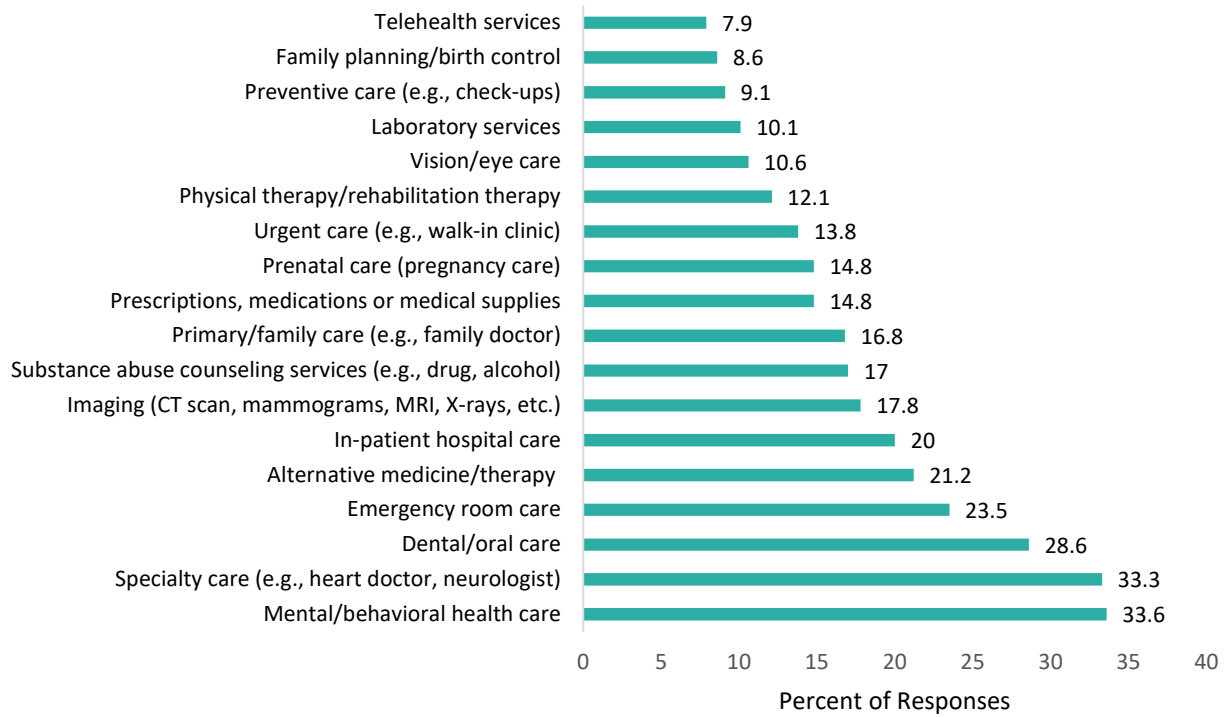**During the past 12 months, was there a time when <u>your child or children in your care</u> needed to see a doctor, therapist, or counselor for a mental or behavioral health issue but didn't?" AND "What were the reasons a <u>child or children in your care</u> did not see a doctor, therapist, or counselor 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, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue (by Percent of Responses)	Response
Received needed care or didn't need care (n=125)	81.2 percent
Did not receive needed care (n=29)	18.2 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	31.0 percent
No appointments available or long wait for appointments	10.3 percent
No mental or behavioral health providers, therapists, or counselors available	41.4 percent
Service not covered by insurance or have no insurance	3.4 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)	6.9 percent
Other (2 total – 1 each – not sure how to get care, only poor quality care available locally) (3.4 percent)	6.9 percent

Source: Columbia 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, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023
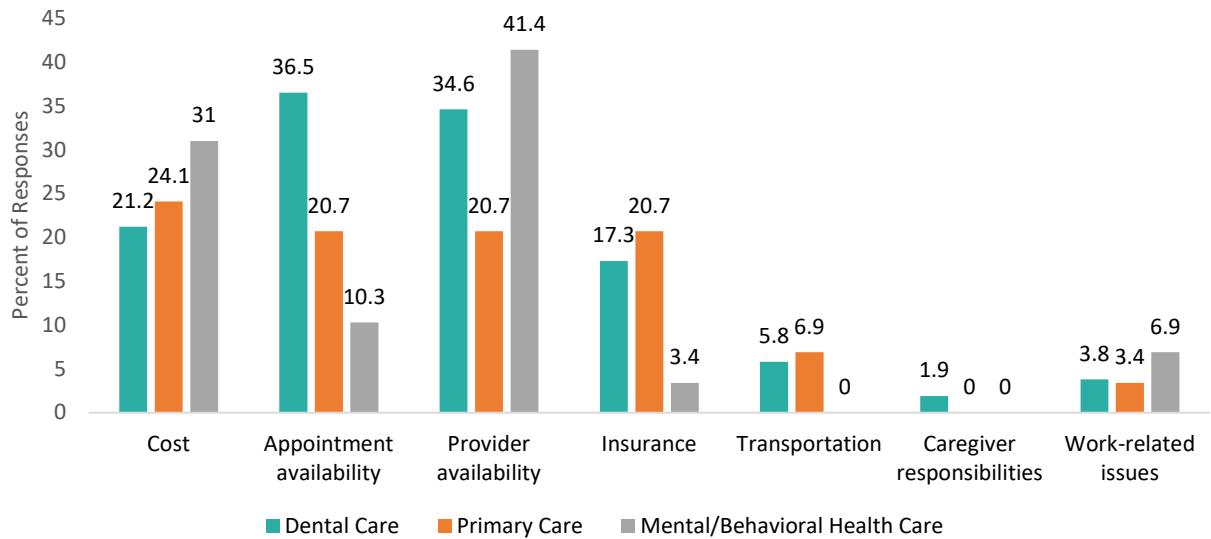
Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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 <u>ALL</u> that apply.

TABLE 20: NEGATIVE IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Optional Questions about the Pandemic	Response
Agreed to answer questions (n = 268)	66.2 percent
Chose to opt out (n = 130)	32.1 percent
Chose not to answer this question (n=7)	1.7 percent
Household Factors Negatively Impacted by Pandemic	
(By percent of responses of those who answered optional questions; n = 268)	
Childcare (ability to get care for child/children)	10.8 percent
Employment (ability to keep a job, have steady income)	21.3 percent
Food (ability to buy or get enough food to feed you and your family)	24.3 percent
Housing (ability to find housing, pay rent or mortgage)	11.2 percent
Schooling, education (ability to complete school-related assignments and programs)	10.1 percent
Transportation (ability to use public transportation or shared ride services)	4.1 percent
Utilities (ability to get and pay for electricity, gas, water, internet services)	14.2 percent
Physical activity and exercise (have means and ability to engage in regular physical activity	15.3 percent
Nutrition (have means and ability to consume a healthy variety of foods)	12.3 percent
None of the items above negatively impacted by household in the past 12 months due to the pandemic	52.6 percent

Source: Columbia 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 <u>ALL</u> that apply.

TABLE 21: DELAYED HEALTHCARE SERVICES OVER THE PAST 12 MONTHS DUE TO THE PANDEMIC, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Healthcare Services Delayed	
(By percent of responses of those who answered optional questions; n = 268)	
Routine (screenings, check-ups) or needed **primary healthcare** services	25.7 percent
Routine (screenings, check-ups) or needed **dental care**	23.1 percent
Routine (screenings, check-ups) or needed **mental, behavioral or substance use care**	9.7 percent
There was **no delay** in getting these services over the past 12 months by members of my household.	63.4 percent

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

FIGURE 27: NEGATIVE COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS IN THE PAST 12 MONTHS, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023
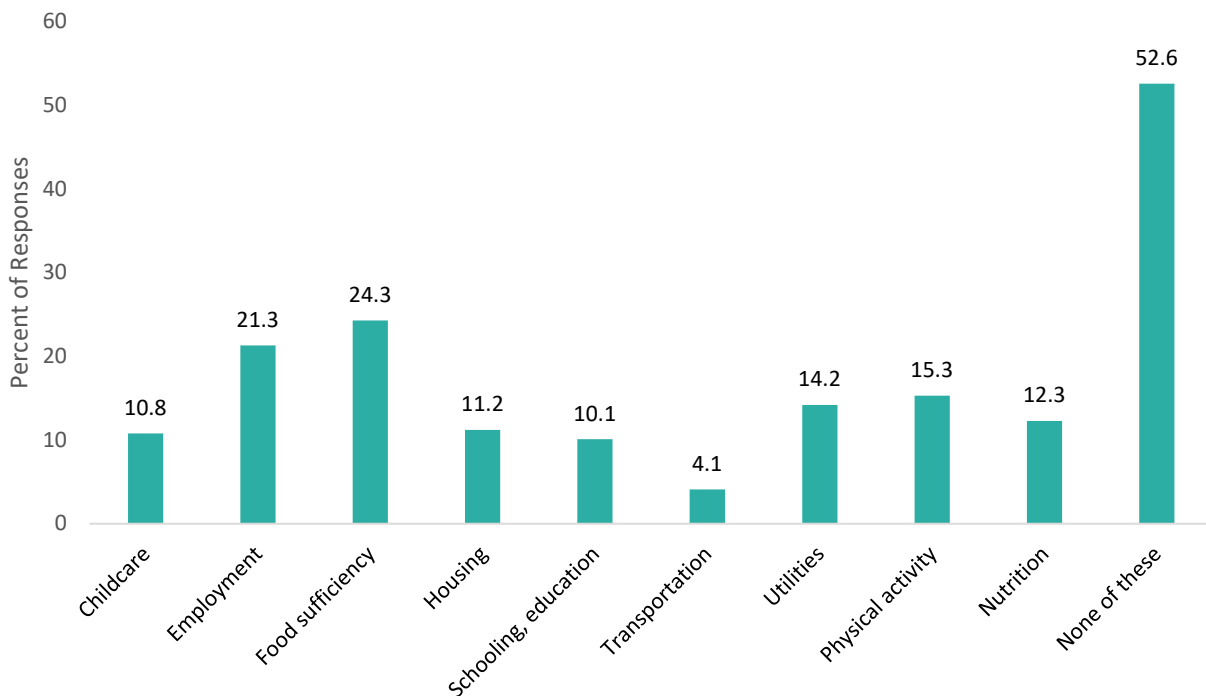
Source: Columbia County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

Response	Household has an Emergency Plan
Yes	65.3 percent
No	24.0 percent
Don't know, not sure	10.7 percent

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

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

About 43 percent of the Columbia County residents who completed the survey considered access to affordable health care, including primary care, specialty care, dental, and mental health care, as the top factor that contributes to a healthy community. Access to primary or family healthcare services ranked fifth among the most important health issues to be addressed in Columbia County. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (28.4 percent of survey respondents), dental care (42.2 percent), and mental health/substance use care (21.5 percent percent). The most common barriers to primary/family care cited were cost, appointment availability, and insurance issues. Forty percent of those who did not get needed dental care in the past 12 months said insurance issues were factors, followed closely by appointment availability (36.3 percent), and provider availability (24.0 percent). Nearly 60 percent of those who reported not getting mental health or substance use care indicated that cost was a barrier along with insurance issues (41.4 percent), and appointment availability (33.3 percent).

More than a third (38.0 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 a third (33.8 percent) of children in the care of survey respondents did not get needed dental care in the past 12 months. Appointment and provider availability (36.5 and 34.6 percent, respectively) were barriers as was cost (21.2 percent). Survey respondents said that 18.8 percent of their children did not get needed primary care, citing similar barriers of cost (24.1 percent) and appointment and provider availability (20.7 percent). Accessing mental health or behavioral health care was reported as an issue in the past 12 months for children of survey respondents with about 18.2 percent not getting needed care. The biggest barrier reported was provider availability (41.4 percent) followed by cost (31.0 percent).

When asked about specific services lacking in Columbia County, those most commonly mentioned were mental/behavioral health care (33.6 percent), specialty care (33.3 percent), dental care (28.6 percent), emergency room care (23.5 percent), and alternative medicine and therapy (21.2 percent). Survey respondents said that telehealth services (7.9 percent), family planning and birth control (8.6 percent), and preventive care (9.1 percent) were much less difficult to obtain in Columbia County. Not using healthcare services appropriately was cited by 13.3 percent of survey respondents and ranked ninth among the behaviors with greatest negative on health in Columbia County.

Mental Health and Substance Abuse Care

Concern about the community's substance use and mental health problems emerged as a theme from the survey. Substance and drug abuse was ranked first among the most pressing health issues that need to be addressed in Columbia County; 33.8 percent of survey respondents selected it as a priority problem. Mental health problems was ranked second with 28.1 percent of survey respondents' votes. 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. Columbia County survey respondents ranked drug abuse as the first and alcohol abuse as the sixth ranked behaviors, respectively at 53.3 and 17.0 percent, with greatest negative impact on overall health. More than a third (33.6 percent) of survey respondents felt mental/behavioral healthcare services were difficult to obtain with an additional 17.0 percent signaling that substance abuse counseling was a service with barriers. To further underscore this theme, more than a fifth (21.5 percent) of Columbia 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. For Columbia County survey respondents, the most common barriers to mental health or substance use care were cost, insurance issues, and appointment availability 59.8, 41.4, and 37.9 percent, respectively. Children in the care of survey respondents also experienced obstacles to needed mental or behavioral health care services. As reported by the 38.0 percent of survey respondents who had a child or children in their care, in the past 12 months 18.2 percent of children did not get the mental or behavioral care they needed. The reported barriers were provider availability (41.4 percent), cost (31.0 percent), and appointment availability (10.3 percent).

Health Behaviors and Chronic Conditions

Columbia 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 Columbia County residents. Obesity was the fourth ranked most important health issue. Cancer and heart disease and stroke also appeared in the top ten, ranking eighth and tenth, respectively. 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 fourth at 24.9 percent), lack of physical activity (ranked fifth at 20.0 percent), and tobacco use (ranked seventh at 14.8 percent). Columbia County survey respondents elevated issues of concern to their senior population. Elderly caregiving and access to affordable assisted living facilities were among the top ten most important issues ranking at sixth (13.1 percent) and ninth (9.6 percent), respectively. An overall lack of personal responsibility was selected by almost a quarter (25.7 percent) of survey respondents as the behavior with the third most negative impact. Other ranked problematic behaviors, according to survey respondents, include violence (second ranked at 28.9 percent), not using health care services appropriately (eight ranked at 13.3 percent), distracted driving (ninth ranked at 12.9 percent), and not getting immunizations to prevent disease (ranked tenth at 10.7 percent).

Social Determinants of Health

Columbia County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. 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 43.2 percent of survey respondents), job opportunities for all levels of education (second ranked at 20.2 percent), affordable housing (third ranked at 20.0 percent), access to affordable and nutritious food (fourth ranked at 19.8 percent), safe neighborhoods with low crime (fifth ranked at 19.3 percent), good schools (sixth ranked at 18.3 percent), availability of first responders (seventh ranked at 17.5 percent), and clean environment (ninth ranked at 14.1 percent). Homelessness was of major concern to survey respondents who ranked it third (22.2 percent) among the most important issues to be addressed.

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. Columbia County survey participants reported that in the past 12 months 24.3 percent felt a negative impact on food sufficiency that was related to pandemic impact. About a fifth (21.3 percent) of survey respondents said their household still suffered pandemic-related negative impacts related to employment. More than a third (36.6 percent) of Columbia County survey respondents said they had delayed getting healthcare in the past 12 months because of the pandemic. For those who delayed care in the past 12 months because of the pandemic, 25.7 percent delayed getting routine or primary care, 23.1 percent delayed getting routine dental care, and 9.7 percent delayed seeking mental, behavioral, or substance use care. On the bright side, 65.3 percent of households of survey respondents report having an emergency plan in place for when natural and man-made disasters threaten.

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 Columbia 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 Columbia County Community Health Assessment Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment on April 20, 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 Columbia 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 Columbia County* tables on the following pages summarize the forces of change identified for Columbia County, as well as possible associated opportunities and threats that may be considered in any Columbia County strategic planning or community health improvement planning process.

Forces Of Change for Columbia County - TRENDS
(Prepared by WellFlorida Council – 2023)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Increased Crime Rates	Gun violence; drug use and drugs being brought into the county; gang violence; threats to personal safety; carjacking; loss of property; decrease in economic potential for businesses; younger initiation of criminal activities; increased strain on first responder community.	Provide educational alternatives rather than kids getting kicked out of school; provide alternative extracurriculars in and out of school; make mentorship opportunities more visible; address mental health issues; improve relationships between law enforcement and the community.
	Initiation of Criminal Activities at Younger Age	Higher incarceration rates; insufficient child supervision.	Providing youth activities and extracurriculars, such as the Boys and Girls club; utilize the activities and childcare provided by Florida Gateway College during the summer.
	Increasing Prevalence of Mental Health Issues	Within the school system, more kids are coming into clinic for anxiety, starting at a younger, even with elementary kids displaying panic attacks and anxiety; some behaviors may be from seeing it in peers and family members; lack of coping mechanisms; increased rates of suicide; instead of finding appropriate services some parents and caregivers may now be reacting with opposite extreme actions such as the Baker Act; stigma surrounding mental health; influence of social media.	Increasing mental health services; increasing awareness of the current lack of services; building resiliency; decreasing stigma, especially within minority populations; working with young children on coping mechanisms, such as in elementary schools; promoting access to appropriately certified and used service animals; putting counselors back into schools.
	Increasing Rates of Baker Acts Among Children	Misuse of Baker Act system stemming from lack of parenting experience; Baker Acts used as disciplinary technique rather than as a needed intervention	Increasing mental health counselors in schools; providing manuals and education to new parents.
	Increasing Number of Households with Many Kids, Single Parents, or	Current parents learn from what their parents did, increasing generational cycle of stressful family life; domestic violence; financial	Optimizing family and home life; modeling behaviors for new parents; strengthen community commitment to help raise children;

Forces Of Change for Columbia County - TRENDS

(Prepared by WellFlorida Council – 2023)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
	Grandparents Raising Kids	challenges; substance misuse; lack of structure and support for families.	return to the "it takes a village" mentality.
	Increased Vaping	Younger initiation of vaping, even in elementary schools; vapes often provided by parents; many are under the impression that vaping is healthier than smoking cigarettes and don't realize that most vape products do contain nicotine.	Education, especially of parents, Columbia has good system for catching them and disciplining in school system, but looking to implement cessation program, encourage to quit/to realize that they want to quit, programs that treat vaping as a teachable moment addressing addiction rather than disciplinary issue (if you send them home, they just go home to vape), DOH has education program Live Vape Free in addition to pilot youth cessation program, also meant to educate parents

Forces Of Change for Columbia County - FACTORS

(Prepared by WellFlorida Council – 2023)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social	Small Community Size	Small tax base; lack of access to resources; hesitancy to change.	Facilitates grassroots efforts; opportunity for cooperation to address issues such as rising crime.
Social/ Behavioral	Use of TikTok and Social Media Especially by Youth	Social media challenges to do drugs and other risky behaviors; misrepresents mental health conditions and disorders; creates comparison to a perfect image of man/woman, which can cripple self-image; see what other people have/can do that I don't have/can't do; T chats (group chats) allow a private conversation, but that conversation can get screenshotted and shared with other people; increases anxiety; can cause sleep deprivation in school-aged children due to unsupervised use of technology at night.	Restrict phone signal and usage in schools, only provide reception for emergency calls; for example, TikTok cannot be accessed on Florida Gateway College campus.
	High Use of Technology	Rapid stimulation and multi-tasking increases anxiety, leads to mental health issues; overwhelming access to technology and information.	Lots of knowledge available; consider treating technology use as an addiction.
	Lack of Basic Health Knowledge	Don't realize risk factors for STDs; lack of knowledge about correlation between periods and pregnancy; lack of understanding on correct use of birth control; receive inaccurate information from peers.	Provide education in school system (but difficult to access school system); incentivize kids to attend extracurricular classes on sex ed; cooperation with faith-based settings incentivize parents with $25 gas card; cooperate with community partners to be mouthpiece beyond DOH; focus on children.
	Prevalence of Chronic Diseases and Healthy Lifestyle Issues	Chronic health issues; nutrition issues; lower health literacy.	Focus on children and providing education early in life.
	Large Number of Young Mothers/Teen Moms	Young mothers share lots of bad behaviors with kids, such as vaping and drinking; lack of disciplinary skills; not accustomed to structure; young	Providing education in all settings; provide access to services and education that align with values; comprehensive education in school system including sex ed; teaching

		moms are more likely to be single moms.	self-worth and self-esteem; life skills including financial literacy (replaced with standardized testing); cooperate with community partners to be mouthpiece beyond DOH.
	High Rates of STDs	Lack of education.	Opt-out only testing in clinics.
Social/Economic	Lack of Financial and Basic Life Skills Taught in Schools	Inability to manage debt after college; lack of education in schools and in home; lack of basic life skills	Education; collaboration with UF IFAS since they offer classes for teens.

Forces Of Change for Columbia County - FACTORS

(Prepared by WellFlorida Council – 2023)

Forces Of Change for Columbia County - EVENTS

(Prepared by WellFlorida Council – 2023)

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social	Contracted Mental Health Counselors Removed from School System	No one can legally come in and provide mental health counseling to children in schools.	Had grant opportunity to engage extra nurses and mental health for every school, but Columbia County schools would not engage because the grant was short term; could prepare for another opportunity.
Social/ Behavioral	Interstate Accidents	Block traffic; higher auto insurance rates; drunk and distracted driving.	More state troopers; drunk and distracted driving prevention and education; promote and invest in use of bypasses.
Social/ Economic	Major Medical Provider Lakeshore Hospital Closing	Lost the only county labor and delivery facility; may have decreased access to care; especially served a population that couldn't access Lake City Medical Center.	Focusing on providing preventive services; investing in mobile capacity, especially for screenings, STD testing, and family planning; making main campus into Meridian; making second building into an urgent care center.
Political	Local Elections	People voting along party lines; pressure from friends and family.	Extensive partner network that works well together in Columbia County, can network to share and inform organizations on platforms and priorities of those running for election; hold them accountable; invite to these CHA/CHIP meetings.
Environmental	Storms/ Natural Disasters	Loss of life; loss of property; strain on EMS and resources.	Improving emergency planning.
	Pandemic	Loss of life; mental health issues; strain on EMS and resources.	Invest in community partnerships and relationships; focus on emergency planning.
	Roundabout Built	Road rage; slow traffic.	Education on how to use a roundabout; replace with stop lights.

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 Columbia County (DOH Columbia) used a three-step process to conduct the community partner assessment. First, DOH Columbia'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 Columbia 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 four (4) surveys completed by community partners that dedicate their efforts in Columbia 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 Columbia 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 23: COMMUNITY PARTNER ASSESSMENT SURVEY RESPONDENT AGENCY OR ORGANIZATION, COLUMBIA COUNTY, 2023

Organization or Agency Name	Serve Columbia Only	Serve Columbia and Hamilton
Civic Communications	X	
Florida Gateway College	X	
Lake City Policy Department	X	
Hanley Foundation		X
Florida Department of Health in Columbia County	X	
Christian Service Center of Columbia County, Inc.		X
Healthy Start of North Central Florida Coalition		X

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

TABLE 24: COMMUNITY PARTNER ASSESSMENT SURVEY RESPONDENT AGENCY OR ORGANIZATION POSITION OR MAIN ROLE, COLUMBIA COUNTY, 2023

Organizational or Agency Position or Main Role	Percent of Responses
Administrative staff	14.3 percent
Front line staff	14.3 percent
Supervisor (not senior management)	28.6 percent
Senior management level/unit or program leader	28.6 percent
Leadership team	0 percent
Community member	0 percent
Community leader	0 percent
Other, please specify (1 - Outreach team member)	14.3 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, depending on the question. The number of Columbia County community partner assessment survey responses included in the summary and descriptive analysis was seven (7). 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 25: AGENCY/ORGANIZATION DESCRIPTORS, COLUMBIA COUNTY, BY PERCENT OF
RESPONSES, 2023

Agency/Organization Descriptor (More than one choice allowed)	Percent of Responses
County Health Department	14.3 percent
State Health Department	0 percent
City government agency	14.3 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)	0 percent
College/university	14.3 percent
Library (county or city)	0 percent
Non-profit organization	57.1 percent
Grassroots community organizing group/organization	0 percent
Tenants' association	0 percent
Social service provider	14.3 percent
Housing provider	0 percent
Mental health provider	0 percent
Neighborhood association	0 percent
Foundation/philanthropic organization	14.3 percent
For-profit organization or private business	14.3 percent
Faith-based organization	14.3 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)?

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
The services, resources, and referrals we provide
Assisting with long-term change and betterment for the individuals we serve
Efficiency, responsiveness, accountability
Community outreach, information sharing, communication
Education
Community partnerships
Policy change
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

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 27: AGENCY/ORGANIZATION PARTICIPATION IN A COMMUNITY HEALTH IMPROVEMENT PROCESS, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Ever Participated	Percent of Responses
Yes	71.4 percent
No	0 percent
Unsure	28.6 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 28: TOP THREE AGENCY/ORGANIZATION INTERESTS IN BEING PART OF A COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Rank	Interests (Percent of Responses)
1, 2, 3 (tie)	Create long-term, permanent social change (57.1 percent)
	Obtain or provide services (57.1 percent)
	Plan and launch community-wide initiatives (57.1 percent)
4, 5 (tie)	Efficient and effective program delivery and avoiding duplicated efforts (42.9 percent)
	Build networks and friendships (42.9 percent)
6	Resource sharing and pooling (28.6 percent)
7	Improve lines of communications from communities to governmental decision-makers (14.3 percent percent)
8, 9, 10, 11, 12, 13 (tie)	Revitalize low energy of groups that are trying to do too much alone (0 percent)
	Improve communication among groups (0 percent)
	Improve lines of communication from governmental entities to communities (0 percent)
	Develop and use political power to gain services and other benefits for the community (0 percent)
	Breakdown of stereotypes 0 percent)
	Other, please specify (0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 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 29: AGENCY/ORGANIZATION CHA/CHIP RESOURCES, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Resource	Percent of Responses
Staff time to support community engagement and involvement	100.0 percent
Staff time to help implement CHA/CHIP priorities	85.7 percent
Staff time to participate in CHA/CHIP meetings and activities	62.5 percent
Staff time to support relationship-building between CHA/CHIP staff and other organizations	62.5 percent
Policy/advocacy skills	62.5 percent
Staff time to help facilitate CHA/CHIP meetings and activities	62.5 percent
Staff time to support focus group facilitation or interviews	57.1 percent
Staff time to help analyze quantitative data	57.1 percent
Staff time to help analyze qualitative data	57.1 percent
Staff time to help plan CHA/CHIP meetings and activities	57.1 percent
Technology to support virtual meetings	42.9 percent
Physical space to hold meetings	28.6 percent
Refreshments for community meetings	28.6 percent
Social media capacities	28.6 percent
Coordination with governmental entities	28.6 percent
Note-taking support during qualitative data collection	28.6 percent
Media connections	14.3 percent
Funding to support assessment activities (e.g., data collection, analysis)	14.3 percent
Staff time to support interpretation and translation services	14.3 percent
Staff time to transcribe meeting notes/recordings	14.3 percent
Funding to support community engagement (e.g., stipends, gift cards)	14.3 percent
Childcare for community meetings	0 percent
Lending interpretation equipment for use during meetings	0 percent
Other (please specify)	0 percent

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

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?

Work with Populations who Speak English as a Second Language	Percent of Responses
Yes	71.4 percent
No	28.6 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 31: AGENCY/ORGANIZATION SERVICES FOR TRANSGENDER, NON-BINARY, AND OTHER MEMBERS OF THE LGBTQIA+ COMMUNITY, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Services for Transgender, Non-Binary, and Other Member of the LGBTQIA+ Community	Percent of Responses
We provide services specifically for the LGBTQIA+ community	0 percent
Somewhat. We provide general services and LGBTQIA+ individuals could use those services	100.0 percent
No. LGBTQIA+ populations are not welcome	0 percent
Unsure	0 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.
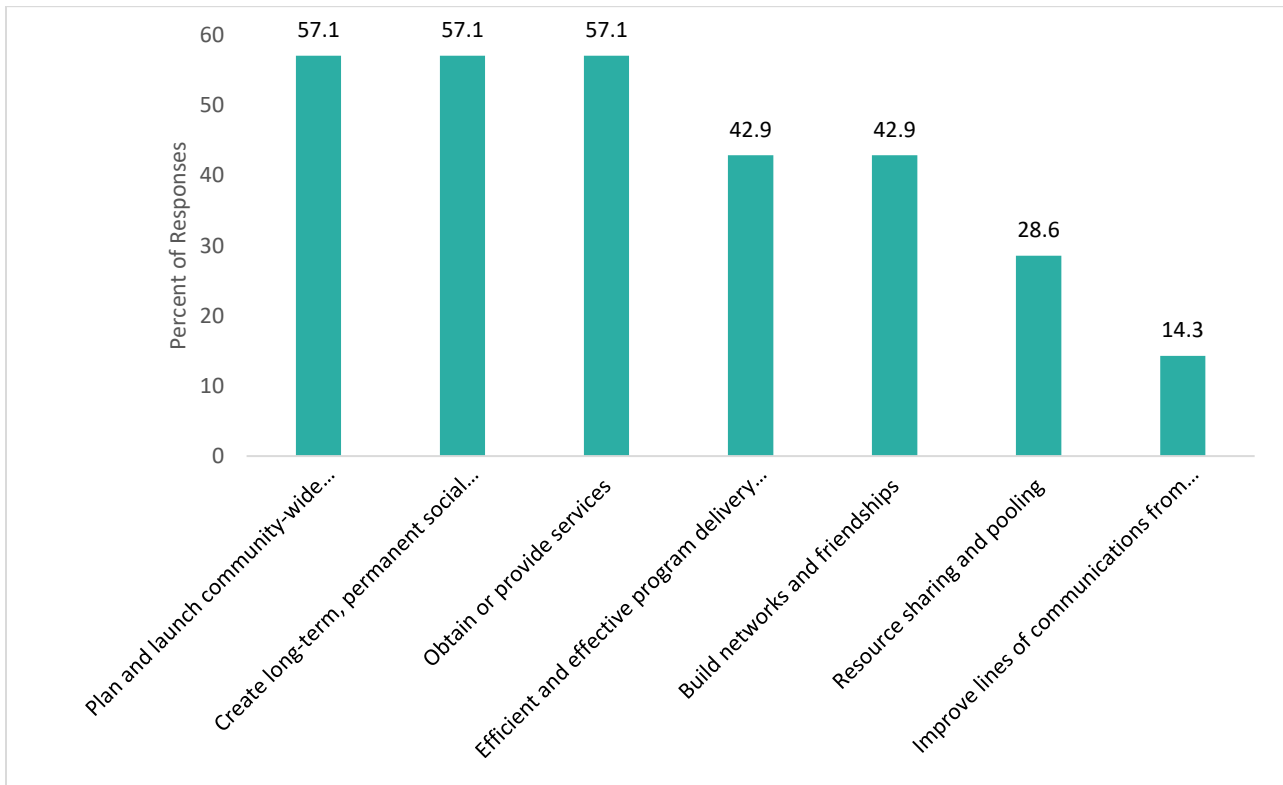
Does your agency/organization offer services specifically for people with disabilities?

TABLE 32: AGENCY/ORGANIZATION SERVICES FOR PEOPLE WITH DISABILITIES, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Services for People with Disabilities	Percent of Responses
We provide services specifically for people with disabilities	14.3 percent
We are wheelchair-accessible and compliant with the Americans with Disabilities Act but are not specifically designed to serve people with disabilities	71.4 percent
Our organization is not specifically designed to serve people with disabilities	14.3 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 33: AGENCY/ORGANIZATION SERVICE TO OTHER POPULATIONS, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Service to Other Populations	Percent of Responses
Yes, we serve other populations (Listed populations – everyone (x3)	42.9 percent
No	42.9 percent
Unsure	14.3 percent

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.
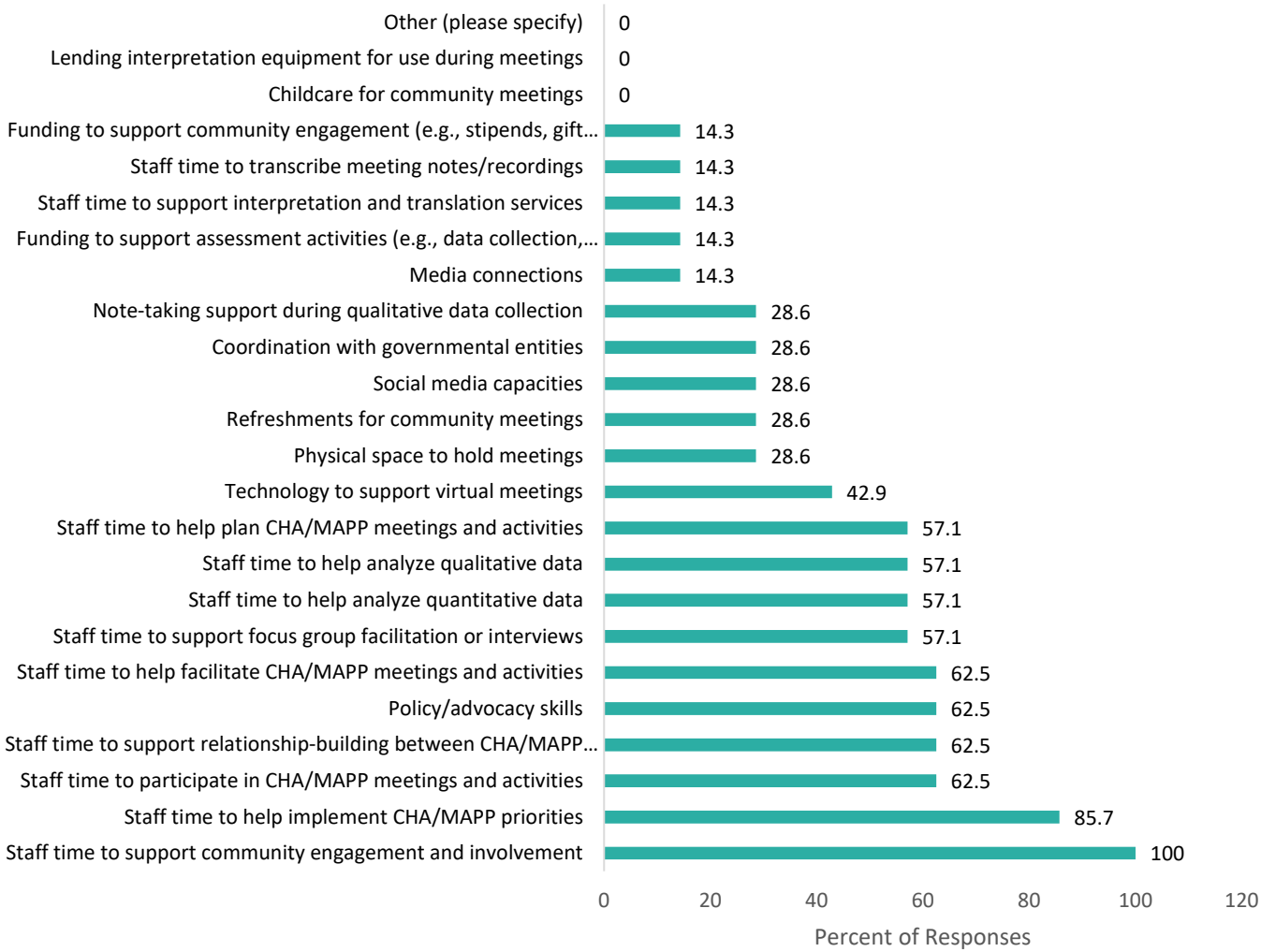
Does your agency/organization have access to interpretation and translation services?

TABLE 34: AGENCY/ORGANIZATION ACCESS TO INTERPRETATION AND TRANSLATION SERVICES, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Access to Interpretation and Translation Services	Percent of Responses
Agency/Organization has access to services	28.6 percent
Languages listed: all languages, use language line services	
No	28.6 percent
Unsure	28.6 percent
Not applicable	14.3 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 35: AGENCY/ORGANIZATION PRIORITY POPULATIONS SERVED, COLUMBIA COUNTY, 2023

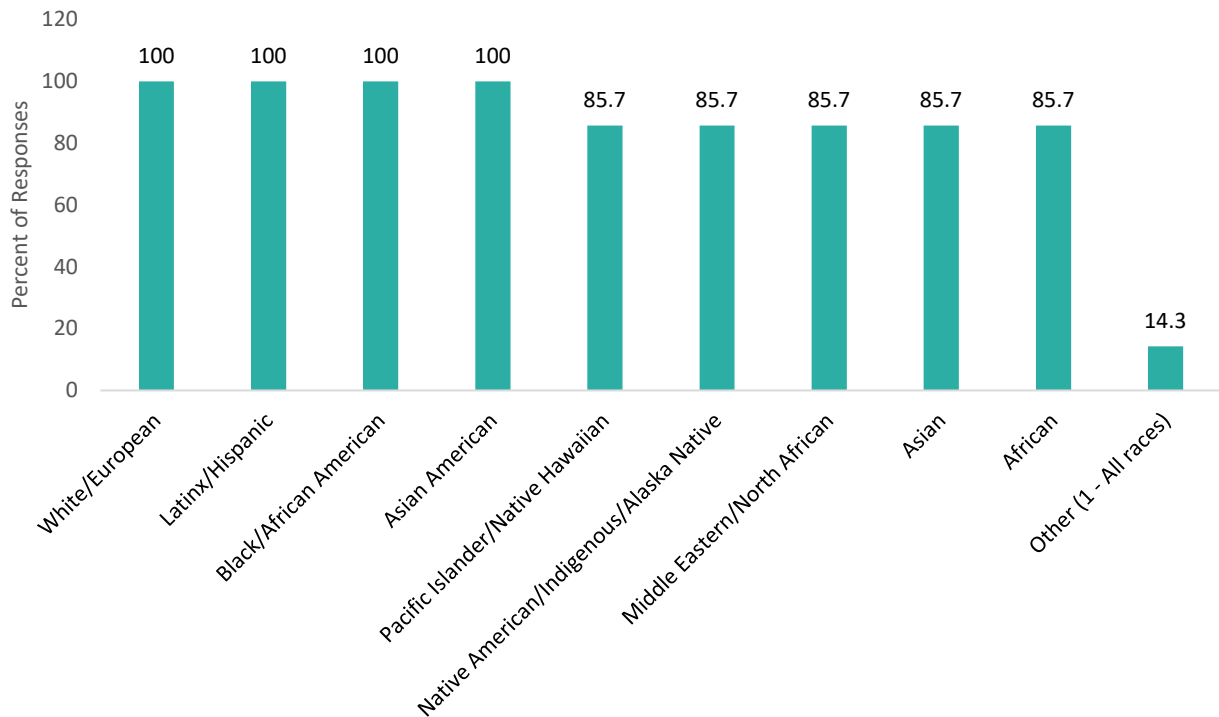| Priority Populations Served by Agency/Organization |
|---|
| High-risk pregnant people |
| Premature babies |
| Vulnerable families with infants |
| Everyone is a priority, serve all populations (x4) |
| Low-income families and individuals |
| Seasonal and migrant farmworkers' children |
| Youth aged 11-18 |
| 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?

Topic Area	Not at all	A little	A lot	Unsure
Economic Stability: 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.	28.6 percent	14.3 percent	57.1 percent	0
Education Access and Services: 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.	28.6 percent	14.3 percent	57.1 percent	0
Healthcare Access and Quality: 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	57.1 percent	42.9 percent	0
Neighborhood and Built Environment: 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.	28.6 percent	28.6 percent	42.9 percent	0
Social and Community Context: 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.	28.6 percent	14.3 percent	42.9 percent	14.3

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 37: HEALTH TOPICS WORKED ON BY AGENCY/ORGANIZATION, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Health Topics Worked On	Percent of Responses
Tobacco and substance use and prevention	57.1 percent
None of the above or not applicable	42.9 percent
Immunizations and screenings	42.9 percent
Injury and violence prevention	28.6 percent
Healthcare access and utilization	28.6 percent
Health insurance/Medicaid/Medicare	28.6 percent
Mental or behavioral health (e.g., PTSD, anxiety, trauma)	28.6 percent
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or food stamps	28.6 percent
Family/maternal health	28.6 percent
Health equity	14.3 percent
Chronic diseases (e.g., asthma, diabetes, obesity, cardiovascular disease)	14.3 percent
Physical activity	14.3 percent
HIV/STD prevention	14.3 percent
Infectious diseases	14.3 percent
Cancer	14.3 percent
Other	0 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, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023
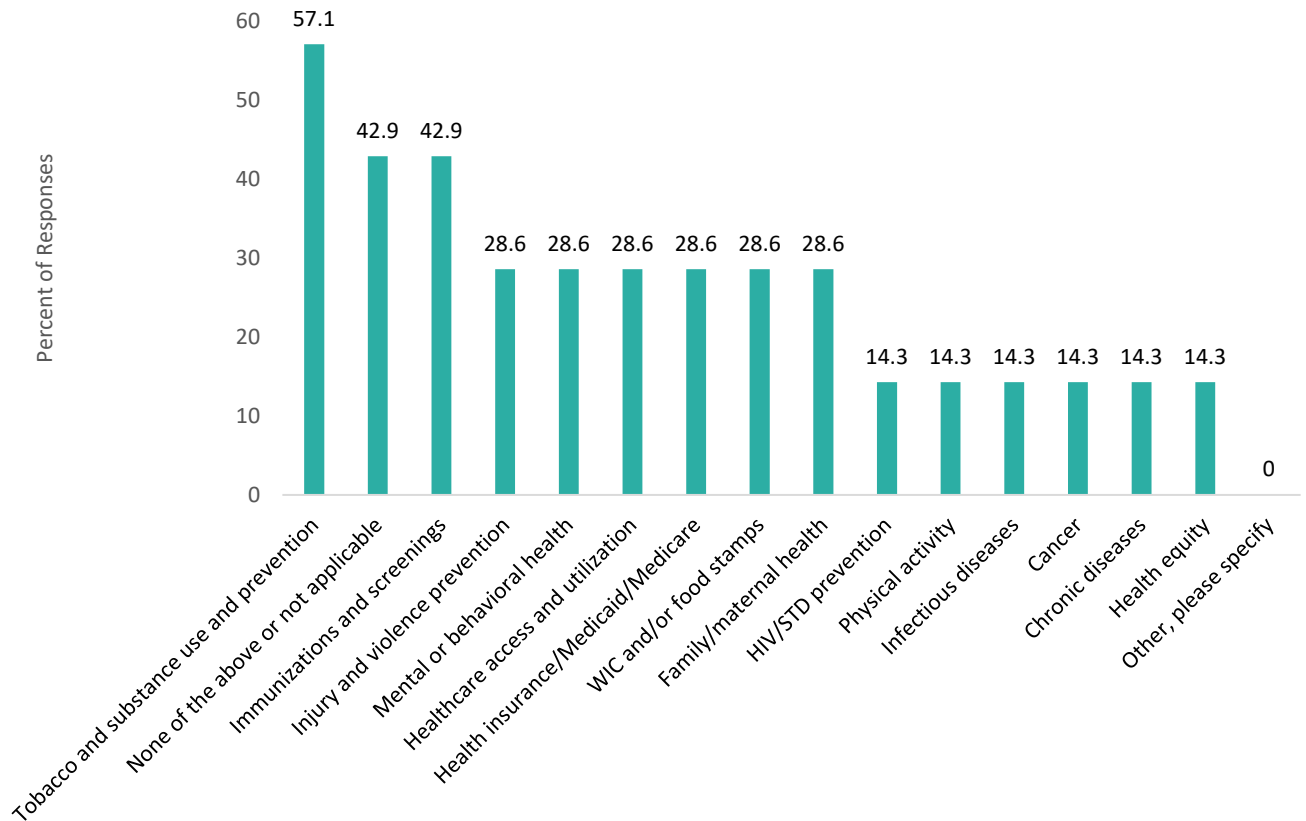
Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023.

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

TABLE 38: PEOPLE IMPACTED BY AGENCY/ORGANIZATION WORK, COLUMBIA 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
The whole community, all of Columbia County (x3)
Youth and their families
Residents of Lake City
Persons affected by tobacco/nicotine use
Pregnant people
Newborns and families with infants
Middle and high school aged youth and their parents/caregivers

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

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 39: AGENCY/ORGANIZATION CAPACITY TO MEET CLIENT NEEDS, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Capacity Assessment	Percent of Responses
Yes, agency/organization has sufficient capacity	57.1 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	28.6. percent
Unsure. (Elaboration: Occasional short staffing that is managed until new hires are trained)	14.3 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 40: AGENCY/ORGANIZATION ASSESSMENTS CONDUCTED, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Assessments Conducted	Percent of Responses
Yes (Description of assessments: community health assessments, income and social stability, equity analysis)	42.9 percent
No, no assessments are conducted	28.6 percent
Unsure	28.6 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 41: TYPES OF DATA COLLECTED BY AGENCY/ORGANIZATION, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Type of Data Collected	Percent of Responses
Demographic information about clients or members	71.4 percent
Evaluation, performance management, or quality improvement information about services and programs offered	71.4 percent
Access and utilization data about services provided and to whom	42.9 percent
Data about conditions and social determinants of health (e.g., housing, education, other conditions)	42.9 percent
Data about health behaviors	28.6 percent
We do not collect data	28.6 percent
Data about health status	14.3 percent
Data about systems of power, privilege, and oppression	0 percent
Other, please specify	0 percent

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, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023
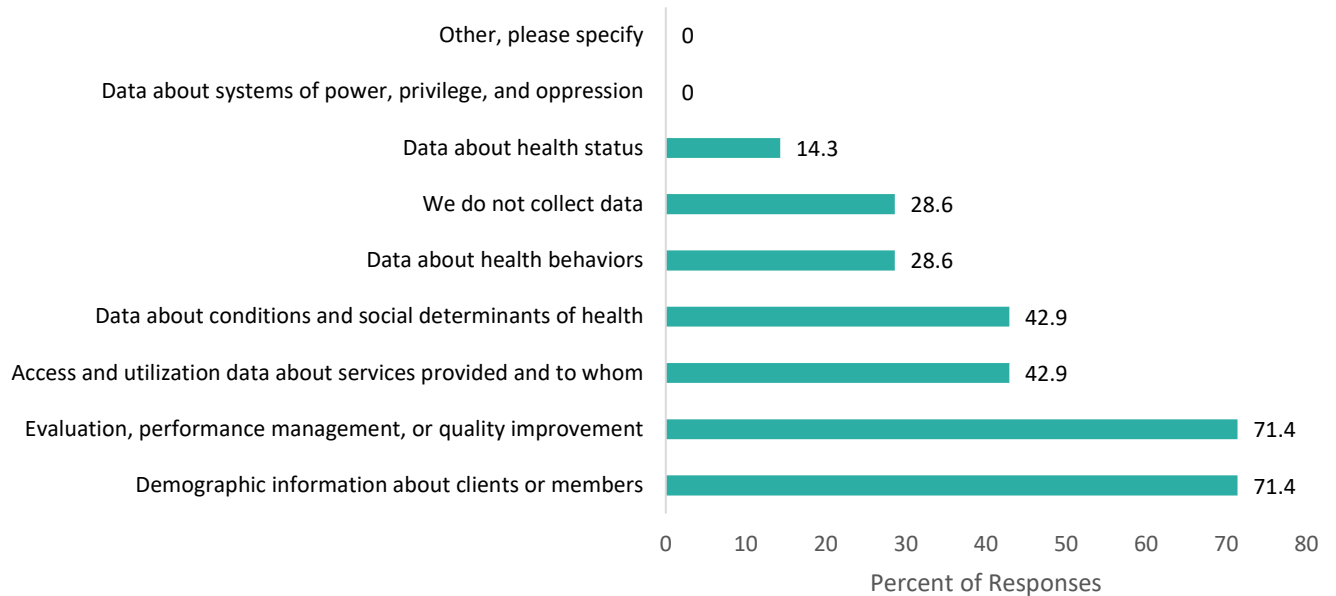
Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

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

TABLE 42: DATA SHARING BY AGENCY/ORGANIZATION, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Can Share Data for CHA/CHIP	Percent of Responses
Yes, it's already being shared	28.6 percent
Yes, we can share data	14.3 percent
No, not applicable	28.6 percent
Unsure	28.6 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 43: DATA COLLECTION METHODS USED BY AGENCY/ORGANIZATION, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Data Collection Methods Used	Percent of Responses
Data tracking systems	42.9 percent
Surveys	28.6 percent
Focus groups	28.6 percent
Interviews	28.6 percent
Feedback forms	28.6 percent
Notes from community meetings	28.6 percent
Secondary data sources	28.6 percent
Participatory research	14.3 percent
Electronic health records	14.3 percent
Other (1 - pre-/post-intervention assessment)	14.3 percent
Photovoice	0 percent
Videos	0 percent

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

Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023 (Other: 1 - 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 44: COMMUNITY ENGAGEMENT PRACTICES USED MOST OFTEN BY AGENCY/ORGANIZATION, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Community Engagement Methods Used Most Often	Percent of Responses
Community forums/events	85.7 percent
Social media	71.4 percent
Advocacy	71.4 percent
Presentations	57.1 percent
Community organizing	57.1 percent
Memorandums of understanding (MOUs) with community-based organizations	57.1 percent
Surveys	42.9 percent
Fact sheets	42.9 percent
Community-driven planning	42.9 percent
Customer/patient satisfaction surveys	28.6 percent
Open houses	28.6 percent
Public comment	28.6 percent
Billboards	28.6 percent
Videos	28.6 percent
Citizen advisory committees	28.6 percent
Interactive workshops	14.3 percent
Focus groups	14.3 percent
Polling	14.3 percent
Open planning forums with citizen polling	14.3 percent
Participatory action research	14.3 percent
Participatory budgeting	0 percent
House meetings	0 percent
Consensus building	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
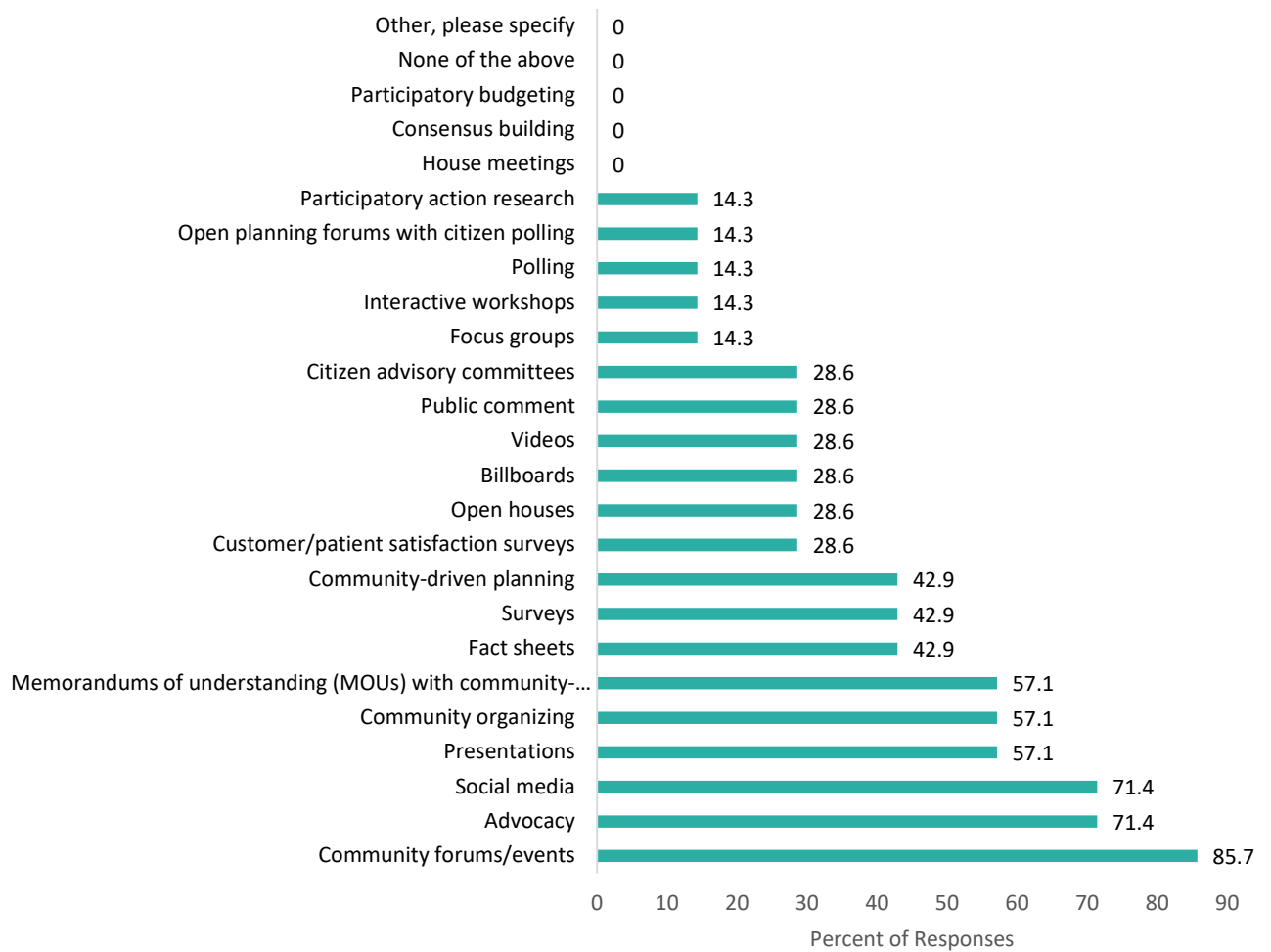
Source: Columbia County and Hamilton County Community Partner Assessment Survey, 2023. Prepared by WellFlorida Council, 2023

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

Offered When Hosting Community Meetings	Percent of Responses
Virtual ways to participate	57.1 percent
Food/snacks	42.9 percent
Not applicable to my agency/organization	42.9 percent
Interpretation/translation to other languages including sign language	0 percent
Childcare if needed	0 percent
Accessible materials for low literacy populations	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 46: TYPE OF POLICY/ADVOCACY WORK DONE BY AGENCY/ORGANIZATION, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Types of Policy/Advocacy Work Done	Percent of Responses
Educate decision-makers and respond to their questions	71.4 percent
Respond to requests from decision makers	71.4 percent
Use relationships to access decision makers	71.4 percent
Develop close relationships with elected officials	28.6 percent
Write or develop policy	28.6 percent
Advocate for policy change	28.6 percent
Build capacity of impacted individuals/communities to advocate for policy change	28.6 percent
Unsure	14.3 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
Not applicable	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

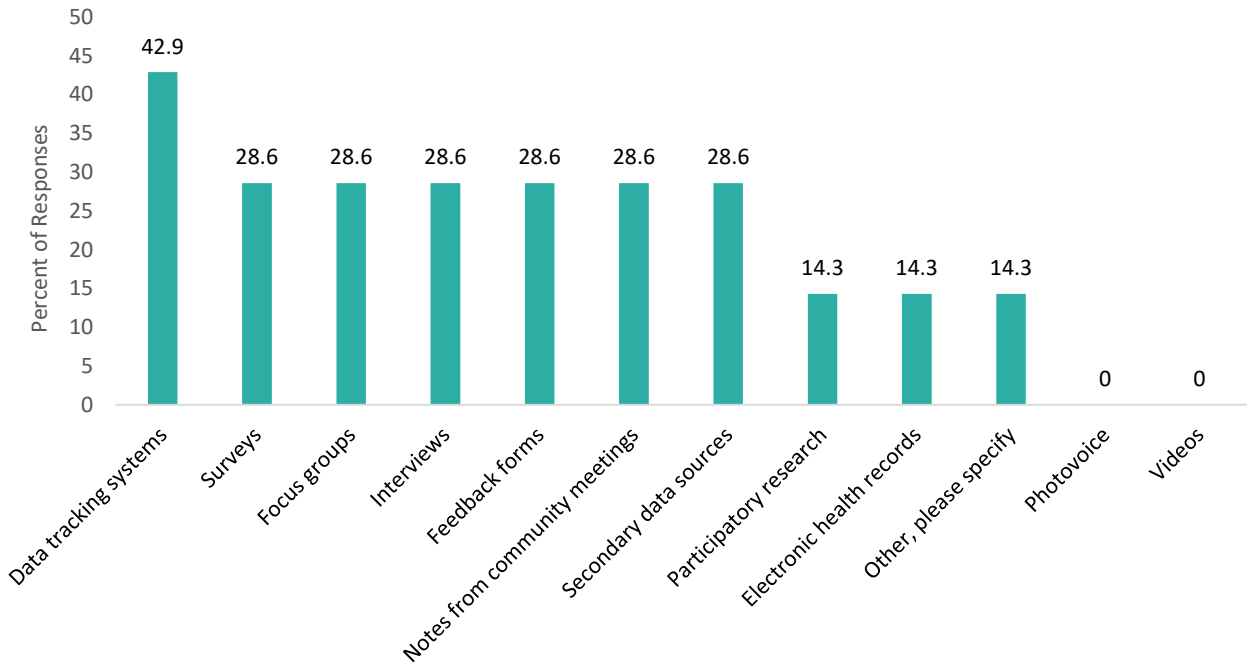**What communications work does your agency/organization do most often? Select all that apply.**

Types of Communications Work Done Most Often	Percent of Responses
Social media outreach (e.g., Facebook, Twitter, Instagram)	85.7 percent
Meetings to discuss narrative and messaging to the public	71.4 percent
Ongoing and active relationships with local journalists and earned media organizations	57.1 percent
Media contact list for press advisories/releases	57.1 percent
External newsletters to members/public	57.1 percent
Press releases/press conferences	57.1 percent
Internal newsletters to staff	42.9 percent
Ethnicity-specific outreach in non-English language	28.6 percent
Data dashboard	14.3 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 48: PUBLICLY AVAILABLE MATERIALS TRANSLATED INTO OTHER LANGUAGES, COLUMBIA COUNTY, BY PERCENT OF RESPONSES, 2023

Publicly Available Materials Translated	Percent of Responses
Few publicly available materials are translated into other languages (e.g., only when requested)	57.1 percent
Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)	28.6 percent
Not applicable (we do not have publicly available materials)	14.3 percent
All publicly available materials are translated into other languages	0 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

Summary and Key Findings from Community Partner Assessment Survey

Participating Community Partner Agency/Organization Attributes

The seven (7) agencies or organizations that responded to the survey are Columbia County community partners representing governmental public health, city government, education and academia, non-profit sector, social services, faith-based community, for-profit sector, and philanthropic/foundation organizations. Collectively, these partners highlighted their most valuable resources and strongest assets to include commitment to service, access to resources, strong outreach and communication capabilities, experience with policy change, 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 Columbia County community partners serve diverse racial and ethnic populations. Almost three-quarters of partners work with populations who speak English as a second language; however, only 28.6 of partner organizations have access to translation and interpretation services. The vast majority (85.7 percent) of the responding partners indicated they provide services specifically for or accessible by persons with disabilities. All responding partners provide services that members of the LGBTQIA+ community can use and access. The list of priority populations served by these partners included all populations and specific age groups such as infants and youth aged 11-18 years. Other priority populations listed were groups such as pregnant people, vulnerable families, seasonal and farmworker children, parents and caregivers, and low-income working families.

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

Columbia 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. More than half (57.1 percent) of survey respondents indicated they focused "a lot" on economic stability and education access and services. Education access and services was another area where the majority (57.1 percent) of partners said they placed a lot of their focus. Healthcare access and quality receives attention from all responding community partners with 42.9 percent placing "a lot" of their focus on the topic while another 57.1 percent dedicated "a little" focus to the subject. The domain of social and community context currently receives the least focus. According to survey results, all five the focus areas are being worked on at least "a little" in Columbia County.

Tobacco and substance use and prevention was the health topic worked on in common by 57.1 percent of survey respondents. Another 42.9 percent indicated they work on immunizations and screenings in common. However, the same percentage of responding partners said they did not work on any of the health topics listed. At least two partner agencies or organizations address injury and violence prevention, healthcare access and utilization, health insurance, mental or behavioral health, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or food stamps, and family and maternal health. Single agencies or organizations selected health topics such as health equity, chronic diseases, physical activity, HIV/STD prevention, infectious diseases, and cancer as part of their work focus.

The Columbia 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, persons affected by tobacco/nicotine use, youth and their families and caregivers, pregnant people, newborns and families with infants, and all residents of Lake City and Columbia County.

Interests in Community Health Improvement

The majority of Columbia County community partner assessment survey respondents (71.5 percent) reported that they had participated in a community health improvement process previously. They ranked their interests in being part of a community health improvement process to include creating long-term, permanent social change, obtaining or providing services to clients, and planning and launching community-wide initiatives. These garnered 57.1 percent of responses and were tied for first, second and third top interests. Another 42.9 percent of responses rounded out the top five interests and included efficient and effective program delivery and avoiding duplicated efforts and building networks and friendships.

Resources the Columbia County community partners might contribute to community health assessment and health improvement planning were many. All survey respondents listed staff time to support community engagement and to participate in meetings and activities as a potential resource. A large majority (85.7 percent) indicated staff time to implement CHA/CHIP priorities could be contributed. Another 62.5 percent listed staff time to participate in CHA/CHIP meetings and activities, support relationship-building, and to facilitate meetings along with providing policy and advocacy skills as potential assets they could share. More than half (57.1 percent) cited staff time for meeting planning and focus group facilitation as well as quantitative and qualitative data analysis as possible future contributions to CHA/CHIP work. Technology support, physical space and refreshments for meetings, social media and media connections, note-taking and coordination support, and funding were also listed.

Agency/Organization Capacities to Support Community Health Improvement

Resources. Self-assessment of capacity to meet current work needs showed that the Columbia County community partners are good stewards of their resources. More than half (57.1 percent) of survey respondents indicated their agencies or organizations have sufficient capacity. The 28.6 percent who indicated their current capacity was lacking, elaborated to say they are able to manage issues such as short-staffing and funding limitations in addition to recruiting more volunteers. Only 42.9 percent of responding agencies or organizations indicated they conduct assessments. These assessments included community health assessments, income and social stability assessments and equity analyses. More than a quarter (28.6 percent) were unsure about any assessments conducted by their agency or organization and the same proportion indicated they do not conduct any assessments.

Data Collection and Sharing. Data collection was a common activity among most of the responding Columbia County community partners. Only a single partner indicated their agency or organization does not collect data. The most commonly reported (71.4 percent) types of data collected by these partners were demographic information about clients and evaluation, performance management or quality improvement information about services and programs offered. The majority (62.5 percent) of survey respondents said they collect access and utilization data about services provided and to whom. About 42.9 percent of survey respondents collect access and utilization data about services provided and to whom and data about conditions and social determinants of health. At least two community partners said their agency or organization collects data on health behaviors and a single partner reported collecting data on health status. Two responding partners indicated they already share their assessment data and an additional partner said they can share data in the future. More than half (57.1 percent) were unsure or felt sharing data did not apply to their agency or organization. Data tracking systems were listed as the most commonly used (42.9 percent) data collection method. At least two community partners reported using surveys, focus groups, interviews, feedback forms, notes from community meetings, and secondary data sources. Participatory research and electronic health records were each cited by a single agency or organization as a data collection method in use.

Community Engagement, Policy, and Communication Practices. Of the many methods of community engagement, community forums and events were reported to be used by 85.7 percent of Columbia County community partner

survey respondents. Another 71.4 percent commonly use social media and advocacy for community engagement. More than half (57.1 percent) employ presentations, community organizing, and Memorandums of Understanding with community-based organizations as engagement strategies. Survey, fact sheets, and community-driven planning were cited by 42.9 percent of survey respondents as often used methods of engagement. Another quarter (28.6 percent) of responding partners listed customer or patient satisfaction surveys, open houses, public comment, billboards, videos, and citizen advisory committees as methods used. At community meetings hosted by these Columbia County partners the following are offered: virtual ways to participate (57.1 percent) and food and snacks (42.9 percent).

All of the survey respondents indicated that some type of policy or advocacy work is done at their agency or organization. Most commonly (71.4 percent each) done are educating decision makers and responding to their questions, responding to requests from decision-makers, and the use of relationships to access decision-makers. Another quarter (28.6 percent) of survey respondents said they work to develop relationships with elected officials, wire or develop policy, advocate for policy change, and build capacity of impacted individuals and communities to advocate for policy change.

Social media outreach is used by the vast majority (85.7 percent) of Columbia County community partners in their communication work as reported in the survey. Many (71.4 percent) responding partners hold meetings to discuss narrative and public messaging. More than half (57.1 percent) have ongoing and active relationships with local journalists and earned media organizations, maintain a media contact list, send press releases or hold press conferences as well as distribute external newsletters to their clients and/or the public. Another 42.9 percent list internal newsletters for staff while 28.6 percent provide ethnicity-specific outreach in non-English language(s) and a single partner uses a data dashboard as a method of communication. The vast majority (85.7 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 Columbia County Community Partner Assessment Survey

- Columbia 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 social and community context
  ▶ Tobacco and substance use and prevention are the focus of half of the community partner agencies/organizations

- Community partners have some experience with community health assessment health improvement planning work and activities

- Columbia 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
  ▶ Community engagement experience and expertise
  ▶ Communication and technology skills

► Policy and advocacy skills

Gaps identified include:

- Limited data collection and data sharing

- Interpretation and translation services not widely available

- Limited focus on the social determinant of health domains of economic stability, education access and services, neighborhood and built environment, and social and community context

Strengths identified include:

- Shared dedication to serving all populations

- Interest in CHA/CHIP partnership and process

- Many resources and expertise for CHA/CHIP work

- Common focus of current work on healthcare access and quality and tobacco and substance use and prevention

.

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 Columbia 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 Columbia 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 Columbia County.

Intersecting Themes

The intersecting themes, recurring issues, and major health needs in Columbia 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 Columbia 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, health information and resource access, health status and health outcomes, health behaviors, and community infrastructure. 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

  ▶ Education (including comprehensive health education in schools)

- Health Information and Resource Access

  ▶ Accessible Community Resources

  ▶ Awareness and Outreach

  ▶ Health Literacy

- Health Status and Outcomes

  ▶ Heart Disease and Cardiovascular Problems (Stroke, Hypertension)

  ▶ Pre-Diabetes and Diabetes

  ▶ Overweight and Obesity

- Health Behaviors

- ► Substance/Drug Misuse

- ► Alcohol Misuse

- ► Youth Tobacco Use and Vaping

- ► Physical Activity

- ► Social Media Use

- Community Infrastructure for Health Improvement

    - ► Community Partner Capacity and Collaboration (focusing on enhancing strengths and broadening partnerships)

Strategic Priority Issue Areas

Columbia 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 Columbia 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, need for education and outreach to prevent and manage chronic diseases, addressing mental health's impact on substance misuse, call for comprehensive health education that includes sexual health topics for both youth and young adults, need for new education strategies including use of social media, wider and wiser use of existing resources, information-sharing tactics for use by providers and service organizations, and expanding and recognizing community partner roles and importance in improving health. Through a facilitated consensus process four (4) priority themes emerged. These included chronic disease, substance misuse and mental health, health behaviors, and health information access. 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 49: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, COLUMBIA COUNTY, 2023

Importance and Urgency	Impact	Feasibility	Resource Availability
•Issue severity •Burden to large or priority populations •Of great community concern •Focus on equity	•Potential effectiveness •Cross cutting or targeted reach •Ability to demonstrate progress	•Community capacity •Political will •Acceptability to the community	•Financial costs •Staffing •Stakeholder support •Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *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

    ► Prevention and management of chronic conditions including hypertension, pre-diabetes, diabetes, heart disease

    ► Obesity

    ► Physical activity

    ► Health literacy

- Substance Misuse and Mental Health

    ► All substances including alcohol, tobacco, illicit drugs

    ► Youth and adult focus on prevention and treatment

- Health Behaviors

    ► Sexual health education

    ► Youth and young adult focus

    ► Emphasis on education, prevention, screening and treatment

- Health Information Access

    ► Focus on local providers and services

    ► Streamlined referrals

    ► Centralized information access points

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 Columbia 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 Columbia County community partners strive to enhance, continuously improve, and measure their impact. These key considerations are listed below.

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

- 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

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 Columbia 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.

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.

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 Columbia County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Columbia 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 50: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Animal Control	**A road map for effective, community-based animal care and control.**	Non-systematic Review	https://www.nacanet.org/wp-content/uploads/2019/03/Best-Friends-Humane-Animal-Control-Manual.pdf
Animal Control	**Recommendations for City/County Animal Control Contracts** 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	https://www.americanhumane.org/app/uploads/2016/08/op-guide-citycountycontracts.pdf
Barriers to Care	**Health insurance enrollment outreach & support** 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	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support

Issue	Practice or Intervention	Effective-ness	Source
	etc.) and are often supported through grants from federal agencies or private foundations.		
Barriers to Care	**Patient Navigation Services Increase Cancer Screening and Advance Health Equity** 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.	Systematic Review	The Guide to Community Preventive Services [CPSTF Recommends Patient Navigation Services to Increase Cancer Screening	The Community Guide](#)
Access to Care for the Homeless	**Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review**	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/
Chronic Disease – Hyper-tension	**Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients**	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	**Help Educate to Eliminate Diabetes (HEED)** A culturally appropriate and community-based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Dementia Care, including Alzheimer's	**Healthy Brain Initiative Road Map 2018-2023** 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.	Non-systematic Review	CDC Healthy Brain Initiative https://www.cdc.gov/aging/healthybrain/roadmap.htm

Issue	Practice or Intervention	Effective-ness	Source
Dementia Care, including Alzheimer's	**Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning**	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer's	**Public Health Approach to Alzheimer's – How does public health address Alzheimer's?** 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 https://www.alz.org/professionals/public-health/public-health-approach
Dental Health	**Preventing Dental Caries: School-Based Dental Sealant Delivery Programs** 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: Task Force Finding and Rationale Statement - Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs (thecommunityguide.org)
Dental Health	**Preventing Dental Caries: Community Water Fluoridation** The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: Cavities: Community Water Fluoridation	The Community Guide
Drowning Prevention	**Preventing Drowning: An Implementation Guide** 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	https://www.who.int/publications/i/item/9789241511933

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.		
Fall Prevention	**CDC Compendium of Effective Fall Interventions** 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	https://www.cdc.gov/falls/pdf/Steadi_Compendium_2023_508.pdf
Housing	**Medicaid Accountable Care Organizations: A Case Study with Hennepin Health** 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	https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf
Housing	**Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project** 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.	Experiment-al Study	https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project
Infant Mortality and Maternal Child Health	**Nurse-Family Partnership – Providing babies with the best start in life** 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	www.kingcounty.gov/nfp

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.		
Infant Mortality and Maternal Child Health	**Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy** 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.	Systematic Review	Cochrane Library of Systematic Reviews: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2030: Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030 | health.gov
Mental Health	**Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management** Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case	Systematic Review	Healthy People 2030: Mental Health: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management -

Issue	Practice or Intervention	Effective-ness	Source
	management, patient education, and a supervising psychiatrist.		Healthy People 2030 | health.gov
Mental Health	**School-Based Programs to Reduce Violence** Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional 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: https://www.thecommunityguide.org/findings/violence-school-based-programs
Nutrition	**Mind, Exercise, Nutrition...Do it! (MEND) Program** The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about 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 https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/
Nutrition	**Video Game Play** This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition/ Physical Activity	**Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices** 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)	https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf

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.		
Nutrition/ Physical Activity	**County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers** 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.	Evidence-Based (Moderate)	https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/
Nutrition	**A community intervention reduces BMI z-score in children: Shape Up Somerville first year results** 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,	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/

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

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.		[indings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among](#)
Physical Activity	**Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design** 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.	Systematic Review	Healthy People 2030: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches
Physical Activity	**Activity Bursts in the Classroom (ABC) Fitness Program** 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	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616

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.		
Physical Activity and Greenways	**Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions** 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	Systematic Review	The Community Guide Phys Activity: Park, Trail, Greenway multicomponent | The Community Guide
Poverty	**Policies to Address Poverty in America** 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.	Evidence-Based	The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years
Poverty	**Social Programs That Work: Employment and Welfare** This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Rural Health	**What Works? Strategies to Improve Rural Health** This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.	Non-systematic Review	https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health
Substance Abuse	**Principles of Drug Addiction Treatment: A Research-Based Guide**	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.		NIDA Notes | National Institute on Drug Abuse (NIDA) (nih.gov)
Substance Abuse	**Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)** 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.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi
Substance Abuse	**Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide** 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.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide | SAMHSA
Tobacco Use	**Cell Phone-based Tobacco Cessation Interventions**	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.		http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	**Mass Media Campaigns Against Tobacco Use** 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.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use
Violence	**Clinician Screening for Intimate Partner Violence** 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.	Systematic Review	U.S. Preventive Services Task Force Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening	United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)
Violence	**Anti-Bullying Policies and Enumeration** 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.	Systematic Review	CDC, Adolescent and School Health Anti-Bullying Policies and Enumeration	

Issue	Practice or Intervention	Effective-ness	Source
			Adolescent and School Health	CDC

APPENDIX A – STEERING COMMITTEE MEMBERS

Name	Organization
A.J. Ward	Baya Pharmacy
A.L. Gandy	First Central Missionary Baptist Association
Ann Brown	Florida Gateway College
Brooke Frye	CivCom
Dawn Blake	Palms Medical Group
Delilah Bray	Palms Medical Group
Emily Berry	Suwannee River Area Health Education Center
Erin Peterson	Health Start Coalition of North Central Florida
Felicia Freeman	Florida Department of Health in Columbia County
Jamie Holton	Suwannee River Area Health Education Center
Jeremy Gifford	Florida Department of Health in Columbia County
Kim Allison	Columbia County School District
Kody Latham	Hanley Foundation
Lakasia L. Portee-Jones	Columbia County Schools - Pathways Academy
Lance Hill	Columbia County Fire Rescue
Latwala Dixon	Columbia County School District
Lisa Burnham	Saint Leo University
Lisa Mcneil	Hanley Foundation
Lisa Swisher	Florida Department of Health in Columbia County
Marjorie Rigdon	Florida Department of Health in Columbia County
Monique Griffis	Columbia County School District
Sarah Catalanotto	Suwannee River Area Health Education Center
Shane Ross	Florida Department of Health in Columbia County
Tom Moffses	Florida Department of Health in Columbia County
Tony Ferris	Florida Department of Health in Columbia County
Travis George	Florida Gateway College
T'Ayana Pierce	Florida Department of Health in Columbia County
Wendy Bragdon	Florida Department of Health in Columbia County

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.

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

Please respond to the statement below.

[ ] I'm not a robot   reCAPTCHA
                       Privacy - Terms

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

Community Health

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

☐ Public **transportation** system

☐ Practice of **religious or spiritual values**

☐ Access to convenient, affordable and nutritious **foods**

☐ **Low** level of **domestic violence**

☐ **Low** rates of **infant and child death**s

☐ **Awareness** of **health care and social services**

☐ Affordable **goods and services**

☐ Good **race/ethnic relations**

☐ Good **schools**

☐ **Job opportunities** for all levels of education

☐ Strong **economy**

☐ Affordable **utilities**

☐ **Low** preventable **death and disease** rates

☐ **Clean environment** (for example, water and air)

☐ Low crime/**safe** neighborhoods

☐ Availability of **parks and recreational opportunities**

☐ Good place to **raise children**

☐ Choices of **places of worship**

☐ Availability of **arts and cultural events**

☐ Affordable **housing**

☐ Availability of **first responders, law enforcement, fire/rescue/EMS, emergency preparedness services**

☐ Access to affordable **health care** including primary/family care and specialty care, dental care and mental health care

☐ **Low** level of **child abuse**

☐ Strong **family** ties

☐ Residents engaging in **healthy behaviors**

☐ Other, please tell us

[   ]

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

☐ Poor race/ethnic relations

☐ Not using seat belts/child safety seats

☐ Loneliness or isolation

☐ Not using health care services appropriately

☐ Tobacco use, vaping, chewing tobacco

☐ Eating unhealthy foods, drinking sugar-sweetened beverages

☐ Dropping out of school

☐ Not using birth control

☐ Lack of physical activity

☐ Lack of stress management

☐ Lack of personal responsibility

☐ Lack of sleep

☐ Not getting immunizations to prevent disease (e.g., flu shots)

☐ Overeating

☐ Starting prenatal care late in pregnancy

☐ Violence

☐ Alcohol abuse

☐ Unsecured firearms

☐ Unsafe sex

☐ 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).

☐ Access to sufficient and nutritious foods

☐ Mental health problems

☐ Intellectual and Developmental Disabilities (including autism spectrum disorders)

☐ Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)

☐ Heart disease and stroke

☐ Affordable assisted living facilities

☐ Suicide

☐ Rape/sexual assault

☐ Motor vehicle crash injuries

☐ Access to long-term care

☐ Domestic violence

☐ Access to primary/family care

☐ Child abuse/neglect

☐ Dental problems

☐ Cancer

☐ Teenage pregnancy

☐ Elderly caregiving

☐ Vaccine preventable diseases (e.g., flu, measles)

☐ Infant death

☐ Tobacco use (includes e-cigarettes, smokeless tobacco use)

☐ Disability

☐ Substance abuse/drug abuse

☐ Respiratory/lung disease

☐ Pollution (e.g., water, air, soil quality)

☐ Homicide

☐ Obesity

- [ ] Age-related issues (e.g., arthritis, hearing loss)
- [ ] Stress
- [ ] Exposure to excessive and/or negative media and advertising
- [ ] Dementia
- [ ] Diabetes
- [ ] Homelessness
- [ ] Firearm-related injuries
- [ ] HIV/AIDS
- [ ] High blood pressure
- [ ] 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
- [ ] Imaging (CT scan, mammograms, MRI, X-rays, etc.)
- [ ] Preventive care (e.g., check-ups)
- [ ] Laboratory services
- [ ] Family planning/birth control
- [ ] Physical therapy/rehabilitation therapy
- [ ] In-patient hospital care
- [ ] Mental/behavioral health care
- [ ] Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)
- [ ] Prenatal care (pregnancy care)
- [ ] Dental/oral care
- [ ] Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)
- [ ] Substance abuse counseling services (e.g., drug, alcohol)
- [ ] 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

☐ 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 <u>you</u> 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 <u>you</u> could not get the **primary/family care** you needed during the past 12 months. Choose <u>ALL</u> 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

[blank box]

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 <u>ALL</u> 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 <u>child or children in your care</u> 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.

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

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Pandemic Questions

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

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 <u>ALL</u> 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 <u>your household</u> 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

Please describe yourself by answering the following questions. This information is <u>confidential</u> and will <u>not</u> 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 <u>ONE</u>.

○ 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 <u>ONE.</u>

○ 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 <u>ONE.</u>

○ 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 <u>ALL</u> 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

How do you pay for health care? Choose <u>ALL</u> 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 <u>ONE</u>.

○ Less than $10,000

○ $10,000 – $19,999

○ $20,000 – $29,999

○ $30,000 – $49,999

○ $50,000 – $74,999

○ $75,000 – $99,999

○ $100,000 – $124,999

○ $125,000 – $149,999

○ $150,000 – $174,999

○ $175,000 – $199,999

○ $200,000 or more

○ I prefer not to answer

What is the zip code of your residence?

○ 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 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[1] 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

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- 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
Privacy - Terms
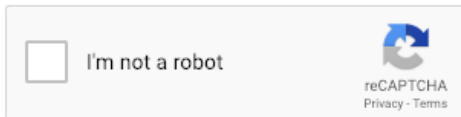
About Your Agency/Organization

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

2

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?

[text input field]

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)

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○ 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.)

☐ County health department

☐ State health department

☐ City government agency

☐ County government agency

☐ State government agency

☐ Non-profit organization

☐ Grassroots community organizing group/organization

☐ Tenants' association

☐ Social service provider

☐ Housing provider

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- ☐ Private hospital
- ☐ Public hospital
- ☐ Private clinic
- ☐ Public or community clinic
- ☐ Emergency response
- ☐ School/education (PK-12)

  College/university
- ☐

- ☐ Library (county or city)

- ☐ Mental health provider
- ☐ Neighborhood association
- ☐ Foundation/philanthropic organization
- ☐ For-profit organization or private business
- ☐ Faith-based organization
- ☐ Center for Independent Living

  Other, please specify
- ☐

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.

- [ ] Funding to support assessment activities (e.g., data collection, analysis)
- [ ] Funding to support community engagement (e.g., stipends, gift cards)
- [ ] Refreshments for community meetings
- [ ] Childcare for community meetings
- [ ] Policy/advocacy skills
- [ ] Media connections
- [ ] Social media capacities
- [ ] Physical space to hold meetings
- [ ] Technology to support virtual meetings
- [ ] Coordination with governmental entities
- [ ] Staff time to support community engagement and involvement

- [ ] Lending interpretation equipment for use during meetings
- [ ] Staff time to support relationship-building between CHA/MAPP staff and other organizations
- [ ] Staff time to support focus group facilitation or interviews
- [ ] Staff time to help analyze quantitative data
- [ ] Staff time to help analyze qualitative data
- [ ] Staff time to participate in CHA/MAPP meetings and activities
- [ ] Staff time to help plan CHA/MAPP meetings and activities
- [ ] Staff time to help facilitate CHA/MAPP meetings and activities
- [ ] Staff time to help implement CHA/MAPP priorities
- [ ] Note-taking support during qualitative data collection
- [ ] Staff time to transcribe meeting notes/recordings

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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.

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○ No
○ Unsure

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

○ Yes. Please list languages offered.

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○ No

10

○ Unsure

○ Not applicable

Who are the priority populations your agency/organization serves? Please 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
Economic Stability: 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.	○	○	○	○

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	Not at all	A little	A lot	Unsure
Education Access and Services: 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.	○	○	○	○
Healthcare Access and Quality: 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.	○	○	○	○
Neighborhood and Built Environment: 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.	○	○	○	○
Social and Community Context: 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.	○	○	○	○

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

☐ Cancer

☐ Chronic diseases (e.g., asthma, diabetes, obesity, cardiovascular disease)

☐ Family/maternal health

☐ Immunizations and screenings

☐ Infectious diseases

☐ Injury and violence prevention

☐ HIV/STD prevention

☐ Healthcare access and utilization

☐ Health equity

☐ Health insurance/Medicaid/Medicare

☐ Mental or behavioral health (e.g., PTSD, anxiety, trauma)

☐ Physical activity

☐ Tobacco and substance use and prevention

☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or food stamps

☐ None of the above or not applicable

☐ Other, please specify

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.

[text box]

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.

[text box]

○ Unsure. Please elaborate.

[text box]

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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.)

☐ Customer/patient satisfaction surveys

☐ Fact sheets

☐ Interactive workshops

☐ Polling

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☐ Open houses

☐ Presentations

☐ Billboards

☐ Videos

☐ Public comment

☐ Focus groups

☐ Community forums/events

☐ Surveys

☐ Community organizing

Advocacy

☐

☐ House meetings

☐ Memorandums of understanding (MOUs) with community-based organizations

☐ Citizen advisory committees

☐ Open planning forums with citizen polling

☐ Community-driven planning

☐ Consensus building

☐ Participatory action research

☐ Participatory budgeting

☐ Social media

☐ None of the above

Other, please specify

☐

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

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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

19

☐ Unsure

☐ None of the above

☐ Other, please specify

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[                    ]
[                    ]
[                    ]
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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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[                    ]
[                    ]
[                    ]
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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 tin 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.

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