COMMUNITY HEALTH ASSESSMENT
FEBRUARY 2023

January 1, 2023 - December 31, 2027

Department of Health in Madison County
Madison County Memorial Hospital

The Department of Health in Madison County and Madison County Memorial Hospital collaborated on the development of the 2023 Community Health Assessment

Department of Health Mission
To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Department of Health Vision
To be the healthiest state in the Nation

Department of Health Values (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

Madison County Memorial Hospital

Madison County Memorial Hospital Mission
To enhance the quality of life by continuously improving the health of the people of our community.

Madison County Memorial Hospital Values
Faith, Family, and Local History

Acknowledgements

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Participating Agencies
Big Bend Area Health Education Center, Florida Department of Health Region 2B HIV/AIDS Program, Florida Department of Health Minority Health Program, Apalachee Center, Inc., Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc., North Florida Medical Centers, DISC Village, Madison Health and Rehabilitation Center, Madison Board of County Commissioners, City of Greenville, DSR Public Health Foundation

Participating agencies are representative of public and private health providers, child welfare, education, local government, local law enforcement, faith-based, social service, and mental health agencies that serve Madison County

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Executive Summary

The Department of Health in Madison County (DOH-Madison) and Madison County Memorial Hospital (MCMH) have collaborated to produce the 2023 Community Health Assessment for Madison County. This meets the requirements for both entities to involve the community in a participatory process to plan health priorities for the next three years.

This Community Health Assessment (CHA) serves to inform the Madison County community for the purposes of decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

- Analysis of the Socioeconomic Barriers to Health and the impact on the health of Madison County residents;
- Examination of the current health status across Madison County as compared to Florida;
- Identification of the current health concerns among Madison County residents within the social and economic context of their community; and,
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Madison County.

Collaboration Process

To begin the Community Health Assessment process, the MCMH Chief Executive Officer and the DOH-Madison Administrator approached potential community partners through mail, email and by phone to ensure that the invitation list was all-inclusive. This initiative ensured that all four assessments were well-attended. New partnerships for both entities have resulted from community outreach efforts, particularly from the City of Greenville.

DOH-Madison and MCMH were co-leads of the CHA Steering Committee. Once the three priority areas were chosen for the Community Health Improvement Plan (CHIP) by the community partners attending the Health Summit, committee chairs were chosen from community partners through a nomination process, to ensure that the community felt ownership of the assessment and the plan. This cycle of the CHA focused on service mapping and preventing service duplication, particularly in the Chronic Disease priority area.

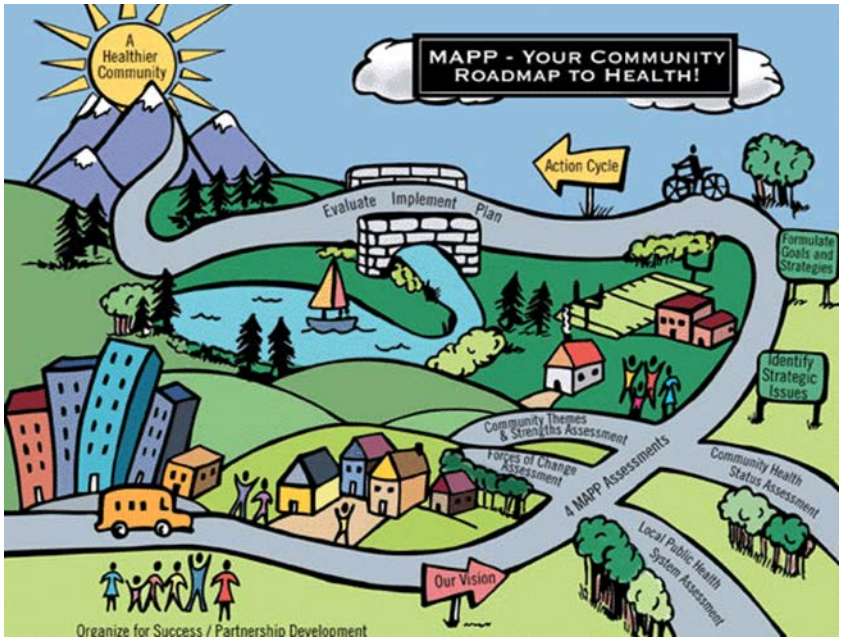
The Steering Committee reviewed drafts of the CHA document. The final draft was reviewed and approved the participating community partners, and by DOH-Madison and Madison County Memorial Hospital.

Mobilizing for Action Through Planning and Partnerships (MAPP) Process

An overview of the Mobilizing for Action through Planning and Partnership (MAPP) process was discussed to educate the community about the development process of the CHA. The MAPP process serves a resource to classify the priorities of the community and functions to identify resources to develop action plans in the community. This strategic planning tool, driven by the community, is conducted to assess the health within the community in order to identify issues and improve the

well-being of the public. The MAPP process alters how we see public health planning and creates a health model focused on the community at large.

Figure 1. Roadmap of MAPP Process



Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment, identifies issues that residents of the community deem as the most important, along with distinguishing any resources available to aid in improving the health of the community.

The Community Themes and Strengths Assessment was performed in 2022 by direct solicitation of residents to complete a standardized survey (See Appendix 1). Residents were approached at county school board meetings, county commission meetings, community events, health fairs and at local establishments. Residents had the option to complete a printed survey at the solicitation location or to access an online platform to complete the survey. Many of the questions had an option to capture qualitative data in text fields in order to get a more complete picture.

Hard copy data were entered into the online platform. Data were exported from the electronic dataset into Excel and analyzed using pivot tables and other Excel tools.

Community Health Status Assessment

The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues. The Health Summit to discuss the Community Health Status Assessment was held on December 16, 2022, at the DISC Village Office in Greenville, Florida. Community participants developed the Visioning Statement that is included in the assessment, listened to data presentation on health indicators, and broke into groups to discuss the major health indicator topic areas. At the end of the day, the group voted to choose the three priority areas to address in the CHIP that will begin April 1, 2023.

Local Public Health System Assessment

The Local Public Health System Assessment puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services are being delivered. The Local Public Health Assessment was divided into two parts, an external assessment and an internal assessment. The external assessment was held at the health summit. During that time, we discussed Essential Public Health Services 3, 4, 5, 7 and 9. The internal assessment was held with DOH-Madison staff. Essential Services 1, 2, 6, 8 and 10 were addressed.

Forces of Change Assessment

The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system. The Forces of Change Assessment was performed on December 16, 2022, in conjunction with the Community Health Status Assessment, in order to identify community strengths, weaknesses, opportunities and threats in specific topic areas.

Data Sources

The following data sources were utilized to develop this community health assessment. These data include both primary and secondary data sources. According to the National Association of County and City Health Officials (NACCHO), primary data is defined as data collected directly, such as surveys, focus groups and key informant interviews. Secondary data are defined as data not collected directly, such as surveillance data, population data and incidence rates.

Florida Cancer Registry – Secondary Data

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS – Primary and Secondary Data

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time. This resource includes primary data through several surveys, and secondary data, including health indicator data.

Behavioral Risk Factor Surveillance System (BRFSS) – Primary Data in Florida CHARTS

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.

Florida Youth Tobacco Survey (FYTS) – Primary Data in Florida CHARTS

The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

Florida Youth Substance Abuse Survey (FYSAS) – Primary Data in Florida CHARTS

This survey is given to middle and high school youth in public schools. This survey tracks indicators assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. The FYSAS and the FYRBS below are administered on alternating years.

Florida Youth Risk Behavior Survey – Primary Data in Florida CHARTS

This survey is given to middle and high school youth in public schools. The survey tracks indicators of behaviors that contribute to unintentional injuries and violence, substance use, physical activity, and dietary behaviors.

Florida-|HealthFinder|, Florida Agency for Health Care Administration (AHCA) – Secondary Data

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Robert Wood Johnson County Health Rankings

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

United States Census Bureau – Primary and Secondary Data

The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty. Data are also collected through the American Community Survey

Data Limitations

All data presented in the following assessment are current as of December 2022, and whenever possible, comparisons were made between Madison County and the state of Florida as a whole. Some trend lines are three-year discrete rates to control for static trend lines and years where the rate was zero. Three- year discrete rates can give a more fluid view of the overall trend up or down.

It should be noted that data from the Community Themes and Strengths and Strengths Assessment, and the Forces of Change Assessment are representative of the persons who participated in the assessment. Data may or may not be generalizable to the entire Madison County community.

All survey data were used as supplemental information to further inform the group about health indicators. These data can offer supporting or negating documentation of health indicators found in Florida CHARTS and other quantifiable sources.

Madison County Memorial Hospital

MCMH is in the heart of Madison County, one block north of west US Hwy 90, in downtown Madison. It is about fifty miles east of Tallahassee along the Interstate 10 corridor. Madison County shares a border with the State of Georgia, and the city of Madison is only about thirty miles south of Valdosta, Georgia. MCMH was founded in 1937. Today it is one of only 12 hospitals in Florida designated as a Critical Access Hospital. MCMH has 25 private patient rooms and provides several outpatient services. The governing board of Madison County Health and Hospital District (the district) is made up of seven directors appointed by the Governor of Florida. These directors serve staggered four-year terms and are selected from applications submitted to the governor's office. The District leases the hospital building to Madison County Memorial Hospital, Inc., a 501(c)(3) not-for-profit organization. The board directors that serve the district are the same people as the board directors that serve the not-for-profit corporation. This has been the leadership structure since 1983. With an emphasis on patient-centered care, MCMH engages the patient's entire family and strives to provide innovative services for our community.

Emergency Services

Emergency specialists consist of physicians, physician assistants, nurse practitioners, licensed nurses, emergency technicians and respiratory therapists who stand ready to accommodate a variety of emergency procedures such as-diagnostics, accident, injury, stabilization, and transport.

Telemedicine

In 2015 the hospital implemented a TeleStroke program by one of the latest technologies in emergency stroke care with a tele-medicine robot named R.E.T.A, (**R**emote **E**mergency **T**elemedicine **A**ssistant). This service provides the emergency room professionals with remote board-certified neurologists available 24/7. These neurologists examine the patient, evaluate the CT scan of their brain, and make recommendations to the MCMH team for the best possible patient outcomes. In 2019 inpatient TeleCardiology consultations were added with Board Certified Cardiologists to listen to heart sounds by way of a Bluetooth stethoscope and provide a face-to-face assessment through a telemedicine robot. During 2022, TeleBehavioral Health was implemented.

Inpatient Services

Inpatient services include all other services as needed when serving acute care or observation patients who are staying in the hospital for treatment. Additionally, MCMH offers Swing Bed services to patients who no longer require acute inpatient services but instead need extra time for healing. This program is provided to patients who require skilled nursing services or rehabilitation services such as: physical, occupational, and speech therapy before returning home safely. Skilled services include IV antibiotics, rehabilitation therapy, tube feedings and nutritional stabilization, wound care,

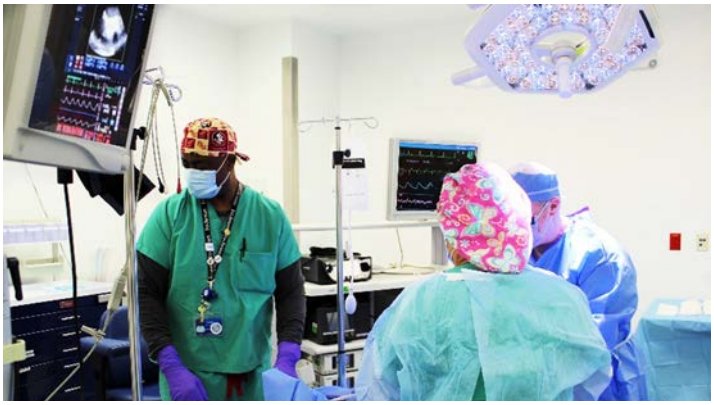
and respiratory therapy. Patients receive a private room along with personalized care tailored to their needs through a team of physicians, nurses, physical, speech, and occupational therapists, respiratory, radiology and laboratory technicians, dieticians, activities coordinator, chaplains, and a case manager.

Outpatient Services

MCMH Outpatient services include laboratory, diagnostics, rehabilitation, respiratory, wound care, endoscopy, and elective surgery. Outpatient rehabilitation services, including physical and occupational therapy. These services allow patients who may have been injured in a car accident or experienced a stroke or heart attack to get back to living an independent life. Together, the rehabilitation team has over 50 years combined experience and works directly with the patient to increase function and performance, and to maximize their potential for returning to work, school, community, and home with enhanced daily living skills.

Operating Room

MCMH's Operating Room provides a variety of elective surgery procedures prescribed by your medical provider. The Operating Room Suite consists of a large operating room, four private treatment/recovery rooms, and a procedure room. The following surgical services are currently available:



- Abscesses/Hematomas
- Abscess Incision & Drainage
- Breast Biopsy
- Central Lines
- Chest Tubes
- Circumcision (ages five and older)
- Gallbladder Removal
- Hernia Repair
- Gastrostomy Feeding Tube Insertion
- Hemorrhoidectomy
- Implanted Venous Access Devices
- Ingrown Toe-Nail Removal
- Paracentesis
- Skin Cancers
- Thoracentesis
- Tubal Ligation
- Vasectomy

Endoscopy

MCMH Endoscopy program diagnoses and treats a wide range of gastrointestinal conditions. A full range of educational services, diagnostics and therapeutic gastrointestinal endoscopic services are offered: 1) Upper endoscopy (EGD); 2) Sigmoidoscopy; 3) Colonoscopy; 4) Esophageal dilation; 5) Polyp removal, biopsies, follow-up, and referral.

Diagnostic Services

MCMH diagnostic services include - Endoscopy, Radiology, Laboratory, and Respiratory/ Cardiopulmonary. MCMH Radiology Department provides digital diagnostic imaging services such as X-Ray, CT-Scan, Mammography, and Ultrasound; Ultrasound includes venous, vascular, and echocardiograms. These services are critical in helping the medical team determine a patient's current condition as well as provide preventive services to mitigate chronic conditions.

Mobile Wellness Unit

MCMH launched new services to help residents stay healthy to aid in minimizing the effects of chronic diseases. In 2019 the program kick-off started with Diabetes and Breast Cancer Awareness education. In 2020 wellness coaching and health education was added. Then in 2021-2022 COVID vaccination outreach and testing was implemented. The Mobile Wellness Unit (MWU) at MCMH offers COVID-19 vaccines, Rapid Antigen testing, and education to the community free of charge. MCMH is committed to the health & wellness of our community. We participate in community events and travel to local schools for vaccination/testing as well. Community engagement, health education and mental wellness services have been provided by MWU throughout the region. In 2022 the Hospital was awarded a $5 million dollar grant from the USDA to expand the MWU into a brick-and-mortar wellness center. Construction is set to begin in 2023 to house a variety of health and wellness services:

- **Behavioral Health**-individual, group, expressive and play therapy, crisis stabilization, anxiety, and depression from COVID and other triggers, and TeleMental health.
- **Cardiopulmonary Rehabilitation**- oxygen therapy, chest physiotherapy, pulmonary function, etc.
- **Geriatric Wellness**-chronic disease, mental wellness, palliative, etc.
- **Health Education & Outreach**-lunch and learns, education classes, etc.
- **Infusion Therapy**-to treat COVID, Cancer, and other conditions.
- **Wellness**-coaching, fitness, nutrition, men's health, women's health, alternative wellness.
- **Wound Care**-immune deficiencies, cancer, infectious disease, etc.
- **Rotating Specialist**-Orthopedic, Primary Health, Respiratory, etc.

MCMH provides big-city services in a small-town atmosphere to meet the healthcare needs of Madison County residents.

Vision Statement

Vision is the fundamental basis for guidance, both physically and metaphorically. Ultimately, it facilitates the direction of the planning process and creates the foundation for the CHA and the CHIP. Prior to beginning the data presentation on the health indicators in Madison County, a Themes and Strengths Visioning Assessment session was conducted. After a brief discussion about ideal qualities of health, the attendees were asked two significant questions, "What does a healthy community mean?" and, "What are the characteristics of a healthy Madison County?" The participants worked independently and collectively to identify common community themes and strengths and brainstormed to discuss and answer the above questions.

Answers were self-recorded on a notecard and then placed on a sticky wall in the front of the auditorium. Once responses were compiled, the attendees conjoined as each response was read aloud and categorically placed. Accordingly, the community members envisioned a healthy Madison County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.

Elements of the visioning exercise included participants engaging group discussions and creating vision statements that reflected on the themes and key values examined throughout the summit. Although all of the statements varied, the priority key values were consistent in all the statements. Each of the statements were presented and the community members voted to select the ideal vision statement for Madison County. After minor revisions, by a show of hands, the partners favored the adoption of, "**Together we will achieve a healthy, safe, and vibrant Madison County for all**," as the new vision.

Vision Statements

The following vision statements were created during the visioning session.

- By 2026, Madison County will be a community that will have access to greater health resources through infrastructure development as a result of community collaboration and cooperation.
- To promote collaborative access to resources for a holistic, healthy community.
- Madison County will be a place where the citizens, businesses, and healthcare community unite to ensure the availability of resources to access what we need in order to be the physically, mentally, socially, emotionally, and spiritually healthy community we aspire to be.
- By 2026, Madison County will provide unparalleled health services through a synergistic approach to strong infrastructure, informative access, and unbiased collaboration that creates a unified standard of community health.
- Making Madison County healthy one life at a time through collaboration of agencies to create overall health in the community.

During the visioning session, members were asked to establish common themes and strengths pertaining to the two significant questions: "What does a healthy community mean?" and "What are the characteristics of a healthy Madison County?" Based off the participants' individual ideas, a series of community-led, open-ended discussions were conducted, which identified three reoccurring

themes: We, the community, envision a healthy Madison County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.

Table 1. Visioning Information by Category

Access	
We desire Madison County to be a place where everyone:	***We want to create a community that encompasses:***
Has access to care for all populations	Health care resources (mental, physical, spiritual, and substance abuse help)
Has access to education, mental health services, and substance abuse treatment	Un-fragmented system of care
Has resources to meet the needs of residents: • Health Care • Mental and social health • Transportation • Education • Employment	Specialized Health Training • Comprehensive health care availability Local, affordable healthcare, quality care access Vibrant ancillary services – including rehabilitation and nursing homes Access to preventative resources and public health availability Coordination of hospital and public health services
Knows what resources are available and where to find them	Healthy Babies
Has healthy food options and access to grocery stores with affordable choices	• Higher birth weights, lower body mass index (BMI), lower teen pregnancy, and lower STD rates
Has access to parks and recreational activities	Improved nutritional food options to support a healthy lifestyle
Has opportunities for residential activities	Safe built environments free from crime, drugs, and police brutality
Removes silos to allow everyone to support needs	Career and education opportunities
	Cooperation among residents

Comprehensive, Collaborative Cooperation	
A healthy community is one that is:	
Knowledgeable of the concerns of its citizens	Able to provide quality healthcare
Able to identify health needs	Can react and/or provide timely services
Thriving – where everyone is moving forward (i.e., health, economics, and education)	Tailors community development of creative solutions to address the issues of citizens
Conducts monthly community town hall meetings to resolve issues	Reaches common goals together as a group
Puts positive words into successful actions	Increases faith-based outreach and participation
Unified	

Resource and Infrastructure Development	
We desire Madison County to be a place with improved infrastructure – medical facilities, businesses, and opportunities – that is more enticing for people to move here.	
What does a healthy community look like?	
Residents thriving in all aspects of their lives to include physical, emotional, financial, and social well-being and health	A community with services such as hospitals, public health senior center, day care, and psychological counseling that meet the health and family needs
A healthy community is one that not only has jobs, but good paying jobs	Attractive environments for businesses and professionals
Well maintained roads, bridges, sewer systems, and water infrastructure	Access to good schools and colleges
Steady growth and planning	Progressive infrastructure
Adequate medical facilities	Controlled/low crime rates

To achieve optimal health activity, Madison County needs to:

- Conduct root cause analyses to strategically create a better future
- Further develop resources (economic, health, education) to create a strong community
- Take ownership of socioeconomic barriers to health

Madison County Profile

Geography

Madison County encompasses 716 square miles, of which 20 square miles is water. Its northern border is shared with the state of Georgia and is adjacent to Jefferson County to the west, Taylor County to the south, Hamilton County to the east, and Suwanee and Lafayette Counties to the southeast. Madison County houses the city of Madison, as well as the towns of Greenville and Lee. Unincorporated communities include, Cherry Lake, Hamburg, Hanson, Hopewell, Lamont, Lovett, Pinetta, and Sirmans.

Madison County is bordered on three sides by rivers: the Aucilla River on the western border, the Withlacoochee on the northern border, and the Suwannee River on the eastern border. Water management is under the jurisdiction of the Suwannee River Water Management District.

Education and Libraries

Public schools are managed under the Madison County School District. There are three elementary schools, one elementary combined with middle school and one high school. In addition, there is one charter high school and one charter school for grades 5-8.

North Florida College is in Madison, Florida and offers two-year degrees and certification programs. St. Leo University, a private university, has a campus office in Madison County Florida.

Madison County public libraries operate under the Suwannee River Regional Library System. Branch libraries are located Madison, Greenville, Lee and Pinetta.

Transportation

Major roadways include Interstate 10, US 19/27, US 90, US 221, as well as state roads 6, 14, 53 and 145. One rail line provides rail service in the area. The CSX line runs east and west through the county. The closest airports are Valdosta, Georgia, Tallahassee, Florida and Jacksonville, Florida. There is limited public transportation provided by Big Bend Transit, Inc.

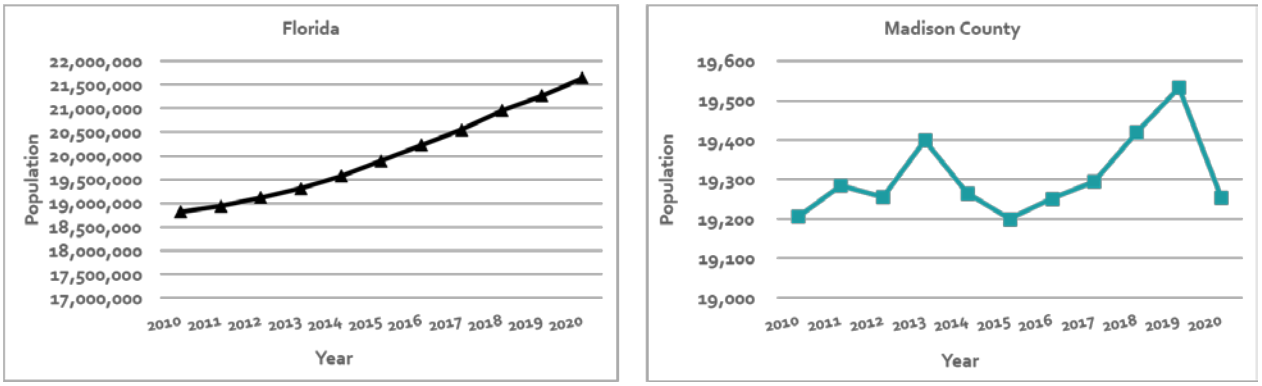
Water

Local rivers and lakes are under the purview of the Suwannee River Water Management District. The web site lists recreational opportunities, flood maps, permit requirements, and water quality monitoring.

Madison County Population Demographics

Figure 2 shows population trends over time for Madison County and Florida. Madison County experienced a population decrease in 2020. Note that 2020 is the most current year for confirmed population data. Provisional population data confirm an increase in 2021 and a decrease in 2022. Madison County's 2020 population was 19,254. Provisional data for 2021 estimate the population at 19,952 and 18,969 for 2022.

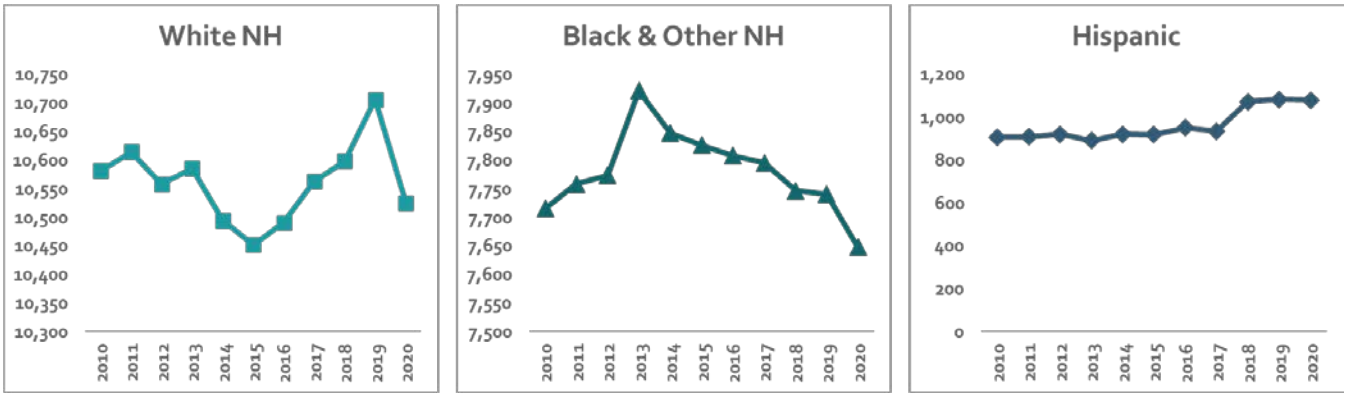
Figure 2. Population Trends for Madison County and Florida



Population by Race/Ethnicity, Gender, and Age

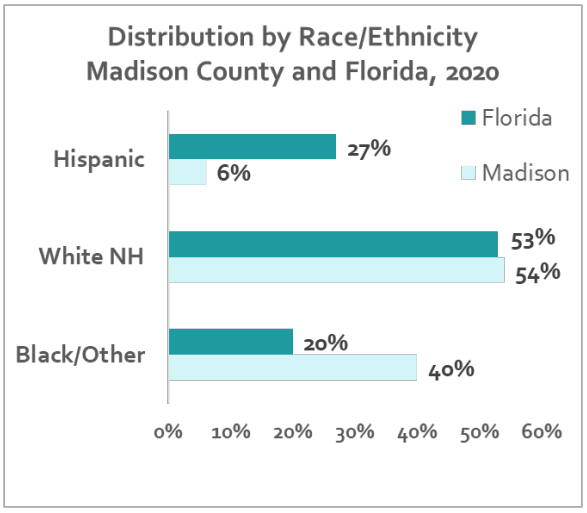
Figure 3 depicts population trends by race and ethnicity for Madison County. Note that Black and Other, non-Hispanic includes residents who are listed in the 2020 Census as Black, American Indian, Alaskan, Asian, Other, Unknown and Multiracial. Minority races other than Black represent a small percentage of residents. Florida CHARTS data are combined into a Black & Other category. Data for this assessment is consistent with Florida CHARTS.

Figure 3. Population Trends by Race and Ethnicity, Madison County



There have been decreases in the White, non-Hispanic population and the Black & Other Race, non-Hispanic population for Madison County. Provisional 2022 data for Madison County numbers the population for White, non-Hispanics as 10,331, followed by 7,478 for Black & Other, non-Hispanics and 1,160 for Hispanics.

Figure 4. 2020 Population by Race and Ethnicity



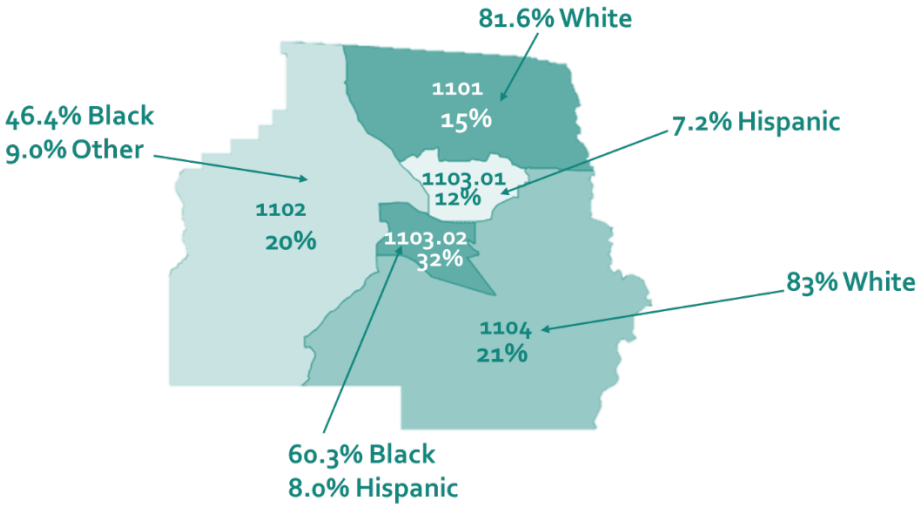
White, non-Hispanic residents comprised the majority for both Madison County and Florida in 2020. Madison County had a much higher percentage of Black & Other non-Hispanics compared to Florida. The state of Florida had a much higher percent of Hispanic residents than does Madison County, although it should be noted that the percent of Hispanic residents in Madison County increased by two percent in two years.

Males represented 53% of Madison County's population in 2020 and females accounted for 47%. The median age of Madison County residents was 44.2 years, slightly higher than the state of Florida at 42.2 years.

Population by Census Tract, Madison County

Figure 5 shows the percent of population by census tract, along with race/ethnicity distributions. More than half of Madison County's population reside in census tracts 1102, 1103.02 and 1104. Census tracts with the highest percentage of Hispanic residents were 1103.01 and 1103.02. Black residents were more likely to live in census tracts 1102 and 1103.02. Census tracts 1101 and 1104 had the highest percentage of White residents.

Figure 5. Population Distribution by Census Tract, Madison County, 2016-2020



Census tract information by race/ethnicity, gender and age group are listed in Table 2. Data are shown as percent of population for each census tract. Summary information for specific populations is listed below for years 2016-2020 combined.

- Census tracts with the highest number of school age children (ages 5-19) were tracts 1103.02 and 1104
- Census tracts 1103.02 and 1102 had the highest number of women of childbearing ages 15-44
- Census tracts 1104 and 1101 had the highest number of seniors ages 65+

Table 2. Percent of Population Distributions by Census Tract, Madison County, 2016-2020

Race	**1101**	**1102**	**1103.01**	**1103.02**	**1104**
White	77.7	43.9	58.2	30.0	79.5
Black	15.6	46.4	33.0	60.3	11.7
Other	0.0	3.1	0.0	0.2	0.1
Multiracial	0.4	6.0	1.7	1.6	1.0
Hispanic (All Races)	6.3	0.5	7.2	8.0	7.1
Gender	**1101**	**1102**	**1103.01**	**1103.02**	**1104**
Male	51.3	46.0	47.5	66.2	47.7
Female	48.7	54.0	52.5	33.8	52.3
Age Group	**1101**	**1102**	**1103.01**	**1103.02**	**1104**
< 5	3.3	5.9	6.0	5.0	3.6
5-9	7.3	6.0	1.8	5.3	3.3
10-14	0.7	10.6	6.3	2.5	8.2
15-19	4.1	6.6	11.2	4.8	6.2
20-24	2.7	4.7	2.4	6.5	4.7
25-34	10.1	13.2	9.2	20.1	13.0
35-44	10.8	9.0	12.7	14.8	8.6
45-54	14.5	12.2	12.3	14.7	9.0
55-59	4.6	8.5	10.2	5.6	9.5
60-64	8.7	5.9	8.4	5.4	8.4
65-74	21.7	11.6	12.9	8.5	15.4
75+	11.4	5.9	6.6	6.9	10.1

Disabled Population Estimates for Madison County

The American Community Survey conducted by the U.S. Census Bureau asks questions about household members with disabilities. Data gathered from these surveys are used to estimate the number and percent of a county or state population with a disability. These data are reported annually for large counties, every three years for medium size counties and every five years for small counties. Because Madison County has less than 20,000 population, it is considered to be small.

The American Community Survey questions cover the six types of disability listed below. Anyone in the household meeting one or more of these criteria are considered to have a disability. More detailed information is available on the U.S. Census website www.census.gov/health/disability.

- Hearing - deaf or having serious difficulty hearing.
- Vision - blind or having serious difficulty seeing, even when wearing glasses.

- Cognitive - Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.
- Ambulatory - Having serious difficulty walking or climbing stairs.
- Self-care - Having difficulty bathing or dressing.
- Independent living - Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.

The 2017-2021 American Community Survey conducted by the U.S. Census Bureau shows that approximately 2,598 residents, or 16.2% of Madison County's population were disabled. Table 3 below provides estimates and percentages by age group. Data were not available by gender or race/ethnicity.

Table 3. Disabled Population Estimates by Age Group, Madison County

Age Group	Estimated Number	Percent of Population
< 18 Years	105	3.2%
18-64 Years	1,110	12.0%
65+ Years	1,383	40.0%

Table 4 provides the percent of Madison County population with a disability for 2016-2020 combined. The total percent of disabled population in Madison County was listed as 15.9%. Census tract 1102 had the highest percent of population with a disability, followed by census tract 1101, 1104, 1103.02 and 1103.01. Census tract 1102 had the highest percent of disabled population for all the age groups.

Table 4. Percent of Madison County Population with a Disability by Census Tract
2016-2020 Combined

	1101	1102	1103.01	1103.02	1104
Percent of Population With a Disability (15.9%)	16.1	22.0	12.4	13.4	14.8
Under Age 18 With a Disability (2.1%)	0.0	4.1	2.1	0.0	3.2
Ages 18-64 With a Disability (13.4%)	8.0	23.5	14.4	11.4	9.1
Ages 65+ With a Disability (34.9%)	36.7	43.6	15.5	36.0	35.6

DOH-Madison Service Population

Data are provided for the calendar years 2020, 2021 and 2022. The advent of the COVID-19 epidemic starting in March 2020 impacted the demographics of DOH-Madison's service population. This is due to the numbers of people seeking testing and later vaccines for COVID-19. The majority of people seen for COVID-19 services were new patients that did not seek other services at the health department.

Figure 6. DOH-Madison Client Demographics, 2020-2022, by Year

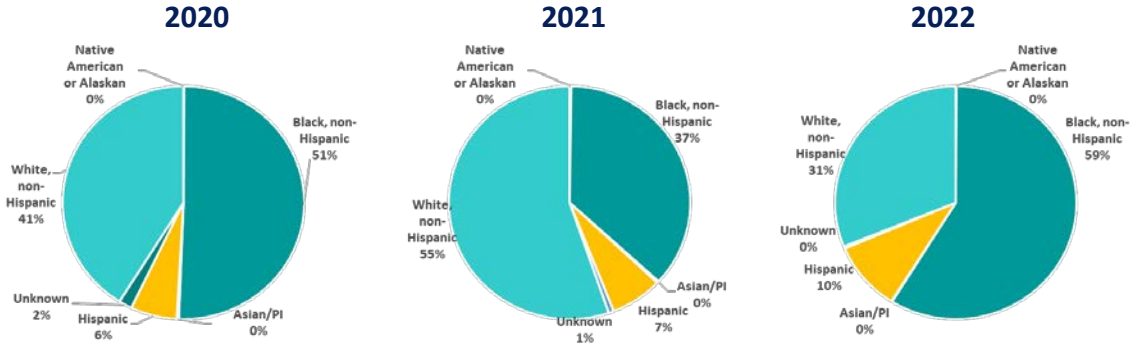


Table 5 shows clients, visits, and services for calendar years 2020, 2021 and 2022. These include COVID-19 testing in 2020, COVID-19 testing and vaccines in 2021, and a gradual return to normal business operations in 2022. There was a spike in the number of clients, visits and services in 2021 because of COVID-19 testing and vaccine activities.

Table 5. DOH-Madison Clients, Visits and Services by Year, 2020-2022

2020			
Program	**Clients**	**Visits**	**Services**
01 Immunizations – State Provided Vaccines	160	174	447
02 Sexually Transmitted Disease Services	237	370	1,326
03 HIV/AIDS Services	1	2	3
04 TB Control Services	60	83	130
05 Immunizations – Non-state Provided Vaccines	18	20	26
06 Communicable Disease Surveillance & Investigation	1	1	3
09 Hepatitis	5	5	7
16 Public Health Preparedness and Response	2,575	3,597	3,644
17 Adult Federal Vaccine	124	137	141
23 Family Planning Services	396	863	46,560
25 Improved Pregnancy Outcome	74	496	1,840
26 Healthy Start Prenatal – Non-CHD	1	1	1
27 Healthy Start Prenatal – CHD	24	24	24
29 Comprehensive Child Health	15	15	24
31 Healthy Start Infant – CHD	24	24	24
37 Comprehensive Adult Health Services	62	70	163
82 General Public Health			

2021			
Program	**Clients**	**Visits**	**Services**
01 Immunizations – State Provided Vaccines	162	180	389
02 Sexually Transmitted Disease Services	133	208	870
03 HIV/AIDS Services	1	2	10
04 TB Control Services	60	101	165
05 Immunizations – Non-state Provided Vaccines	9	10	13
06 Communicable Disease Surveillance & Investigation	0	0	0
09 Hepatitis	11	13	26
16 Public Health Preparedness and Response	938	1,070	1,070
17 Adult Federal Vaccine	3,718	7,267	7,275
23 Family Planning Services	295	639	43,548
25 Improved Pregnancy Outcome	60	371	1,539
26 Healthy Start Prenatal – Non-CHD	0	0	0
27 Healthy Start Prenatal – CHD	12	12	12
29 Comprehensive Child Health	21	21	37
31 Healthy Start Infant – CHD	12	12	12
37 Comprehensive Adult Health Services	40	45	111
82 General Public Health	15	15	15

2022			
Program	**Clients**	**Visits**	**Services**
01 Immunizations – State Provided Vaccines	120	132	360
02 Sexually Transmitted Disease Services	186	308	1,133
03 HIV/AIDS Services	0	0	0
04 TB Control Services	73	130	190
05 Immunizations – Non-state Provided Vaccines	1	1	1
06 Communicable Disease Surveillance & Investigation	28	49	49
09 Hepatitis	4	6	8
16 Public Health Preparedness and Response	1	1	1
17 Adult Federal Vaccine	814	1,025	1,031
23 Family Planning Services	311	643	53,890
25 Improved Pregnancy Outcome	61	347	1,164
26 Healthy Start Prenatal – Non-CHD	0	0	0
27 Healthy Start Prenatal – CHD	0	0	0
29 Comprehensive Child Health	20	20	38
31 Healthy Start Infant – CHD	0	0	0
37 Comprehensive Adult Health Services	31	34	121
82 General Public Health	14	14	14

Health Disparity and Population

The Centers for Disease Control and Prevention defines health disparities as, “preventable circumstances relating to individuals' health status based on social factors such as income, ethnicity, education, age and gender.” This report will include health disparities as part of the analyses of reportable diseases, injuries, chronic conditions, birth outcomes, mental health diagnoses and substance use indicators.

In the following analysis, a disease or condition will be reported as a health disparity if the percentage of total disease or health condition exceeds the percent of total population by race/ethnicity or gender. For example, if the percent of Black & Other, non-Hispanic diabetes deaths is higher than 40%, which is the percent of population for Black & Other, non-Hispanics in Madison County, it shows that Black & Other, non-Hispanic residents are disproportionately impacted.

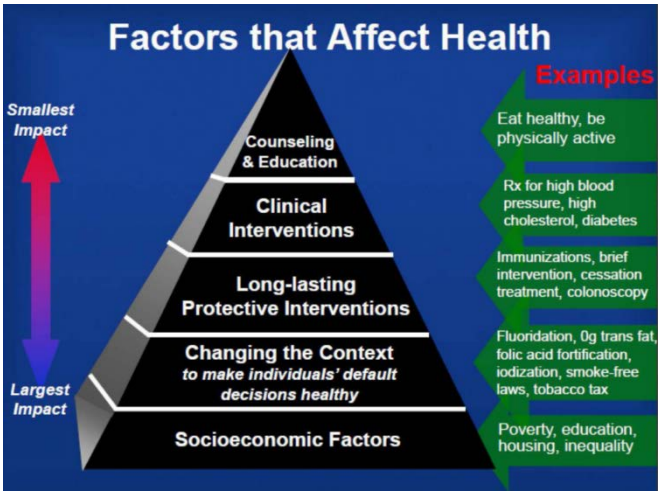
Socioeconomic Barriers to Health

Overview

When analyzing health indicators, it is important to also examine the socioeconomic barriers to health. These are non-health related issues that affect individual health outcomes and by extension, the overall health of a community. This concept was introduced to the public originally through the Healthy People 2020 initiative.

The updated Healthy People 2030 initiative definition of socioeconomic barriers to health as, "The conditions in the environments in which 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." The Healthy People 2030 goal is, "Create social and physical environments that promote good health for all."

Figure 7. Factors that Affect Health



The World Health Organization and the National Academies of Sciences, Engineering and Medicine have emphasized the importance and cost effectiveness of addressing the socioeconomic barriers to health in order to improve overall health outcomes. Figure 7 shows that addressing socioeconomic factors has the broadest impact on public health, when compared to individual counseling and education, patient treatments, preventive interventions, and legal or educational campaigns.

The Socioeconomic Barriers to Health are divided into the categories of Access to Health Care, Economic Stability, Education, Neighborhood and Built Environment, and Social and Community Context. Each of these categories is addressed in this section.

Access to Health Care

Access to health care includes access to primary care, health insurance, health literacy and transportation/telehealth access. Some of the negative outcomes that can occur without access to health care include:

- Limited or no access to primary care means less preventive health services and no early detection of health care issues
- Lack of insurance and/or high out-of-pocket costs means less preventive care
- Physician shortages can mean longer wait times and delayed care
- Lack of transportation can lead to only emergency care
- Limited or no access to broadband internet is a barrier to accessing telehealth services
- Persons who do not speak English are less likely to receive health care services and preventive screenings

Figures 8 and 9 give an inventory of health care facilities and health care providers. Madison County comprises one hospital and four nursing homes. There are no inpatient mental health, substance abuse, or rehabilitation/skilled nursing facilities. Note that the licensed clinicians shown below may not practice in Madison County. Residential address is linked to clinician licenses in the Department of Health Medical Quality Assurance system.

In 2020, the ratio of Madison County Health Department employees to residents was 1 employee for every 120.5 Madison County residents. This compares to 1 employee for every 42.9 residents for the state of Florida combined.

Figure 8. Health Care Facilities, by Type, Madison County, 2020

▪ 25 Hospital Beds	▪ 0 Intensive Residential Treatment Facility (IRTF) Beds
▪ 25 Acute Care Beds	▪ 0 NICU Beds
▪ 0 Adult Psychiatric Beds	▪ 0 Rehab Beds and 0 Skilled Nursing Unit Beds
▪ 0 Adult Substance Abuse Beds	▪ 0 Specialty Beds
▪ 0 Child/Adolescent Psychiatric Beds	▪ 238 Nursing Home Beds

Figure 9. Health Care Providers, by Type, Madison County, Fiscal Year 2020-2021

▪ 5 Licensed, Active MDs ○ 1 Family Practice Physician ○ 2 Internal Medicine ○ 0 OB/GYN ○ 0 Pediatrician ○ 0 Other practice	▪ 23 Full-Time Health Department employees
▪ 17 EMTs/Paramedics	▪ 26 ARNPs ▪ 166 Registered Nurses
• 5 Licensed Dentists	▪ Licensed Mental/Behavioral Health Providers ○ 2 Clinical Social Workers ○ 0 Marriage and Family Therapists ○ 6 Mental Health Counselors ○ 1 Psychologist
▪ 10 Dental Hygienists	

The most recent Robert Wood Johnson Foundation County Health Rankings estimates the ratio of residents to primary care physicians to be 9,250 residents to one physician in Madison County, 1,370 residents per one physician for Florida and 1,310 residents for one physician for the United States. Table 6 shows the ratios for dentists and mental health providers from the County Health Rankings.

Table 6. Ratio of Health Care Providers to Residents, Robert Wood Johnson Foundation, 2022

	Madison	Florida	U.S.
Dentists	1:3,740	1:1,630	1:1,400
Mental Health Providers	1:1,700	1:550	1:350

Health insurance can impact the ability to access health care. There may be primary care providers located in a local area; however, these providers may not accept certain types of health insurance. This is particularly true for Medicaid and Medicaid HMOs.

In 2020, approximately 14.5% of residents ages 19-64 were uninsured, as were 5% of residents less than 19 years of age. About 50% of Madison County's residents were enrolled in either Medicaid or Medicare. Approximately 26.3% were enrolled in Medicaid and 24% were enrolled in Medicare. The most recent Robert Wood Johnson County Health Rankings estimate the number of uninsured people in Madison County to be 17%, compared to 16% for Florida and 11% for the United States.

Figure 10. Percent of Population Enrolled in Medicaid, Madison County and Florida

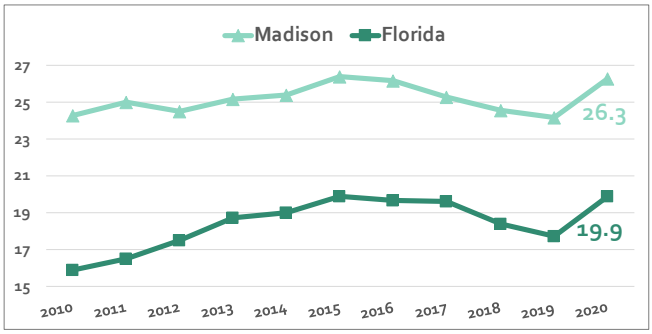


Figure 10 shows an increase in the percent of population enrolled in Medicaid for Madison County and for Florida in 2020. This is most likely due to the advent of the COVID-19 epidemic. Madison County has consistently had a higher percent of population enrolled in Medicaid than the state of Florida. Medicaid eligibility data as of December 31, 2021, calculate 5,654 residents, or 28% of the population for Madison County, are eligible for Medicaid.

Madison County ranked 14 out of 67 counties for the highest percent of population enrolled in Medicaid. The Northwest and North Central areas of Florida include most of the counties with high Medicaid enrollment rates.

Table 7 provides health insurance data by census tract for the years 2016-2020 combined. Census tracts 1102 and 1103.01 had the highest percent of population without health insurance, and the highest percent of population with public health insurance. Residents in census tracts 1104 and 1101 were more likely to have private health insurance.

Table 7. Health Care Coverage by Census Tract, Madison County, 2016-2020 Combined

	1101	1102	1103.01	1103.02	1104
With private health insurance	61.4	45.2	60.6	51.6	63.8
With public health insurance	40.3	53.4	42.0	48.8	39.1
No health insurance coverage	12.5	15.2	13.7	8.3	10.8
<19 years of age no health insurance	5.7	5.3	7.6	3.8	4.3

With telehealth becoming more widely utilized, the need for broadband internet connections is increasing. In 2020, 61.8% of Madison County households had access to broadband internet, compared to 85.4% for Florida as a whole.

Economic Stability

Economic stability includes employment, wages, poverty and food insecurity. Some of the negative outcomes associated with economic stability are listed below.

- Persons who are unemployed or underemployed will most likely not have access to health insurance or be able to pay out-of-pocket
- Poverty can lead to issues with health insurance, food insecurity, inadequate housing, access to medical services and transportation
- Adults who are food insecure are more likely to be obese and suffer from chronic diseases
- Children who do not eat regularly or do not eat a variety of healthy foods are at risk for developmental and mental health issues, as well as obesity

The link between economic stability and health outcomes was recently reinforced in the Journal of American Medical Association (JAMA) publication, "History of Low Hourly Wage and All-Cause Mortality Among Middle-aged Workers," released on February 21, 2023. The findings stated that workers who had wages below the poverty line for a family of four over a long period time were 38% more likely to die within 12 years than those who did not have low wages. The risk doubled for workers who met the poverty criteria above and also had periods of unemployment. Follow the link JAMA Article February 2023 to read the entire article.

Figure 11. Individual Poverty Rates
Madison County and Florida

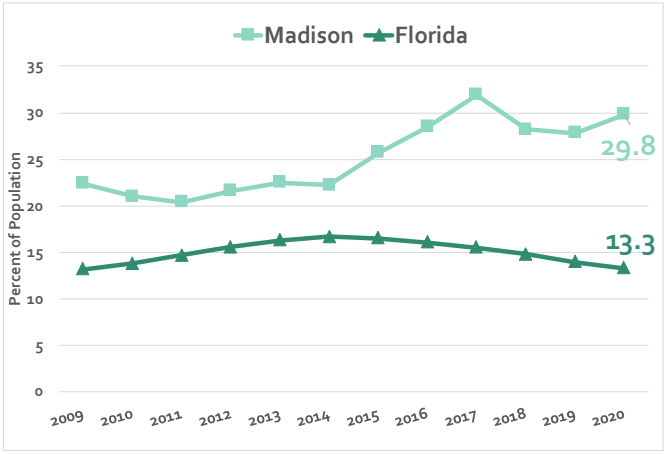
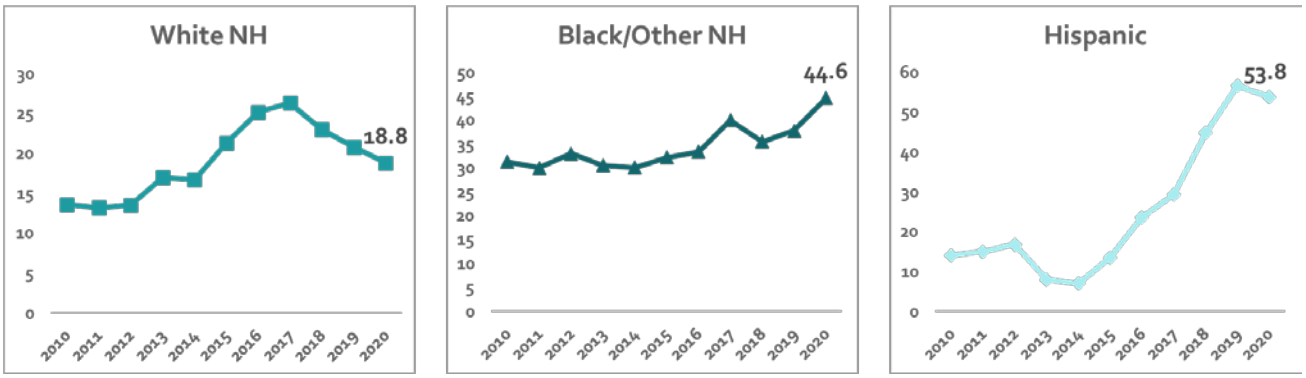


Figure 11 depicts the individual poverty rates for Madison County and Florida. Refer to Appendix 2 for the definition of poverty levels for 2020. The poverty rate for Madison County ranked the highest in the state in 2020. Madison's poverty rate was more than twice that of the state of Florida. The percent of persons under age 18 living in poverty in Madison County in 2020 was 44.7%, compared to 18.7% for Florida. Approximately 33.4% of Madison County residents ages 65+ were living below 150% poverty level in 2020, compared to 20.0% for Florida. Fifty percent of individuals in Madison County were living below 200% poverty level in 2020, compared to 33% for Florida.

2020 individual poverty rates by race and ethnicity show a disparity even though poverty levels for each of the racial and ethnic groups were higher than the state of Florida. Approximately 18.8% of White, non-Hispanic residents were below poverty level in 2020, compared to 44.6% for Black &

Other, non-Hispanic residents and 53.8% of Hispanic residents. Figure 12 shows Madison trend lines for years 2010-2020 by race and ethnicity.

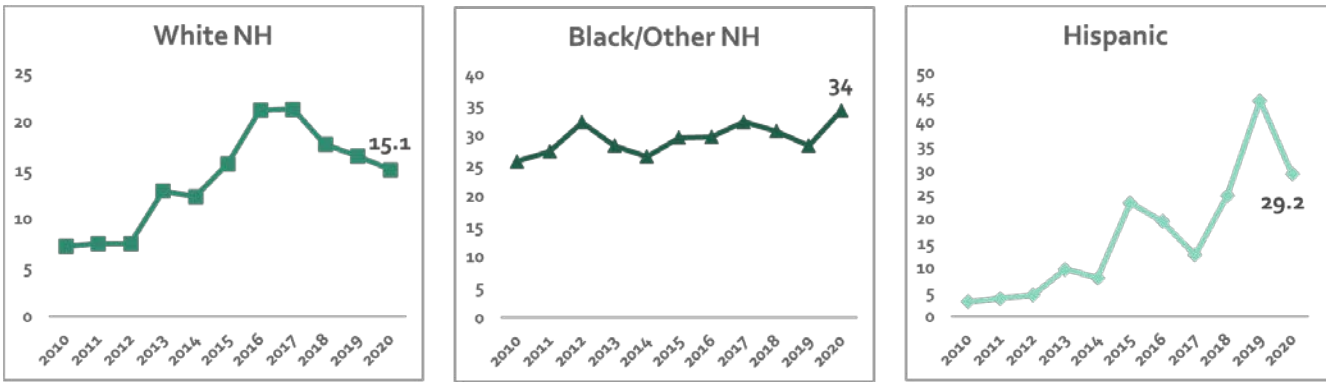
Figure 12. Percent of Individuals Below Poverty Level, by Race & Ethnicity
Madison County, 2010-2020



Poverty data by household mirrors that of individuals. In 2020, 21.9% of Madison County families lived below the poverty level, compared to 9.4% for Florida. For female head of household families with children under age 18, the percent living below poverty level was 57.3% for Madison County and 31.8% for Florida.

Family poverty rates by race and ethnicity also show disparities. The percent of Black & Other, non-Hispanic families and the percent of Hispanic families living below poverty in 2020 was twice that of White, non-Hispanic families, or more. Figure 13 shows Madison trend lines for years 2010-2020 by race and ethnicity.

Figure 13. Percent of Families Below Poverty Level, by Race & Ethnicity, Madison County, 2010-2020



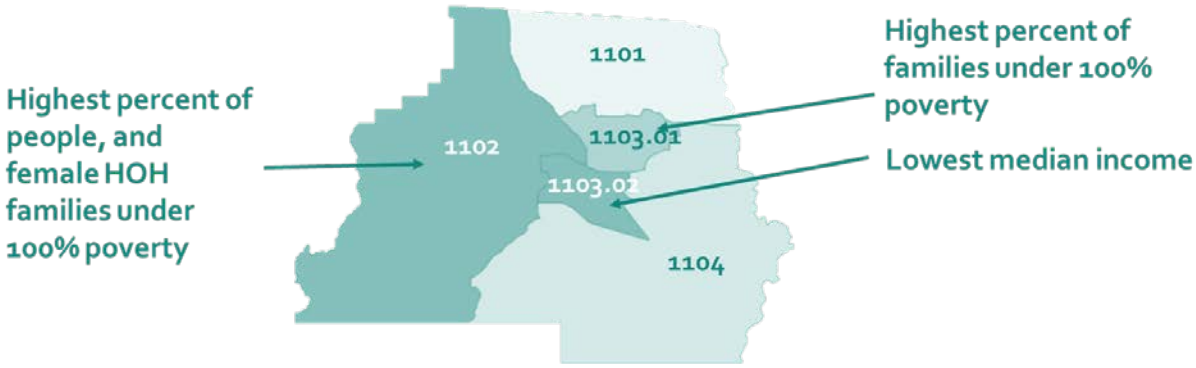
The median income for Madison County residents in 2020 was $35,240, compared to $61,177 for the state of Florida. Data by race and ethnicity are not available for 2020 but are reported for 2021. The 2021 data show that the median income for White residents in Madison County was $49,726. This compares to $24,475 for Black residents and $51,230 for Hispanic residents. Note that the Hispanic data includes all races and will be duplicated in either the White or Black income data.

Table 8 and Figure 14 below show income and poverty data by census tract for Madison County for years 2016-2020 combined. Census tract 1103.02 had the lowest median income for the time period. Census tract 1102 had the highest percent of residents living below poverty level and the highest percent of female head of households living below poverty level.

Table 8. Income and Poverty Data by Census Tract, Madison County, 2016-2020 Combined

	1101	1102	1103.01	1103.02	1104
Median Income ($)	37,917	39,375	28,137	27,385	41,285
Percent of People Under 100% Poverty	15.7	40.8	34.1	32.9	23.6
Percent of Families Under 100% Poverty	17.6	24.8	26.1	20.7	21.5
Percent of Female HOH Families Under 100% Poverty	22.6	51.7	36.8	46.5	35.1

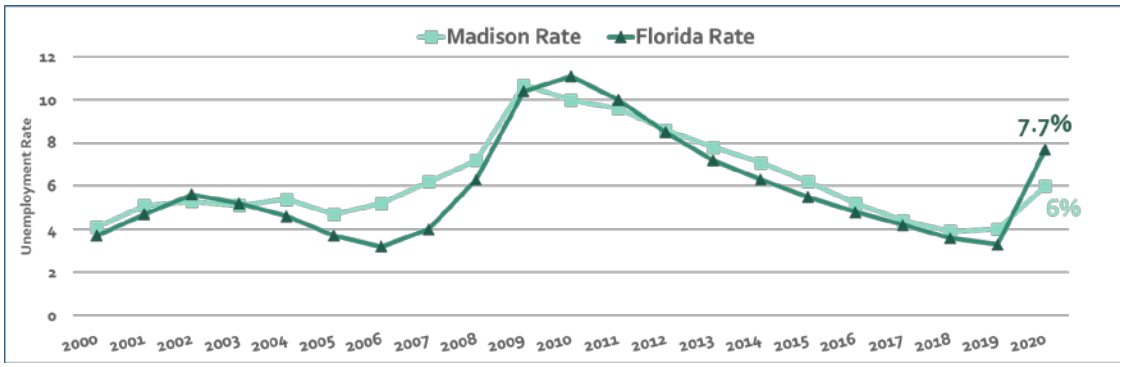
Figure 14. Income and Poverty Data by Census Tract, Madison County, 2016-2020 Combined



Employment data are provided as unemployment rates and percent of civilian labor force unemployed. The Unemployment Rate is the ratio of unemployed to the civilian labor force, expressed as a percent. For these data, just a percentage is provided. The data source is the United States Department of Labor, Bureau of Labor Statistics. The Unemployed Civilian Labor Force is the number of persons in the civilian labor force age 16 and over who are unemployed divided by the total number of people in the civilian labor force age 16 and over, expressed as a percent. For this data, both a count and a percentage are provided. The data source is United States Bureau of the Census, American Community Survey, Table DP03.

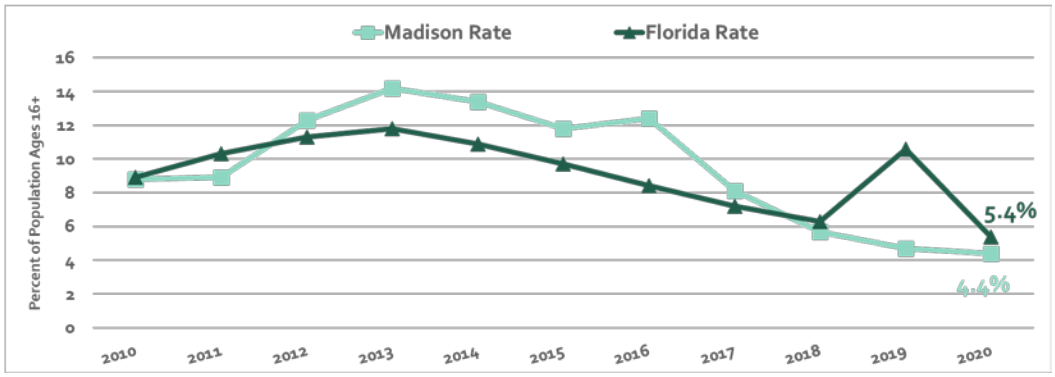
Madison County's unemployment rates and percent of civilian workforce unemployed are less than the state of Florida. The unemployment rates statewide, and in Madison County, increased significantly in 2020, from 4% to 6% for Madison County, and from 3.3% to 7.7% for Florida. This is most likely due to the beginning of the COVID-19 epidemic.

Figure 15. Unemployment Rates, 2000-2020, Madison County and Florida



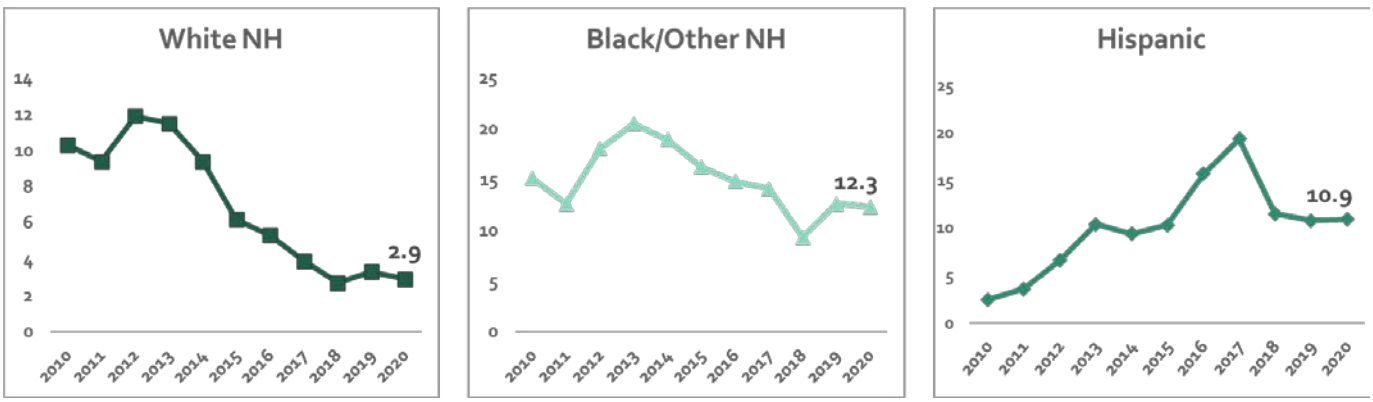
The percent of civilian workforce unemployed does not reflect the same increase for 2020. The percent of unemployed residents ages 16+ for Madison County was 4.4%, compared to 5.4% for Florida.

Figure 16. Percent of Civilian Workforce Ages 16+ Unemployed, 2010-2020
Madison County and Florida



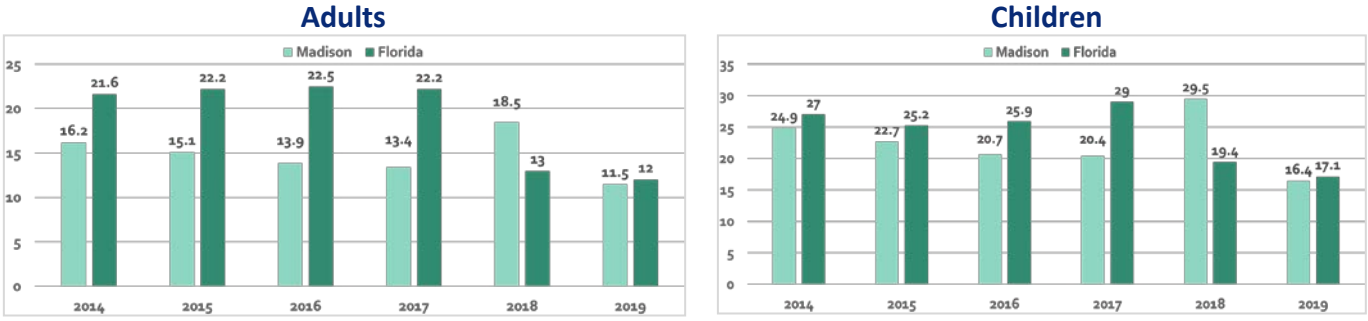
There are some differences when looking at these data by race and ethnicity. Figure 17 shows that the percent of White, non-Hispanic Madison County residents ages 16+ and unemployed, was 2.9% in 2020, compared to 12.3% for Black & Other, non-Hispanic residents and 10.9% for Hispanic residents.

Figure 17. Percent of Civilian Workforce Ages 16+ Unemployed by Race and Ethnicity
2010-2020, Madison County



Access to food and nutritional food is a subset of economic stability. Food insecurity rates for adults and children are available through 2019. The food insecurity rate is the percent of population that does not have consistent access to healthy food. From 2014-2018, Madison County's food insecurity rate was higher than the state. This rate dropped below the state in 2019, prior to the start of the COVID-19 epidemic in 2020. Data for 2020 and 2021 are not yet available. These data are not available by race or ethnicity

Figure 18. Food insecurity rates for adults and children, 2014-2019, Madison County



Data from Feeding America estimates that the overall food insecurity rate for Madison County in 2020 was 16.5%, with 3,070 residents who were food insecure. Breakdowns by race and ethnicity show the food insecurity rate for White, non-Hispanic residents to be 9.0%, 25.0% for Black residents of all ethnicities and 22.0% for Hispanic residents of all races. Food insecurity rates for Madison County residents under age 18 was 26.6% in 2020, with 900 residents who were food insecure.

Education

This Socioeconomic Barrier to Health category includes early childhood education and development, high school graduation, enrollment in higher education, English as a Second Language, and literacy levels. Some of the negative outcomes associated with education are listed below.

- Lack of higher education can mean lesser-paying jobs with more safety hazards, less opportunity for health insurance, and less opportunity for adequate housing.
- Health literacy is linked to overall literacy. People with low literacy levels may find it difficult to understand written or verbal instructions from a health care provider or pharmacist.

The Early Steps Program serves infants and toddlers under three years of age who have developmental delays or an established condition likely to result in a developmental delay. Examples of these conditions are autism spectrum disorder, cerebral palsy, Down Syndrome, deafness and hard of hearing and visual impairment.

Positive early learning experiences are crucial for later success in school, the workplace and the community. Families benefit from early intervention by being able to better meet their children's needs. Early intervention services also benefit the community by lowering the costs of special education and social welfare programs.

Figure 19. Percent of Children < 3 Served by Early Steps

Figure 19 depicts the percent of children under age 3 served by Early Steps in Madison County and Florida. The percent of children served by Early Steps was higher for Madison County than for Florida since 2018. There was a substantial decrease in the percent served for 2020, most likely due to the beginning of the COVID-19 epidemic.

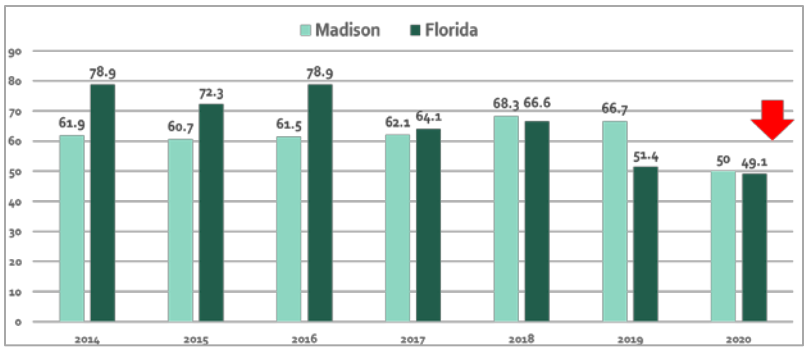


Table 9 lists the percent of children entering Kindergarten who score 500 or higher on the Florida Kindergarten Readiness Screener. State law requires screening for all public-school kindergarten students within the first 30 days of the school year. Kindergarten teachers use the results to help understand each child's readiness for school and plan lessons to meet individual needs. There was a significant increase in the percent of Madison County Kindergartners readiness for school in 2020. Note that the school year indicated below runs from September through June annually.

Table 9. Percent of Children Entering Kindergarten Determined Ready, 2017-2020
Madison County and Florida

School Year	Madison County	Florida
2017	47.4	53.9
2018	51.0	52.7
2019	50.3	53.4
2020	64.0	56.9

Table 10 compares the percent of third grade students with passing Florida Standards Assessment (FSA) English and Math scores by school year. Note that testing did not take place during the 2019-2020 school year due to COVID-19. Madison County reported decreases in the percent of third grade students with passing English and Math scores from 2016-17 until 2019-2020. There was a slight increase in English scores during 2020-21. These trends are consistent with the state and show the impact of the COVID-19 epidemic on test scores.

Table 10. Percent of Third Grade Students with Passing FSA English and Math Scores, 2014-2020
Madison County and Florida

School Year	Madison English %	Florida English %	Madison Math %	Florida Math %
2014	43	54	40	59
2015	47	54	63	61
2016	55	58	66	62
2017	55	57	60	62
2018	40	58	45	62
2019	Not Reported	Not Reported	Not Reported	Not Reported
2020	44	56	44	51

Figure 20 represents trend lines for the percent of elementary and middle school students not promoted for both Madison County and Florida. The trend lines for Florida show declines over time, while Madison County's trend lines are more static. Data are not available by race/ethnicity or gender.

The percent of Madison County elementary school students not promoted decreased from 12.9% in 2018 to 7.5% in 2020. The percent of Madison County middle school students not promoted increased significantly from 3.3% in 2019 to 10.0% in 2020.

Figure 20. Percent of Elementary and Middle School Students Not Promoted, 2000-2020
Madison County and Florida

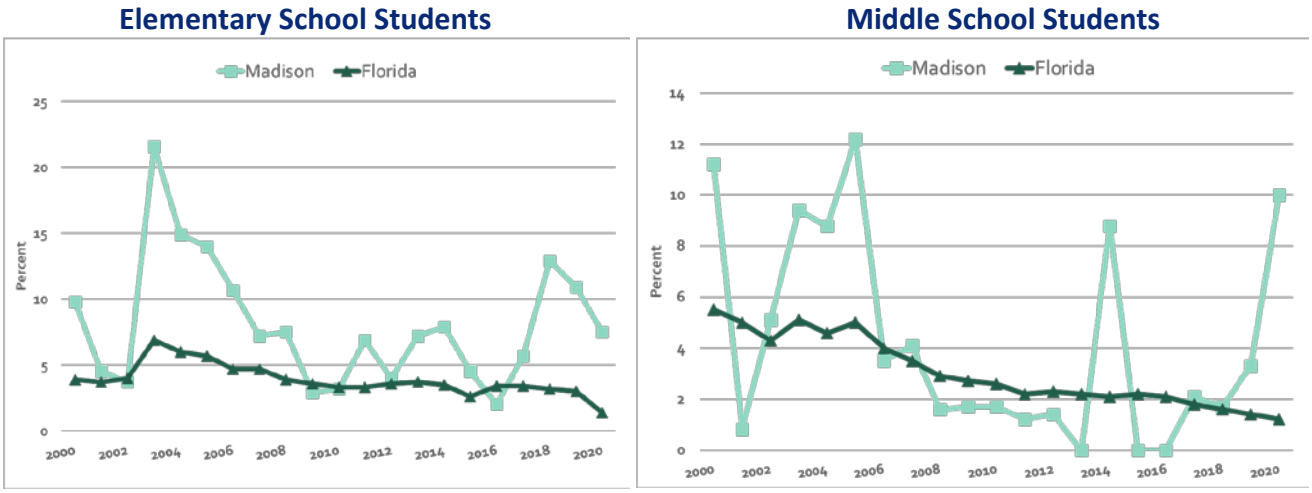


Figure 21. Graduation Rates for Madison County and Florida, 2011-2020

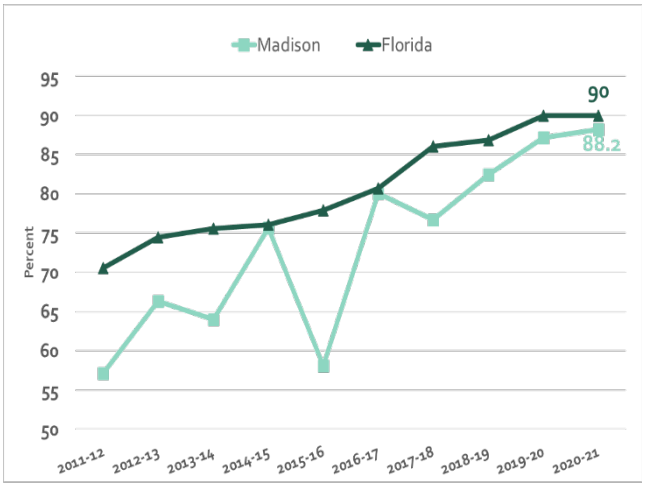


Figure 21 provides graduation rate trend lines for Madison County and Florida. Note that Madison County's graduation rates were less than those of Florida during the time frame; however, Madison County's rates have been improving and were slightly below the state for the 2020 school year.

When analyzing data for the 2020-2021 school year by gender, the graduation rate for males was 85%, compared to 90.7% for females.

Data by race shows that the graduation rate for Black, non-Hispanics was 92.0% and 83.3% for White, non-Hispanics. Data for Hispanic students was not available.

School year 2020-2021 graduation rates for students with disability was 96% and 86.5% for students who did not have a disability. The graduation rate for disadvantaged students was 87.1%, compared to 86.5% for students not disadvantaged. The definition of disadvantaged is any student determined to be eligible for free or reduced-price school meals under the National School Lunch Program.

In 2020, the percent of Madison County's population ages 25 and older with no high school diploma was 20.1%, compared to 11.5% for Florida. Figure 22 compares the percent of Madison County population ages 25+ with no high school diploma by race and ethnicity over the time frame 2010-2020. The percent of non-white residents of Madison County ages 25+ with no high school diploma was more than twice that of white, non-Hispanic residents in 2020. The percent in 2020 increased for white, non-Hispanic residents of Madison County and decreased slightly for Black and Other, non-Hispanic residents as well as Hispanic residents.

Figure 22. Percent of Population Ages 25+ With No High School Diploma, by Race and Ethnicity Madison County, 2010-2020

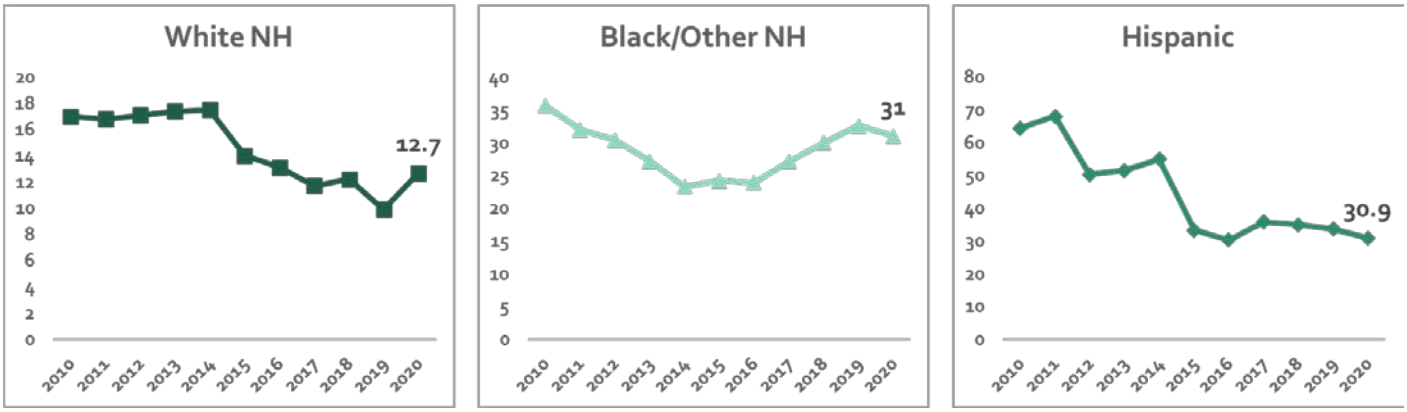


Figure 23 shows the percent of population with a bachelor's degree or higher for Madison County and Florida from 2009-2020. Madison County residents were less likely to have a college degree compared to the state. In 2020, 30.5% of Florida residents had a bachelor's degree or higher, compared to 13.8% for Madison County residents. About 18% of White, non-Hispanic residents of Madison County had a bachelor's degree or higher in 2020, followed by 7.5% of Black & Other, non-Hispanic residents and 22.4% of Hispanic residents.

Figure 23. Percent of Population With a Bachelor's Degree or Higher, 2009-2020
Madison County and Florida

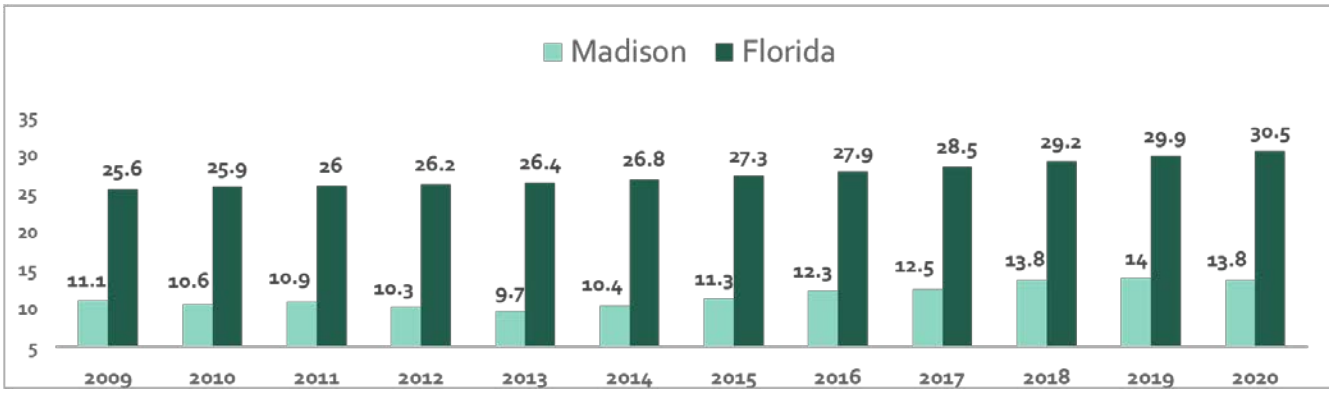
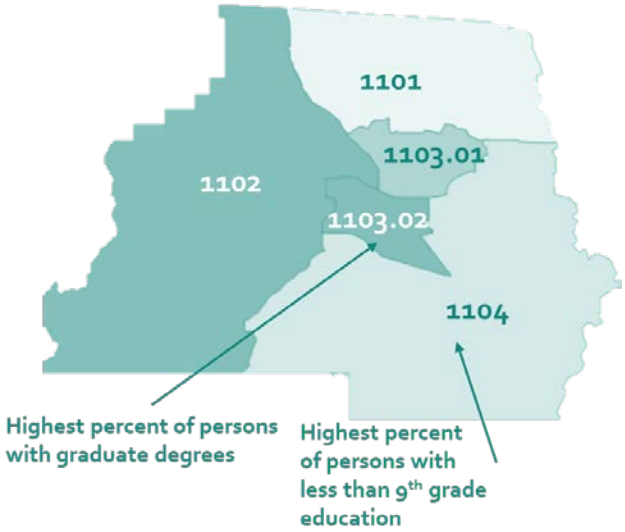


Table 11 and Figure 24 show Madison County education data by census tract for the combined years of 2016-2020. Data are shown as percent of population ages 25+ for each census tract. Census tract 1104 had the highest percent of population with less than a 9th grade education and census tract 1103.02 had the highest percent of population with some high school. Census tract 1103.01 had the highest percent of population with a bachelor's degree. The highest percent of population with a graduate degree during the time frame was 1103.02.

Table 11. Education Data by Census Tract, 2016-2020, Percent of Population Ages 25+ Madison County

	1101	1102	1103.01	1103.02	1104
Less than 9th grade completed	3.9	5.3	5.0	5.9	7.0
Some high school completed	9.8	13.9	9.4	21.4	11.4
High school graduate	32.9	37.4	32.5	42.4	34.1
Some college	19.5	17.2	26.0	13.8	23.5
Associates degree	13.8	10.7	9.0	7.9	11.2
Bachelor's degree	16.6	11.8	13.2	3.1	7.6
Graduate degree	3.5	3.7	5.0	5.6	5.2

Figure 24. Education Data by Census Tract, 2016-2020, Percent of Population Ages 25+
Madison County



Neighborhood and Built Environment

Neighborhood and Built Environment includes access to housing, quality and safety of housing, quality and safety of neighborhood, transportation and homelessness. Substandard housing can impact health outcomes by increasing the likelihood of asthma or other conditions related to a poor environment. Injuries also happen more often if a property has not been maintained. Substandard housing may have health risks like vermin, water leaks, mold, heat/AC issues. Some of the negative health outcomes associated with neighborhood and built environment are listed below.

- Poor water quality can lead to illnesses such as Giardia.
- Poor air quality can lead to cardiovascular issues and to issues with fetal and child development.
- Lack of air conditioning can lead to heat-related disease and death, as well as health hazards associated with mold growth.

Figure 25. Percent of Individuals Living in a Different House in the Prior Year, 2009-2020
Madison County and Florida

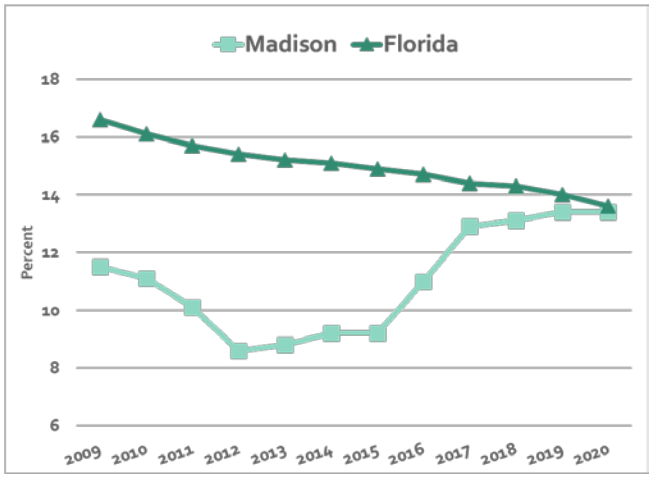


Figure 25 shows the percent of Madison County residents who lived in a different house in the previous year. This measure is an indicator of housing stability, which is essential information for analyses about employment, housing, education, health care, and the elderly. It is also used by local governments to forecast the demand for new public facilities such as schools, hospitals, libraries, and fire and police stations.

The trend line shows that Madison County has historically had lower percentages of residents

who moved annually, when compared to Florida. However, the percentage of movers has decreased over time for Florida and increased over time in Madison County. In 2020, the percent of residents who moved in the previous year was 13.4% in Madison County and 13.6% for Florida.

When analyzing these data by race and ethnicity, data show that Black & Other, non-Hispanic and Hispanic residents were more likely to have moved in the previous 12 months than White, non-Hispanic residents. Data for 2020 show that 17.5% of Hispanic residents moved in the prior year, compared to 13.1% for Florida. Approximately 18.4% of Black & Other, non-Hispanic Madison County residents moved in the prior year, compared to 15.5% for Florida. Percentages for White, non-Hispanic residents in 2020 were 9.2% in Madison County and 13.1% in Florida.

Figure 26. Percentage of Owner-Occupied Housing Units, 2009-2020
Madison County and Florida

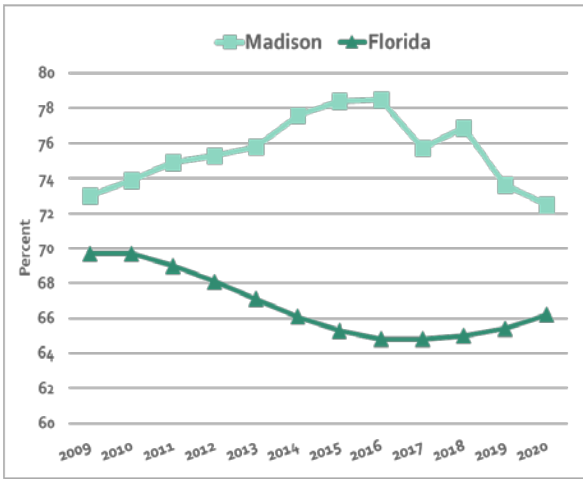
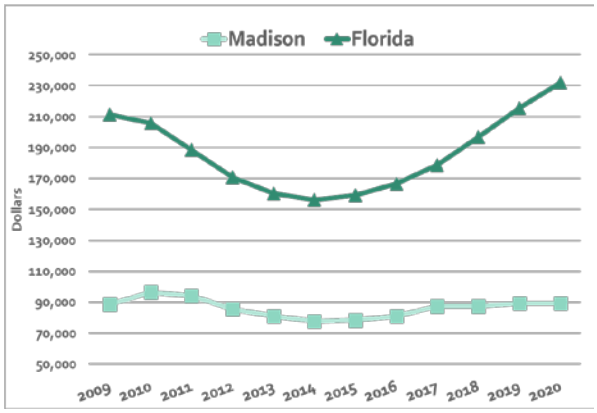


Figure 26 is trend lines for the percent of owner-occupied housing units for Madison County and Florida. This indicator refers to the percent of housing units that are lived in by their owners. Housing units can be a house, apartment, mobile home, a single room or group of rooms that are considered separate. A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. This is another indicator of housing stability.

Madison County has consistently had a higher percentage of owner-occupied housing units than the state of Florida, although the percentage has been decreasing since 2018. In 2020, 72.5% of housing units in Madison County were owner occupied, compared to 66.2% in Florida. Data by race and ethnicity for 2020 show that 71.4% of Hispanic residents owned their home, compared to 52.7% for Florida. The percentage of Black & Other, non-Hispanic homeowners was 56.4% in Madison County and 46.4% in Florida in 2020. For White, non-Hispanic homeowners, the 2020 percentages were 83.6% in Madison County and 70.9% in Florida.

Figure 27. Median Owner-Occupied Unit Values 2009-2020, Madison County and Florida



Another indicator of housing stability is the median value of owner-occupied housing, shown in Figure 27. The median value is defined as the value where half of the housing values are higher, and half are lower. This indicator is used to develop assistance plans that target low-income, disabled, and elderly residents.

Median home values in Madison County have consistently been below those of the state and have not experienced the increases in value that Florida has. In 2020, Madison County's median home value was $81,000, compared to $232,000 for Florida.

Table 12 shows housing quality indicators for Madison County for 2016-2020 combined. There were no housing quality indicators in Madison County that were identified as an issue. Only 0.3% of owner-occupied housing units in Madison County lacked kitchen facilities, compared to 0.7% for Florida. There were 0.2% of housing units in Madison County with no heat source identified, compared to 2.0% for Florida.

Table 12. Housing Quality Data by Census Tract, 2016-2020, Madison County

	1101	1102	1103.01	1103.02	1104
Percent of homes lacking complete plumbing facilities	0.0	0.2	0.0	0.0	0.0
Percent of homes lacking kitchen facilities	1.1	0.6	0.0	0.0	0.0
Percent of homes heated with electricity	85.2	87.8	74.8	74.5	85.9
Percent of homes heated with utility gas	0.0	1.6	4.6	18.9	0.0
Percent of homes heated with bottled, tank or LP gas	11.6	8.8	13.6	6.6	12.2
Percent of homes heated with fuel oil, kerosene	0.0	0.0	1.6	0.0	0.1
Percent of homes heated with wood	2.4	1.6	5.4	0.0	1.8
Percent of homes not heated	0.7	0.2	0.0	0.0	0.0

Access to transportation is included under neighborhood and built environment although it could be included in most of the other socioeconomic barriers to health. As noted in previous sections, transportation has an impact on Access to Health Care, and Economic Stability and Education.

The majority of Madison County residents ages 16+ commuted to work alone in a car, truck or van. Census tracts 1103.02 and 1101 had the highest percent of population driving alone to work. There were about 11% of workers who carpooled to work. Workers carpooled more often in census tract 1102. The highest percent of population using public transportation was in census tract 1102. This is

most likely due to the fact that census tract 1102 had the highest percent of households with no vehicle. Less than 1% of Madison County residents commuting to work used public transportation or walked to work.

Table 13. Transportation to Work by Census Tract, Ages 16+, 2016-2020, Madison County

	1101	1102	1103.01	1103.02	1104
Carpooled in Car, Truck or Van (10.7%)	9.2	16.5	7.2	7.6	13.0
Drove Alone in Car, Truck or Van (84.7%)	89.2	72.1	84.7	89.3	85.9
Used Public Transportation (0.7%)	0.0	3.8	0.0	0.0	0.0
Used Taxicab, Motorcycle, Bicycle or Other Means (1.5%)	1.6	4.3	0.0	1.3	0.8
Walked to Work (0.7%)	0.0	0.8	3.2	0.0	0.0
Worked at Home (1.7%)	0.0	2.5	4.8	1.7	0.1
Mean Travel Time to Work – Minutes (28.6)	30.3	35.7	19.9	26.9	29.5
No Vehicles in the Household (9.8%)	6.3	8.6	14.9	18.2	1.0
1 Vehicle in the Household (36.9%)	39.1	38.2	32.0	41.9	31.2
2 Vehicles in the Household (35%)	34.1	33.7	34.3	26.6	46.9
3 or More Vehicles in the Household (18.4%)	20.6	19.6	18.7	13.3	21.0

Social and Community Context

Factors that are included in this social determinant of health are discrimination and segregation, crime and incarceration, and social cohesion. Healthy People 2030 defines Social Cohesion as, "the strength of relationships and the sense of solidarity among members of a community." A community with high social cohesion is one that works toward the well-being of everyone, fights exclusion and marginalization of subpopulations, offers opportunities for upward mobility, and promotes trust. Discrimination is a barrier to social cohesion. Some of the negative health outcomes associated with social and community context are listed below.

- Persons who were incarcerated have less chance of obtaining gainful employment
- Persons who were incarcerated and have addictions issues may have health issues related to the addiction
- Continuity of care for health conditions when incarcerated and released
- Social networks can spread health behaviors, also known as social contagion. Examples are smoking, drinking and eating behaviors
- Lack of social cohesion can lead to isolation, insomnia and emotional stress

Figure 28 shows trends of neighborhood racial segregation. Racial residential segregation as measured through the Dissimilarity Index, the differential distribution of individuals by race or other social or income factors. When the Racial Residential Segregation Index is less than 0.3 the county's population is "well integrated". Values between 0.3 and 0.6 indicate the county's population is "moderately segregated". Values above 0.6 indicate the county's population is "very segregated." In 2020, the Racial Residential Segregation Index was 0.4 for Madison County and 0.5 for Florida.

Figure 28. Racial Residential Segregation, 2015-2020, Madison County and Florida

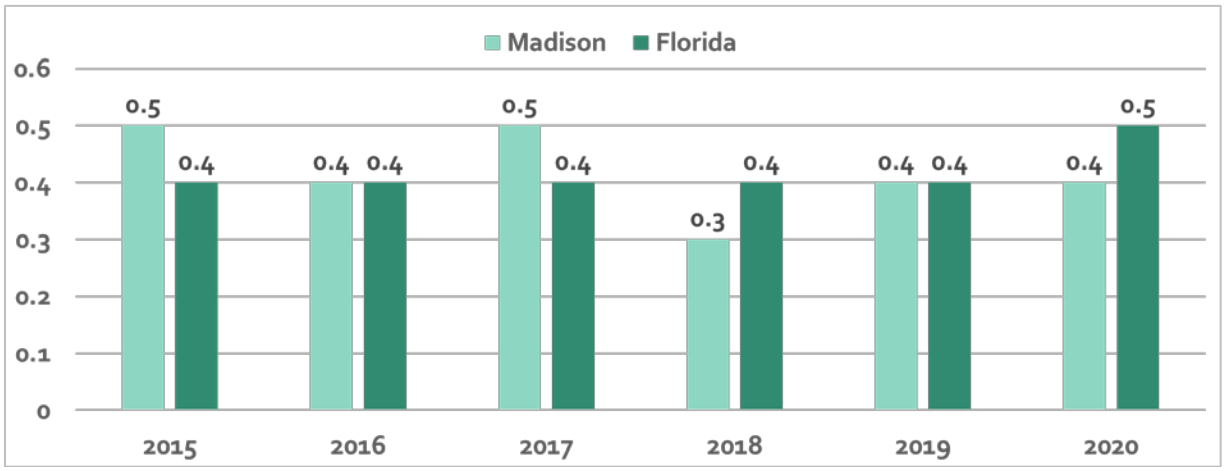


Figure 29 is the incarceration rate per 1,000 population for Madison County and Florida over time. The incarceration rate is the percent of resident population incarcerated at the state or county level during the year. Figure 29 shows the decrease in the incarceration rate in 2020 for both Madison County and Florida. This is most likely due to the COVID-19 epidemic when some law enforcement agencies made the decision to limit arrests to violent crimes. Data are not available by race/ethnicity or gender.

Figure 29. Incarceration Rate Per 1,000 Population, 2014-2020, Madison County and Florida

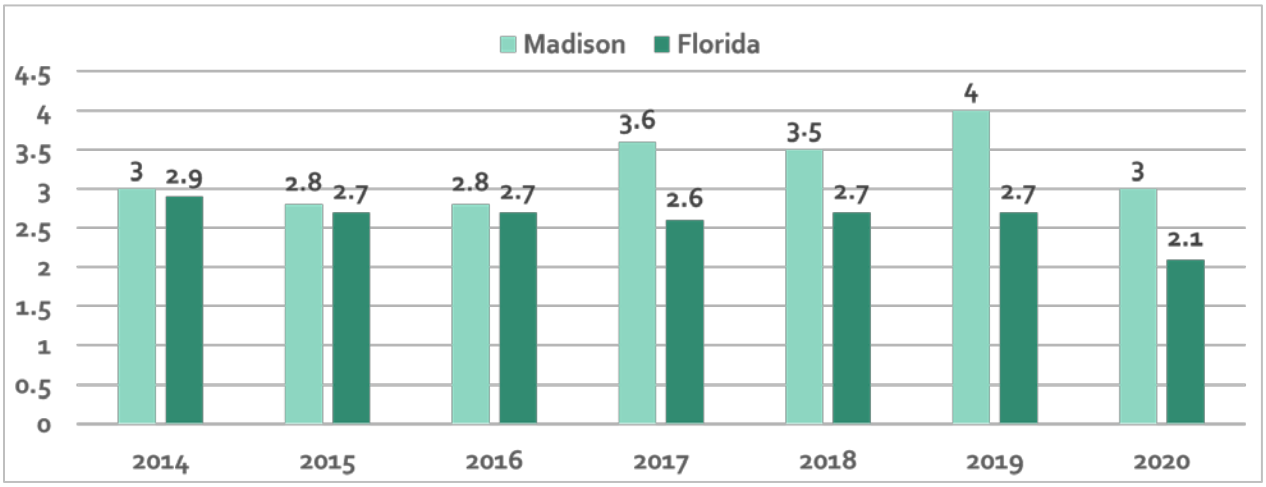
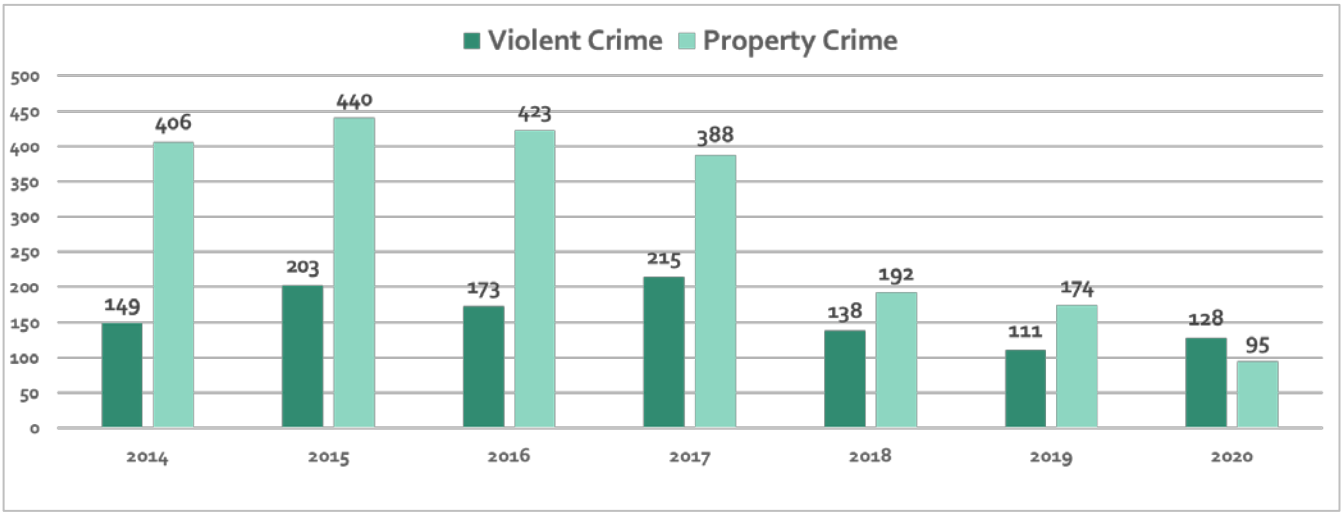


Figure 30 provides data on the number of violent crimes and property crimes committed in Madison County from 2014-2020. Data show a downward trend in both types of crime beginning in 2018.

Figure 30. Madison County Crime Trends, 2014-2020



Significant Findings, Socioeconomic Barriers to Health

This section details some of the significant findings for all the socioeconomic barriers to health. These are listed below by category.

Access to Health Care

- Robert Wood Johnson County Health Ranking data for health care provider to resident ratios were disproportionately larger for Madison County, compared to the state.
    - 1 physician per 9,250 residents
    - 1 dentist per 3,740 residents
    - 1 mental health provider per 1,700 residents
- Almost 15% of Madison County residents ages 19-64 were uninsured along with 5% of residents less than 19 years of age.
- Approximately 26% of Madison County residents were enrolled in Medicaid and 24% were enrolled in Medicare.
- Only 61.8% of Madison County residents had access to broadband internet needed for telehealth services.

Economic Stability

- Madison County's poverty rates ranked highest in the state in 2020. This included individual, family, and female head of household poverty rates.
- Poverty rates for Hispanic and Black & Other, non-Hispanic residents in Madison County were more than twice that of White, non-Hispanic residents.
- Madison County unemployment rates and the percent of civilian workforce ages 16+ who were unemployed were both less than the state of Florida in 2020. These increased slightly, most likely due to the start of the COVID-19 epidemic. These rates were significantly higher for Hispanic and Black & Other, non-Hispanic residents in Madison County.
- Data from Feeding America estimated that 16.5%, or 3,070 Madison County residents, were food insecure in 2020. The percentage of food insecure Black residents was 25% and 22% for Hispanic residents. The percent of food insecure Madison County residents under age 18 was 27%.

Education

- Madison County had a higher utilization rate of the Early Steps Program, compared to Florida in 2020.
- Madison County had a higher percentage of kindergarten students who were determined to be ready, compared to Florida.
- 2020 3rd grade Florida Standards Assessment scores were lower in Madison County compared to Florida.
- Madison County had higher percentages of elementary and middle school students not promoted, compared to Florida.
- The 2020 graduation rate for Madison County was 88.2%, compared to 90% for Florida. Madison County graduation rates have been improving since the 2017-2018 school year.
- Approximately 20% of Madison County's residents ages 25+ did not have a high school diploma, compared to 11.5% for Florida. The percent for Black & Other, non-Hispanic residents with no high school diploma was 31%, compared to 31% for Hispanic residents and 13% for White, non-Hispanic residents.
- Madison County residents were less likely to have a bachelor's degree or higher in 2020, compared to Florida.

Neighborhood and Built Environment

- During 2020, Madison County had a lower percentage of residents who moved in the previous 12 months, compared to Florida. Madison County's percentage has been increasing over time and is now close to the percentage for Florida. This is a housing stability indicator.
- The percent of Madison County residents who own the housing unit in which they live is higher than the state of Florida. The percentage has been decreasing since 2015. This is also a housing stability indicator.
- 84% of White, non-Hispanic residents of Madison County owned their home, followed by 71% for Hispanic residents and 56% for Black & Other, non-Hispanic residents.
- The median home value for Madison County was far below that of Florida in 2020. Home values in Florida are increasing annually, while Madison County home values remain level.
- For the combined period of 2016-2020, about 10% of Madison County households did not have a vehicle. Approximately 11% of residents carpooled to work.

Social and Community Context

- The 2020 Dissimilarity Index places Madison County in the moderately segregated category with a score of 0.4. This compares to 0.5 for the state of Florida.
- Madison County's 2020 incarceration rate was 3 per 1,000 residents, compared to 2.1 for Florida.
- The numbers of violent crimes and property crimes for Madison County have been decreasing since 2017.

Life Expectancy and Cause of Death

The Robert Wood Johnson County Health Rankings for 2022 ranks Madison County 65 out of the 67 counties in Florida for overall health, meaning only two counties in Florida were determined to be unhealthier than Madison County. One indicator of measurement for this is years of potential life lost (YPLL) to persons under age 75. This is expressed as number of years per 100,000 people in order to compare Madison County to other counties or to the state as a whole. For the combined years of 2018-2020, the YPLL for persons ages 75 and younger was 7,300 for the United States, 7,500 for the state of Florida and 11,000 for Madison County. The YPLL for Black residents of Madison County was 13,100, compared to 10,200 for White residents.

Table 14 shows estimated life expectancy in years by census tract as well as overall for Madison County and Florida for the time period of 2015-2019 combined. The chart includes average years as a total and by gender. Madison County residents lived almost four years less than residents of Florida. Females had a higher life expectancy than males in Madison County and Florida, as well as every census tract except 1103.02. Data were not available by race or ethnicity.

Table 14. Life Expectancy, Madison County and Florida, Years 2015-2019

Census Tract Code	Total	Males	Females
1101	78.7 (76.4 - 80.9)	76.3 (72.7 - 79.9)	81.5 (78.7 - 84.2)
1102	74.6 (71.8 - 77.4)	Data not sufficient	79.7 (76.0 - 83.4)
1103.01	80.0 (77.3 - 82.6)	76.4 (73.0 - 79.8)	Data not sufficient
1103.02	75.6 (73.8 - 77.4)	75.9 (73.6 - 78.2)	74.4 (71.5 - 77.3)
1104	77.2 (75.0 - 79.4)	74.5 (71.1 - 77.9)	80.1 (77.3 - 82.8)
Madison County	76.0 (75.0 - 77.0)	74.2 (72.8 - 75.6)	78.0 (76.5 - 79.4)
State Total	79.7 (79.7 - 79.8)	76.9 (76.9 - 77.0)	82.6 (82.5 - 82.6)

Table 15 shows the leading causes of death in Madison County in 2020. Note that chronic diseases represented four of the ten leading causes of deaths and accounted for 50% of the deaths in 2020.

Table 15. Ten Leading Causes of Death, Madison County, 2020 (N=306)

Cause of Death	Deaths	% of Total
Malignant Neoplasm (Cancer)	67	22
Heart Diseases	55	18
Other Causes of Death	52	17
COVID-19	34	11
Cerebrovascular Diseases	20	7
Chronic Lower Respiratory Disease	18	6
Unintentional Injury	14	5
Diabetes Mellitus	9	3
Essen Hypertension and Hypertensive Renal Disease	6	2
Nephritis, Nephrotic Syndrome, Nephrosis	6	2

Included in the 306 total deaths for 2020 were 106 deaths among racial and ethnic minorities. Table 16 shows the ten leading causes of death for non-white residents in Madison County in 2020. Some of the ranking order was different when comparing to overall deaths; however, chronic diseases still represented four out of ten minority resident causes of death in 2020. Chronic diseases accounted for 48% of minority deaths in 2020. Note that homicide was represented in the ten leading causes of death for minorities but not in the total deaths.

Table 16. Ten Leading Causes of Death for Minorities, Madison County, 2020 (N=106)

Cause of Death	Deaths	% of Total
Malignant Neoplasm (Cancer)	23	22
Other Causes of Death	18	17
COVID-19	16	15
Heart Diseases	15	14
Cerebrovascular Diseases	9	8
Chronic Lower Respiratory Disease	4	4
Diabetes Mellitus	4	4
Unintentional Injury	4	4
Essen Hypertension and Hypertensive Renal Disease	3	3
Homicide	3	3

Chronic Diseases

As noted in the previous section, chronic diseases represented 50% of all deaths for Madison County residents in 2020. Table 17 provides more information on chronic disease deaths in 2020. Any disease with zero deaths in 2020 is not listed in the table below. Note that there were no deaths from nutritional deficiencies in 2020; however, there were two deaths in 2019 and three deaths in 2021.

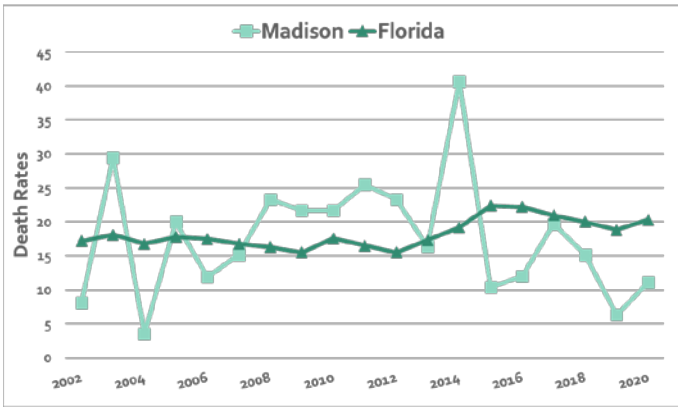
Table 17. Deaths Due to Chronic Diseases, Madison County, 2020

Cause of Death	Deaths
All Cancers	67
Heart Attack	55
Coronary Heart Disease	28
Stroke	20
Chronic Lower Respiratory Disease	18
Diabetes	9
Renal Failure	6
Chronic Liver Disease and Cirrhosis	4
Alzheimer's Disease	3
Parkinson's Disease	2
Aortic Aneurysm and Dissection	1
Emphysema	1

The analysis below includes chronic diseases that have high numbers of deaths and hospitalizations, or those that are a priority statewide. This includes Alzheimer's Disease, cancer, diabetes, heart disease, stroke and hypertension.

Alzheimer's Disease

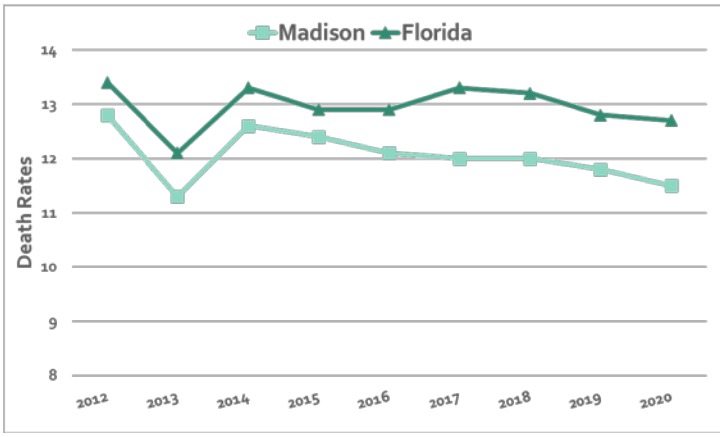
Figure 31. Alzheimer Disease Death Rates 2002-2020, Madison County and Florida



Madison County was ranked in the first quartile for Alzheimer's Disease death rates in 2020, meaning that Madison County's death rates were lower than 75% of the counties in Florida. Death rates due to Alzheimer's Disease have been below that of Florida since 2016.

Of the 85 Alzheimer's Disease deaths among Madison County residents during 2002-2020, 79% were White, non-Hispanic, 19% were Black & Other, non-Hispanic, and 2% were Hispanic.

Figure 32. Probable Alzheimer's Disease Case Rates 2012-2020, Madison County and Florida

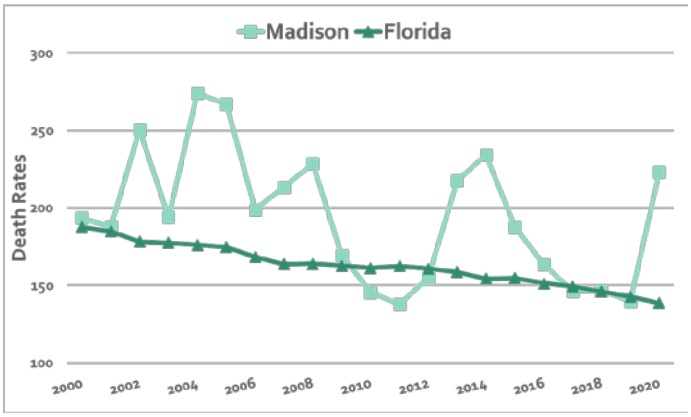


Madison County ranked in the second quartile for probable Alzheimer's Disease case rates in 2020. The case rate for Madison County was 11.5 per 100,000 population, compared to 12.7 for Florida.

There were 3,901 probable Alzheimer's Disease Cases reported for Madison County between 2012 and 2020. This translates to an average of 433 probable cases per year. Data are not available by race, ethnicity or gender.

Cancer

Figure 33. Cancer Death Rates, 2000-2020 Madison County and Florida (All Cancers)



Madison County ranked third highest in the state for cancer death rates in 2020. The trend line in Figure 33 shows a large increase in cancer deaths in 2020. Deaths from cancers represented 22% of all deaths in Madison County in 2020.

There were 505 cancer deaths among Madison County residents between 2010-2020. Of these, 70% were white, non-Hispanic, 29% were black & other, non-Hispanic and 1% were Hispanic.

One of the primary contributing causes of cancer deaths is the percent of cancer cases that are at an advanced stage when diagnosed. Cancer cases that have spread from the primary site to other lymph nodes, organs or tissues are considered to be at an advanced stage. As shown in Figure 34, the percent of advanced stage cases diagnoses for Madison County has been higher than the state since 2015. In 2019, approximately 52.6% of cancer cases in Madison County were at an advanced stage when diagnosed. The average percent of cancer cases diagnosed at an advanced stage between 2005 and 2019 was 47.8%. Data are not available after 2019, and data are not available by race/ethnicity.

Figure 34. Percent of Cancer Cases at Advanced Stage When Diagnosed, 2005-2019
Madison County and Florida

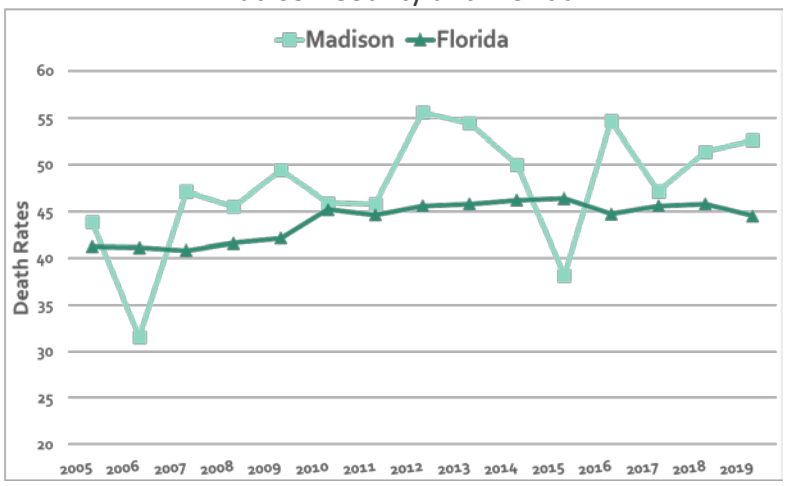


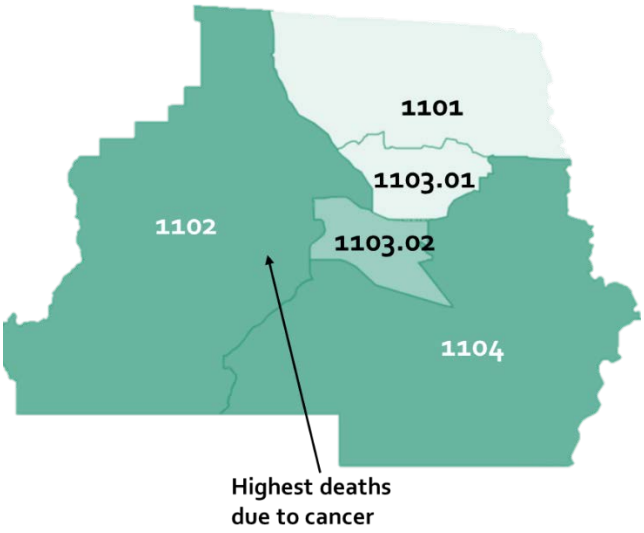
Table 18 shows cancer deaths type of cancer for calendar year 2020. Any type of cancer with a zero value in 2020 is not listed below. Lung cancer accounted for the highest number of deaths in Madison County in 2020, followed by prostate, breast, and lymphoid cancers.

Table 18. 2020 Cancer Deaths, by Type of Cancer, Madison County

Type of Cancer	Deaths
Lung	21
Prostate	5
Breast	4
Lymphoid and Related Tissue	4
Melanoma	3
Pancreatic	3
Stomach	3
Esophagus	2
Kidney and Renal Pelvis	2
Leukemia	2
Liver & Bile Ducts	2
Uterine	2
Bladder	1
Brain and Central Nervous System	1
Colorectal	1
Ovarian	1

Madison County cancer deaths by census tract for the combined years of 2016-2020 are shown below in Figure 35. Census tract 1104 had the highest number of cancer deaths with 60, followed by tract 1102 with 47, 1103.02 with 38, 1103.01 with 37 and 1101 with 37 deaths.

Figure 35. Cancer Deaths by Census Tract, 2016-2020 Combined, Madison County



The death rate trend line for Tobacco-Related Cancers mirrors that of the trend line for all cancers. Many of the most commonly diagnosed cancers among Madison County residents are considered to be tobacco-related cancers. These include Acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea cancers.

Figure 36. Tobacco Related Cancer Death Rates 2010-2020, Madison County and Florida

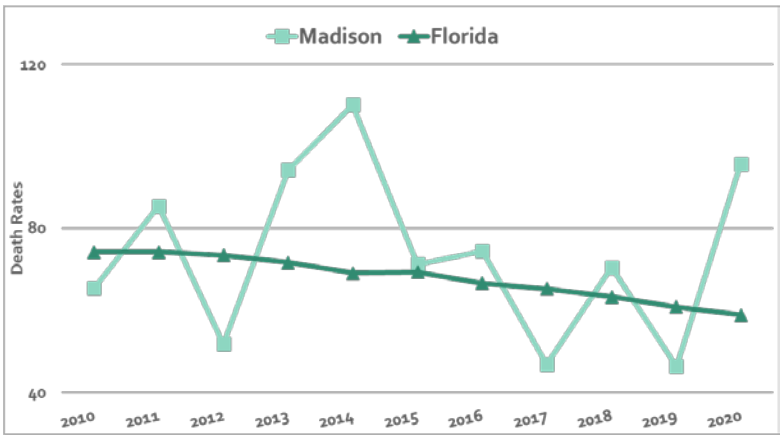


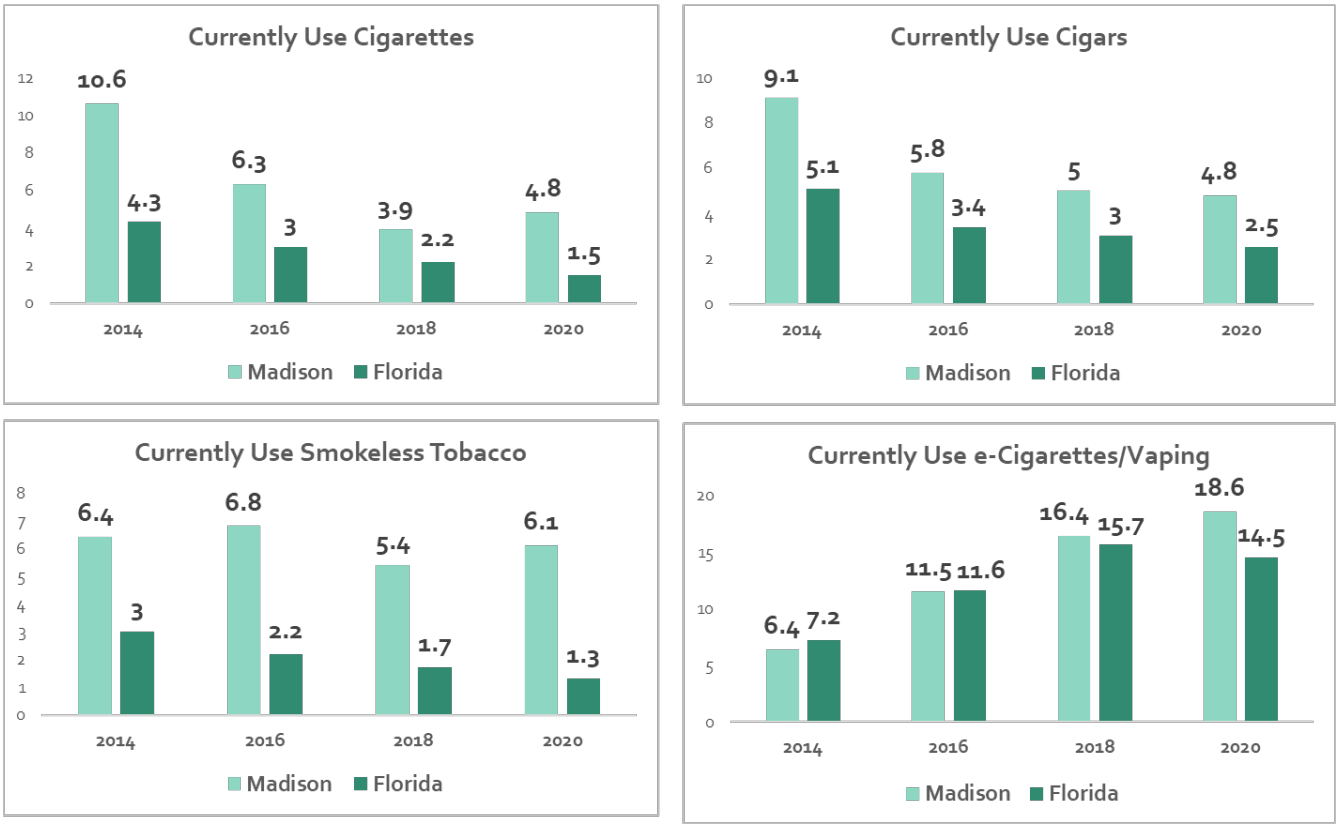
Figure 36 shows the trend line for tobacco-related cancer death rates per 100,000 population. The rate for Madison County was 95.7 in 2020, significantly higher than the state at 58.9.

Of the 219 Madison County deaths due to tobacco-related cancers between 2010 and 2020, 159, or 73%, were white, non-Hispanic. Fifty-five, or 25%, were black and other, non-Hispanic, and five, or 2%, were Hispanic.

The Youth Tobacco Survey is a survey conducted by the Florida Department of Health in public middle and high schools in Florida. Data are released for the state and for the 67 county health departments on alternating years. County level data were released in 2020. Figure 37 below shows that the percent of Madison County public school students currently using cigarettes increased slightly between 2018 and 2020. The percent of Madison County students currently using cigars decreased slightly during the same time period. There was an increase in the percent of Madison County students currently using smokeless tobacco. There have been significant increases in the percent of

Madison County students using vape products. In 2020, almost 20% of Madison County students responded that they currently used e-cigarettes.

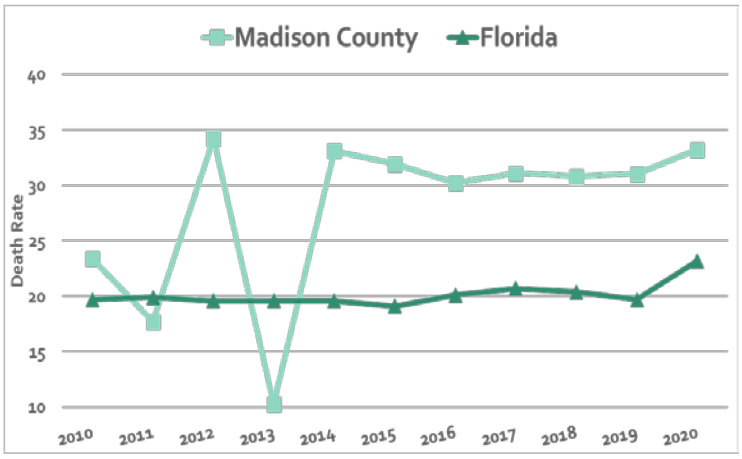
Figure 37. Youth Tobacco Survey Results, 2014-2020, Madison County and Florida



2020 e-cigarette use demographic data show that 15.7% of middle school respondents and 32.9% of high school respondents used vape products. Data by gender include 27.6% of males and 24.9% of females used e-cigarettes at the time of the survey. Data for white, non-Hispanic participants were suppressed due the small number of responses; however, 32.7% of black, non-Hispanic respondents and 20.3% of Hispanic respondents used vape products at the time of the survey.

Diabetes

Figure 38. Diabetes Death Rates, 2010-2020
Madison County and Florida



Madison County has consistently had higher death rates due to diabetes than the state of Florida since 2013 as shown in Figure 38. Madison County ranked 16th highest in the state for diabetes death rates in 2020.

When analyzing the 85 diabetes deaths among Madison County residents by race, ethnicity and gender, these deaths were almost evenly distributed. About 49% were white, non-Hispanic, 49% were black & other, non-Hispanic and 2% were Hispanic. Fifty percent of the deaths were male and 50% were female.

Figure 39 is a map of diabetes deaths that occurred between 2016 and 2020 in Madison County. There was a total of 38 deaths reported for the time period. Of these, 14, or 37% were reported in census tract 1103.02 and 10, or 26% were reported in census tract 1102.

Figure 39. Diabetes Deaths by Census Tract, Madison County, 2016-2020 Combined

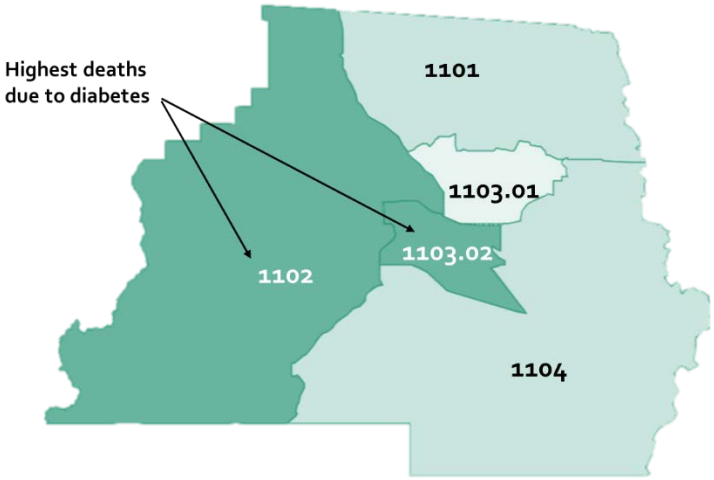
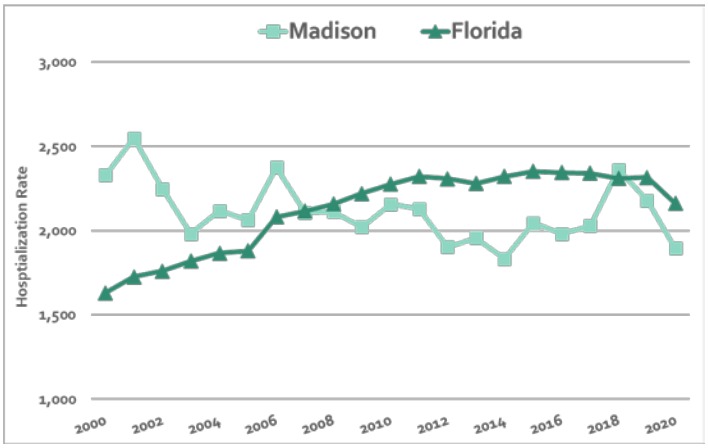


Figure 40. Hospitalization Rates
Per 100,000 Population
2000-2020, Madison County and Florida



Madison County hospitalization rates for diabetes, or any other condition, have historically been lower than the state of Florida. These rates are shown for hospitalization of Madison County residents in Florida hospitals and do not account for residents who traveled to Valdosta Georgia for hospital care. Hospitalization rates for diabetes in Madison County and Florida decreased in 2020.

Diabetes hospitalization data for the time period 2010-2020 indicate that the majority of Madison County resident hospitalizations occurred among White, non-Hispanics (56%). Black, non-Hispanic residents represented 43% of the hospitalizations during the time period and Hispanic residents accounted for 1%. Data are not available by gender.

There were 86 Florida hospitalizations of Madison County residents for diabetes related amputations during the years 2010-2020. The majority of these were white, non-Hispanic (77%) and black & other, non-Hispanic (23%). Data for Hispanics were not reported. Data are not available by gender.

Table 19 shows risk factors for diabetes reported by the 2022 Robert Wood Johnson County Health Rankings. Madison County had higher percentages of diabetics, adult obesity and physically inactive residents than the state of Florida. Madison County had lower percentages with respect to exercise access and the food environment index. Note that the food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year, food insecurity.

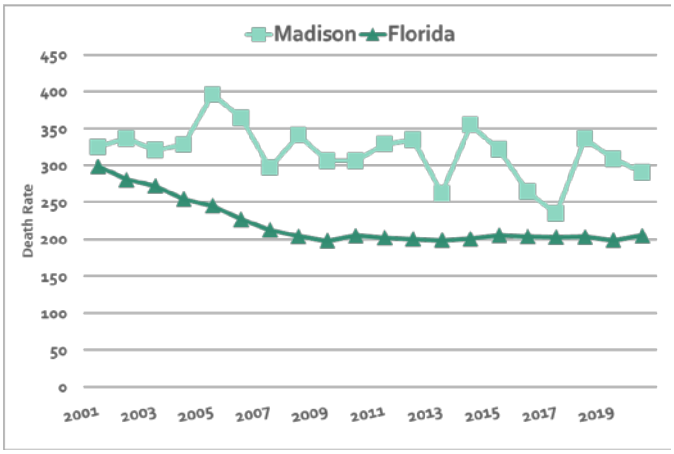
Table 19. Risk Factors for Diabetes, Madison County and Florida
2022 Robert Wood Johnson County Health Rankings

Risk Factor	Madison County	Florida
Diabetic	14%	9%
Adult Obesity	37%	26%
Physically Inactive	36%	26%
Access to Exercise Opportunities	46%	87%
Food Environment Index	6.4	7.0

Cardiovascular Diseases

This category includes major cardiovascular diseases such as coronary heart disease, stroke, peripheral arterial diseases, heart disease, and aortic aneurysm and dissection. Heart diseases include Acute Myocardial Infarction (heart attack) and heart failure.

Figure 41. Cardiovascular Disease Death Rates 2000-2020, Madison County and Florida



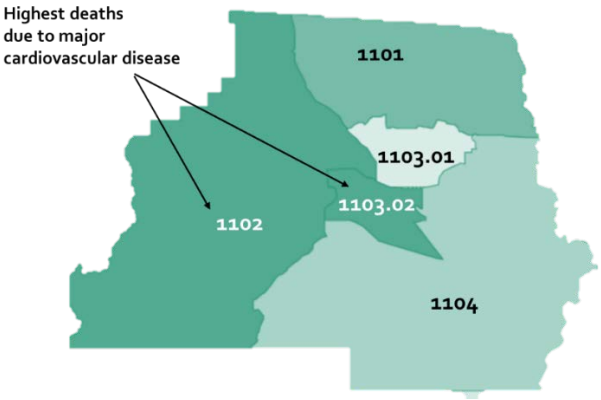
Analysis of all major cardiovascular diseases combined show that Madison County has disproportionately higher death rates than the state as a whole. Madison County ranked in the 4th quartile for these death rates in 2020 with the seventh highest death rate per 100,000 population in the state.

Data by race and ethnicity for the years 2010-2020 show that 64% of the deaths were White, non-Hispanic, 35% were Black & Other, non-Hispanic and 1% were Hispanic. Data by gender show that 49% of major cardiovascular disease deaths were males and 51% were females.

It is worth noting that the majority of deaths were among White, non-Hispanic residents; however, when comparing death rates per 100,000 population, racial and ethnic minorities in Madison County are impacted. For example, in 2020 the death rate for Madison County White, non-Hispanic residents was 299.7, for Black & Other, non-Hispanic residents was 285.3 and 0% for Hispanic residents. Madison County death rates were substantially higher compared to Florida.

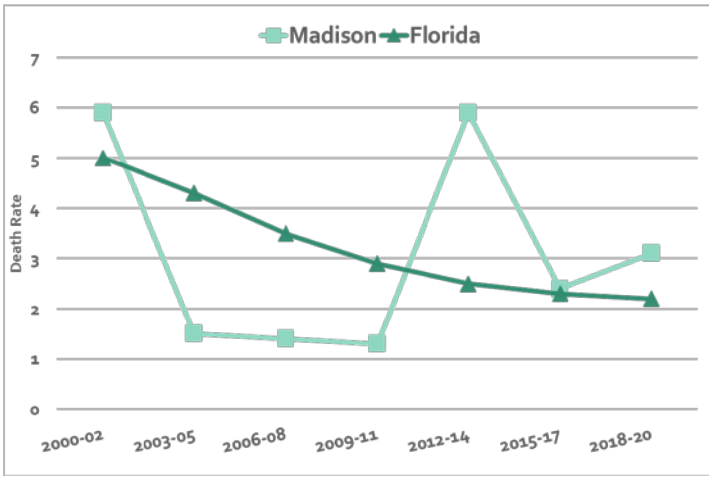
Data by census tract for Madison County for years 2016-2020 show higher numbers of deaths in census tracts where high proportions of Black & Other, non-Hispanic residents reside. Census tract 1103.02 accounted for 37% of deaths during the five-year period, followed by tracts 1101 and 1102 with 22% each, tract 1103.01 with 11% and tract 1104 with 8%.

Figure 42. Deaths Due to Major Cardiovascular Disease, 2016-2020, Madison County



Aortic Aneurysm and Dissection

Figure 43. Aortic Aneurysm and Dissection Death Rates, 2000-2020, 3-Year Discrete Rates Madison County and Florida



An aortic aneurysm occurs when a weak spot in the wall of the aorta begins to bulge. An aneurysm increases the risk of dissection, which is a tear in the lining of the aorta.

Actual numbers of deaths due to aortic aneurysm and dissection are small, therefore rates are shown as 3-year discrete trends. The Madison County death rate in 2020 was 2.7 per 100,000 population, compared to 2.1 for Florida. It should be noted that the 2021 rate dramatically increased for Madison County to 6.3, compared to 2.2 for Florida.

Of the 15 deaths due to aortic aneurysm and dissection between 2000-2020, 80% were white, non-Hispanic and 20% were Black & Other, non-Hispanic. There were no Hispanic deaths during the time frame. A total of 67% of these deaths were male and 33% were female.

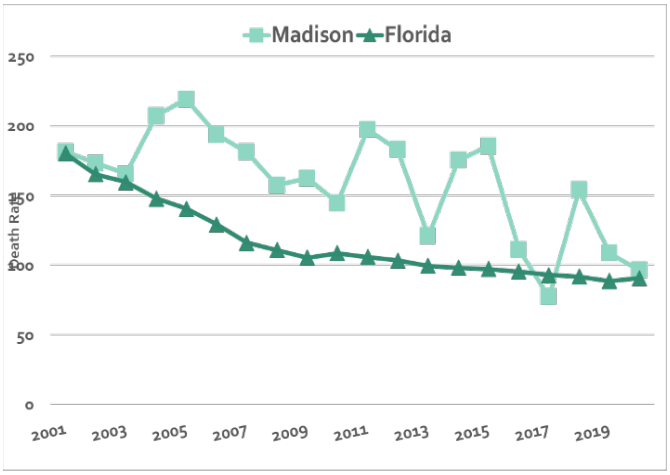
Atherosclerosis

Atherosclerosis is a disease in which plaque builds up in arteries which interferes with the flow of oxygen-rich blood to the body. Atherosclerosis can lead to serious problems, including coronary artery disease, carotid artery disease, and peripheral arterial disease that blocks the blood supply to the heart, brain or arms, legs or pelvis.

During 2000-2020, there was one death due to Atherosclerosis in Madison County. It should be noted that there was one Atherosclerosis death recorded in 2021 in Madison County.

Coronary Heart Disease

Figure 44. Coronary Heart Disease Death Rates 2000-2020, Madison County and Florida



Coronary heart disease (CHD) is a narrowing of the small blood vessels that supply blood and oxygen to the heart, also known as hardening of the arteries. Madison County ranked 25th highest in the state for coronary heart disease death rates in 2020.

Of the 396 CHD deaths among Madison County residents during 2010-2020, 63% were White, non-Hispanic, 36% were Black & Other, non-Hispanic and 1% were Hispanic. Males accounted for 55% of the CHD deaths and females represented 45% of the deaths during the time frame.

Figure 45 shows Madison County coronary heart disease deaths by census tract for the years 2016-2020. Census tract 1103.02 accounted for 31% of the deaths, followed by tract 1102 with 25%, 1104 with 18%, 1101 with 17% and 1103.01 with 10%.

Figure 45. Coronary Heart Disease Deaths by Census Tract, 2016-2020, Madison County

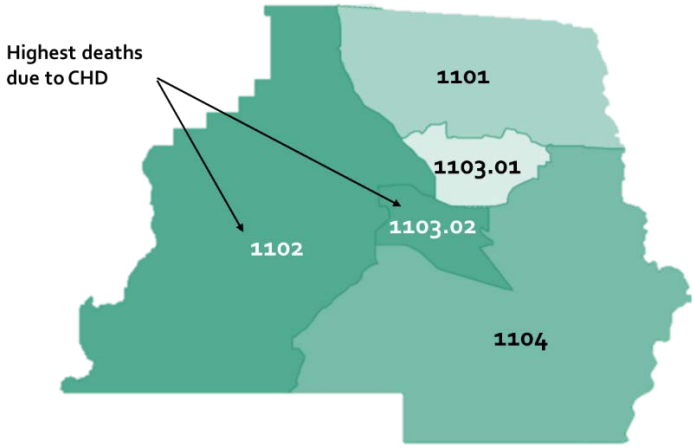


Figure 46. CHD Hospitalization Rates, 2000-2020
Madison County and Florida

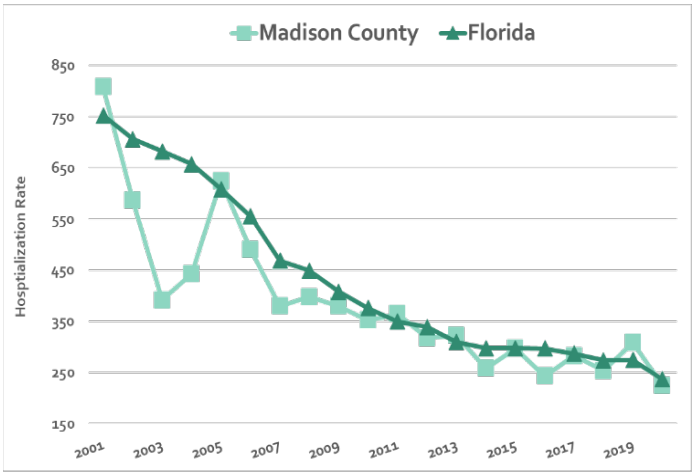


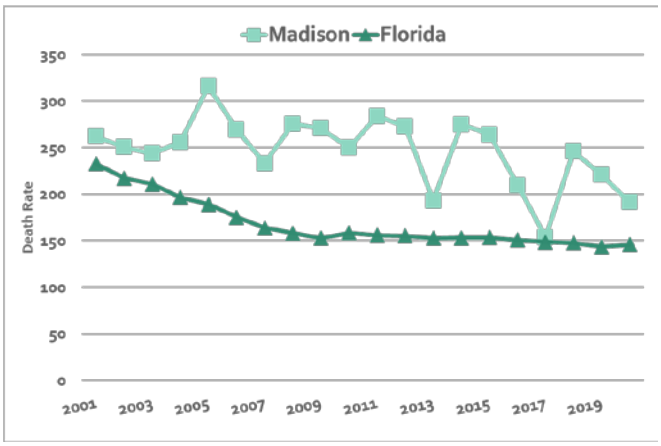
Figure 46 shows that hospitalizations due to coronary heart disease have been decreasing for both Madison County and Florida. Hospitalization data for Madison County does not include any residents who were hospitalized in Georgia.

There were 799 hospitalizations during 2010-2020 among Madison County residents in Florida hospitals. Approximately 69% were White, non-Hispanic and 31% were Black & Other, non-Hispanic. There were no documented hospitalizations among Hispanic residents during the time frame.

Heart Diseases

The data for heart diseases is consistent with the larger category of cardiovascular diseases. This includes the trendline data below, as well as data by race/ethnicity, and census tract.

Figure 47. Heart Disease Death Rates, 2000-2020
Madison County and Florida

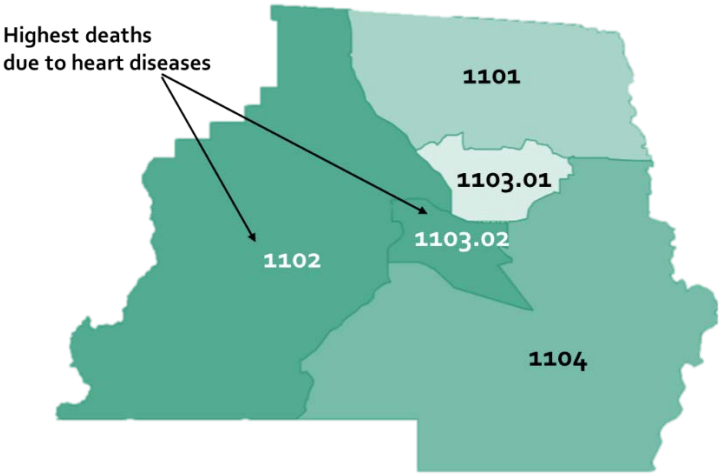


Analysis of heart diseases show that Madison County has disproportionately higher death rates than the state as a whole. Madison County ranked in the 4th quartile for these death rates in 2020 with the 12th highest death rate per 100,000 population in the state.

Data by race and ethnicity for the years 2010-2020 show that 65% of the deaths were White, non-Hispanic, 34% were Black & Other, non-Hispanic and 1% were Hispanic. Data by gender show that 51% of heart disease deaths were males and 49% were females.

Data by census tract for Madison County for years 2016-2020 show higher numbers of deaths in census tracts where high proportions of Black & Other, non-Hispanic residents reside. Census tract 1103.02 accounted for 31% of deaths during the five-year period, followed by tract 1102 with 21%, tract 1104 with 19%, tract 1101 with 18% and tract 1103.01 with 10%.

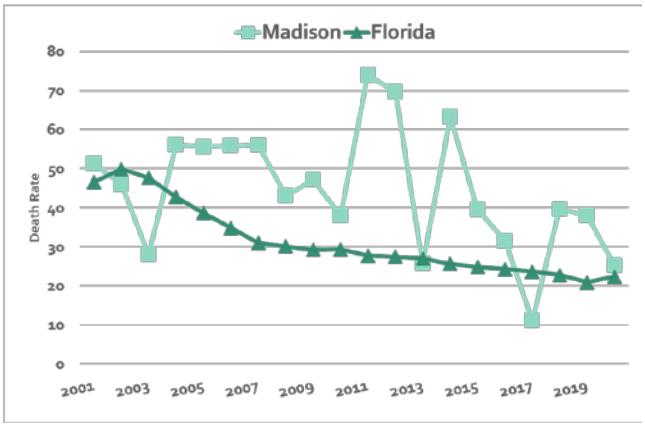
Figure 48. Heart Disease Deaths by Census Tract, 2016-2020, Madison County



Acute Myocardial Infarction (Heart Attack)

Acute Myocardial Infarction, or heart attack, is a subset of heart diseases and data are generally consistent with the larger category. Although the actual numbers of annual heart attack deaths in Madison County are small, the rates per 100,000 population are higher compared to Florida.

Figure 49. Death Rates Due to Heart Attack 2000-2020, Madison County and Florida

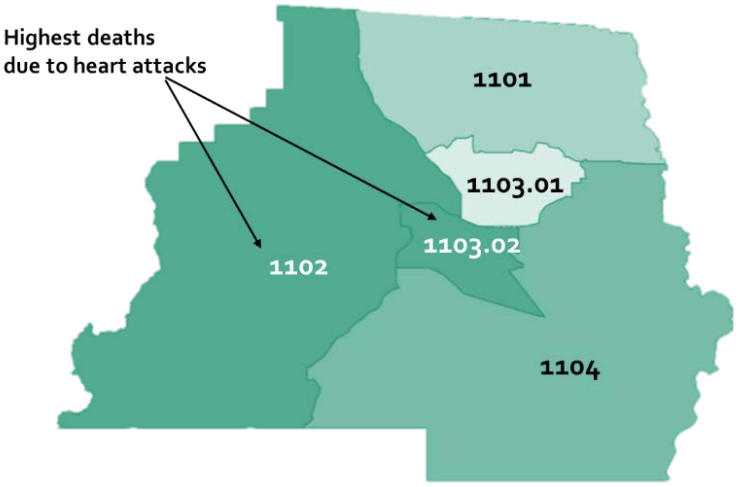


Madison County ranked in the third quartile for heart attack death rates in 2020. It should be noted that the 2020 death rate per 100,000 population for Madison County was 25.2, compared to 22.3 for Florida.

Data by race and ethnicity for the years 2010-2020 show that 60% of the deaths were White, non-Hispanic, 39% were Black & Other, non-Hispanic and 1% were Hispanic. Data by gender show that 51% of heart attack deaths were males and 49% were females.

Figure 50 shows Madison County heart attack deaths by census tract for the years 2016-2020. Of the 27 deaths during the time frame, census tract 1103.02 accounted for 41% of the deaths, followed by tract 1102 with 26%, 1104 with 15%, 1103.01 with 11% and 1101 with 7%.

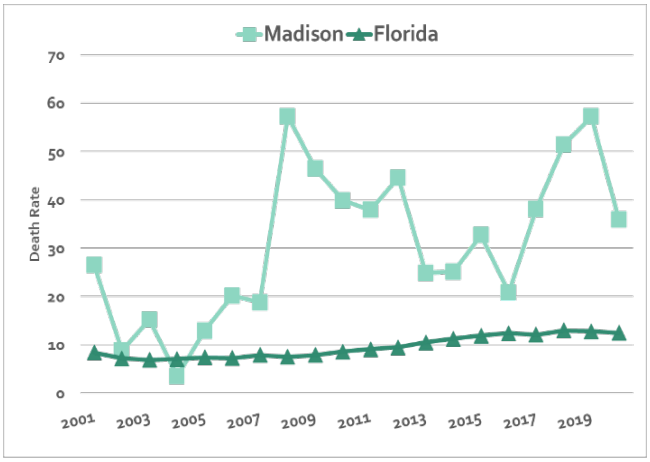
Figure 50. Heart Attack Deaths by Census Tract, 2016-2020, Madison County



Congestive Heart Failure

Congestive heart failure is also a subset of heart diseases. Congestive heart failure is a condition in which the heart can no longer pump enough blood to the rest of the body.

Figure 51. Congestive Heart Failure Death Rates 2000-2020, Madison County and Florida



Analysis of congestive heart failure shows that Madison County has disproportionately higher death rates than the state as a whole. Madison County ranked in the 4th quartile for these death rates in 2020 with the 6th highest death rate per 100,000 population in the state.

Data by race and ethnicity for the years 2010-2020 show that 81% of the deaths were White, non-Hispanic, 19% were Black & Other, non-Hispanic and 1% were Hispanic. Data by gender show that 36% of congestive heart disease deaths were males and 64% were females.

Congestive heart failure death data by census tract reflect the differences in demographics, compared to major cardiovascular diseases. Data by census tract for the years 2016-2020 show a total of 43 deaths during the time period. Of the total, census tracts 1103.02 and 1104 each accounted for 26% of the deaths, followed by tract 1101 with 23%, 1102 with 14%, and 1103.01 with 12%.

Figure 52. Congestive Heart Failure Deaths by Census Tract, 2016-2020, Madison County

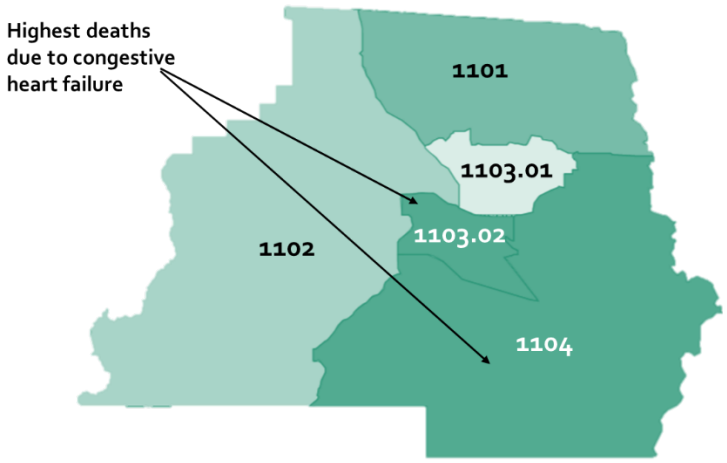
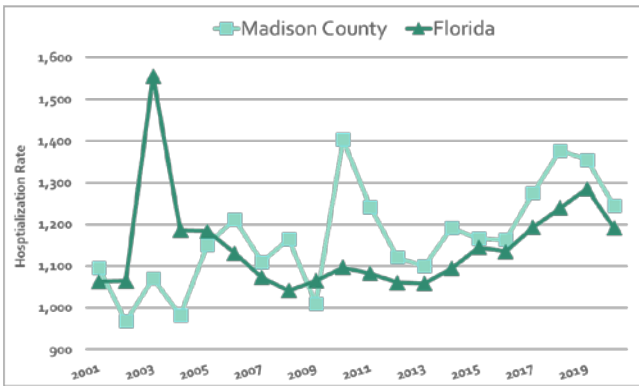


Figure 53. Congestive Heart Failure Hospitalizations
2000-2020, Madison County and Florida

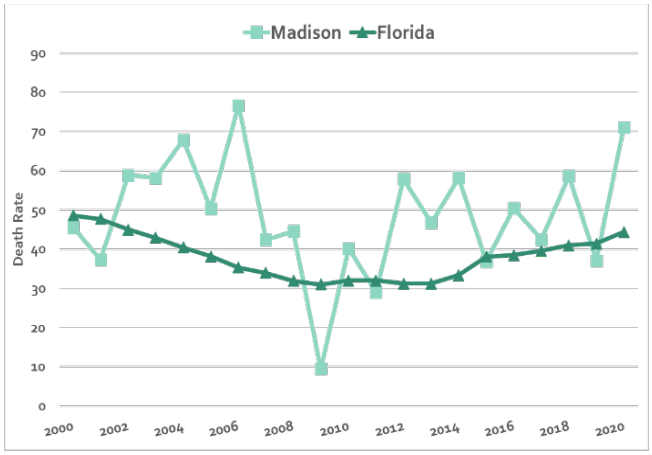


Hospitalizations due to congestive heart failure in Madison County have been higher than the state since 2010. Madison residents may also be seeking hospital care in Georgia, which would mean actual rates are higher than those listed.

Madison County congestive heart failure hospitalization data for 2010-2020 show that White, non-Hispanics represented 59% of hospitalizations while Black & Other, non-Hispanics accounted for 41%. Hispanics represented less than 1% of the hospitalizations for the time period. Data are not available by gender.

Stroke and Hypertension

Figure 54. Stroke Death Rates, 2000-2020
Madison County and Florida



Madison County has typically had higher death rates due to stroke, compared to the state of Florida. Madison County ranked 4th highest in the state for stroke death rates in 2020. The 2020 stroke death rate was 71.0 per 100,000 population for Madison County and 44.4 for Florida.

Of the 140 reported stroke deaths among Madison County residents during 2010-2020, 62% were white, non-Hispanic, 35% were black & other, non-Hispanic, and 3% were among Hispanics. Females accounted for more deaths during the time period than males. Females represented 61% of the Madison County stroke deaths and males accounted for 39% of stroke deaths.

Figure 55 gives an illustration of stroke deaths in Madison County by census tract for 2016-2020 combined. The highest number of stroke deaths were in census tracts 1101 and 1103.02.

Figure 55. Madison County Stroke Deaths, by Census Tract, 2016-2020

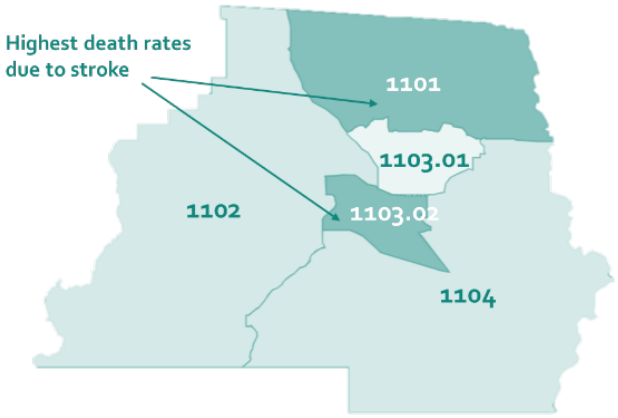
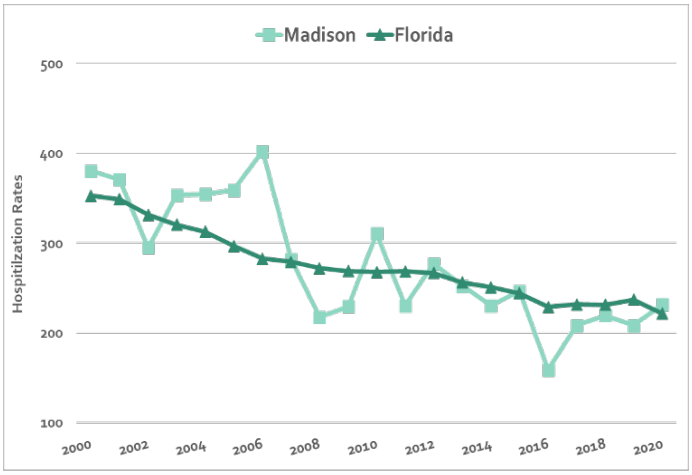


Figure 56. Stroke Hospitalization Rates, 2000-2020
Madison County and Florida



Stroke hospitalization rates for Madison County have been at or below those of the state from 2011-2019. The stroke hospitalization rate for Madison County increased in 2020 to be slightly higher than the state of Florida.

Stroke hospitalization trends by race/ethnicity are different from the demographic data regarding stroke deaths. The 2020 hospitalization rate for non-white residents was 316.7, compared to 179.2 for white residents.

One of the contributing factors to strokes is hypertension. Figure 57 provides a trend line for hypertension deaths for Madison County and Florida. Madison County has had significantly higher death rates due to hypertension compared to Florida. During the time period 2016-2020, 58% of total hypertension deaths were among White, non-Hispanic residents and 42% were Black & Other, non-Hispanic. There were no Hispanic hypertension deaths recorded during the time period. As in Madison County stroke deaths, the majority were female (57%), with 43% attributed to males.

Figure 57. Hypertension Death Rates, 2010-2020, Madison County and Florida

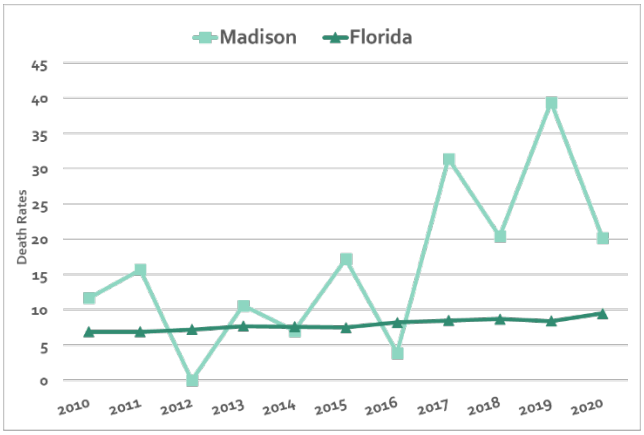


Table 20 lists risk factors for cardiovascular disease according to the Robert Wood Johnson Foundation 2022 County Health Rankings. Madison County had higher percentages of adult current smokers, adult obesity and physically inactive residents.

Table 20. Risk Factors for Cardiovascular Disease and Stroke, Madison County and Florida
2022 Robert Wood Johnson County Health Rankings

Risk Factor	Madison County	Florida
Adults who are current smokers	24%	15%
Adult Obesity	37%	26%
Physically Inactive	36%	26%

Significant Findings Chronic Disease

This section details some of the significant findings for priority chronic diseases. These are listed below by category.

Overall Findings – Robert Wood Johnson Foundation

- According to the Robert Wood Johnson 2022 County Health Rankings, Madison County had a higher percentage of obese or overweight residents, compared to the state of Florida.
- About 36% of Madison County residents were determined to be physically inactive, compared to 26% for Florida. Only 46% of Madison County residents had access to exercise opportunities, compared to 87% for Florida.
- Madison County residents were more likely to be food insecure, compared to Florida. Madison County's food environment index was 6.4, compared to 7.0 for Florida.
- About 24% of Madison County adults were smokers in 2020, compared to 15% for Florida.
- These are all contributing risk factors for most chronic diseases.

Cancer

- Madison County had the third highest death rate due to all cancers among the 67 counties in Florida in 2020.
- While most of the Madison County deaths from cancers were white, non-Hispanic, cancer deaths were also the leading cause of death for the minority population in Madison County.
- Lung, prostate, breast, and lymphoid cancers represented 50% of all cancer deaths in 2020.
- Madison County tobacco-related cancer deaths spiked in 2020.
- In 2019, more than half of the cancer cases among Madison County residents were diagnosed at an advanced stage. Data were not yet available for 2020.
- Madison County youth were more likely to be current users of cigarettes, cigars, smokeless tobacco, and e-cigarettes, compared to Florida as a whole. All four categories showed an increase in habitual use between 2018 and 2020 in Madison County.

Cardiovascular Diseases

- Madison County had the 7th highest death rate due to cardiovascular diseases in the state in 2020.
- Although White, non-Hispanics represented the majority of cardiovascular disease deaths and hospitalizations, all subpopulations were affected.
- Census tracts 1102 and 1103.02 had the highest number of coronary heart disease deaths during 2016-2020.

Diabetes

- Diabetes deaths affected almost every subpopulation equally in 2020. Approximately 49% of Madison County deaths were White, non-Hispanic, 49% were Black & Other, non-Hispanic and 2% were Hispanic. Males and females both accounted for 50% of the deaths.
- Census tracts 1102 and 1103.02 had the highest number of diabetes deaths during 2016-2020.
- White, non-Hispanics comprised the majority of Madison County residents who were hospitalized and who were hospitalized due to amputation from diabetes.

Stroke and Hypertension

- Madison County ranked fourth highest for stroke deaths among the 67 counties in Florida in 2020.
- The majority of stroke deaths in 2020 in Madison County were among white, non-Hispanic residents and among females.
- 2020 hypertension deaths in Madison County were also among white, non-Hispanic residents and females.

Injury and Violence

This category encompasses all external causes of death and/or injury. It should be noted that data are attributed to Madison County if the crime or injury event occurred in Madison County. The persons who are crime victims or accident victims may not be Madison County residents.

Figure 58. Death Rates for All External Causes 2000-2020, Madison County and Florida

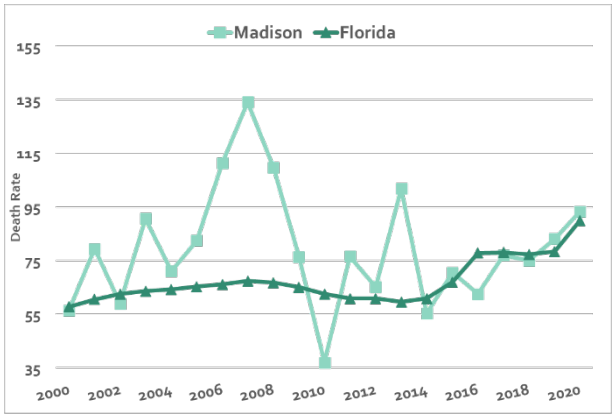


Figure 58 is a trend line for deaths due to all external causes for Madison County and Florida. Madison County's death rates have been close to those of Florida since 2014.

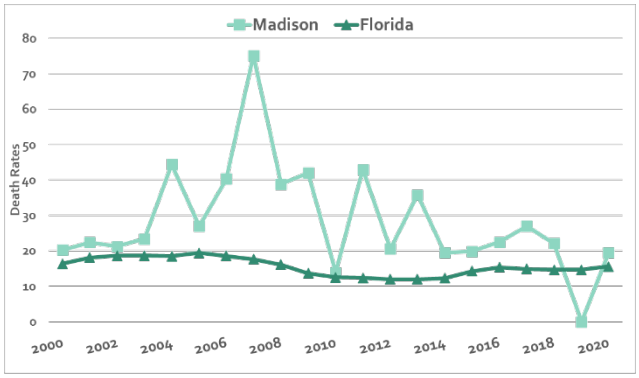
Data for 2016-2020 combined show that 68% of Madison County deaths were male and 32% were female. The majority of deaths during the time period were white, non-Hispanic (63%), followed by black and other, non-Hispanic (35%), and Hispanic (2%).

Injury

Injuries include motor vehicle crashes, firearm discharge, drowning, falls, unintentional fires, surgical and medical complications, and poisoning.

Motor Vehicle Crash

Figure 59. Motor Vehicle Crash Death Rates 2000-2020, Madison County and Florida



Motor vehicle crash death rates are shown in Figure 59. Of the 119 deaths due to motor vehicles between 2000-2020 in Madison County, 60% were white, non-Hispanic, 36% were black & other, non-Hispanic and 9% were Hispanic. Two thirds of the deaths occurring in the twenty-year time period were males and one third were females.

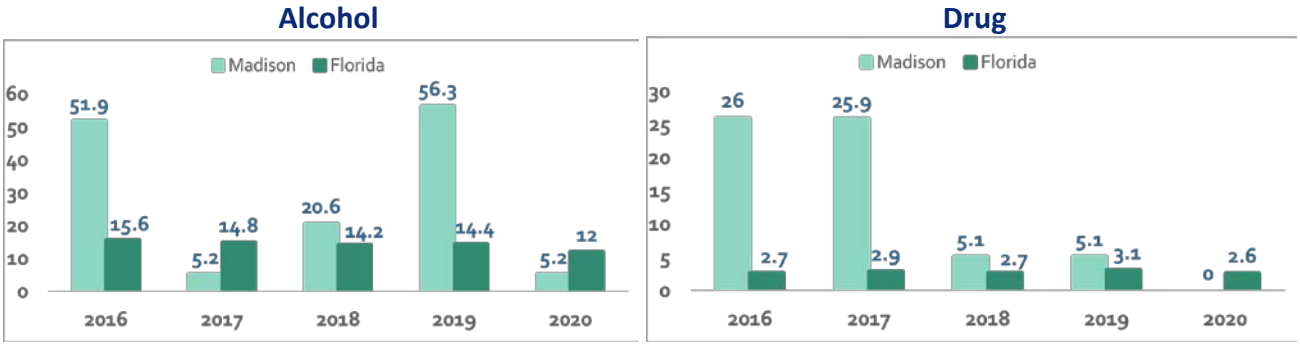
Madison County has had lower death rates due to alcohol-confirmed motor vehicle crashes than the state of Florida. This indicator has only been measured since 2016. There were no alcohol-confirmed fatal crashes in 2020 in Madison County. Data are not available by race, ethnicity, or gender.

Conversely, Madison County has had higher death rates due to drug-confirmed motor vehicle crashes than the state of Florida until 2020. This indicator has also been measured since 2016. There were

no drug-confirmed fatal crashes in 2020 in Madison County. Data are not available by race, ethnicity, or gender.

Figure 60 shows alcohol and drug-confirmed motor vehicle crash injury rates for Madison County and Florida. Injury rates fluctuate for small counties like Madison. Because the population is small, low numbers of crashes still produce large rates per 100,000 population. These include any crashes that occur in Madison County, regardless of the driver's residence county or state. Data are not available by race, ethnicity, or gender.

Figure 60. Alcohol and Drug Confirmed Injury Rates, 2016-2020, Madison County and Florida



Motor vehicle crash data are available by age group for ages 15-17 and for ages 18-20. In 2020, the motor vehicle crash rate for ages 15-17 was 57.4 for Madison County and 33.3 for Florida. 2020 crash rates for ages 18-20 were 73.4 for Madison County and 61.5 for Florida. Data are not available by race, ethnicity, or gender.

Firearm Discharge

Figure 61. Firearm Discharge Death Rates 2000-2020, Madison County and Florida

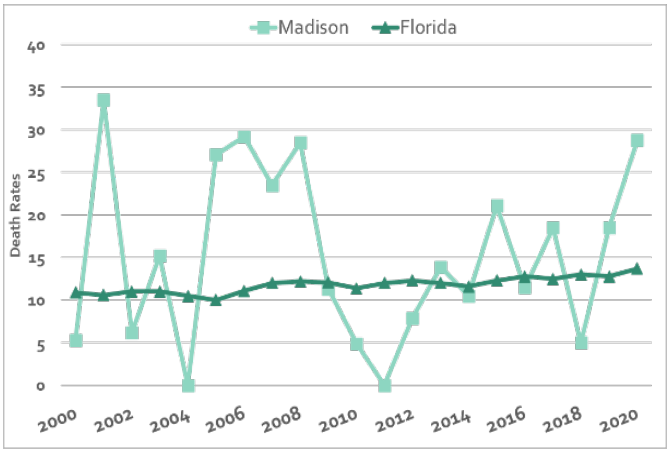


Figure 61 provides trend lines for death rates due to firearms discharge for Madison County and Florida. Madison County had higher death rates than Florida for most of the time frame. There were 59 deaths due to firearms discharge in Madison County from 2000-2020. Of these, 39 or 66% were white, non-Hispanic, 20 or 34% were black and other, non-Hispanic. There were no reported Hispanic deaths during the time frame. Note that five firearm discharge deaths occurred in 2020 alone in Madison County.

Table 21 provides the number of fatal injuries due to drowning, falls, unintentional fire, surgical and medical complications, and unintentional poisoning for the time period 2000-2020.

Table 21. Demographic Data for Fatal Injury Events, Madison County, 2000-2020

Injury Type and Total Cases	White	Black & Other	Hispanic	Male	Female
Drowning (N=15)	47%	53%	0%	87%	13%
Falls (N=36)	81%	17%	3%	42%	58%
Unintentional Fire (N=8)	49%	13%	38%	62%	38%
Surgical & Medical Complications (N=11)	82%	18%	0%	36%	64%
Unintentional Poisoning (N=23)	61%	33%	0%	65%	35%

Violence

Violence includes homicide, aggravated assault, domestic violence, and forcible sex offenses.

Homicide

Figure 62. Homicide Death Rates 2000-2020
3-Year Discrete Rates
Madison County & Florida

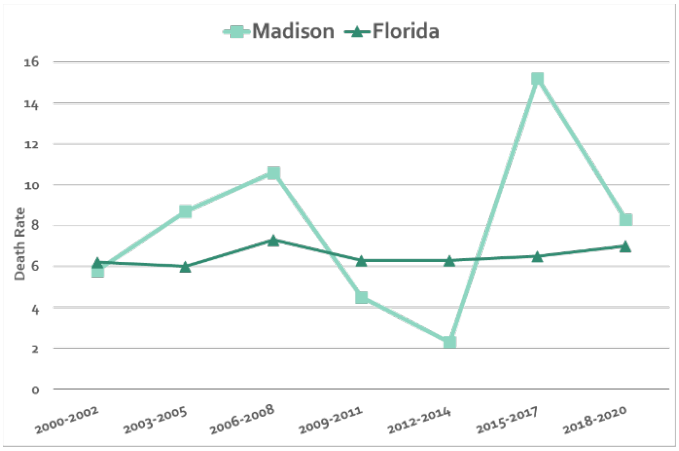


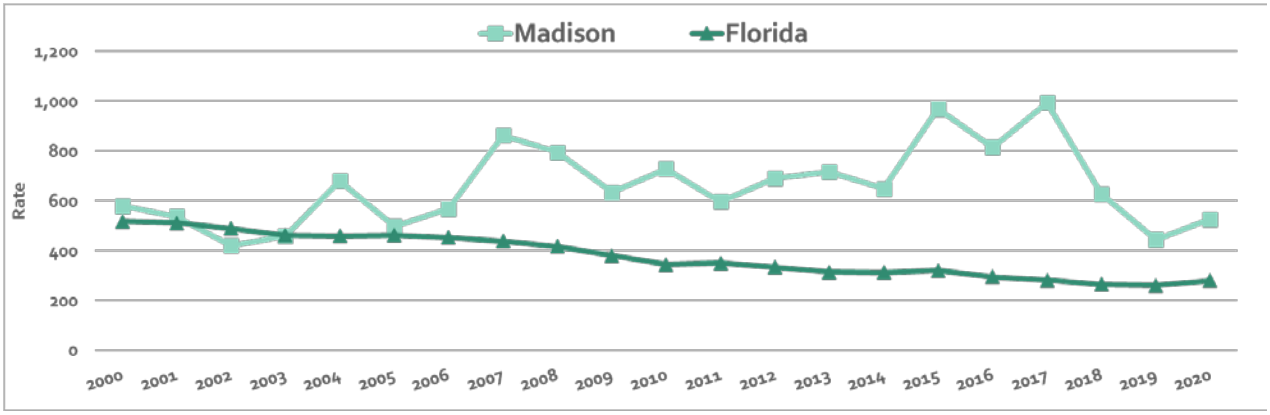
Figure 62 shows homicide death rates for Madison County and Florida. The trend lines are presented as three-year discrete data because there are some years with zero values for Madison County.

Madison County had 30 homicide deaths between 2000 and 2020. Of these, 26 (87%) were male and four (13%) were female. Ten deaths (33%) were white, non-Hispanic, 19 deaths (63%) were black and other, non-Hispanic and one death (3%) was Hispanic.

Aggravated Assault

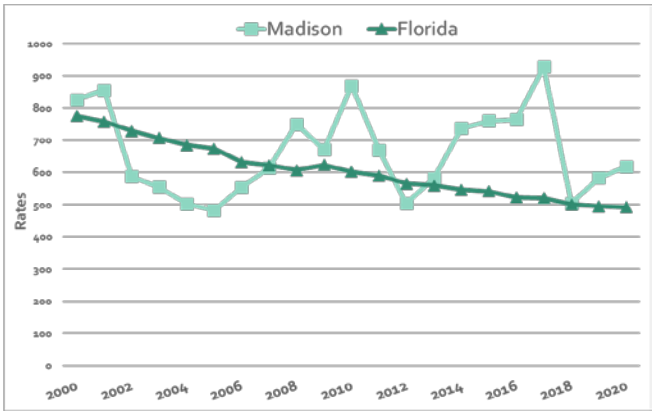
Madison County has had higher rates of aggravated assault compared to Florida. In 2020, the aggravated assault rate for Madison County was 526.2 per 100,000 people, compared to 279.9 for Florida. Data are not available by race/ethnicity or gender.

Figure 63. Aggravated Assault Rates Per 100,000 Population, 2000-2020, Madison County and Florida



Domestic Violence

Figure 64. Domestic Violence Offense Rates 2000-2020, Madison County and Florida



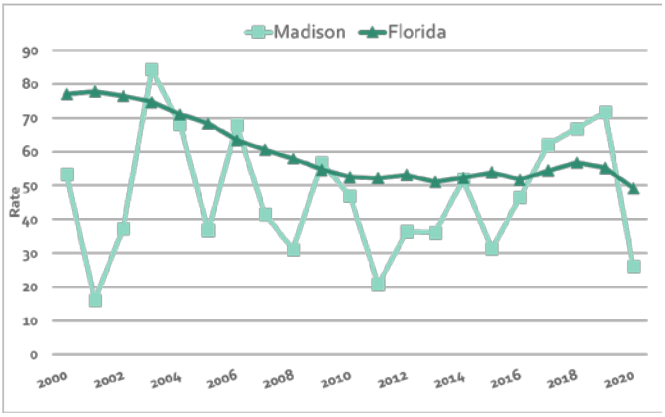
Madison County has had higher rate of reported domestic violence offenses compared to the state of Florida since 2012. Madison ranked 20th out of 67 counties for domestic violence offense rates. Nineteen counties had higher rates than Madison

In 2020, the domestic violence offense rate for Madison County was 618.1 per 100,000 population, compared to 492.2 for Florida. Data are not available by race/ethnicity or gender.

Forcible Sex Offenses

Madison County's rate of reported forcible sex offenses dropped below that of Florida in 2020. These rates were 26.0 for Madison County and 49.2 for Florida. There were 180 reported forcible sex offenses in Madison County during 2000-2020. Data are not available by race/ethnicity or gender.

Figure 65. Forcible Sex Offense Rates, 2000-2020, Madison County and Florida



Significant Findings – Injury and Violence

- External cause events that occur in Madison County are attributed to Madison County regardless of the residence location of the injured person.
- The majority of deaths due to all external causes were white, non-Hispanic and male.
- Black, non-Hispanics accounted for the majority of drowning deaths and unintentional poisonings.
- Homicide victims were more likely to be Black, non-Hispanic and male.

Maternal and Child Health

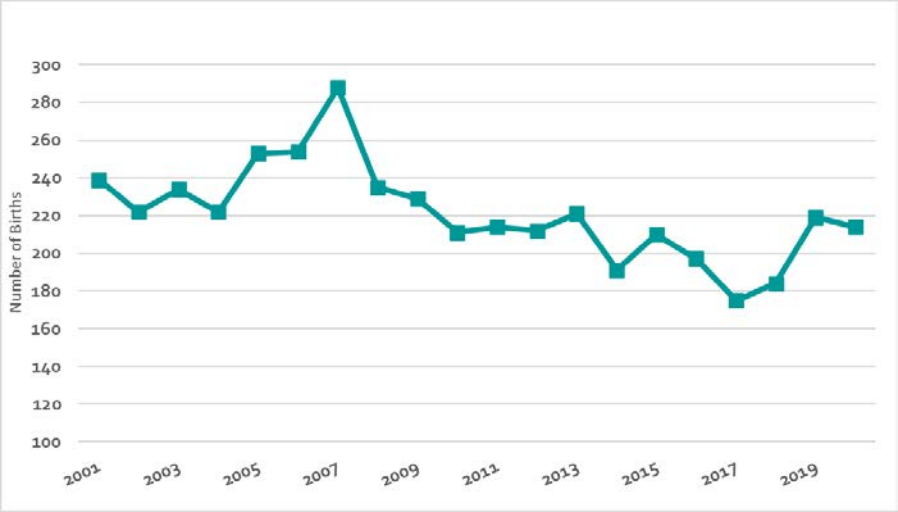
Included in this priority area are birth trends, infant mortality and contributing factors, characteristics of birth mothers, and indicators listed in the 2020 Pregnancy and Young Child Profile for Madison County. Madison County ranked in the fourth quartile for the indicators listed below in 2020.

- Births among unwed teen mothers ages 15-19
- Women ages 15-34 with bacterial STIs
- Births to obese mothers
- Multiple births
- Critical congenital heart defects
- Non-fatal intentional poisonings ages 1-5
- Children under age 5 covered by KidCare
- Severe maternal morbidity, which is the presence of a complication during a birth hospitalization. This occurred in 10 births for 2020 alone. Seven of the 10 were Black & Other, non-Hispanic.

Birth Trends

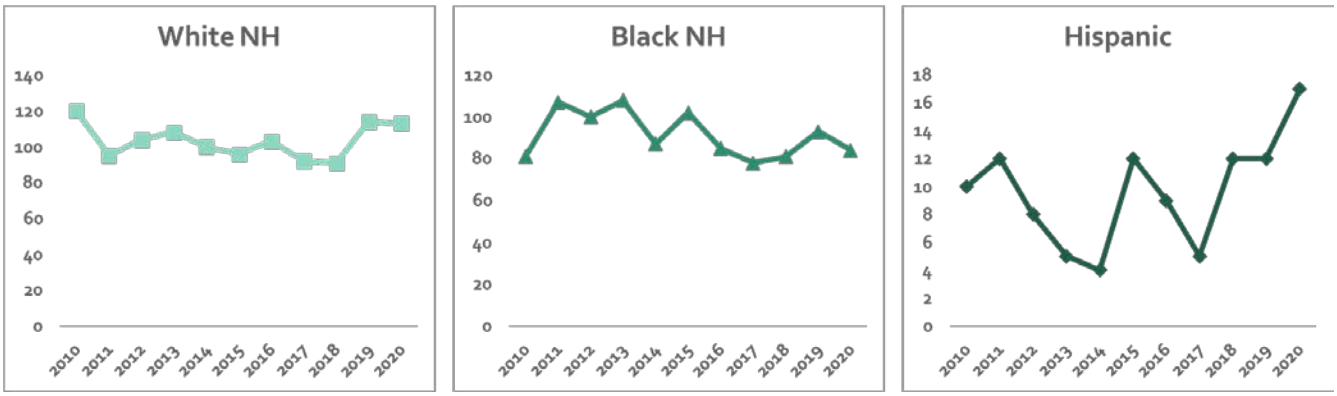
Figure 66 shows number of annual births for Madison County from 2001 until 2020. There has been a gradual decrease in the number of births since 2007. The average number of annual births for the time period was 221.

Figure 66. Number of Births by Year, Madison County, 2001-2020



Of the 4,424 Madison County births that occurred during 2001-2020, 48% were White, non-Hispanic, 47% were Black & Other, non-Hispanic and 5% were Hispanic. Birth trend lines by race and ethnicity are shown below in Figure 67.

Figure 67. Birth Trends by Race and Ethnicity, Madison County, 2010-2020



Infant Mortality

Madison County ranked in the second quartile in 2020 but fell to the fourth quartile for 2021. While infant mortality numbers are small, the rates per 1,000 births are high due to the small population.

A total of 23 infant deaths occurred during the time period of 2010-2020. Of these, 18 were Black & Other, non-Hispanic, four were White, non-Hispanic and one was Hispanic. Data show that Black & Other, non-Hispanic births accounted for 45% of total births during 2010-2020 and 78% of the infant deaths during the same time period.

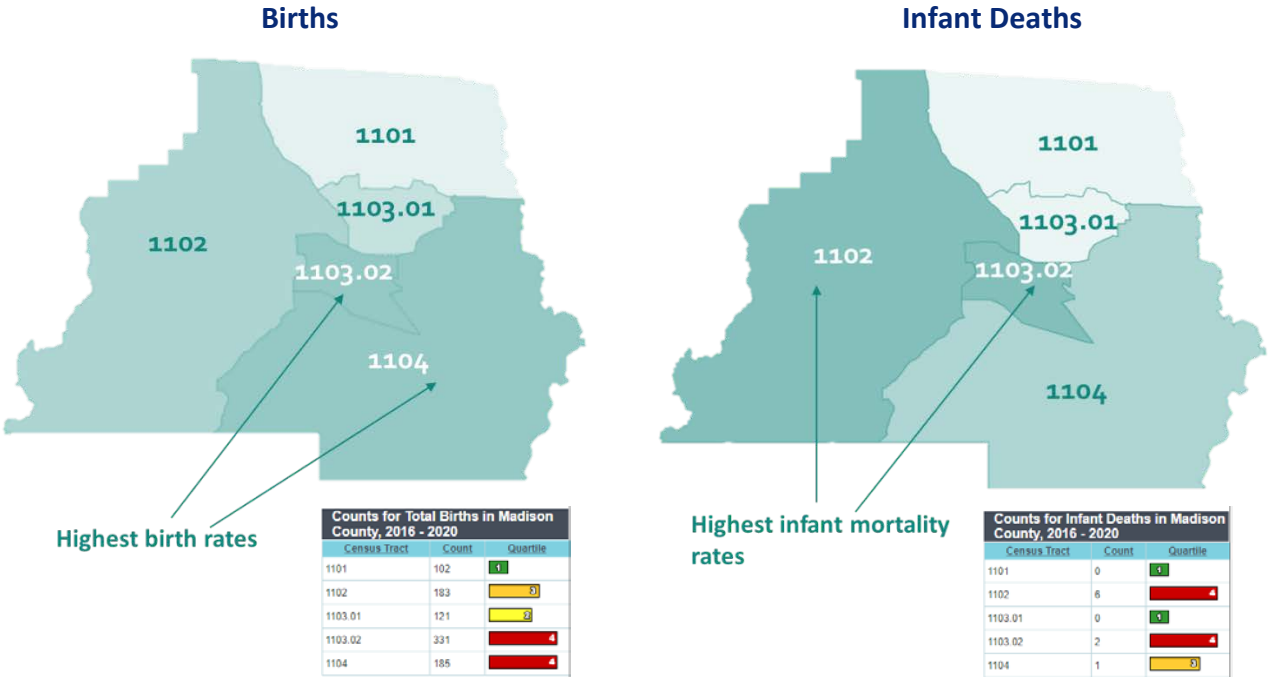
Table 22 lists the ten leading causes of infant deaths during 2010-2020, and the percent of infant deaths. Disorders related to preterm births and low-birth weight ranked in the top two causes of infant mortality.

Table 22. Causes of Infant Deaths, 2010-2020 Combined, Madison County

Cause of Death (N=23)	% of Total Deaths
Disorders Related to Short Gestation and Low Birth Weight	17%
Other Non-rankable Causes of Death	17%
Newborn Affected by Maternal Complications of Pregnancy	13%
Neonatal Hemorrhage	13%
Sudden Infant Death Syndrome	13%
Unintentional Injuries	9%
Renal Failure & Other Kidney Disorders	4%
Newborn Affected by Complications of Placenta, Cord, and Membranes	4%
Pulmonary Hemorrhage Originating in the Perinatal Period	4%
Necrotizing Enterocolitis of Newborn	4%

Figure 68 compares census tract information for birth rates and infant mortality rates for the combined time period of 2016-2020. Note that census tract 1102 was not one of the highest two census tracts for birth rates but is one of the highest two census tracts for infant mortality rates. This means that 3% of births in census tract 1102 resulted in an infant death, compared to 1% of births in census tract 1103.02 and 1% in census tract 1104.

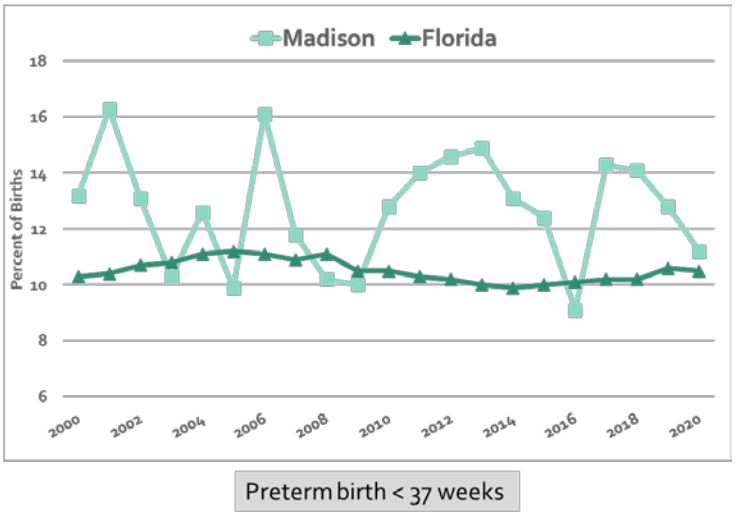
Figure 68. Census Tract Comparison of Births and Infant Deaths, 2016-2020
Madison County



Preterm Births

Preterm birth is defined as a live birth that occurs before 37 weeks gestation. Infants who are born preterm are more likely to have short and long-term health issues, and less likely to survive. Some of the causes of preterm births are pregnancy with twins or other multiples, less than six months between pregnancies, and chronic diseases such as high blood pressure or diabetes.

Figure 69. Percent of Preterm Births, 2000-2020
Madison County and Florida



Madison County ranked in the third quartile for preterm births in 2020, with 11.2% of births classified as preterm. Figure 69 shows preterm birth trend lines for Madison County and Florida. Madison County has typically had higher percentages of preterm births compared to the state of Florida.

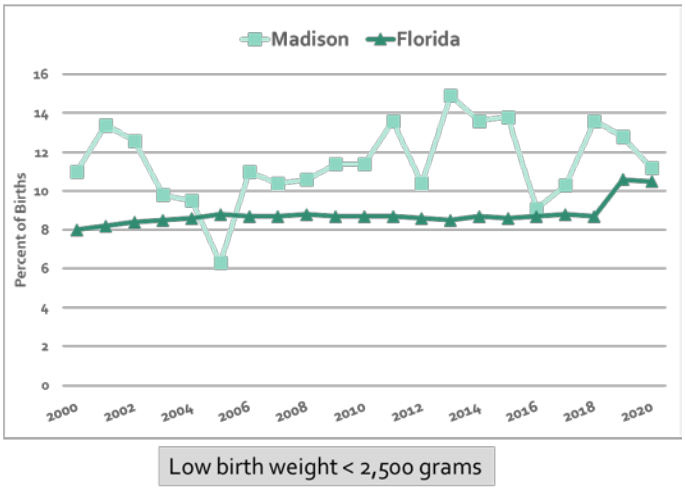
During the time period 2016-2020, there were 121 preterm births out of 989 total births to Madison County women, or 12% of births were preterm. A total of 48, or 9% of the 537 births to White non-Hispanic women were preterm. Seventy (70), or 18% of the 397 births to Black & Other, non-Hispanic women were preterm. Three (3), or 5% of the 55 births to Hispanic women were preterm.

Data by census tract for 2016-2020 show the highest percent of preterm births to be in tracts 1102 and 1103.02. These data mirror that of infant mortality as preterm births are a contributing factor.

Low Birthweight Births

Low birth weight is another contributing factor to infant mortality. Low birthweight is defined as newborns weighing less than 2,500 grams, or about 5.5 pounds. Babies who have a low birthweight may have problems with feeding, gaining weight and fighting off infections. Some low birthweight infants have long term health issues. Some of the causes of low birthweight include preterm births, chronic health conditions like diabetes and high blood pressure, some prescribed medications for epilepsy and high blood pressure, smoking or drinking alcohol during pregnancy, and infections during pregnancy, especially sexually transmitted infections.

Figure 70. Percent of Low Birthweight Births 2000-2020, Madison County and Florida



Madison County was in the fourth quartile for low birthweight births in 2020. Figure 70 provides trend lines for Madison County and Florida. Madison County has typically had higher percentages of low birthweight births compared to Florida.

During the time period of 2016-2020, there were 118 low birthweight births, or 12% of the 989 total births. The number and percent of low birthweight births is close to that of preterm births because preterm births are a primary reason for low birthweights.

During 2016-2020, 41 or 8% of the 537 births to White, non-Hispanic women were low birthweight. Seventy-three (73), or 18%, of the 397 births to Black & Other, non-Hispanic women were low birthweight. Three (3), or 5%, of the 55 births to Hispanic women were low birthweight.

Data by census tract for 2016-2020 show the highest percent of low birthweight births to be in tracts 1102 and 1103.02. These data mirror that of infant mortality as low birthweight is a contributing factor.

Within the category of low birthweight is a subset of very low birthweight. Any newborn weighing less than 1,500 grams, or 3.3 pounds is classified as very low birthweight. These data are also included in the low birthweight data. Of the 118 low birthweight births to Madison County mothers in 2020, 29 (25%) met the criteria of very low birthweight. Data by race and ethnicity were comparable to low birthweight data.

Prenatal Care

Early and regular prenatal care is necessary to identify potential health problems for the mother and baby as early as possible, with the goal of addressing these issues and increase the likelihood of positive birth outcomes. The recommendations are to have monthly visits from 4-28 weeks of pregnancy, twice monthly visits for 28-36 weeks, and weekly visits for 36 weeks until birth. Guidelines may differ for women with higher risk pregnancies.

Figure 71. Percent of Births to Mothers with 1st Trimester Prenatal Care, 2001-2020, Madison County and Florida

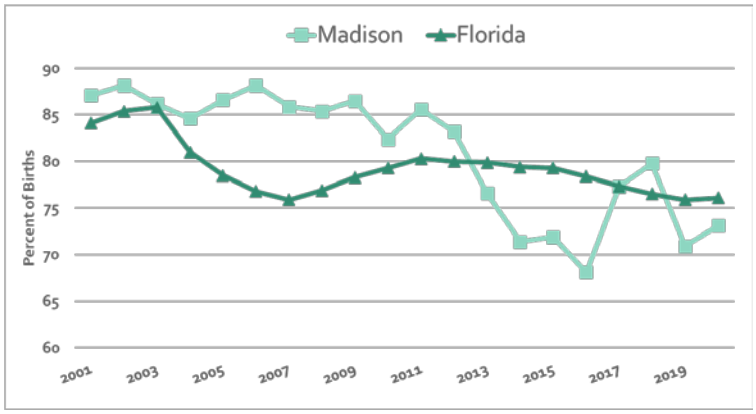


Figure 71 shows the percent of live births to mothers who entered prenatal care in their first trimester. Madison County ranked in the second quartile statewide for this indicator in 2020.

Data for 2020 by race and ethnicity indicate that 73% of White, non-Hispanic births, 73% of Black & Other, non-Hispanic births and 71% of Hispanic births had 1st trimester prenatal care.

Pregnancy Interval

It is ideal for women to wait at least 18 months between pregnancies in order to allow the body to recover from the pregnancy and birth. Waiting this length of time allows the mother to bond with each baby individually and be less stressed out by multiple children who are close in age. Shorter pregnancy intervals can result in a higher risk of maternal health issues, and negative birth outcomes such as preterm births and low birthweight.

Figure 72. Percent of Repeat Pregnancies With < 18 Months Interval, 2000-2020

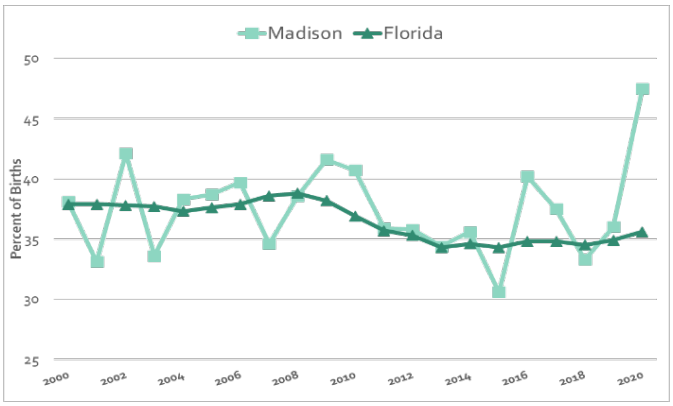


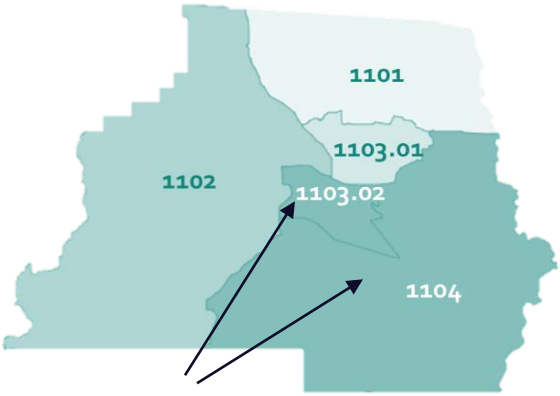
Figure 72 shows the percent of repeat births with an interval of less than 18 months for Madison County and Florida. In 2020, the percent for Madison County was 47.5%, compared to 35.6% for Florida. Madison County experienced a large increase in the percent of pregnancies with less than 18-month interval in 2020, possibly due to the COVID-19 epidemic.

For the time period of 2016-2020, 227 of the 582 repeat births to Madison County mothers

had an interval of less than 18 months. This includes 142 of 251 repeat births (42%) to White, non-Hispanic mothers, 85 of 246 repeat births to Black & Other, non-Hispanic mothers (35%) and 12 of 31 repeat births to Hispanic mothers (39%).

Figure 73 shows 2016-2020 combined data by census tract for pregnancy intervals less than 18 months. Census tracts 1103.02 and 1104 had the highest percent of repeat pregnancies with an interval of less than 18 months

Figure 73. Percent of Births with Inter-Pregnancy Interval < 18 Months, Madison County, 2016-2020

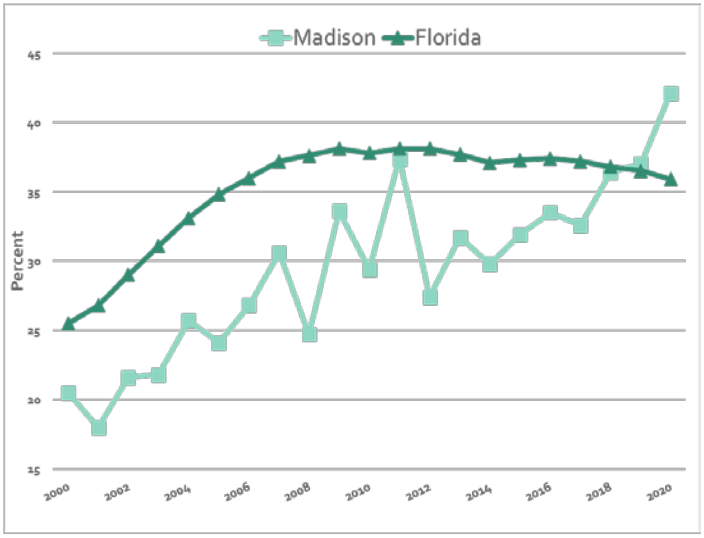


Highest percent of births with interval < 18 months

Cesarean Section Deliveries

The percent of deliveries that occurred through a cesarean section is possible indicator of complicating issues such as multiple pregnancies, maternal high blood pressure, breech birth, issues with the placenta or umbilical cord or obstructed labor.

Figure 74. Percent of Deliveries by C-Section 2000-2020, Madison County and Florida



The trend line in Figure 74 shows that the percent of cesarean section deliveries for Madison County were less than Florida until 2018. There was a significant increase in Madison County cesarean section deliveries in 2020. The percent of deliveries via c-section for Madison County was 42.1% in 2020, compared to 35.9% for Florida.

The overall percent of deliveries through c-section for the combined years of 2016-2020 for Madison County was 37%. This included 37% of deliveries to White, non-Hispanic women, 36% of deliveries to Black & Other,

non-Hispanic women and 44% of deliveries to Hispanic women.

Characteristics of Birth Mother

This section examines some characteristics of the birth mother that can impact birth outcomes. These include weight, age, and the extent to which the birth mother has a support network. Breastfeeding initiation is also discussed in this section.

Overweight or Obese

Women who are overweight or obese at the time of pregnancy are more likely to be diagnosed with chronic diseases like diabetes, which in turn, can impact birth outcomes and the health of the baby. Figure 75 provides trend lines for the percent of women overweight and the percent of women obese at the time of pregnancy, for Madison County and Florida. Pregnant women in Madison County were less likely to be overweight but more likely to be obese, when compared to all pregnant women in Florida.

Figure 75. Percent of Pregnant Women Overweight or Obese at Time of Pregnancy 2010-2020, Madison County and Florida

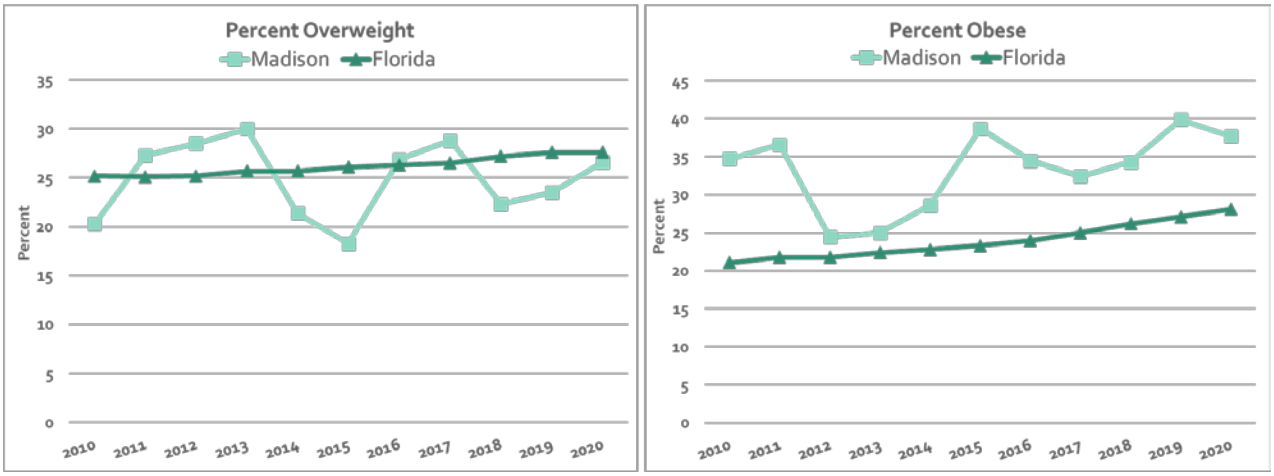


Table 23 provides Madison County overweight and obesity data by race and ethnicity for the combined years of 2010-2020. Hispanic women were more likely to be overweight at the time of pregnancy. Black & Other, non-Hispanic women were more likely to be obese at the time of pregnancy.

Table 23. Percent of Pregnant Women Overweight or Obese at Time of Pregnancy By Race and Ethnicity, Madison County, 2010-2020 Combined

Race/Ethnicity	Percent Overweight	Percent Obese
White, non-Hispanic	26%	29%
Black & Other, non-Hispanic	23%	42%
Hispanic	41%	25%

Age

Pregnancies among women under age 20 are more likely to result in preterm and low birth-weight births. Adolescents are more likely to have anemia, high blood pressure/preeclampsia during pregnancy and there is a greater risk of the baby's head being wider than the pelvic opening, known as cephalopelvic disproportion. Teen mothers are more likely to drop out of school, which limits employment opportunities.

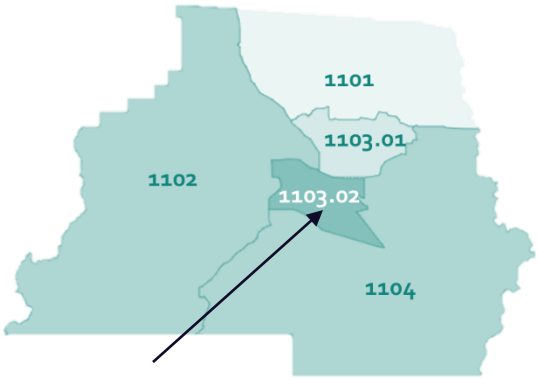
Table 24 breaks down annual teen births for Madison County by year and age group. Table 24 also shows the percent of total births that were teen births by year. Teen births represented 10% of all births in Madison County in 2010. This percentage decreased to 5% of all births in 2020.

Table 24. Teen Births by Year, Madison County, 2010-2020

Year	Number Births to Ages < 14	Number Births to Ages 15-17	Number Births to Ages 18-19	Total Births to Ages < 20	% of Total Births That Were to Ages < 20
2010	0	6	15	21	10%
2011	0	5	15	20	9%
2012	0	10	18	28	13%
2013	2	1	16	19	9%
2014	0	1	9	10	5%
2015	1	5	10	16	8%
2016	0	2	15	17	9%
2017	0	3	8	11	6%
2018	0	3	8	11	6%
2019	0	3	4	7	3%
2020	0	1	9	10	5%

There were 56 births to mothers ages less than 20 in Madison County for the time period 2016-2020 combined. Of these, 46% were to White, non-Hispanic mothers, 52% were to Black & Other, non-Hispanic mothers and 2% were to Hispanic mothers. Figure 76 shows births to mothers ages less than 20 by census tract for the time period 2016-2020.

Figure 76. Births to Mothers Ages < 20 By Census Tract, 2016-2020 Madison County



Highest percent of births to mothers < 20

Pregnancies among women ages 35 and older are also more likely to result in complications. There is a higher risk of birth defects and chromosomal conditions such as Down syndrome. Fertility treatments make multiple pregnancies more likely, and these present a higher risk. Miscarriages are also more likely among women ages 35 and older.

Table 25 provides the number of births to mothers ages 35 and older for Madison County during 2010-2020, along with the percent of all births that occurred to mothers ages 35 and older. The percent of births to mothers ages 35+ is increasing over time.

Table 25. Births to Mothers Ages 35+, Madison County, 2010-2020

Year	Total Births to Ages 35+	Total Births Madison County	% of Total Births That Were to Ages 35+
2010	18	211	9%
2011	19	214	9%
2012	23	212	11%
2013	19	221	9%
2014	21	191	11%
2015	21	210	10%
2016	14	197	7%
2017	17	175	10%
2018	19	184	10%
2019	27	219	12%
2020	34	214	16%

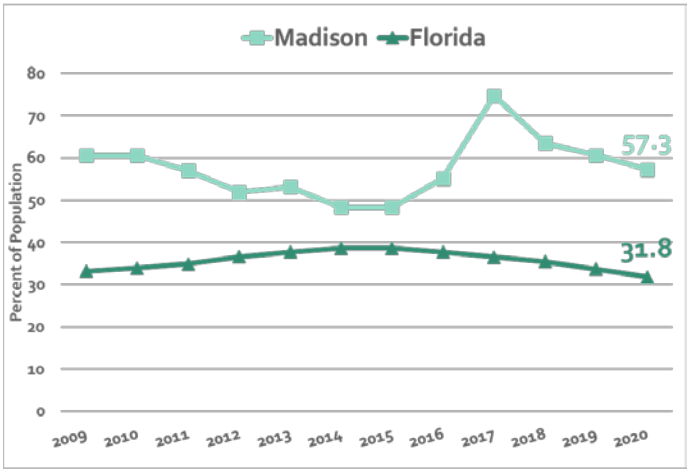
There were 111 births to mothers ages 35+ in Madison County for the time period 2016-2020 combined. Of these, 63% were to White, non-Hispanic mothers, 32% were to Black & Other, non-Hispanic mothers and 5% were to Hispanic mothers. These data are not available by census tract.

Support Network

Pregnant women who do not have a support network, meaning a financially contributing partner or family member or friend, have a higher risk of pregnancy and birth complications. This is mainly due to stress associated with economic stability and all of the socioeconomic barriers to health. In the past, this has been measured through the two indicators of births to unwed mothers, and births with fathers acknowledged on the birth certificate. These indicators are no longer an accurate predictor because of the trend to have relationships and families without the arrangement of marriage.

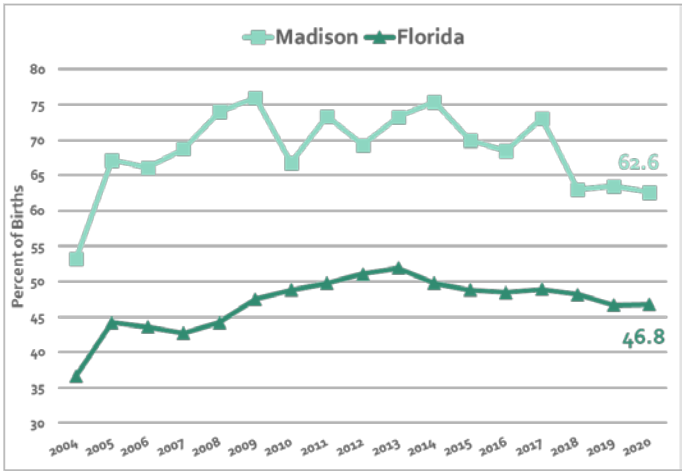
The most reliable data available is poverty data. As previously stated in the Socioeconomic Barriers to Health Section, poverty is a significant issue for Madison County, and this is especially true where females are the head of the household and the primary means of financial support for children. Figure 77 depicts trend lines for percent of female head of households with children ages 0-17 living below poverty level for Madison County and Florida. More than 50% of female head of households with children 0-17 were living below poverty level in Madison County, except for the years 2014 and 2015. Almost 60% were living below poverty level in 2020 in Madison County.

Figure 77. Percent of Female Head of Households With Children 0-17 Living Below Poverty Level 2009-2020, Madison County and Florida



Another possible indicator is the percent of births covered by Medicaid. Many women who are unemployed or underemployed do not have access to private health insurance. Figure 78 provides a trend line for the percent of births covered by Medicaid for Madison County and Florida. The percent of births covered by Medicaid for Madison County has been significantly higher than that of Florida. In 2020, 62.6% of Madison County births were covered by Medicaid, compared to 46.8% for Florida.

Figure 78. Percent of Births Covered by Medicaid, 2004-2020, Madison County and Florida

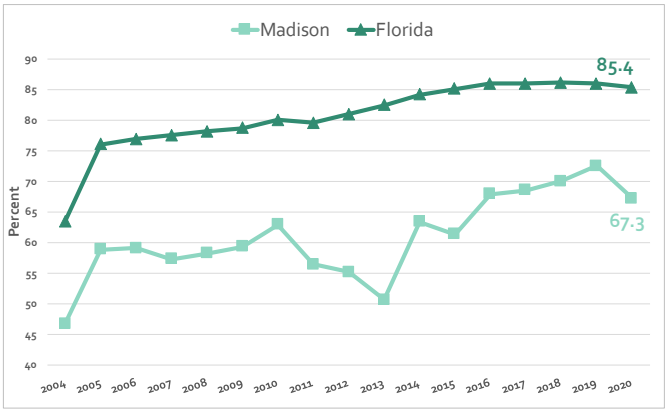


Data for years 2016-2020 combined by race and ethnicity show that 55% of births to White, non-Hispanic mothers were covered by Medicaid, followed by 81% of births to Black & Other, non-Hispanic mothers and 49% of births to Hispanic mothers.

Breastfeeding Initiation

Breastfeeding has benefits for nursing mothers and their infants. According to the American Academy of Pediatrics, breastfeeding can reduce the risk of sudden infant death syndrome (SIDS), and help protect the baby from infectious diseases, obesity, diabetes, leukemia, and tooth decay. Some studies have linked higher IQ scores to breastfeeding. Nursing mothers benefit by helping to form a bond with their infants, as well as help the mother's body to recover from pregnancy and childbirth.

Figure 79. Breastfeeding Initiation Rates, 2004-2020
Madison County and Florida



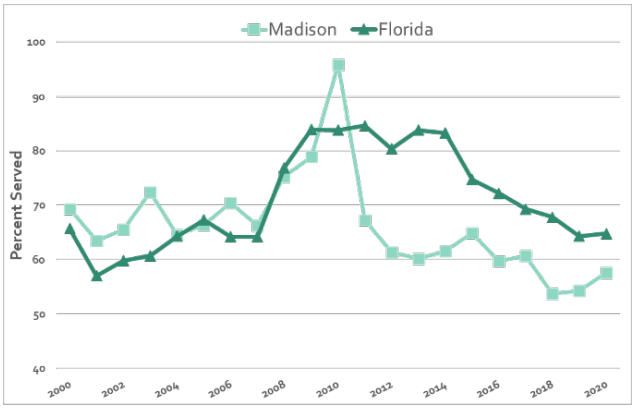
Madison County mothers have been less likely to breastfeed, compared to Florida. Figure 79 shows that breastfeeding initiation rates for Madison County have been significantly below those of Florida since 2004.

It should be noted that there have been discrepancies in the breastfeeding initiation data collection across county health department programs and the Bureau of Vital Statistics. In an effort to promote data integrity, the local Healthy Start Coalition of Jefferson, Madison and Taylor Counties has worked with local hospitals to educate staff on data collection.

Data for the five-year time period of 2016-2020 indicate an overall initiation rate of 69%. This includes 81% of White, non-Hispanic mothers, 54% of Black & Other, non-Hispanic mothers and 87% of Hispanic mothers who initiated breastfeeding.

Women, Infants and Children (WIC) Services

Figure 80. Percent of Population Eligible for WIC Services and Received Services 2000-2020, Madison County and Florida



The percent of women, infants and children who are eligible for services and were served by the WIC program has been significantly lower than the state since 2010. The percentage of eligible women and children served in 2020 was 57.6% in Madison County and 64.8% in Florida. Preliminary data for 2021 show that Madison's percent served in 2021 was 69.1%, compared to 63.0% for Florida.

The increase for Madison County may be due to the fact that telehealth and other remote services were used due to the COVID-19 pandemic. It should be noted that WIC client breastfeeding initiation services dropped significantly during the same time period. The percent of WIC infants ever breastfed was 78.2% for Madison County in 2020 and 66.1% in 2021. This is likely due to the fact that breastfeeding education usually takes place in-person.

Breast, Cervical and Ovarian Cancer Among Females

Figure 81. Breast Cancer Death Rates, 2000-2020 Madison County and Florida

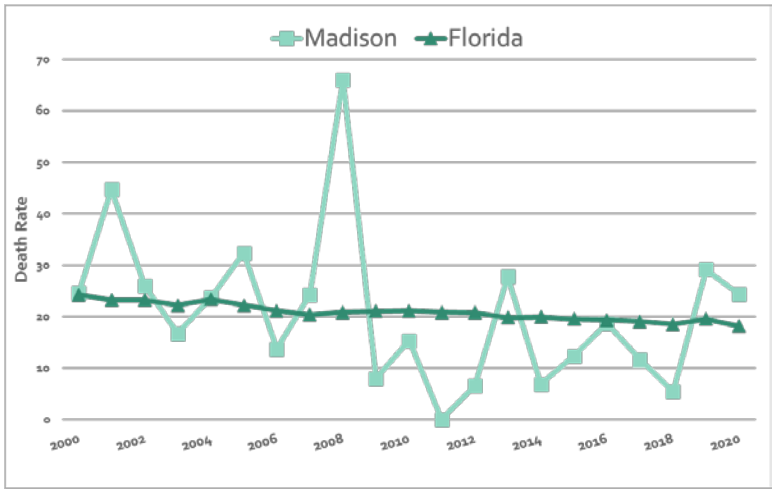


Figure 81 shows breast cancer death rates among females in Madison County and in Florida. Madison County experienced an increase in breast cancer deaths in 2019, and a slight decrease in 2020. Madison County's rates exceeded those of Florida during those two years.

There were 15 breast cancer deaths in Madison County in 2016-2020. Twelve, or 80%, were White, non-Hispanic. Three deaths, or 20%, were Black & Other, non-Hispanic. Note there were no deaths due to breast cervical or ovarian cancer among Hispanic females in Madison County during 2000-2020.

There have been 20 ovarian cancer deaths among Madison County female residents during 2000-2020. Thirteen, or 65% were White, non-Hispanic and seven, or 35% were Black & Other, non-Hispanic.

There have been five cervical cancer deaths among Madison County female residents during 2000-2020. Four of the five were White, non-Hispanic and one of the five was Black & Other, non-Hispanic.

Significant Findings Maternal and Child Health

This section details some of the significant findings for maternal and child health. These are listed below by category.

Infant Mortality

- 78% of infant deaths during 2010-2020 were among Black & Other, non-Hispanics.
- The majority of infant deaths in 2016-2020 occurred to mothers who resided in census tracts 1102 and 1103.02.

Factors Contributing to Infant Mortality

- The majority of preterm births and low birth-weight births occurred to Black & Other, non-Hispanic mothers.
- Repeat births with pregnancy intervals of less than 18 months occurred in all racial and ethnic groups.
- Hispanic women were more likely to be overweight at the time of pregnancy. Black & Other, non-Hispanic women were more likely to be obese at the time of pregnancy.
- Teen births dropped from 10% of all births in 2010 to 5% of all births in 2020.
- Births to mothers ages 35+ increased to 16% in 2020.
- Data for years 2016-2020 combined by race and ethnicity show that 55% of births to White, non-Hispanic mothers were covered by Medicaid, followed by 81% of births to Black & Other, non-Hispanic mothers and 49% of births to Hispanic mothers.

Breastfeeding

- Breastfeeding initiation rates for Madison County fell to 67.3 compared to 85.4 for Florida.
- Black & Other, non-Hispanic women were less likely to breastfeed compared to Hispanic mothers and White, non-Hispanic mothers.

Other Factors

- The percent of WIC eligible persons served in 2020 in Madison County was 57.6%.
- The percent of WIC infants ever breastfed was 78.2% for Madison County in 2020 and 66.1% in 2021. This is likely due to the fact that breastfeeding education usually takes place in person.

Reportable Diseases

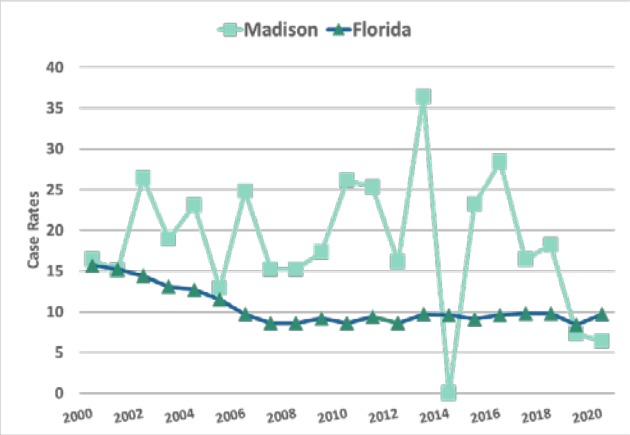
The following analysis details cases of reportable diseases by category. These include Sexually Transmitted Infections Including HIV/AIDS, COVID-19, Influenza and Pneumonia, and Tuberculosis. Other reportable diseases will be listed by the categories Central Nervous System Diseases and Bacteremias, Enteric, Food and Waterborne Diseases, Vaccine Preventable Diseases, Vector-borne and Zoonotic Diseases, and Non-categorized Reportable Diseases.

COVID-19

There were 34 deaths due to COVID-19 in Madison County in 2020, the first year of the pandemic. Of these, 50% were White, non-Hispanic, 47% were Black & Other, non-Hispanic and 3% were Hispanic. Deaths were equal among male and female residents, at 17 respectively.

Influenza and Pneumonia

Figure 82. Influenza and Pneumonia Death Rates 2000-2020, Madison County and Florida

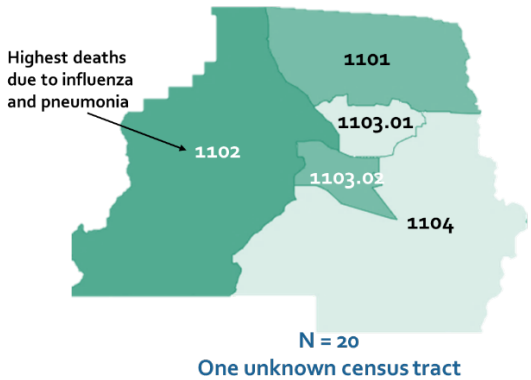


Madison County has typically had higher death rates due to influenza and pneumonia than the state. However, rates dropped below the state in 2019. Madison County was in the first quartile for influenza and pneumonia death rates in 2020.

Of the 51 deaths among Madison County residents during 2010-2020, 75% were White, non-Hispanic, 25% were Black & Other, non-Hispanic and 0% were Hispanic. Males accounted for 39% of the deaths and females accounted for 61%.

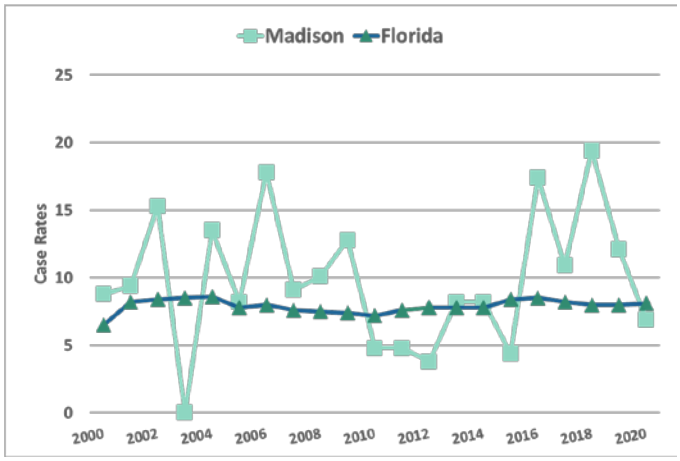
Census tract data for Madison County during 2016-2020 show that the majority of deaths occurred in tract 1102 at 25%, followed by tracts 1101 and 1103.02 at 20% each, and tracts 1103.01 and 1104 at 15% each. Unknown census tract accounted for the remaining 5%.

Figure 83. Influenza and Pneumonia Deaths by Census Tract, 2016-2020, Madison County



Septicemia

Figure 84. Septicemia Death Rates
2000-2020, Madison County and Florida

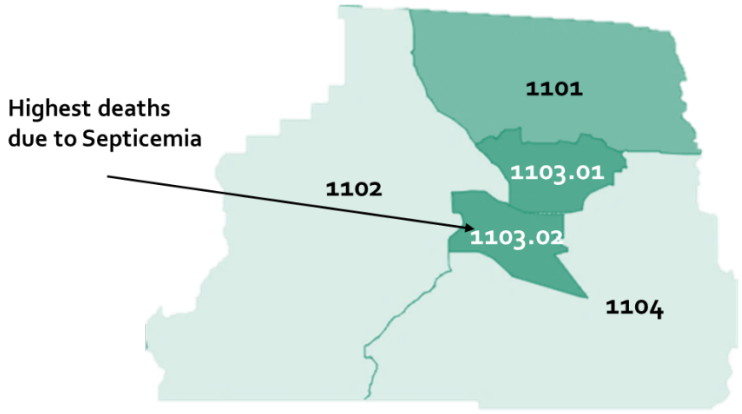


Septicemia is an infection which can be life-threatening by damaging tissues and organs in the body. Children and elderly persons are more at-risk for septicemia, along with persons who have weakened immune systems. Madison County ranked in the second quartile for septicemia deaths in 2020.

Of the 25 deaths that occurred during 2010-2020 among Madison County residents, 48% were White, non-Hispanic, 52% were Black & Other, non-Hispanic and 0% were Hispanic. Forty percent (40%) of the deaths were male and 60% were female.

Census tract data for Madison County during 2016-2020 show that the majority of septicemia deaths occurred in tract 1103.02 at 47%, followed by tract 1103.01 at 18%, tract 1101 at 12%, and tracts 1102 and 1104 at 6% each. Unknown census tract accounted for the remaining 12%.

Figure 85. Septicemia Deaths by Census Tract, 2016-2020, Madison County



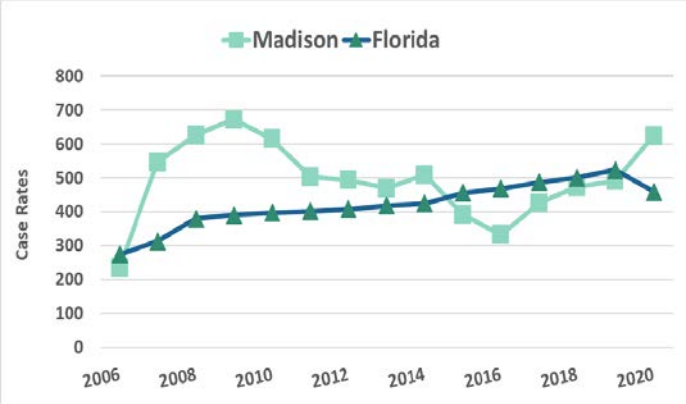
N = 17
Two unknown census tract

Sexually Transmitted Infections

HIV/AIDS and Viral Hepatitis are included in this section although they can be acquired through multiple transmission routes.

Chlamydia

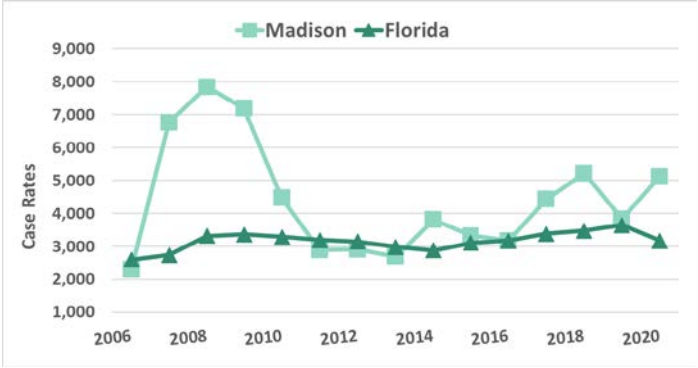
Figure 86. Chlamydia Case Rates
2006-2020, Madison County and Florida



Madison County ranked in the fourth quartile for reported chlamydia cases in 2020. Madison County had the tenth highest rate per 100,000 population at 623.2, compared to 458.5 for Florida. The 2020 rate per 100,000 population for White, non-Hispanic residents in Madison County was 66.5, compared to 624.7 for Black & Other non-Hispanic residents and 92.5 for Hispanic residents.

The highest percent of reported chlamydia cases for Madison County during 2010-2020 were among Black & Other, non-Hispanic residents at 80%, followed by White, non-Hispanic residents at 17% and Hispanic residents at 3%.

Figure 87. Chlamydia Case Rates for Females Ages 15-19
2006-2020, Madison County and Florida

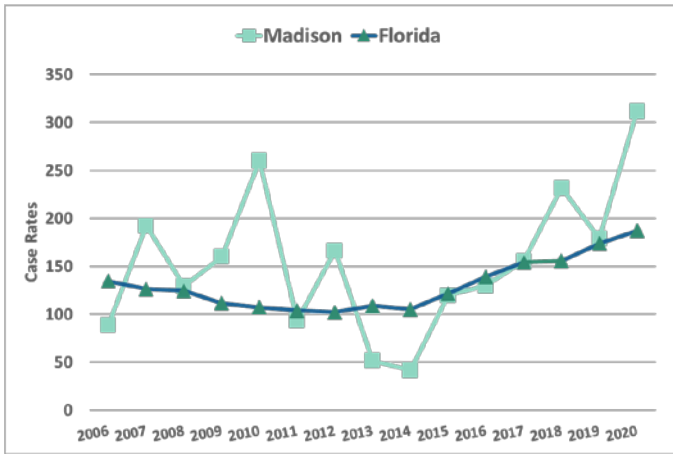


Untreated bacterial STDs like chlamydia can result in long-term fertility issues in females. Figure 87 shows that case rates among females ages 15-19 in Madison County increased in 2020. Data are consistent with the overall chlamydia case rates for Madison County as this is a subset of the total. The 2020 case rate for Madison County was 5,116.3, compared to 3,169.0 for Florida.

There were 228 cases of chlamydia reported among females ages 15-19 for Madison County during 2010-2020. Of these, there were 117 chlamydia cases reported with a known race and ethnicity. The racial and ethnic breakdown for the 117 cases shows that 75% were Black & Other, non-Hispanic, 20% were White, non-Hispanic and 5% were Hispanic.

Gonorrhea

Figure 88. Gonorrhea Case Rates
2006-2020, Madison County and Florida



Gonorrhea cases and case rates increased in 2020 in Madison County. Madison County ranked in the fourth quartile in 2020 for gonorrhea case rates. Madison County had the seventh highest rate per 100,000 population at 311.6, compared to 187.1 for Florida. The 2020 rate per 100,000 population for White, non-Hispanic residents in Madison County was 66.5, compared to 127.4 for Black & Other non-Hispanic residents and 0.0 for Hispanic residents.

The highest percent of reported gonorrhea cases for Madison County during 2010-2020 were among Black & Other, non-Hispanic residents at 82%, followed by White, non-Hispanic residents at 16% and Hispanic residents at 2%.

Figure 89. Gonorrhea Case Rates for Females
Ages 15-19
2006-2020, Madison County and Florida

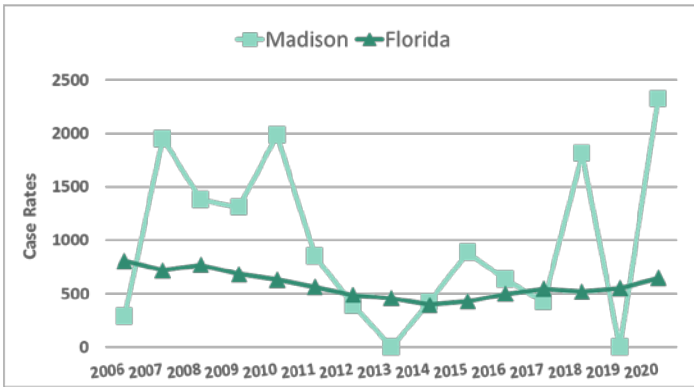


Figure 89 shows that gonorrhea case rates among females ages 15-19 in Madison County increased in 2020. Data are consistent with the overall gonorrhea case rates for Madison County as this is a subset of the total. The 2020 case rate for Madison County was 2,625.6, compared to 645.8 for Florida. All of the reported gonorrhea cases among Madison County females ages 15-19 in 2020 were Black & Other, non-Hispanic.

There were 48 cases of gonorrhea reported among females ages 15-19 for Madison County during 2010-2020. Of these, there were 28 gonorrhea cases reported with a known race and ethnicity. The racial and ethnic breakdown for the 30 cases shows that 79% were Black & Other, non-Hispanic, 21% were White, non-Hispanic and 0% were Hispanic.

HIV/AIDS

Figure 90. HIV Infection Case Rates
3-Year Discrete Rates
2000/2002 - 2018/2020, Madison County and Florida

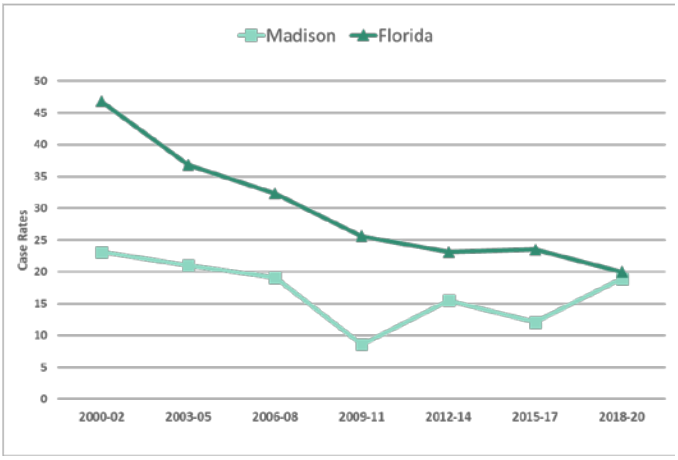
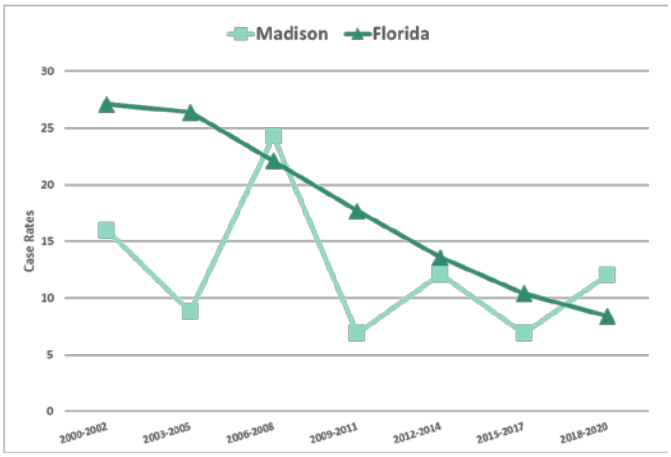


Figure 90 shows three-year discrete case rates for HIV infection for Madison County and Florida. Three-year discrete rates were chosen as there are several years that Madison County had no HIV cases reported. Madison County had an increase in HIV case rates during the 2018-2020 time period, although the rate is still less than Florida.

Of the 30 HIV cases reported during 2010-2020 in Madison County, 86% were Black & Other, non-Hispanic, 7% were White, non-Hispanic, and 7% were Hispanic. Males accounted for 63% of these cases and females accounted for 37%.

Figure 91. AIDS Case Rates
3-Year Discrete Rates 2000/2002 - 2018/2020,
Madison County and Florida



AIDS case rates are also expressed as three-year discrete case rates for Madison County and Florida. An AIDS case is reported when a person with HIV has a laboratory test CD4 count less than 200 cells/mm3 or is diagnosed with an opportunistic infection. Cases are reported in the year in which the criteria are met. This may or may not be in the same year as a person's HIV diagnosis.

Madison County experienced an increase in the AIDS case rate during 2018-2020 and exceeded that of Florida. Of the 20 AIDS cases reported during 2010-2020 in Madison County, 85% were among Black & Other residents, 10% were among White, non-Hispanic residents and 5% were among Hispanic residents.

Figure 92 below shows the percent of Madison County and Florida residents living with HIV as well as whether they are receiving medical care and whether they have a suppressed viral load. The HIV Care Continuum is important because having a suppressed viral load means that HIV cannot be transmitted to sex partners.

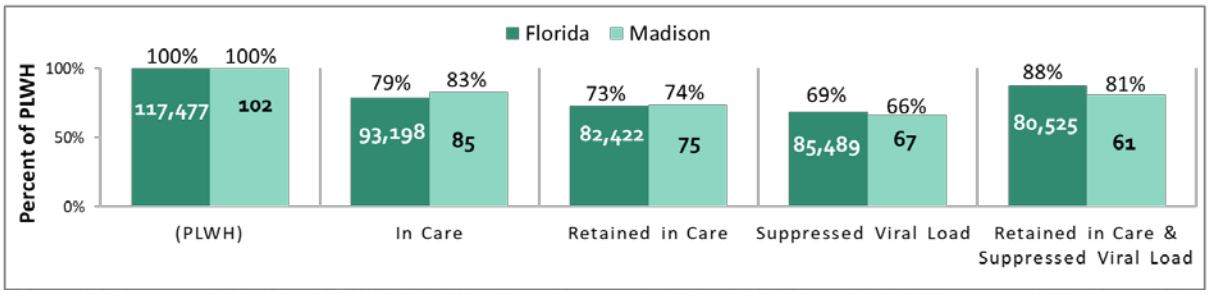
Approximately 83% of Madison County people living with HIV/AIDS (PLWH) were in care in 2020. This means they had documentation of a lab test, medical visit or prescription. Seventy-four percent

(74%) of Madison PLWH were retained in care, meaning they had two or more lab tests, medical visits or prescriptions that were at least three months apart in 2020.

81% of the PLWH in Madison County who had at least one documentation of medical care had a suppressed viral load. Madison County had a higher percentage of persons in care and retained in care but lower percentages of suppressed viral loads than the state. Possible reasons for this include medication adherence issues, medication access issues or changes to medication regimen.

Figure 92. Persons Living with HIV Along the HIV Care Continuum, 2020, Madison County and Florida

- Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2021.
- In Care: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021. Out of Care: PWH with no documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021.
- Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2020 through 6/30/2021, data as of 6/30/2021.
- In Care with Suppressed Viral Load: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021 that also has a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021, data as of 6/30/2021.



Syphilis

Syphilis infections are increasing in Florida. It should be noted that the number of reported syphilis cases for Madison County do not support trend data at this time, although cases are increasing slightly.

There was one infectious syphilis case diagnosed in Madison County in 2020. There have been six cases since 2013.

There have been 16 early syphilis cases diagnosed in Madison County from 2006 through 2020.

- 3 cases were White, non-Hispanic males
- 9 cases were Black & Other, non-Hispanic males
- 2 cases were Black & Other, non-Hispanic females
- 1 case was a Hispanic male
- 1 case was unknown

There have been no congenital syphilis cases diagnosed in Madison County during 2006-2020.

Viral Hepatitis

Viral hepatitis has several strains. For this analysis, Hepatitis A, B and C are included. There have been no cases of Hepatitis D, E or G reported in Madison County since data collection in 2006. Data for Hepatitis A, B and C are not available by race, ethnicity or gender.

People are infected with Hepatitis A from contaminated food or water, or close contact with a person or object that is contaminated. There is a vaccine available to prevent Hepatitis A.
There were four cases of Hepatitis A diagnosed in Madison County during 2000-2020. The most recent case was diagnosed in 2019.

Hepatitis B is transmitted through body fluids from an infected person. This can occur through sexual contact, sharing needles or paraphernalia or from a mother to baby during birth. Some people have acute Hepatitis B infections, or short-term. For others, Hepatitis B infections are chronic, or long-term. There is a vaccine to prevent Hepatitis B.

During 2000-2020, Madison County had seven acute Hepatitis B cases, including one case in 2020. There were 28 cases of chronic Hepatitis B reported during the time frame, including four cases in 2020. There were no cases of perinatal transmission of Hepatitis B during the time frame. There were three reported positive Hepatitis B Surface Antigen Results in Pregnant Women; however, the most recent was reported in 2009.

Hepatitis C is transmitted via contact with infected blood, most often by sharing needles or injection drug supplies. For some people, Hepatitis C is an acute infection, but most people have chronic Hepatitis C. A lot of people are unaware that they are infected with Hepatitis C because they have no symptoms. There is no vaccine for Hepatitis C.

During 2000-2020, there was one acute Hepatitis C case reported for Madison County, and that case was reported in 2020. There have been 242 chronic Hepatitis C cases reported during the time frame, including 12 cases reported in 2020.

Tuberculosis

There were 13 Tuberculosis cases diagnosed in Madison County during the twenty-year period of 2000-2020. There have been no cases diagnosed since 2018. There were no cases of Tuberculosis diagnosed in children under age 15 during the time period. Data are not available by race, ethnicity or gender. There was one death due to Tuberculosis in 2000.

Other Reportable Diseases

These diseases are listed in table format by category. The number of cases shown are for the time period 2001-2020 for Madison County. Diseases with reported cases in 2020 are highlighted in red. More information is available in the Annual Epidemiology report.

Central Nervous System Diseases and Bacteremias

Infections of the brain and spinal cord are most often caused by bacteria, fungi and viruses. These diseases can be serious or life-threatening. These diseases require quick diagnosis and immediate effective treatment.

Table 26. Cases of Central Nervous System Diseases and Bacteremias, 2001-2020, Madison County

Disease or Condition and Definition	Number of Cases
Creutzfeldt-Jakob Disease – a fatal neurodegenerative disease	0
Haemophilus influenzae Invasive Disease – a bacterial infection that can cause anything from mild ear infections to bloodstream infections	6
Meningitis, Bacterial or Mycotic - A bacterial or viral infection of the fluid surrounding the brain and spinal cord that causes swelling of the membranes covering the brain and spinal cord	1
Staphylococcus aureus Infection Resistant to Vancomycin VISA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0
Staphylococcus aureus Infection Resistant to Vancomycin VRSA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0
Streptococcus pneumoniae Invasive Disease – this bacteria can cause many types of illnesses, including ear infections and meningitis	9

Enteric, Food and Waterborne Diseases

These diseases are caused by viruses, bacteria and parasites. Enteric diseases are initially acquired by contaminated food and water, through animal contact or contact with the animal's environment and through contact with feces of an infected person. Some of the diseases in this category can spread between people after initial infection.

Table 27. Cases of Enteric, Food and Waterborne Diseases, 2001-2020, Madison County

Disease or Condition	Cases	Disease or Condition	Cases
Amebic Encephalitis	0	Listeriosis	0
Campylobacteriosis	32	Neurotoxic Shellfish Poisoning	0
Cholera	0	Salmonella Typhi Infection	0
Ciguatera Fish Poisoning	0	Salmonellosis	88
Cryptosporidiosis	11	Saxitoxin Poisoning	0
Cyclosporiasis	0	Shiga Toxin Producing Escherichia coli	7
Giardiasis, Acute	20	Shigellosis	29
Hemolytic Uremic Syndrome (HUS)	0	Staphylococcal Enterotoxin B Poisoning	0
Legionellosis	1	Vibriosis Excluding Cholera	2

Vaccine Preventable Diseases

These are diseases that have available vaccines to prevent acquiring the disease.

Table 28. Cases of Vaccine Preventable Diseases, 2001-2020, Madison County

Disease or Condition	Cases
Diphtheria	0
Measles (Rubeola)	0
Meningococcal Disease	1
Mumps	0
Pertussis	2
Poliomyelitis	0
Rubella	0
Tetanus	0
Varicella (Chickenpox)	3

Vector-borne and Zoonotic Diseases

Vector-borne diseases are transmitted to people and animals through mosquitoes, ticks and fleas. Zoonotic diseases are animal diseases which are transmissible to people.

Table 29. Cases of Vector-borne and Zoonotic Diseases, 2001-2020, Madison County

Disease or Condition	Cases	Disease or Condition	Cases
Anaplasmosis	0	Rabies, Animal	8
Brucellosis	0	Rabies, Human	0
California Serogroup Virus Disease	0	Rabies, Possible Exposure	30
Dengue Fever	0	Rocky Mountain Spotted Fever	4
Eastern Equine Encephalitis	0	Severe Acute Respiratory Syndrome	0
Ehrlichiosis	4	St. Lous Encephalitis	0
Hantavirus Infection	0	Trichinellosis	0
Leptospirosis	0	Tularemia (Francisella tularensis)	0
Malaria	0	Typhus Fever	0
Middle East Respiratory Syndrome	0	Venezuelan Equine Encephalitis	0
Plague	0	West Nile Virus	0
Psittacosis (Ornithosis)	0	Western Equine Encephalitis	0
Psittacosis (Ornithosis)	0	Yellow Fever	0

Non-Categorized Reportable Diseases

These reportable diseases do not have an assigned category. Note that Smallpox was formerly a vaccine-preventable disease. Vaccines are no longer given due to the world-wide eradication.

Table 30. Cases of Other Reportable Diseases, 2001-2020, Madison County

Disease or Condition	Cases
Anthrax	0
Botulism, Foodborne	0
Botulism, Infant	0
Botulism, Wound	0
Glanders (Burkholderia mallei)	0
Hansen's Disease (Leprosy)	0
Melioidosis (Burkholderia pseudomallei)	0
Smallpox	0
Vaccinia Disease	0
Viral Hemorrhagic Fever	0

Significant Findings Reportable Diseases

This section details some of the significant findings for reportable diseases. These are listed below by category.

COVID-19

- COVID-19 deaths impacted all race/ethnicities and all genders equally. 50% were White, non-Hispanic, 47% were Black & Other, non-Hispanic and 3% were Hispanic. Deaths were equal among male and female residents, at 17 respectively.

Septicemia

- Septicemia deaths were almost evenly distributed among White, non-Hispanics (48%) and Black & Other, non-Hispanics (52%). Forty percent (40%) of the deaths were male and 60% were female.

Sexually Transmitted Diseases

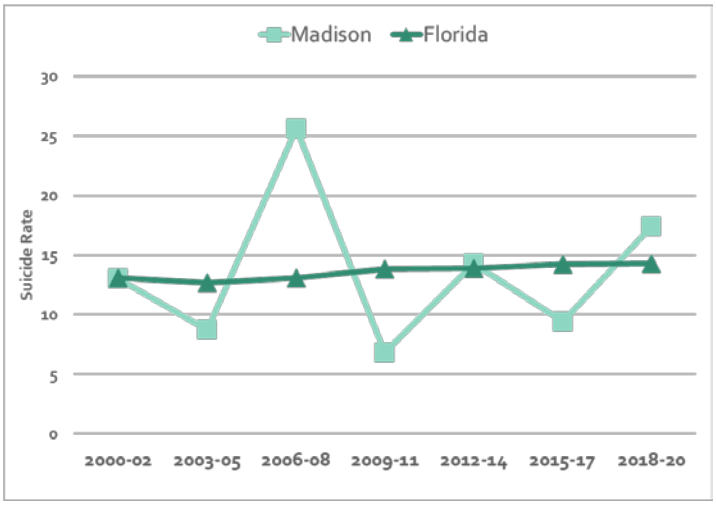
- Black & Other, non-Hispanic residents of Madison County were disproportionately impacted by all bacterial STDs and HIV/AIDS.
- Chlamydia cases increased in 2020 among females ages 15-19.
- Gonorrhea cases increased significantly in 2020 among females ages 15-19.
- HIV and AIDS case rates increased during 2018-2020. The HIV case rate was below the state of Florida but is now almost equal to that of Florida.
- Madison County had a higher percentage of persons with HIV/AIDS in care and retained in care but lower percentages of suppressed viral loads than the state. Possible reasons for this include medication adherence issues, medication access issues or changes to medication regimen.

Social and Behavioral Health

This section includes mental health indicators and substance use disorder indicators.

Suicide

Figure 93. Suicide Death Rates, 2000-2020
3-Year Discrete Rates, Madison County and Florida



Three-year discrete rates were chosen for this indicator to reduce annual fluctuation in rates and to better show trends for Madison County. Madison County experienced an increase in the suicide death rates for the time period 2018-2020. The Madison County rate was 17.1 per 100,000 population compared to 14.3 for the state of Florida. Madison County ranked in the second quartile for suicide death rates in 2020.

There was a total of 26 suicide deaths in Madison County during 2010-2020, including three in 2020. Data by race and ethnicity show that 88% of the suicide deaths were among White, non-Hispanics, 8% were among Black & Other, non-Hispanics and 4% were among Hispanics. Data by gender show that 69% of the suicide deaths during the time frame were male and 31% female.

Table 31 shows 2010-2020 suicide death data for Madison County by age group. Age group 25-34 accounted for the highest percentage; however, all age groups had at least one suicide death over the ten years except for ages < 18.

Table 31. Suicide Deaths by Age Group, Madison County, 2010-2020 Combined

Age Group	Suicide Deaths
< 18	0 (0%)
18-24	4 (15%)
25-34	7 (27%)
35-44	2 (8%)
45-54	5 (19%)
55-64	5 (19%)
65-74	1 (4%)
75+	2 (8%)

Table 32 lists the number of Madison County suicide deaths by method for the years 2010-2020 combined. The majority of suicides occurred through the use of firearms, followed by Other or Unspecified Means and Drug Poisoning.

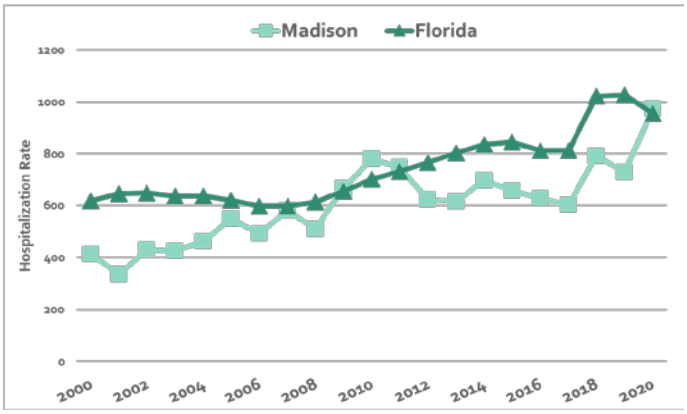
Table 32. Suicide Deaths by Method, Madison County, 2010-2020 Combined

Method	Suicide Deaths
Firearms Discharge	16 (62%)
Drug Poisoning	1 (4%)
Other/Unspecified Means	9 (34%)

Note that there were 39 non-fatal self-harm injuries reported during 2019-2020. Of these, nine were hospitalized and 30 were emergency room visits.

Behavioral Disorders

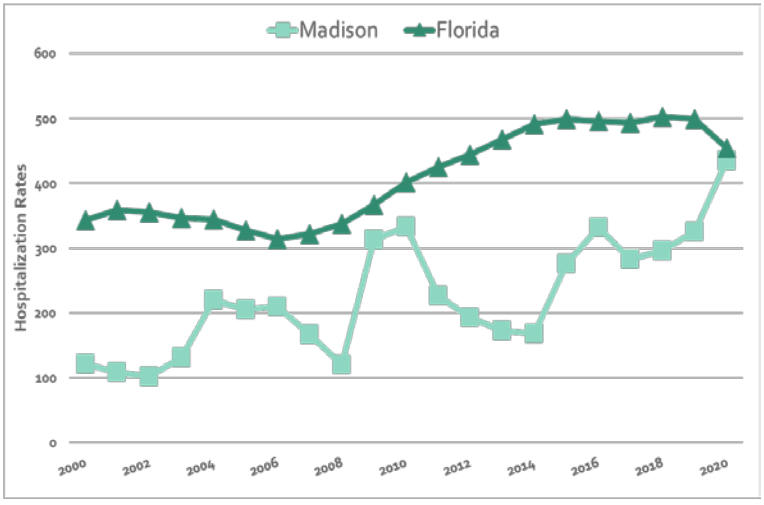
Figure 94. Hospitalization Rates for Mental Disorders 2000-2020, Madison County and Florida



Madison County's mental disorder hospitalization rate per 100,000 population increased in 2020 and exceeded that of Florida. The annual rates do not take into account any resident who was hospitalized in Georgia.

Of the 1,619 hospitalizations among Madison County residents during 2010-2020, 48% were White, non-Hispanic, 51% were Black & Other, non-Hispanic and 1% were Hispanic.

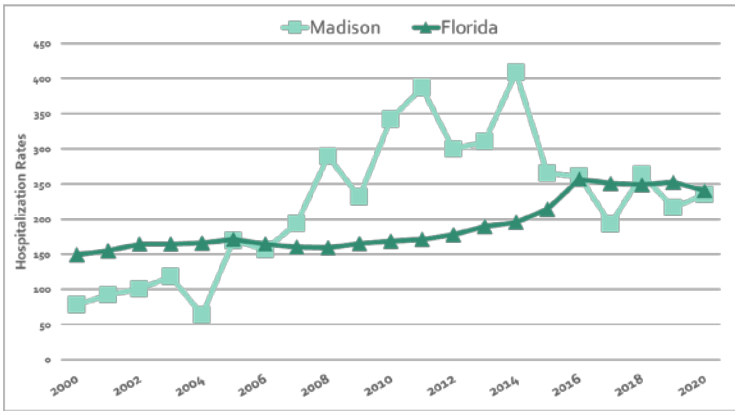
Figure 95 Hospitalization Rates for Mood & Depressive Disorders, 2000-2020 Madison County and Florida



Hospitalization rates due to Mood and Depressive disorders are a subset of Figure 94 above, and the trend lines are similar. Madison County's hospitalization rate increased in 2020 to 435.6, slightly below that of Florida at 454.

Of the 554 hospitalizations for mood and depressive disorders among Madison County residents during 2010-2020, 64% were White, non-Hispanic, 36% were Black & Other, non-Hispanic and 0% were Hispanic.

Figure 96 Hospitalization Rates
for Schizophrenic Disorders
2000-2020, Madison County and Florida

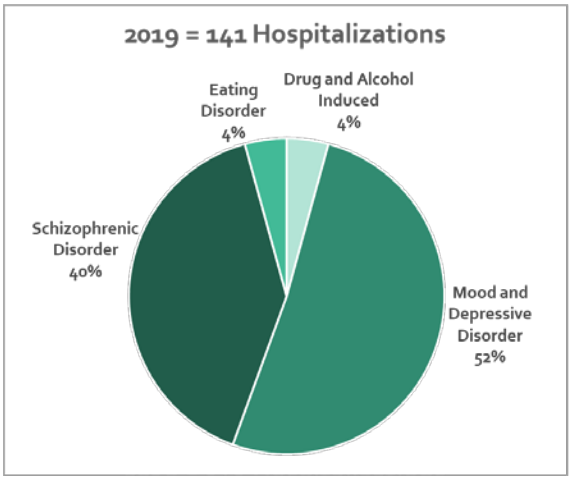


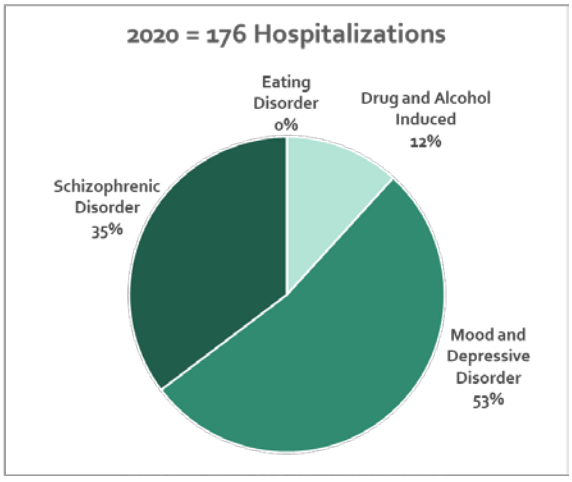
Hospitalization rates for schizophrenic disorders is also a subset of Figure 94; however, the trend line is slightly different. For most of the time period, Madison County's hospitalization rates for schizophrenic disorders were higher than the state. The 2020 rates were 234.7 per 100,000 population for Madison County and 240.7 for Florida.

Of the 654 hospitalizations for schizophrenic disorders among Madison County residents during 2010-2020, 30% were White, non-Hispanic, 70% were Black & Other, non-Hispanic and 0% were Hispanic.

Figure 97 shows total mental disorder hospitalizations for Madison County for years 2019 and 2020 by type of mental disorder. Mood and depressive disorders represented the majority of hospitalizations for both years. Note that hospitalizations for eating disorders accounted for 4% of hospitalizations in 2019 and 0% in 2020.

Figure 97. Hospitalizations by Type of Mental Disorder, 2019 and 2020, Madison County



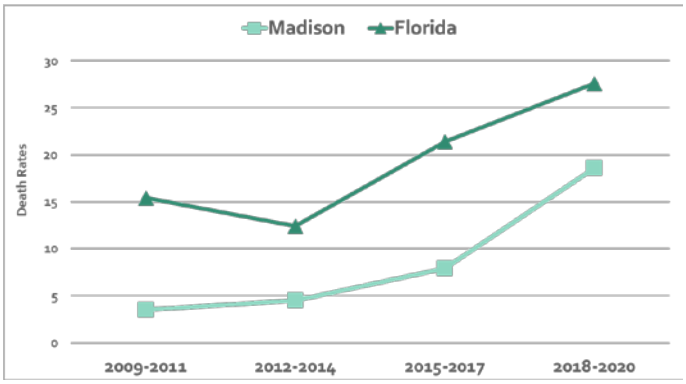


There were an estimated 612 seriously mentally ill adults residing in Madison County in 2020. This is defined as having a diagnosed mental disorder that results in serious functional impairment that substantially interferes major life activities in the prior 12 months. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, and other mental disorders that result in serious impairment. These counts are estimates based on the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates of serious mental illness among the population aged 18 and older.

Note that the indicator of students with emotional or behavioral disabilities among children Kindergarten through 12th grade has not been measured for Madison County since 2018.

Substance Use Disorders

Figure 98. Drug Poisoning Death Rates, 2009-2020
3-Year Discrete Rates, Madison County and Florida



Drug poisoning deaths include intentional and unintended overdose deaths, including taking the wrong drug, taking a drug in error and taking a drug inadvertently. Three-year discrete rates were chosen in order to show trends, including years where there were no deaths. Madison County's death rates continue to be lower than Florida's; however, they are increasing.

Of the 21 drug poisoning deaths that occurred among Madison County residents during 2010-2020, 76% were White, non-Hispanic, 24% were Black & Other, non-Hispanic and 0% were Hispanic.

Figure 99 shows drug poisoning deaths by census tract for the years 2016-2020 combined. The majority of deaths occurred in census tract 1103.02, followed by tracts 1104 and 1101. There were no drug poisoning deaths among residents of census tract 1102 during the five-year time frame.

Figure 99. Drug Poisoning Deaths by Census Tract, 2016-2020 Combined, Madison County

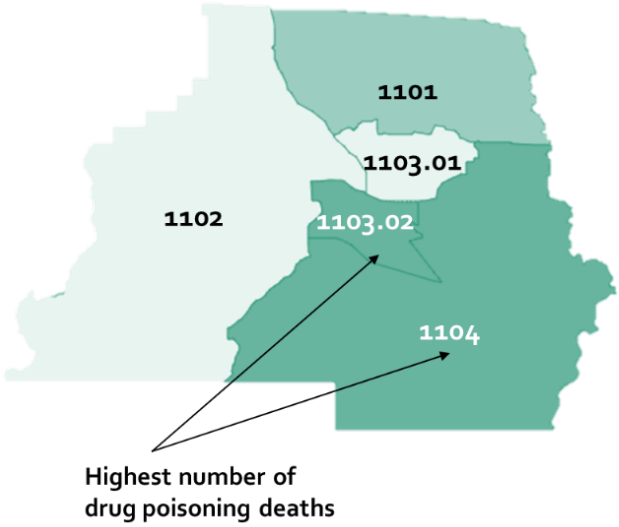
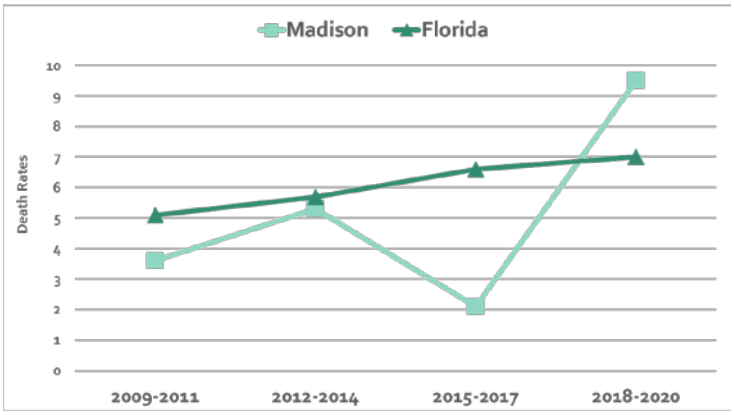


Figure 100. Alcoholic Liver Disease Death Rates
2009-2020, 3-Year Discrete Rates
Madison County and Florida



Three-year discrete rates were chosen in order to show trends, including years where there were no deaths. Madison County experienced a large increase in the death rate for 2018-2020 and exceeded that of Florida. The alcoholic liver poisoning death rate in 2020 for Madison County was 9.5 per 100,000 population, compared to 7.0 for Florida.

Of the 15 alcoholic liver disease deaths that occurred among Madison County residents during 2010-2020, 73% were White, non-Hispanic, 27% were Black & Other, non-Hispanic and 0% were Hispanic. Males accounted for 80% of the deaths and females represented 20% of the deaths.

According to the Substance Abuse Dashboard in Florida CHARTS, there were two fatal overdoses in Madison County in 2020. There were 11,413 opioid prescriptions dispensed to Madison County residents in 2020. There were 38 drug arrests among Madison County residents in 2020.

There were 16 non-fatal overdoses with an EMS response during 2019, the most current year of data. Also in 2019, there were 21 documented instances when Naloxone was administered. There were no documented cases of neonatal abstinence syndrome among live births to Madison County residents in 2019.

Table 33 provides additional data on drug use and opioid use in Madison County. Data are provided for the most recent year available.

Table 33. Opioid and Drug Use Data, Madison County, by Year of Latest Report

Indicator	Madison County
Overdose Data 2020	
Drug Overdose Deaths	2
Opioid Overdose Deaths	2
Drug Overdose Death Rate per 100,000 Population	8.6
Opioid Overdose Death Rate per 100,000 Population	8.6
EMS Response to Suspected Non-Fatal Drug Overdose	16
EMS Response to Suspected Non-Fatal Opioid Overdose	1
Non-Fatal Drug Overdose ER Visits	16
All Drug Non-Fatal Overdose Hospitalizations	10
Naloxone Administered	12

Prescriptions and Treatment 2021	
Number of Opioid Prescriptions Dispensed	8,251
Number of Unique Patients	2,240
Prescriptions Dispensed Per Patient	3.7
Adult Substance Abuse Program Enrollees	16
Child Substance Abuse Program Enrollees	66
Risk Behaviors, 2018-2020	
% Adults Who Engage in Heavy or Binge Drinking – 2019	12.3%
% Students Who Rode in a Car Driven by Someone Who Had Been Drinking – 2018	12.8%
% Students Using Vape Products with Marijuana Oil - 2020	26.2%
Consequences, 2019-2020	
Drug Arrests	38 77 Adults, 1 Child
Alcohol Confirmed Motor Vehicle Crashes	9 3 fatalities
Drug Confirmed Motor Vehicle Crashes	6 1 fatality
Neonatal Abstinence Syndrome	< 5

Significant Findings Social and Behavioral Health

This section details some of the significant findings for social and behavioral health. These are listed below by category.

Suicide

- Suicide death rates increased in 2018-2020 and were higher than the state of Florida.
- Of the 26 suicide deaths during 2010-2020, the majority were White, non-Hispanic (88%), male (69%) and between the ages 25-34 (27%).
- 62% of suicide deaths during 2010-2020 occurred through the use of a firearm.

Behavioral Disorders

- Hospitalizations for mental disorders during 2010-2020 were almost equally distributed by race and ethnicity. 48% were White, non-Hispanic, 51% were Black & Other, non-Hispanic and 1% were Hispanic.
- The majority of hospitalizations in 2019 and 2020 were due to mood and depressive disorders, followed by schizophrenic disorders, drug and alcohol induced disorders and eating disorders.

Substance Use Disorders

- Madison County's death rates due to drug poisoning were lower that the state's. There was a significant increase in Madison County death rates during 2010-2020.
- Of the 21 drug poisoning deaths that occurred among Madison County residents during 2010-2020, 76% were White, non-Hispanic, 24% were Black & Other, non-Hispanic and 0% were Hispanic.

- During 2016-2020, the highest number of drug poisoning deaths took place in census tracts 1103.02 and 1104.
- Madison County death rates due to alcoholic liver poisoning increased in 2018-2020 and were higher than Florida.
- Deaths from alcoholic liver poisoning during 2010-2020 in Madison County were more likely to be White, non-Hispanic (73%) and male (80%).

Community Themes and Strengths

DOH-Madison and MCMH conducted the Community Themes and Strengths Assessment in the form of a community survey that was conducted from June through November 2022. DOH-Madison received supplemental funding to conduct a Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) Assessment. The Steering Committee decided to combine the Community Themes and Strengths survey questions with the larger PACE-EH survey tool.

The final survey tool included the following sections: Community Values; Access to Care, Economic Stability, Access to Healthy Foods, Impact of COVID-19 pandemic, Neighborhood and Built Environment, and Mental Health Assessment. The survey was voluntary; however, participants were offered a grocery store gift certificate if they completed the survey. Participants were required to be age 18 or older and a resident of Madison County. The data analysis shown below is based on 269 surveys of residents.

Demographics of Participants

All participants were asked core demographic information. Participants were asked about age group, race/ethnicity, gender, education, employment status and area of residence within Madison County.

Participants were asked which area of the county described where they resided. Figure 101 shows the breakdown by area. Most residents lived within the city of Madison, followed by Greenville, Lee, Cherry Lake, Pinetta and Lamont.

Figure 101. Survey Respondents by Area of Residence, Madison County

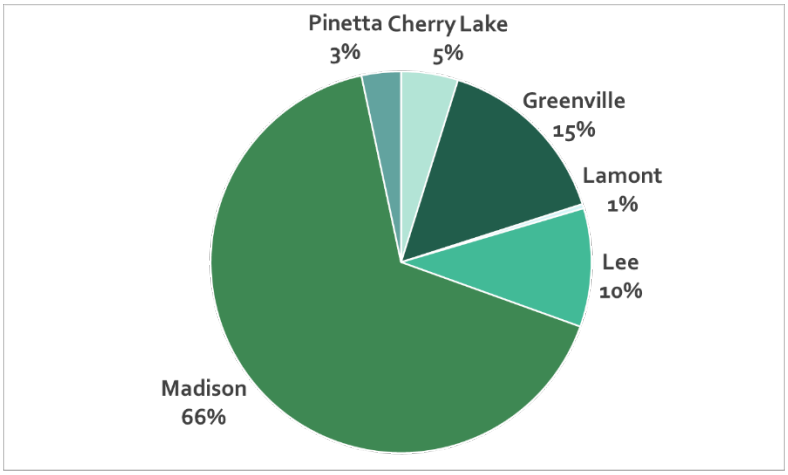


Figure 102 provides self-reported race/ethnicity and gender information for the 269 respondents. The majority of survey participants were female and Black, non-Hispanic. Hispanic participants comprised 6% of the sample.

Figure 102. Survey Repondent Data by Gender and Race/Ethnicity, Madison County

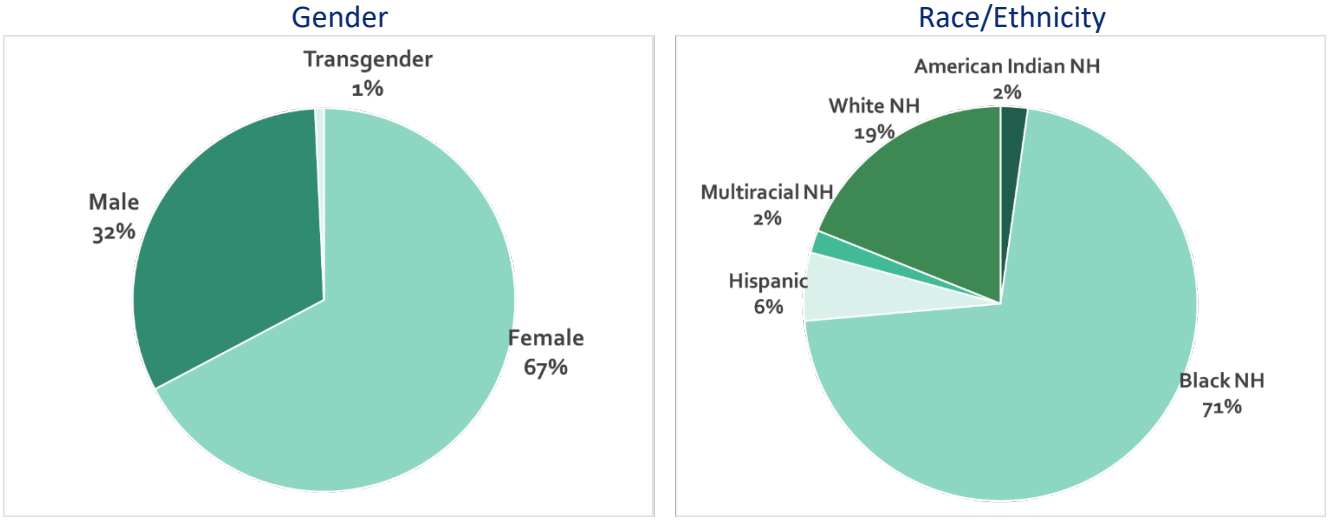


Table 34 shows survey respondent data by age group and area of residence. Participants were required to be at least 18 years of age to be eligible. Overall, about 45% of respondents were ages 60 and older. Cherry Lake and Lee participants were more likely to be ages 18-29. Note that responses for Lamont and Pinetta are combined for analysis purposes due to small numbers.

Table 34. Survey Respondents Data by Age Group and Area, Madison County

Area	18-29	30-39	40-49	50-59	60-69	70-79	80%
Cherry Lake	15%	15%	8%	38%	0%	15%	8%
Greenville	2%	17%	20%	17%	34%	7%	2%
Lee	15%	7%	20%	17%	34%	7%	0%
Madison	10%	17%	11%	13%	29%	15%	4%
Lamont/Pinetta	10%	0%	30%	20%	20%	10%	10%
All Participants	9%	15%	15%	16%	28%	13%	4%

Table 35 lists the education level of respondents by area of residence. About 17% of all respondents had less than a high school diploma and 43% of participants had at least some college. Twenty percent of participants had a bachelor's degree or higher.

Table 35. Survey Respondents Data by Education Level, Madison County

Area	< High School	Some High School	Graduated or GED	Some College/AA	Bachelor's Degree	Graduate Degree
Cherry Lake	0%	0%	46%	38%	8%	8%
Greenville	12%	10%	46%	22%	7%	2%
Lee	0%	11%	37%	22%	22%	7%
Madison	9%	9%	41%	20%	13%	8%
Lamont/Pinetta	0%	0%	20%	50%	10%	20%
All Participants	8%	9%	41%	23%	13%	7%

Table 36 shows survey respondent data by employment status. Approximately 44% of all respondents were employed full or part-time. Fourteen percent of all participants stated they were disabled and 14% were either a full-time student or unemployed.

Table 36. Survey Respondents Data by Employment Status, Madison County

Area	Disabled	Part-time Job	Full-time Job	Retired	Home Parent	Student Unemployed
Cherry Lake	0%	8%	54%	23%	0%	15%
Greenville	22%	12%	32%	15%	5%	15%
Lee	0%	15%	59%	15%	7%	4%
Madison	16%	6%	31%	29%	2%	15%
Lamont/Pinetta	20%	0%	50%	20%	0%	10%
All Participants	14%	8%	36%	25%	3%	14%

Survey participants were asked about their access to email and broadband internet. About 73% of Madison County participants stated they had access. Participants from Greenville (61%), and Lamont and Pinetta combined (60%) were less likely to have access than other areas of the county.

Access to Care

Survey participants were asked to choose three health issues they considered to be most important. Table 37 shows the top ten health issues that were chosen. The top four issues were within five percent of each other. The remaining six issues had lower response rates. The most important health issue chosen by Black & Other, non-Hispanic participants and by Hispanic participants was Infectious Diseases (Hepatitis, TB, COVID-19).

Table 37. Three Most Important Health Issues Chosen by Survey Respondents, Madison County

Health Issue	Percent of Responses
Cancer	48%
Infectious Disease (Hepatitis, TB, COVID, etc.)	47%
Diabetes	45%
Obesity, Overweight	43%
Dental Issues	16%
Sexually Transmitted Diseases, HIV/AIDS	15%
Heart Disease and Stroke	15%
Tobacco Use	11%
Drug Use (Prescribed and Other)	11%
Mental Health Issues	9%

Survey participants were asked to identify the most difficult health care services to access in Madison County. Respondents could choose any or all of the listed services. Table 38 lists the top ten services that were the most difficult to obtain. Dental care including dentures and primary medical care tied for number one with 38% each.

Table 38. Most Difficult Health Care Services to Obtain, Madison County

Health Issue	Percent of Responses
Dental Care Including Dentures	38%
Primary Medical Care	38%
Specialty Medical Care	34%
Mental Health Care	21%
Hospital Care	21%
Vision Care	15%
Prenatal/OB/Labor and Delivery	13%
Emergency Medical Care	10%
X-Rays or Mammograms	9%
Physical Therapy	8%

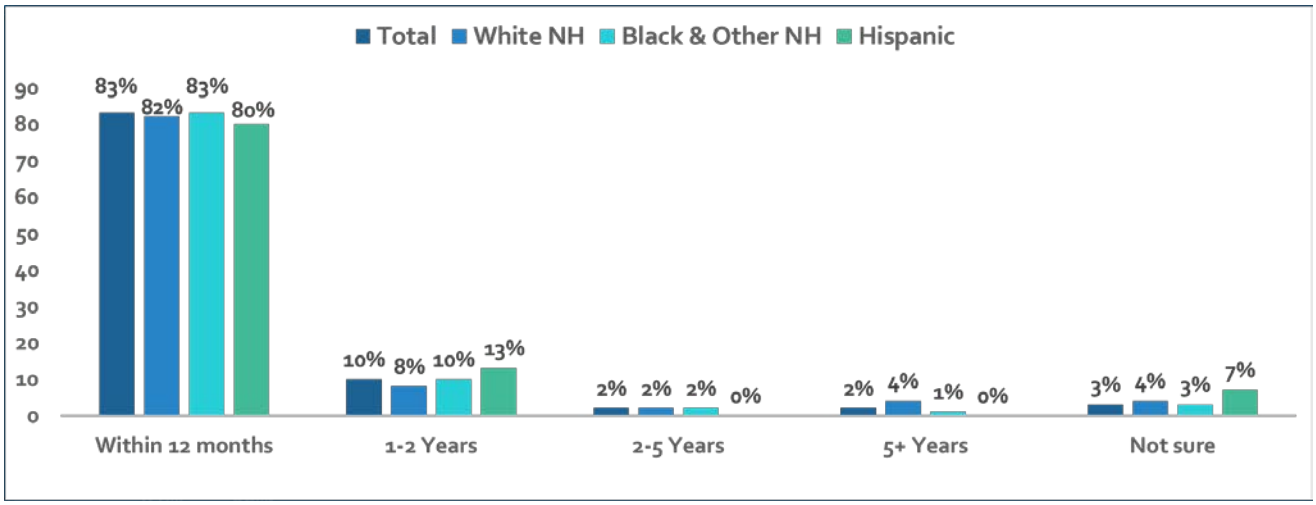
Survey participants were asked about which type(s) of health insurance they currently had. Respondents were able to choose all types of insurance that applied to them. About 12% of survey respondents indicated they did not have any health insurance.

Table 39. Types of Health Insurance, Madison County Survey Participants

Type of Insurance	Percent of Responses
Insurance from an employer	27%
Medicaid or Medicaid HMO	25%
Medicare	24%
I do not have any health insurance	12%
Other	10%
Affordable Care Act self-pay plan	6%
Tricare, Military or VA benefits	5%

Survey participants were asked how long it had been since their last wellness exam or physical, excluding emergency care or sick visits. Figure 103 below shows that 83% of survey respondents had been seen for a wellness exam within the previous 12 months, 10% within 1-2 years, 2% within 2-5 years, 2% more than five years and 3% were not sure. White, non-Hispanic participants were slightly more likely to respond that it had been five or more years since their last wellness visit. Hispanic participants were more likely to respond they were not sure how long it had been.

Figure 103. Length of Time Since Last Wellness Exam, by Race and Ethnicity
Madison County Participants



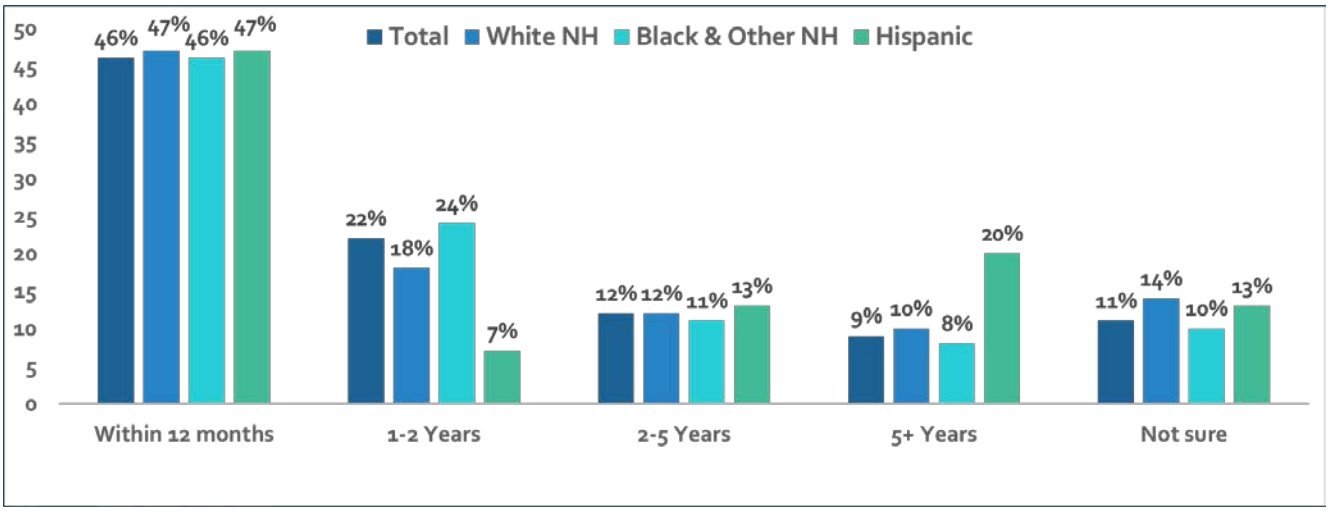
Participants were asked to identify reasons for a delay in seeking medical care and were encouraged to choose all that applied to them. Participants who responded they had medical care in the past 12 months were excluded. Lack of transportation was chosen most often, followed by length of wait time for an appointment and the types of insurance the provider accepted.

Table 40. Reasons for Delay in Seeking Medical Care, Madison County Participants

Reason	Percent of Responses
Lack of transportation	19%
Could not get an appointment soon enough	18%
Provider did not take my insurance	16%
No insurance	16%
Could not afford care	16%
No available evening or weekend appointments	9%
Provider was not taking new patients	5%
Language barrier/could not communicate	2%

Survey participants were asked about the length of time since their last dental visit. Figure 104 below shows that 46% of survey respondents had been seen the dentist within the previous 12 months, 22% within 1-2 years, 12% within 2-5 years, 9% more than five years and 11% were not sure. White, non-Hispanic participants and Hispanic participants were slightly more likely to have seen the dentist in the previous year. Black and Other, non-Hispanic participants were more likely to have been seen within 1-2 years. Hispanic participants were more likely to have waited five or more years.

Figure 104. Length of Time Since Last Dental Visit, by Race and Ethnicity
Madison County Participants



Economic Stability

Survey participants were asked a series of questions about issues paying for necessities, public assistance and food insecurity. Table 41 shows survey participant responses regarding goods and services that were difficult to pay for. Respondents could choose response any that applied to them. Utility bills were chosen most often, followed by food, home repairs and rent or mortgage.

Table 41. Necessities Difficult to Pay For, Madison County Survey Participants

Type of Necessity	Percent of Responses
Utility Bills	27%
Food for yourself and/or family	25%
Home repairs	20%
Rent or mortgage	16%
Medical bills/prescription drugs	15%
Transportation costs	14%
Clothing	8%
Childcare	6%
Elder care	6%

Participants were asked about any type of public assistance they were currently receiving. A total of 161 participants, or 60%, indicated they were not receiving any public assistance. Of the remaining participants, food assistance was most often received, followed by rent and utilities, workforce assistance and temporary cash assistance.

A total of 84 participants, or 31%, indicated they receive assistance with food. Madison and Greenville residents were more likely to receive food assistance than the other areas.

Table 42. Percent of Respondents Receiving Food Assistance, by Area

Area	Receiving Food Assistance Percent of Total Participants
Cherry Lake	0%
Greenville	32%
Lee	11%
Madison	37%
Lamont & Pinetta	20%

Participants were asked what type of food assistance they received. Respondents could choose all that applied to them. A total of 56 participants, or 21%, received SNAP assistance. A total of 82 participants, or 30%, visited a food bank or food distribution site. Only 63 participants, or 23%, stated they had their own garden.

Participants were asked how often they skipped a meal or cut down on the size of their meal so others in their household could eat. A total of 87 respondents, or 32%, indicated they had skipped a meal or reduced their meal size some of the time, most of the time or all of the time. About 16% of participants stated they went hungry in the past year because there was not enough money to buy food.

The majority of participants (80%) stated that it was very important to eat healthy. However, 63% also indicated that the cost of buying healthy food is a barrier to eating healthy. More than half of the participants (56%) stated they ate fast food once a week or more. Participants were asked what would make it easier to eat healthy. These are listed below in Table 43. Participants were able to choose up to three responses.

Table 43. What Would Make Healthier Food Choices Easier, Madison County Participants

Choice	Percent of Yes Responses
Less Expensive	84%
More Time to Prepare/Cook Meals	32%
Community Garden & Teach How to Grow Food	31%
More Farmers Markets or Farm Stands	28%
Knowing How to Prepare Healthy Food	26%
More Convenience Stores that Sell Healthy Food	25%
Knowing How to Garden & Have Garden Space	23%
Healthy Items at Food Bank/Pantry	20%
More Grocery Stores Where I Live/Work	19%
Public Transportation to Healthy Food Markets	12%

Housing and Neighborhood

Participants were asked about their current living situation. Just over half of respondents (52%) owned their home, 29% rented their home, 14% lived with friends or family and 5% had other living arrangements. Of the 79 respondents who were renting their home, 25% stated they were getting rental assistance. Forty-one percent of participants who were renting their home stated they had difficulty getting the landlord to make repairs.

Table 44 shows current living situation by area. Participants from Greenville and Madison were less likely to own their home.

Table 44. Current Living Situation, By Area, Percent of Respondents

Area	Own Home	Live With Friends/Family	Rent Home	Other
Cherry Lake	62%	15%	15%	8%
Greenville	51%	15%	22%	12%
Lee	59%	15%	26%	0%
Madison	49%	13%	34%	3%
Lamont & Pinetta	60%	20%	10%	10%

About 88% of respondents felt safe in their home and 91% of respondents felt safe in their neighborhood. The majority, 63%, said their neighborhood had adequate street lighting. Only 15% of respondents had no smoke detector, carbon monoxide detector or fire extinguisher in their home. More than half of participants, 53%, said they drank bottled water at home, rather than tap water. Only 22% of respondents said they were concerned about bugs in their home.

Mental Wellness

Participants were asked if they knew where to get adult mental health services and child mental health services. A total of 56% stated they knew where to get both adult and child mental health services, while 44% said they did not know where to get these services.

Most respondents (74%) said they could tell when someone was depressed. More than half, 52%, indicated they knew someone with bipolar disorder. About 34% stated they knew someone with schizophrenic disorder.

Participants were asked if they would look for mental health, alcohol or substance use services in a different county. Half of the respondents stated they would seek services in a different county. Slightly less than half, 46%, said they would not tell anyone if they were diagnosed with a mental illness.

Table 45 shows participant responses to the standard mental health assessment questions. They were asked to identify how many days in the past two weeks they experienced the symptoms. The table shows the combined percent of respondents who chose, “mild, several days,” “moderate, more than half the days,” or “severe, nearly every day.”

Table 45. Standard Mental Health Assessment Responses, Madison County Participants

Indicator	Mild, Moderate or Severe
Little interest or pleasure in doing things	22%
Feeling down, depressed, or hopeless	17%
Feeling more irritated, grouchy or angry than usual	16%
Sleeping less than usual, but still have a lot of energy	22%
Starting lots more projects than usual or doing more risky things than usual	10%
Feeling nervous, anxious, frightened, worried or on edge	15%
Feeling panic or being frightened	9%
Avoiding situations that make you anxious	18%
Unexplained aches and pains in your head, back, joints, abdomen or legs	24%
Feeling that your illnesses are not being taken seriously enough	14%
Thoughts of actually hurting yourself	6%
Hearing things other people can't hear, such as voices even when no one was around	6%
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking	8%
Problems with sleep that affected your sleep quality over all	16%
Unpleasant thoughts, urges or images that repeatedly enter your mind	7%
Feeling driven to perform certain behaviors or mental acts over and over again	6%
Feeling detached or distant from yourself, your body, your physical surroundings or your memories	7%
Not knowing who you really are or what you want out of life	9%
Not feeling close to other people or enjoying your relationships with them	9%
Drinking at least 4 drinks of any kind of alcohol in a single day	7%
Using any tobacco products	12%
Using any recreational drugs or prescription medicine that you do not have a prescription for	3%

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces that are, or might be, influencing the quality and health of Madison County and the local public health system. Evaluating the events, trends, and factors that impact Madison County will enable opportunities to determine the impact of such events and take it into account as action plans are developed to make the community what it aspires to be. The Forces of Change Assessment was held on December 16, 2022, during the Community Health Summit.

The Forces of Change Assessment identifies factors and trends that affect the health of the community and the local public health system. Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as an increasing aging population or decreasing high school graduation rates.
- Factors are discrete elements, such as being a rural community.
- Events are one-time occurrences, such as a business closure, a hurricane or chemical spill, or the passage of new legislation.

Table 46. Forces of Change by Category

Technological		
Force	**Threats**	**Opportunities**
• Poor or no Internet connectivity • Telemedicine	• There is not enough Internet availability	• New initiative to increase bandwidth and decrease connection issues • MCMH has the capability of TeleStroke and TeleCardio

Social		
Force	**Threats**	**Opportunities**
• Mental health • Substance use • Gang activities • Partnerships	• No inpatient facility for mental health or substance use • Increase in suicides and mental health crisis situations • Increased substance use • Increased gang activities in Greenville and Madison	• Deployment of Community Action Teams and Mobile Response Teams by Apalachee Center • DISC Village located in Greenville • NARCAN distribution • Coordination of youth mental health and substance use services through the Community Health Improvement Plan Committee

Environmental		
Force	**Threats**	**Opportunities**
• Affordable Housing • Storms and natural disasters • Emerging epidemics and pandemics • Parks • Transportation	• Lack of affordable housing • Lack of resources to treat, respond to infectious disease epidemics • Power outages risk connection • Lack resources for education • Fluctuations with economy risks provision of Big Bend transit • Limitations in ridership	• Working with Big Bend Continuum of Care on Housing • Strong Emergency Operations Center • Strong hospital and Health Department coordination • Positive mosquito control • COVID-19 pandemic funding increased capacity to respond to epidemics • Received funds to refurbish parks and add exercise equipment • Shift towards a more user-friendly shuttle system. • Big Bend transit increasing services from 3 days a week to 5 days.

Education		
Force	**Threats**	**Opportunities**
• Education	• Retention of teachers • High school graduation rates decreasing • Negative education outcomes due to impact of mental health and substance use on schools	• Changes to teacher pay scale at the state level • Coordination of youth mental health and substance use services through the Community Health Improvement Plan Committee

Scientific		
Force	**Threats**	**Opportunities**
• Infant Mortality • Causes of Death	• Increasing infant mortality rates in Madison County • High death rates due to chronic diseases	• Move to Healthy Start LPN nurse model • Provision of nutrition and mental health counseling services to pregnant women • Breast cancer screening initiatives • Blood pressure self-monitoring classes • Community partners provide education for tobacco cessation and diabetes

Economic		
Force	**Threats**	**Opportunities**
• Poverty • Employment • Food deserts	• One of only four Florida counties designated as a persistent poverty county. • Limited to no access to fresh fruits and vegetables • Increasing risk of becoming a food dessert	• Recent increase in income levels for Madison County • Potential for increasing economic development • Food locker installed at health department • Resource fairs at libraries to assist residents with obtaining social services

Table 47. Madison County Asset Inventory

City/County Institutions	Associations/Organizations
Florida Department of Health - Madison County	Tallahassee Memorial Hospital
Madison County Memorial Hospital	Apalachee Center
Madison County Sheriff's Office	Healthy Start Coalition of Jefferson, Madison, Taylor Counties, Inc.
Madison Correctional Institution	Emergency Operations Center (EOC)
Health Care Providers/ Physician Offices	Kids Incorporated of the Big Bend
Faith Based Community	Department of Children and Families
Madison Shuttle	University of Florida County Extension Office
Big Bend Transit	Florida State University
Madison Senior Center	Florida A&M University
City and County Government	Saint Leo University
Madison County School District	DISC Village
Madison Schools	Big Bend Cares
North Florida College	Big Bend Area Health Education Center
Tri-County Electric	Big Bend Rural Health Network
Madison County Fire and Rescue	Capital Regional Medical Center
Church/clinic	Tallahassee Memorial Healthcare
Early Learning **C**oalition	**Other**
Faith-based Clinic for Disadvantaged	Strong legislative delegation
City of Madison Police	Shared Services Council
	School Superintendent

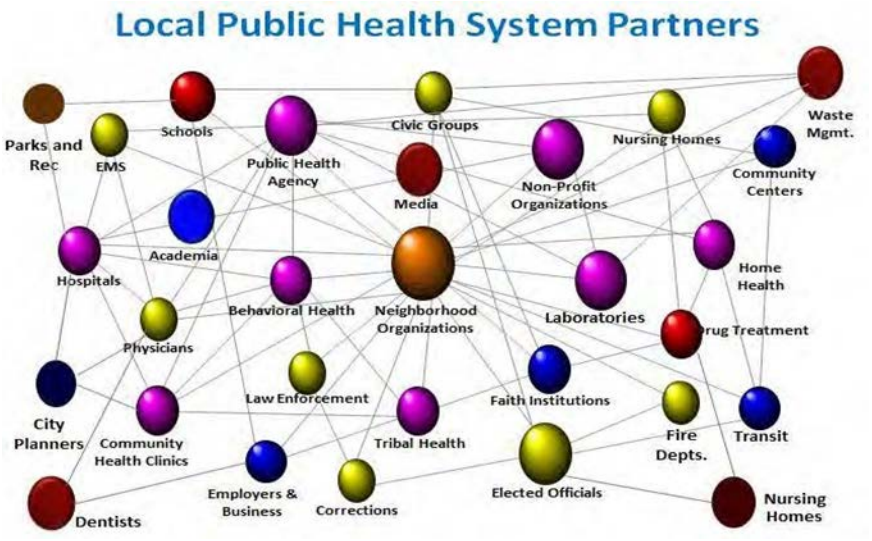
Local Public Health Assessment

The Local Public Health Assessment (LPHSA) Workshop for Madison County was conducted using the National Public Health Performance Standards (NPHPS). The National Public Health Performance Standards evaluate the involvement of all the local organizations and entities contributing to the health within the community. The NPHPS provides performance standards for public health systems. These standards engage and leverage partnerships to create a stronger foundation for public health preparedness. Subsequently, it helps to identify areas of improvement in order to address the health issues of the community and promote continuous quality standards.

The LPHSA answers the questions: "What are the activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The Local Public Health Assessment was broken into two parts; an external partner workshop was held, in partnership MCMH, during the health summit and an internal staff workshop was conducted with DOH-Madison staff.

The Local Public Health System is a vast network composed of agencies, organizations, businesses, and individuals who are collectively involved in providing the essential public health services in their community. The LPHSA focuses on the overall "public health system" in order to assure that the contributions of all entities are recognized in the provision of these services. The diagram below accurately illustrates the complex interconnectedness of each entity involved in providing optimal health. The purpose of this assessment is to recognize areas of improvement, strengthen system networks, and quantify the performance of the local system in comparison to the National Public Health Performance Standards.

Figure 105. Jellybean Diagram of the Local Public Health System



Community partner recruitment was conducted via phone call, email, and in-person invitations. Included in the invitation and reminder email was a preparatory document outlining the ten essential public health services. In the external LPHSA, five of the Essential Health Services (3, 4, 5, 7, 9) were discussed, as the county decided it was most important to get community input on these specific

services. A second internal meeting was held to assess the remaining five Essential Health Services (1, 2, 6, 8, 10), as the county health department has jurisdiction over these services within the public health system.

After the discussion of each Essential Public Health Service, the participants were asked to vote on how well they thought the local public health system met each Model Standard using the voting cards. Prior to each poll, the respective National Public Health Performance Standard of each Essential Service was explained in detail by the facilitator to ensure that all constituents understood them. Each standard was discussed and followed by questions to clarify the current performance of the public health system. Using the ranking system shown in Table 12, participants voted on the LPHS performance for each Model Standard. The results of each poll were displayed in bar graph form after each poll. The facilitator then stimulated a discussion for any results that did not receive a strong consensus. Re-polling was conducted until consensus was reached.

Table 48. Essential Service Performance Level System, relative to Optimal Activity

No activity (0%)	0% or absolutely no activity
Minimal Activity (1%-25%)	Greater than zero, but no more than 25% of the activity described within the question is met within the public health system.
Moderate Activity (26%-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.
Significant Activity (51%-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.
Optimal Activity (76%-100%)	Greater than 75% of the activity described within the question is met within the public health system.

Ten Essential Public Health Services

1. Monitoring health status to identify community health problems comprises the following:
   - Assessing, accurately and continually, the community's health status.
   - Identifying threats to health.
   - Determining health service needs.
   - Paying attention to the health needs of groups that are at higher risk than the total population.
   - Identifying community assets and resources that support the public health system in promoting health and improving quality of life.
   - Using appropriate methods and technology to interpret and communicate data to diverse audiences.
   - Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

2. Diagnosing and investigating health problems and health hazards comprises the following:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity of epidemiologic investigation of disease outbreaks and patterns of the following: a) infectious and chronic disease, b) injuries, and c) other adverse health behaviors and conditions.

3. Informing, educating, and empowering people about health issues comprises the following:
   - Creating community development activities.
   - Establishing social marketing and targeted media public communication.
   - Providing accessible health information resources at community levels.
   - Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
   - Working with joint health education programs with schools, churches, worksites, and others.

4. Mobilizing community partnerships to identify and solve health problems comprises the following:
   - Convening and facilitating partnerships among groups and associates including those not typically considered to be health related.
   - Undertaking defined health improvement planning process and health projects, including preventative, screening, rehabilitation, and support programs.
   - Building a coalition to draw on the full range of potential human and material resources to improve community health.

5. Developing policies and plans that support individual and community health efforts comprises the following:
   - Ensuring leadership development at all levels of public health.
   - Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
   - Developing and tracking measurable health objective from the CHIP as a part of a continuous quality improvement plan.
   - Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
   - Developing policy and legislation to guide the practice of public health.

6. Enforcing laws and regulations that protect health and ensure safety comprises the following:
   - Enforcing sanitary codes, especially in the food industry.
   - Protecting drinking water supplies.
   - Enforcing clean air standards.
   - Initiating animal control activities.
   - Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
   - Monitoring quality of medical services.
   - Reviewing new drug, biologic, and medical device applications.

7. Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable comprises the following:
   - Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
   - Providing culturally and linguistically appropriate materials to ensure linkage to services for special population groups.
   - Ensuring ongoing care management.
   - Ensuring transportation services.
   - Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.

8. Ensuring a competent public health and personal healthcare workforce comprises the following:
   - Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
   - Establishing efficient processes for professionals to acquire licensure.
   - Adopting continuous quality improvement and lifelong learning programs.
   - Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
   - Continuing education in management and leadership development programs for those charged with administrative/executive roles.

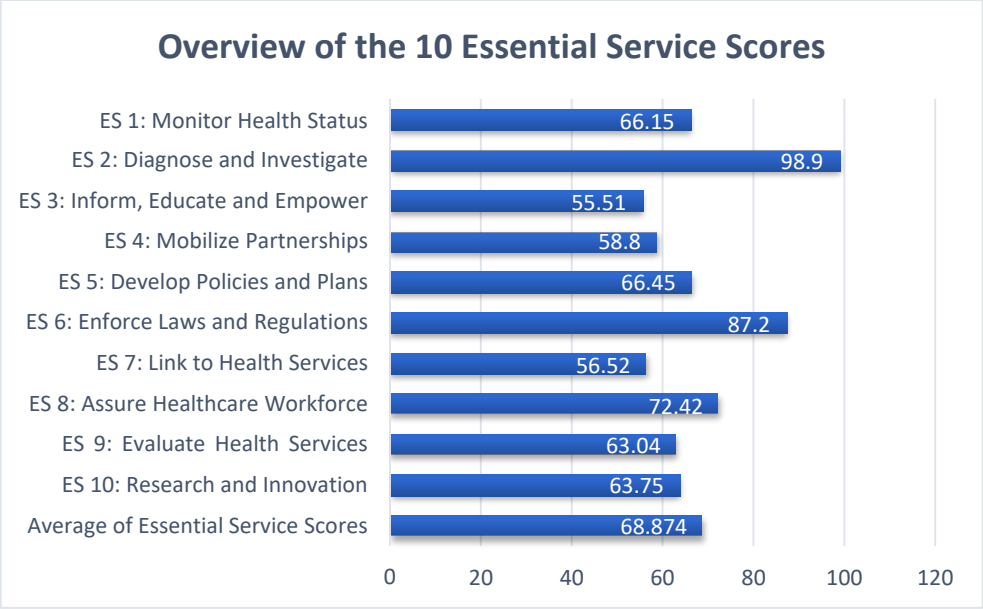
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services comprises the following:
   - Assuring program effectiveness throughout monitoring and evaluating implementation, outcomes and effect.
   - Providing information necessary for allocating resources and re-shaping programs.

10. Researching new insights and innovative solutions to health problems comprises the following:
   - Establishing full continuum of innovation, ranging from practical field-based effort to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
   - Continually linking with institutions of higher learning and research
   - Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

LPHSA Results – General

The polling assesses how participants feel the local public health system is rated based on national standards. The standards reflect the ideal and serve as a gold standard for quality improvement in the community's public health system. The process provides in-depth descriptions of public health practice. These data can be used to identify areas for system improvement, identify system capacity strengths and weaknesses and strengthen connections between system partners.

Figure 106. Overview of the 10 Essential Service Scores



LPHSA Results – External

The polling assesses how accurately the results reflect the local system. This graph illustrates the average performance level of each essential service as voted on by the community participants. Of these five services, it is evident which services rank stronger in Madison County.

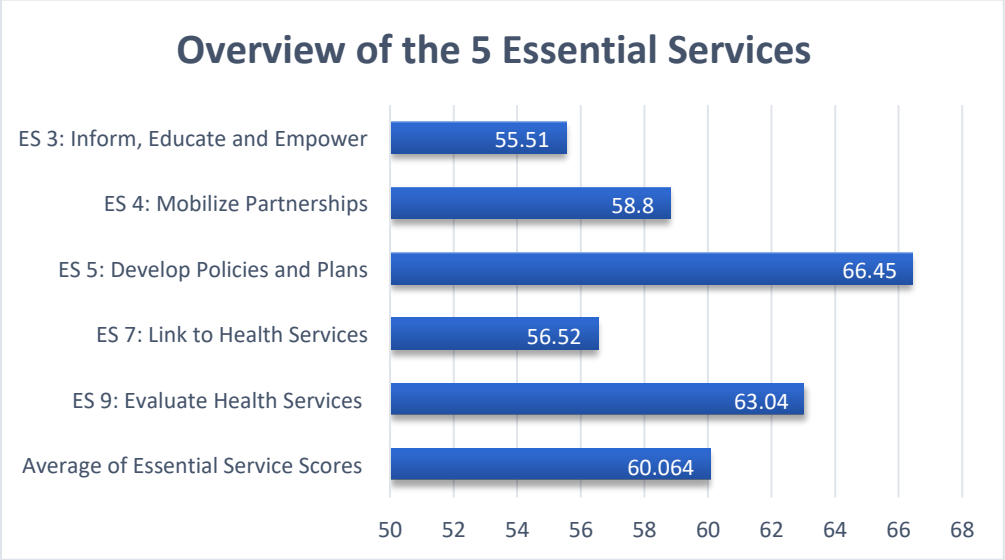
The strongest two essential services within the local public health system:

- ES 5: Developing policies and plans that support individual and community efforts (66.45%).
- ES 9: Evaluating effectiveness, accessibility, and quality of personal and population-based health services (63.04%).

The remaining three essential services were selected by the community members that the local public health system could improve upon include:

- ES 3: Informing, educating, and empowering people about health issues (55.51%).
- ES 7: Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable (56.52%).
- ES 4: Mobilizing community partnerships to identify and solve health problems (58.8%).

Figure 107. Overview of the 5 Essential Services Scores



Challenges and Ideas

Throughout the course of the LPHSA workshop, the participants identified the various challenges Madison County faces in achieving optimal activity for each of the essential services discussed. In the few instances in which consensus was not reached, outstanding questions were answered through an additional discussion and successively re-polled. The community identified some major challenges associated with lack of understanding/knowledge and access to the Incidence Command System (ICS) training within individual departments. There is a major challenge with managed care in Madison County as it is hard to attract medical personnel and there are still barriers with access to care, due especially to transportation issues and health information exchange. In addition, there is minimal school and business representation, which inhibits communication between these entities and the public health system.

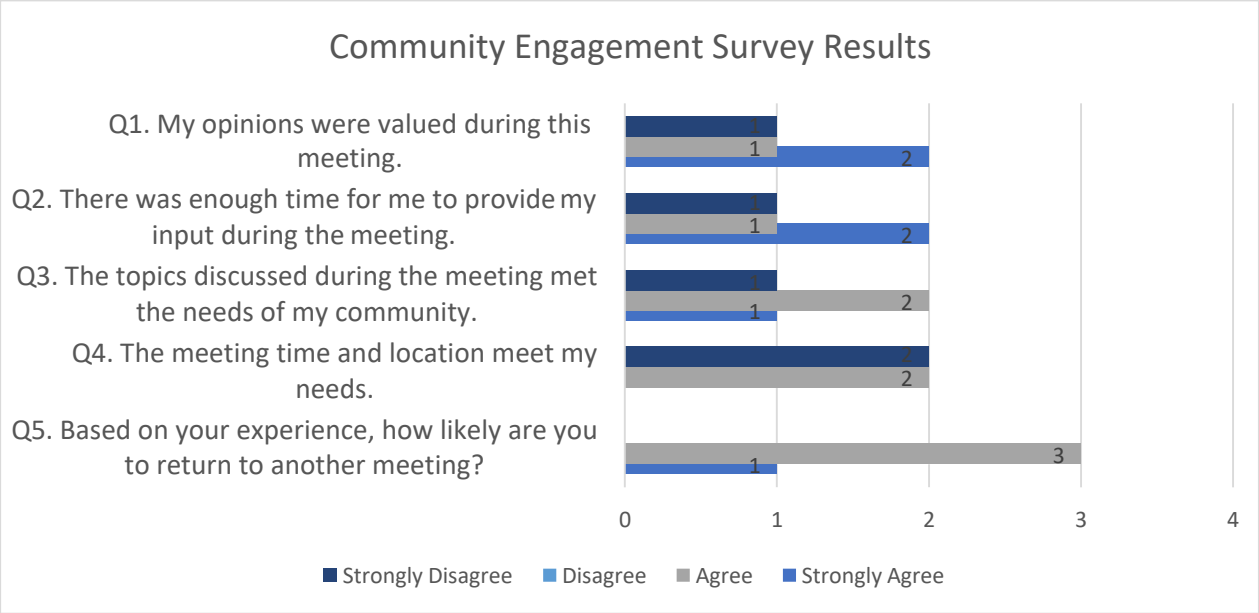
Another major communication challenge stems from the social media utilization restrictions placed on organizations. Some suggestions to mitigate these access challenges were publishing a directory of community resources of the organizations involved with specific priorities, encouraging the use of Big Bend Transportation buses (which are funded by the city and county commission); and continuing to strengthen the collaborative partnerships between the local health department, the hospital, and the city commission.

The community members acknowledge that Madison County succeeds at evaluating what is needed in order to advocate and effectively communicate to higher departments and agencies in order to gain better access. They know the barriers and areas in which they lack the most but struggle to produce the resources to overcome the barriers. This is due, in part, to the peculiar, isolated geographical location of Madison County. Thus, in order to advance progressively, they need to extend involvement and promote community partnerships.

Evaluation

After the LPHSA meeting, a community engagement survey was emailed to all of the participants via Survey Monkey. Each member was strongly encouraged to complete the survey and provide feedback, suggestions/concerns regarding the quality of the meeting in order to ensure that future meetings will be improved. The survey also asked participants to list any additional needs for the community that were not discussed during the workshop. Three respondents skipped the question; one noted that "there were a lot of topics discussed through the event and we touched on many of the local public health system areas that needed to be focused on." There were four respondents who completed the survey. The results are as follows:

Figure 108. Community Engagement Survey Results



LPHSA Results – Internal

A total of nine staff members participated in the second portion of the LPHSA. This graph illustrates the average performance level of each essential service as voted on by the participants. Of these five services, it is evident which services rank stronger in Madison County.

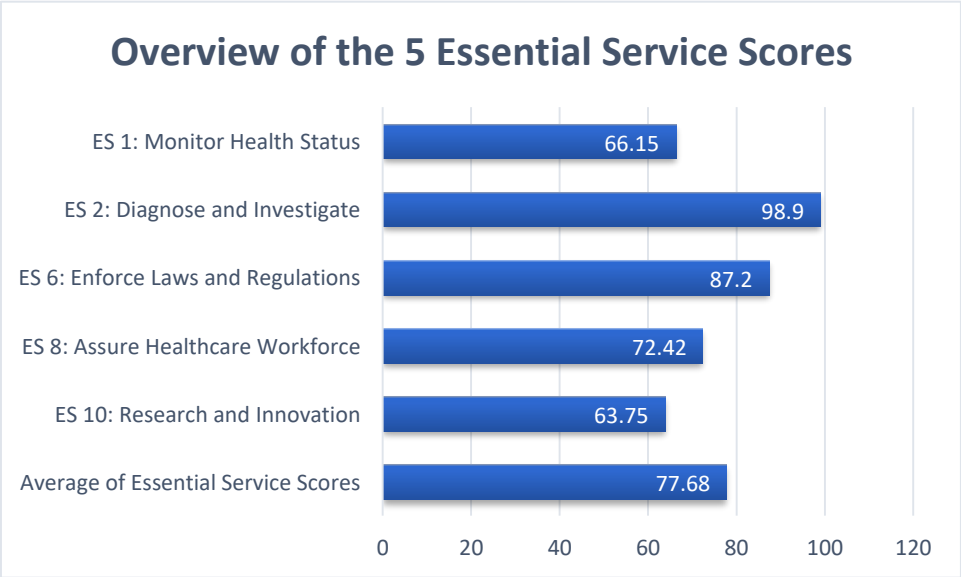
The strongest two essential services scoring at optimal activity level within the local public health system:

- ES 2: Diagnosing and investigating health problems and health hazards (98.9%).
- ES 6: Enforcing laws and regulations that protect health and ensure safety (87.2%).

The remaining essential services were selected by the local public health executives that the local public health system could improve upon include:

- ES 8: Ensuring a competent public health and personal healthcare workforce (72.42%).
- ES 1: Monitoring health status to identify community health problems (66.15%).
- ES 10: Researching new insights and innovative solutions to health problems (63.75%).

Figure 109. Overview of the 5 Discussed Essential Service Scores



Challenges and Ideas

Throughout the workshop, it was apparent that the internal and external local public health system participate as they should. Cohesively, they do everything they are supposed to be doing with the resources that they have. Unfortunately, being a rural community, they are not always able to specifically identify community health status, assets and resources, threats to health, or use technology to interpret and communicate data. Madison County continuously analyzes the data within their community. Public health officials know related information and pay attention to changes in health indicators within the local population. They have a strong baseline understanding of their capacity, which catalyzes conversations to determine how to move forward and make substantial improvements.

Across all essential services and model standards, areas of weakness were identified, often due to lack of jurisdiction over the data. The majority of information is collected and maintained by the State DOH, Madison County only has control over the data they input locally. The local health department can measure their internal competency and capability. However, there is ambiguity within the ranking of activity levels making it difficult to understand whether to rank the strengths and weaknesses in the system from a centralized or decentralized perspective.

In regard to enforcing laws and regulations, the upstream systems within the State write the laws, thus, the LPHS has limited authority over the enactment of legislation. This is another sector of ambiguity within the ranking of activity levels because it is difficult to determine the involvement from a centralized or decentralized stance. However, where Madison County does have jurisdiction, they measure their internal capabilities and initiate appropriate responses to the local ordinances in which they can influence. Subsequently, Madison County has successfully initiated ordinance with Animal Control, tobacco, and the inadequate laws existing with Cherry Lake. Workforce development was identified as an area for improvement; however, some progress has been made through agreements with FSU, TCC, FAMU, and NFCC. There are few opportunities to advance the public health sector within the county due to lack of resources and accessibility.

The local public health system in Madison County communicates on a regular basis via quarterly meetings. They produce an annual report with the most recently updated data available. In addition, they have consistently conducted CHA and CHIP every 3-5 years and are hoping to continue their partnership with the MCMH in conducting future CHAs. Yet in every entity, there is always room for improvement. Currently, the LPHS is developing strategies to better promote community involvement with the CHA. They also plan to disseminate more up-to-date written reports online for the community.

Priority Areas

While all of the health indicators are important, the community participants were asked to choose three areas that would be addressed by the development of the 2023-2026 Community Health Improvement Plan. Participants voted during the Community Health Assessment and the areas chosen to address were Chronic Disease, Maternal and Child Health, and Social and Mental Health.

The individual community organizations will continue to address communicable diseases, environmental health, emergency planning and injury/violence both separately and as an integrated entity when applicable. Listed below are the goals and strategies for all of the priority areas.

Reportable Infectious Diseases

Issue	STDs in Adolescents
Barriers	School boards, funding opportunities, religion
Success	Reduced rate of STDs, Reduced teen pregnancies, Policy changes for sex education, Higher levels of sex education in schools, Access to preventive measures
Socioeconomic Barriers	Education, Social and Community Context
Next Steps	Educate school board and community, provide access to condoms and birth control, access to sex education
Agencies Involved	DOH-Madison Sexual Risk Avoidance Education Program, School board, Possible funders

Chronic Diseases

Issue	Diabetes and Hypertension
Barriers	Lack of providers, specialty care providers, limitations of insurance plans
Success	Decrease prevalence, increase education
Socioeconomic Barriers	Food insecurity, Health literacy, Exercise opportunities
Next Steps	Refer to CHIP committee for objectives and action plan
Agencies Involved	DOH-Madison, Madison County Memorial Hospital, North Florida Medical Center, Schools

Maternal and Child Health

Issue	Substance and Tobacco Use During Pregnancy
Barriers	Toxic stress, complexity of issues, social norms
Success	Reduced tobacco use during pregnancy
Socioeconomic Barriers	All of them
Next Steps	Refer to CHIP Committee for objectives and action plan
Agencies Involved	DOH-Madison, Healthy Start Coalition of JMT, Big Bend AHEC, Home Visiting Programs, Private clinicians

Injury and Violence

Issue	Violence in household, workplace, school, community
Barriers	No background checks, no adequate training, lack of funding
Success	Less school shootings, more security, more trainings, less social platforms, more gun laws
Socioeconomic Barriers	Access to mental health services
Next Steps	Awareness campaigns, gun safety education
Agencies Involved	Law enforcement, School district, Department of Children and Families, Hospitals, Mental health agencies

Social and Mental Health

Issue	Vaping in Teens
Barriers	Funding, sustainability, expertise, stigma
Success	Decrease substance use in youth and increase mental health services
Socioeconomic Barriers	Access to Services, Education, Economic, Broadband Internet, Transportation
Next Steps	Education starting in elementary school, refer to CHIP committee for objectives and action plan
Agencies Involved	Madison County Memorial Hospital, Apalachee Center, Inc., DISC Village, Private clinicians, Big Bend AHEC

Conclusion

Having followed the MAPP process and considered all of the data, the CHIP membership approved the three priority areas on March 15, 2023. The group will develop a corresponding CHIP and implementation strategy to address Chronic Diseases, Maternal and Child Health, and Social and Mental Health issues in Madison County.

Plans for Sharing CHA with Community Partners and the Community

The Madison CHA will be shared with local government officials, including Madison Board of County Commissioners, Madison City Commissioners, and Madison County School District during board meetings. We will also present the report and findings at community partner meetings at their request as well as meetings hosted by civic organizations, faith-based organizations, and others. We plan to issue a press release informing the community of the assessment availability and post information on the DOH-Madison website.

Distribution Plan for CHA

Partners on the CHIP distribution list and the Shared Services will receive copies of this assessment. All county and city agencies will have the opportunity to upload this document to their website. An electronic copy will be available on the DOH-Madison website. MCMH will upload this report to their website and share with their partners. Printed copies will be available at DOH-Madison and the county libraries. Printed copies will be shared with city and county officials.

The CHIP development will include a more comprehensive analysis of services offered in the Madison County area to ensure that efforts are not duplicative and to ensure that the community is aware of services currently being offered. The CHIP membership will also consider focus groups and/or community surveys to ascertain what the community perceives as the issues and solutions to health issues in Madison County.

The CHIP membership will consider minority health concerns and implement strategies to address minority health when developing the CHIP. The data show that minority communities have been disproportionately affected in some areas of chronic diseases, maternal and child health and social and mental health. CHIP membership will also educate the community wherever possible about the benefits to achieving health equity in Madison County, and strategies to move toward health equity.

Together, the CHIP partners move forward and resolve to be cognizant of the visioning statement created during the health summit, “Together we will achieve a healthy, safe, and vibrant Madison County for all.”

Appendices

Appendix 1
Poverty Calculations

How the Census Bureau Measures Poverty

Share

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

For historical information, see the History of the Poverty Measure page in the About section of the Poverty subtopic site.

The History of the Official Poverty Measure

Learn about the history of the poverty measure through OMB Statistical Policy Directive 14, several reports, & a visualization on the topic.

Money Income: Income Used to Compute Poverty Status

The income used to compute poverty status includes (before taxes):

- Earnings
- Unemployment compensation
- Workers' compensation
- Social Security

- Supplemental Security Income
- Public assistance
- Veterans' payments
- Survivor benefits
- Pension or retirement income
- Interest

- Dividends
- Rents
- Royalties
- Income from estates
- Trusts
- Educational assistance
- Alimony
- Child support
- Assistance from outside the household
- Other miscellaneous sources

Money income does not include:

- Capital gains or losses
- Noncash benefits (e.g. food stamps and housing subsidies)
- Tax credits

Poverty Thresholds: Measure of Need

Poverty thresholds are the dollar amounts used to determine poverty status.

The Census Bureau assigns each person or family one out of 48 possible poverty thresholds.

- Thresholds vary by the size of the family and age of the members.
- The same thresholds are used throughout the United States (they do not vary geographically).
- Thresholds are updated annually for inflation using the Consumer Price Index for All Urban Consumers (CPI-U).
- Although the thresholds in some sense reflect a family's needs, they are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

Table

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years Source: Current Population Survey (CPS)

Computation

To calculate total family income, the incomes of all related family members that live together are added up to determine poverty status. If an individual or group of individuals (such as housemates) are not living with family members, their own individual income is compared with their individual poverty threshold.

Thus, all family members have the same poverty status, and some families may be composed of single unrelated individuals.

If total family income:

- Is less than the poverty threshold for that family - that family and everyone in it is considered to be in poverty.
- Equals or is greater than the poverty threshold - the family is not considered to be in poverty.

People Whose Poverty Status Cannot Be Determined

Poverty status cannot be determined for people in:

- Institutional group quarters (such as prisons or nursing homes)
- College dormitories
- Military barracks
- Living situations without conventional housing (and who are not in shelters)

Additionally, poverty status cannot be determined for unrelated individuals under age 15 (such as foster children) because income questions are asked of people age 15 and older and, if someone is under age 15 and not living with a family member, we do not know their income. Since we cannot determine their poverty status, they are excluded from the "poverty universe" (table totals).

Example

Situation

Family A has five members: two children, one mother, one father, and one great-aunt.

Step 1: Determine the family's poverty threshold for that year

The family's 2021 poverty threshold (below) is $33,148.

Appendix 2
Community Themes and Strengths Survey

Survey Number _____
County _____
PACE-EH Address (Y/N) _____

Thank you for taking part in this survey. The survey has several parts so that we can combine several surveys into one document. This survey is voluntary; however, we hope that you will take the time to answer our questions. Your answers will help us to make these services better and more available to people who live in this county. Your answers are anonymous. Nobody will contact you unless you ask them to.

Demographics

1. Do you consider yourself to be? **Choose one**
   _____ Female _____ Male _____ Transgender

2. Do you consider yourself to be? **Choose one**
   _____ American Indian _____ Asian
   _____ Black _____ Multiracial
   _____ White

3. Do you consider yourself to be? **Choose one**
   _____ Hispanic _____ Non-Hispanic

4. What is your age?
   _____

5. Which area best describes where you live?

Jefferson Residents
_____ Monticello City Limits
_____ Lloyd
_____ Aucilla
_____ Waukeenah
_____ Wacissa
_____ Drifton
_____ North Jefferson County
_____ Lamont

Madison Residents
_____ Greenville
_____ Madison City Limits
_____ Lee
_____ Pinetta
_____ Cherry Lake
_____ Lamont

6. How many years have you lived in this county?
   _____

7. Do you have access to internet and/or email at home?
   _____ No _____ Yes

8. What is your education level?

_____ Less than high school
_____ Some high school
_____ High school graduate/GED
_____ Some college/AA degree
_____ Bachelor's degree
_____ Master's degree or higher

9. What is your job status?

_____ Unemployed, looking for work
_____ Part-time job
_____ Full-time work
_____ Student
_____ Stay-at home parent
_____ Retired
_____ Disabled

10. Do you receive any public assistance? **Check all that apply**

_____ Food assistance
_____ Refugee assistance
_____ Temporary cash assistance
_____ Workforce assistance
_____ Rent and Utilities
Other, please specify

11. Are any of these difficult for you to pay for? **Check all that apply**

_____ Food for yourself and/or family
_____ Rent or mortgage
_____ Clothing for yourself and/or family
_____ Transportation costs
_____ Child-care
_____ Elder care
_____ Care for a disabled family member
_____ Medical bills and prescription drugs
_____ Utility bills
_____ Home repairs

My Health Care

12. What kind of health insurance do you have? **Check all that apply**

_____ Insurance from an employer
_____ Insurance you pay for yourself like "Obama Care" or Affordable Care Act
_____ Indian or Tribal Health Services
_____ I do not have any health insurance
_____ Medicaid or Medicaid HMO
_____ TRICARE, military or VA benefits
_____ Medicare
_____ Other

13. How long has it been since your last visit to a doctor for a wellness exam or physical? (Please don't include visits for injuries or illnesses)

_____ Within past 12 months _____ 1 to 2 years ago _____ 2 to 5 years ago
_____ 5 or more years ago _____ Do not know/Not sure

14. How long has it been since your last dental exam or cleaning?

_____ Within past 12 months _____ 1 to 2 years ago _____ 2 to 5 years ago
_____ 5 or more years ago _____ Do not know/Not sure

15. In the past 12 months did you delay getting needed medical care for any of the following reasons? **Check all that apply**

_____ Provider did not take my insurance
_____ Could not get an appointment soon enough
_____ Could not afford care
_____ Language barriers/could not communicate
_____ No insurance
_____ Could not get an evening or weekend appointment
_____ Provider was not taking new patients
_____ Lack of transportation

16. When you are sick, where do you go for health care?

_____ Hospital emergency room
_____ My family doctor
_____ Any available doctor
_____ Urgent care clinic
_____ I usually go without care
_____ Community health center
_____ Free clinic
_____ VA/military facility
_____ Health department
_____ Other _____

17. When a doctor prescribes medicine for you, what do you do?

_____ Fill the prescription at the pharmacy
_____ Use leftover medicine at home
_____ Buy an over-the-counter medicine
_____ Use herbal or natural therapies
_____ Go without medicine
_____ Use someone else's medication

Community Life and Community Health

18. Which of the following do you consider to be the most important to make your county a great community? **Choose three**

_____ Religious or spiritual values
_____ Clean water, air, etc.
_____ Good public transportation
_____ Affordable housing
_____ Low numbers of homeless
_____ Low crime and safe neighborhoods
_____ Arts and cultural events
_____ Good schools
_____ Good race relations
_____ Active lifestyle/outdoor activities
_____ Social support services like food pantries, Salvation Army, Catholic Charities, etc.
_____ Good employment opportunities
_____ Access to healthy food
_____ Good place to raise children

19. Do you do any of the following? **Check all that apply**

_____ Organized sports
_____ Membership in local clubs
_____ Visit the library
_____ Attend local government meetings
_____ Take classes to pursue a hobby
_____ Read books or magazines regularly
_____ Garden as a hobby
_____ Attend church regularly
_____ Volunteer with local groups
_____ Register to vote
_____ Take classes to pursue education
_____ Exercise three times a week
_____ Use local rivers or lakes to swim, boat or fish
_____ Visit local parks

20. Which of the following do you consider to be the most important health issues for your county? **Choose three**

_____ Infectious diseases (hepatitis, TB, COVID, etc.)
_____ Obesity, overweight
_____ Cancer
_____ Diabetes
_____ Dental issues
_____ Accidental injuries
_____ Fire-arm related injuries
_____ Homicide
_____ Suicide
_____ Teen pregnancy
_____ Tobacco use
_____ Sexually transmitted diseases and HIV/AIDS
_____ Heart disease and stroke
_____ Respiratory, lung issues
_____ Aging problems (mobility, vision)
_____ Infant birth issues (low birth-weight), premature birth, birth defects
_____ Motor vehicle crashes
_____ Domestic violence
_____ Homelessness
_____ Mental health issues
_____ Child abuse, neglect
_____ Drug use (prescribed and other)

21. Which of the following unhealthy behaviors have the biggest impact on the health of your county? **Choose one**

_____ Poor eating habits/nutrition
_____ Lack of exercise
_____ Not getting vaccines to prevent diseases
_____ Alcohol abuse
_____ Tobacco Use
_____ Excess Weight
_____ Not seeing a doctor or dentist
_____ Unprotected/unsafe sex
_____ Drug Abuse
_____ Homelessness

22. Which health care services are hard to get in your county? **Check all that apply**

_____ Primary medical care (a primary doctor or clinic)
_____ Dental care including dentures
_____ Hospital care
_____ Laboratory services
_____ Vision care
_____ Physical therapy/rehabilitation
_____ Alternative therapy (herbal, acupuncture, etc.)
_____ Specialty medical care (specialist doctors
_____ Mental health care
_____ Emergency medical care
_____ X-rays or mammograms
_____ Prescriptions/Pharmacy services
_____ Prenatal/OB/Labor and Delivery

COVID-19

23. Since the beginning of COVID-19 on March 1, 2020 how has your employment status changed?

_____ I work at the same place with the same number of hours
_____ I changed jobs because of COVID-19
_____ I had to quit my job because I needed to take care of people who depend on me
_____ I was not employed before March 1 and I am not employed now
_____ I work at the same place but my hours have been reduced
_____ I lost my job and have not found another
_____ I am working from home

24. Since the beginning of COVID-19 on March 1, 2020, have you been tested for COVID-19?

_____ No _____ Yes

25. If you have been tested, about how many times have you tested?

_____ # Times _____ N/A, did not get tested

26. If you have been tested, where did you go? **Check all that apply**

_____ CVS Pharmacy
_____ Drive thru-testing in this county
_____ Doctor's office
_____ The health department
_____ Drive-thru testing in another county
_____ Hospital

27. Since the beginning of COVID-19 on March 1, 2020 have you or someone in your home been told you had COVID-19?

_____ No one in the house
_____ Yes, more than one person in the home, not including me
_____ Yes, both someone in my home and me
_____ Yes, someone in the house, not including me
_____ Yes, only me
_____ Yes, more than one person in the home and me

28. If you had COVID-19, what medical care did you receive? **Check all that apply**

_____ Did not seek medical care
_____ Received monoclonal therapy
_____ Went to the doctor's office
_____ Was hospitalized

29. How effective are these actions to keep you safe from getting COVID-19?

	Not Effective	Somewhat Effective	Effective	Very Effective
Wearing a face mask				
Praying				
Washing your hands with soap or using hand sanitizer				
See a health care provider if you are sick				
Seeing a health care provider if you are exposed to someone with COVID-19				
Avoiding public spaces, gatherings and crowds				
Avoiding contact with people who are at high-risk				
Avoiding hospitals and clinics				
Avoiding restaurants				
Avoiding public transportation				
Getting a vaccine and booster(s)				

30. Have you received any COVID-19 vaccines?

_____ No _____ 1 dose _____ Completed series (1 or 2) _____ 3-4 shots

31. If you have not been vaccinated, which of these reasons prevented you from getting the vaccine? **Check all that apply**

_____ Don't know where to get it	_____ Transportation issues
_____ My doctor told me not to get it	_____ Afraid of side effects
_____ I think the vaccines are unsafe	_____ I can't get time off from work
_____ I had COVID so I don't need it	_____ I can't go on my own (need help)
_____ Don't trust the government	_____ Other _____

32. Do you think your physical health has gotten worse in the past two years because of COVID-19?

_____ No _____ Yes

33. Do you think your mental health has gotten worse in the past two years because of COVID-19?

_____ No _____ Yes

Food Access and Nutrition

34. Do you get food for yourself and/or the people who live with you either by shopping or through a foodbank?

_____ No _____ Yes

35. Where do you buy your food?

Jefferson residents **Check all that apply**

_____ Winn Dixie	_____ Bob and Jeff's
_____ Dollar General	_____ Jefferson Farmer's Market
_____ Dollar Tree	_____ Other _____

OR

Madison residents **Check all that apply**

_____ Winn Dixie	_____ Bob and Jim's	_____ Other _____
_____ Family Dollar	_____ Dollar General	
_____ Dollar Tree	_____ Clover Farms	

36. Do you receive SNAP benefits?

_____ No _____ Yes

37. Do you get food from foodbanks, Farm Share, churches, and/or community gardens?

_____ No _____ Yes

38. Do you have your own garden?

_____ No _____ Yes

39. How do you get to the grocery store or source of food?

_____ Own vehicle _____ Ride with friend or family member
_____ Big Bend Transit _____ Bicycle
_____ Walk _____ Other _____

40. In the past year, were you ever hungry because there was not enough money to buy food for your home?

_____ No _____ Yes

41. How often does the cost of food stop you from buying healthy food?

_____ All of the time _____ Most of the time
_____ Some of the time _____ None of the time

42. In the past year, how often have you skipped a meal or cut down on the size of your meal so that others in your house could eat?

_____ All of the time _____ Most of the time
_____ Some of the time _____ None of the time

43. How important do you think it is to eat healthy?

_____ Very important _____ Important
_____ Somewhat important _____ Not important

44. What are the top three reasons that prevent you from eating healthier foods and being active? **Choose three**

_____ It is too expensive to cook/eat healthy foods
_____ Healthier food is not available in my neighborhood
_____ Do not want to change what I eat
_____ It is not safe to exercise in my neighborhood
_____ Do not know how much more active I need to be
_____ Do not want to be more active
_____ I am happy the way I am
_____ I do not know how to change my diet
_____ Do not have time to cook or shop for healthy food
_____ I already eat healthy and am active
_____ Cannot afford exercise equipment or gym membership
_____ Do not have time to be more active
_____ Tried before and failed to change
_____ Fear of failure

45. What would make healthier food choices easier choices for you? **Choose three**

_____ Less expensive
_____ More of these items provided at my food bank/food pantry/delivery meal program
_____ A community garden in my neighborhood where I can learn to grow my own food
_____ More farmers markets or farm stand
_____ Knowing how to grow my own food/having space to grow food
_____ More time to prepare/cook meals
_____ More grocery stores near where I live/work
_____ More convenience stores that sell fruits, vegetables, and lean proteins
_____ Public transportation to places that sell fruits, vegetables, and lean protein
_____ Knowing how to prepare fruits, vegetables, and lean protein

46. How often do you eat fast food?

_____ Daily or more than once a day
_____ Several days a week
_____ Once a week
_____ 1-2 times a month
_____ Several times a year
_____ Never

47. How often do you eat home-cooked meals?

_____ Daily or more than once a day
_____ Several days a week
_____ Once a week
_____ 1-2 times a month
_____ Several times a year
_____ Never

Housing and Neighborhood

48. What is your current living situation?

_____ Own home
_____ Rent home
_____ Live with friends/family
_____ Other _____

49. **For people renting homes:** Is part or all of your rent paid for by the federal government or other source?

_____ No _____ Yes

50. **For people renting homes:** have you had trouble getting your landlord to make repairs?

_____ No _____ Yes

51. Have you been homeless in the past year?

_____ No _____ Yes

52. Do you feel safe in your home?

_____ No _____ Yes

53. Do you feel safe in your neighborhood?

_____ No _____ Yes

54. Does your neighborhood have good street lighting?

_____ No _____ Yes

55. Are there abandoned/parked cars in your neighborhood that you think should be removed?

_____ No _____ Yes

56. How would you rate the police service in your neighborhood?

_____ Very good _____ Good
_____ Fair _____ Poor
_____ Not sure

57. Do you have any of the following in your home?

Smoke detector	_____ No	_____ Yes
Carbon monoxide detector	_____ No	_____ Yes
Fire extinguisher	_____ No	_____ Yes

58. What is the main source of water for your home? **Choose one**

_____ City, town or county water _____ Private well
_____ Not sure _____ Other _____

59. Which of the following best describes the water that you drink at home most often?

Choose one

_____ Unfiltered tap water _____ Filtered tap water
_____ Bottled water _____ Other

60. Are there areas of standing water near or around your home?

_____ No _____ Yes _____ Not sure

61. Do you know if there is contaminated water in your neighborhood?

_____ No _____ Yes _____ Not sure

62. Is your home connected to a city sewer system or to a septic tank system? **Choose one**

_____ City sewer system _____ Septic tank
_____ Not sure

63. Can you smell sewage or foul smelling water outside of your home?

_____ No _____ Yes

64. Do you have problems with plumbing in your home?

_____ No _____ Yes

65. Do you have problems with toilets not flushing or flushing slowly or overflowing in your home?

_____ No _____ Yes

66. Do you notice a foul smell from any plumbing fixtures in your home?

_____ No _____ Yes

67. How would you describe the quality of the air you breathe in your home?

_____ Very good _____ Good
_____ Fair _____ Poor
_____ Not sure

68. Are any of these an issue that affects the air quality in your home?

	No	Yes	Not sure
Dust			
Pollen			
Chemicals/Pollutants			
Bad Smell			
Tobacco Smoke			

69. Do you currently have any mold spots in your home larger than a dollar bill?

_____ No _____ Yes _____ Not sure

70. Are you concerned about bugs in your home?

_____ No _____ Yes

Mental Health and Substance Use

71. If I or an adult family member needed mental health services, I know where to find services
    _____ No _____ Yes Where would you go? _____

72. If I or an adult family member needed alcohol or drug counseling services, I know where to find services
    _____ No _____ Yes Where would you go? _____

73. I know where to find mental health services or alcohol or drug counseling services for a child I care for
    _____ No child
    _____ No
    _____ Yes Where would you go? _____

74. I can tell when someone is depressed.
    _____ No _____ Yes

75. I know someone who has bipolar disorder.
    _____ No _____ Yes

76. I know someone who has schizophrenic disorder.
    _____ No _____ Yes

77. I would not tell anyone close to me if I had a mental illness.
    _____ No _____ Yes

78. I would not tell anyone close to me if I had a drug or alcohol problem.
    _____ No _____ Yes

79. If I had a mental illness or drug or alcohol problem, I would look for treatment in another county.
    _____ No _____ Yes

Please check the box that represents your answer to each of the statements below

During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several Days	**Moderate** More than half the days	**Severe** Nearly Every Day
Little interest or pleasure in doing things?					
Feeling down, depressed or hopeless?					
Feeling more irritated, grouchy or angry than usual?					
Sleeping less than usual, but still have a lot of energy?					
Starting lots more projects than usual or doing more risky things than usual?					
Feeling nervous, anxious, frightened, worried or on edge?					
Feeling panic or being frightened?					
Avoiding situations that make you anxious?					
Unexplained aches and pains in your head, back, joints, abdomen or legs?					
Feeling that your illnesses are not being taken seriously enough?					
Thoughts of actually hurting yourself?					
Hearing things other people can't hear, such as voices even when no one was around?					
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?					
Problems with sleep that affected your sleep quality over all?					
Unpleasant thoughts, urges or images that repeatedly enter your mind?					
Feeling driven to perform certain behaviors or mental acts over and over again?					
Feeling detached or distant from yourself, your body, your physical surroundings or your memories?					
Not knowing who you really are or what you want out of life?					
Not feeling close to other people or enjoying your relationships with them?					
Drinking at least 4 drinks of any kind of alcohol in a single day?					
Using any tobacco products?					
Using any recreational drugs or prescription medicine that you do not have a prescription for?					

Appendix 3
Health Summit Agenda and Sign-in Sheet

2022 Community Health Needs Assessment Summit
December 16, 2022
10:00 a.m. to 3:00 p.m.

AGENDA

Purpose:
To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Topic		Facilitator
10:00 a.m. to 10:15 a.m.	*Welcome, Opening Remarks*	Kimberly Allbritton & Tammy Stevens
10:15 a.m. to 10:30 a.m.	*Overview of MAPP Process and Visioning Statement*	Shamarial Roberson, DrPH, MPH
10:30 a.m. to 11:30 a.m.	*Data Presentation* • *Health Indicators* • *Community Themes and Strengths*	Pam Beck
11:30 a.m. to 12:30 p.m.	*Forces of Change Assessment*	Shamarial Roberson, DrPH, MPH
12:30 p.m. to 1:00 p.m.	*Lunch Provided*	
1:00 p.m. to 1:45 p.m.	*Break Out Session* • *Identifying Community Priorities*	Shamarial Roberson, DrPH, MPH
1:45 p.m. to 2:00 p.m.	*Share Thoughts and Ideas from Break Out Session*	Shamarial Roberson, DrPH, MPH
2:00 p.m. to 2:55 p.m.	*Local Public Health Assessment*	Pam Beck
2:55 p.m. to 3:00 p.m.	*Closing Remarks*	Kimberly Allbritton & Tammy Stevens
3:00 p.m.	*Adjourn*	

Florida HEALTH Madison County

2022 Community Health Needs Assessment Summit
December 16, 2022
10:00 a.m. to 3:00 p.m.

Madison County Memorial Hospital

Sign In Sheet

Purpose:
To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Name	Organization/Title	Email	Signature
1. Allison Wiman	BBAHEC/ Executive Director	awiman@bigbendahec.org	
2. Alston Kelley			
3. Alyssa Crawford	FDOH/ Minority AIDS Coordinator	alyssa.crawford@flhealth.gov	
4. Annie Dyke			
5. Beth Fuentes	ACT Program Supervisor	elizabethf@apalacheecenter.org	
6. Betsy Rykard	FDOH - Jefferson - Chronic Disease	Leila.Rykard@FLhealth.gov	Leila Rykard
7. Bill Gibson			
8. Bobby Wilson	J.		
9. Brent Couch			
10. Brittany Selph	MCMH	bselph@mcmh.us	Brittany Selph
11. Carissa Pepera	FDOH Madison - TPS	Carissa.Pepera@FDOH.gov	Carissa Pepera
12. Caroline Gibson	FDOH Jefferson/Madison - SWAT Coordinator	Caroline.gibson@flhealth.gov	
13. Chastity McCarthy	FDOH Jefferson/Madison Supervisor	Chastity.McCarthy@FLHealth.gov	Chastity McCarthy
14. Chelsey McCoy	FDOH Madison - Program Mgr.	chelsey.mccoy@flhealth.gov	Chelsey McCoy
15. Cumi Allen	FDOH Jefferson/Madison Program Mgr	cumi.allen@flhealth.gov	
16. Dawn Mcgriff			
17. Donna Hagan	Exec. Director		
18. Emily Kohler	BBAHEC / Tob. Program Manager	ekohler@bigbendahec.org	Emily Kohler

2022 Community Health Needs Assessment Summit
December 16, 2022
10:00 a.m. to 3:00 p.m.

Madison County Memorial Hospital

Sign In Sheet

Name	Organization/Title	Email	Signature
19. Jackie Stubbs			
20. Jeremias Hodge	Madison CHD / SRA / Healthed	Jeremias.Hodge@flhealth.gov	[signature]
21. Karen Kocan	Madison County Mem. Hosp	KKocan@mcmh.us	[signature]
22. Karen Pennington			
23. Kechia Robinson	Kechia Robinson BOCC Executive Ass	Assistant@madisoncountyfl.com	[signature]
24. Kevin Angel	Madison County Memorial	kangel@mcmh.us	[signature]
25. Khristian Johnson	Madison CHD	Khristian.johnson@flhealth.gov	[signature]
26. Kimberly Allbritton	FDOH Madison	Kimberly.Allbritton@flhealth.gov	[signature]
27. La'Tavia McQuay	Mobile Wellness Unit	lmcquay@mcmh.us	[signature]
28. Lane Lunn	North Florida Medical Centers	llunn@nfmc.org	[signature]
29. Lavonte McDaniel	Apalachee Center / ADAM	~~lavonte~~ lamcmd@yahoo.com	[signature]
30. Lee Jones	Town of GV / CEO/CFO	LJones@mygreenvillefl.com	[signature]
31. Lisa Hayes			
32. Lisa Sherry	DISC Village	lisa.sherry@discvillage.org	[signature]
33. Lori Evans	MCMH	levans@mcmh.us	[signature]
34. Matthew DiFede			
35. Michael Angeles			
36. Nita Mitchell	FDOH Madison / Jefferson	Shanetha.mitchell@flhealth.gov	[signature]
37. Pam Beck			
38. Patricia Blair	FDOH Madison	patricia.blair@flhealth.gov	[signature]
39. Quinn Steele	FDOH Jefferson	quinn.steele@flhealth.gov	[signature]

2022 Community Health Needs Assessment Summit
December 16, 2022
10:00 a.m. to 3:00 p.m.

Madison County Memorial Hospital

Sign In Sheet

Name	Organization/Title	Email	Signature
40. Robert Wilson			
41. Sophia Whaley			
42. Tammy Stevens	MCMH	tstevens@mcmh.us	
43. Tonya Bell			
44. Travis Coker	NFMC	tcoker@nfmc.org	
45. Tyler Smith			
46. Jamie Forrest	DSR	Jforrest@dsrconsultant.com	
47. Paul E Kovary	Madison Health and Rehab Center	admin@madisonhealthandrehab.com	
48. Veronica Bruton	Florida Dept of Health	veronica.bruton@flhealth.gov	
49. Ronnie Moore	Madison BOCC	district3@madisonfl.com	
50. Cameron Little	Jefferson & EH	cameron.little@flhealth.gov	
51. Kechia			
52. Kathleen Hamilton	Greenville City Vice Mayor	kleenhamilton@gmail.com	
53. Carl Livingston	Greenville City Council	livind2178@gmail.com	
54. James Easton	DOH - Area 3	james.easton@flhealth.gov	
55. Frances Copeland	Com. Partner		
56.			
57.			
58.			
59.			
60.			

Appendix 4
Meeting Package with Data Slides

MADISON COUNTY HEALTH SUMMIT

DECEMBER 16, 2022

10:00 a.m. to 3:00 p.m.

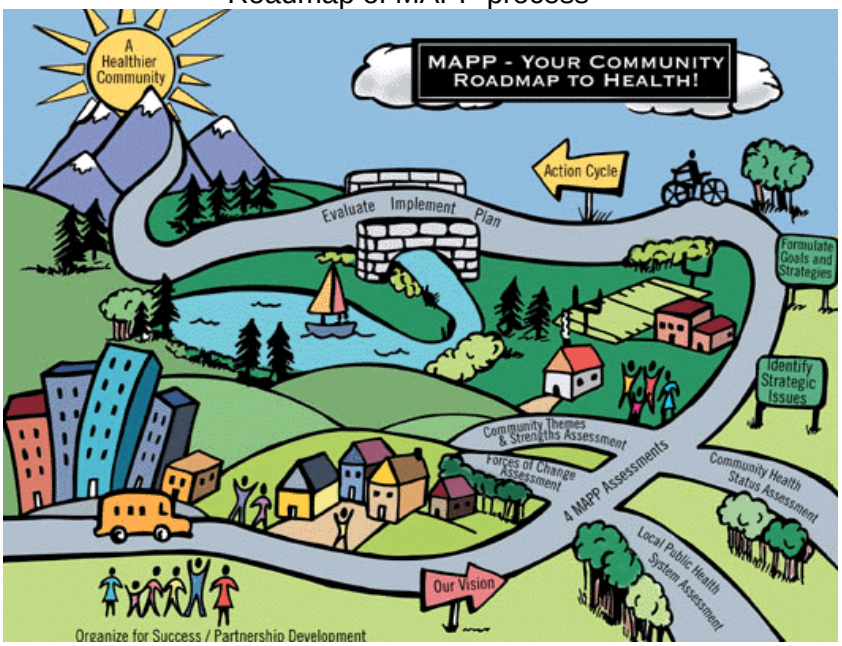
Florida HEALTH Madison County

Madison County Memorial Hospital

MAPP Process

Mobilizing for Action Through Planning and Partnerships (MAPP) Process
An overview of the Mobilizing for Action through Planning and Partnership (MAPP) process was discussed to educate the community about the development process of the Community Health Assessment (CHA). The MAPP process serves a resource to classify the priorities of the community and functions to identify resources to develop action plans in the community. This strategic planning tool, driven by the community, is conducted to assess the health within the community in order to identify issues and improve the well-being of the public. The MAPP process alters how we see public health planning and creates a health model focused on the community at large.

Roadmap of MAPP process



Community Themes and Strengths Assessment
The Community Themes and Strengths Assessment, identifies issues that residents of the community deem as the most important, along with distinguishing any resources available to aid in improving the health of the community.

The Community Themes and Strengths Assessment was performed in 2022 by direct solicitation of residents to complete a standardized survey. Residents were approached at county school board meetings, county commission meetings, community events, health fairs and at local establishments. Residents had the option to complete a printed survey at the solicitation location or to access a survey monkey link to complete a survey on-line.

Community Health Status Assessment
The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues. Community participants will develop the Visioning Statement that

is included in the assessment, listen to data presentation on health indicators, and break into groups to discuss the major health indicator topic areas. At the end of the day, the group will vote to choose the three priority areas to address in the Community Health Improvement Plan that will begin January 2023.

Local Public Health System Assessment

The Local Public Health System Assessment puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services (ES) are being delivered. This will be scheduled for January.

Forces of Change Assessment

The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system. This is combined with the Community Health Status Assessment summit on December 16, 2022

Visioning Statement

Visioning Statement from 2017 Community Health Assessment

“Working together to make Madison County healthy through education, dedication, unity, and support.”

Visioning Statement from 2020 Community Health Assessment (Madison County Memorial Hospital)

"Working Together to Make Madison County a Healthy and Vibrant Community.”

Presentation Questions

Purpose:

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Presentation Slide Set

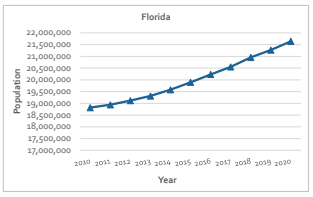
POPULATION DATA

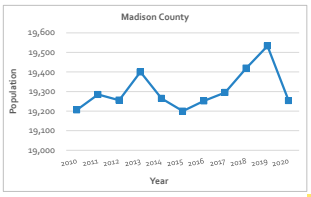
Data Source: DOH Florida CHARTS, and U.S. Census Bureau

1

Population Trends (2010-2020) Madison County and Florida

- Average population over ten years is 19,306
- Madison County population decreased by 1% in 2020 compared to 2019
- Population estimates indicate an increase of 0.2% in 2021





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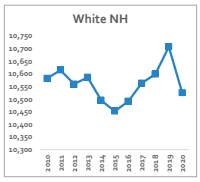
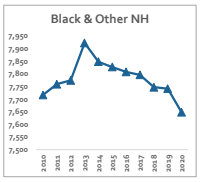
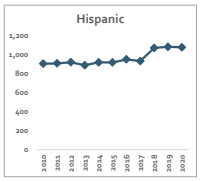
Population Trends by Race & Ethnicity Madison County, 2010-2020



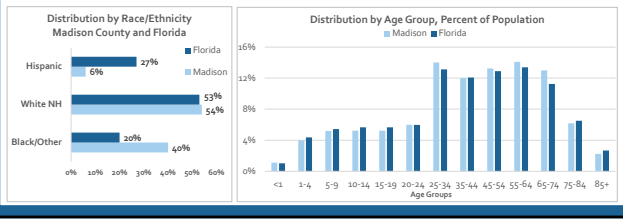




3

Madison County Demographics (2020)

- Slightly more males (53%) than females (47%)
- 6% identified as Hispanic, regardless of race, compared to 27% for the state of Florida
- Median age was 44.2; slightly higher than Florida at 42.2



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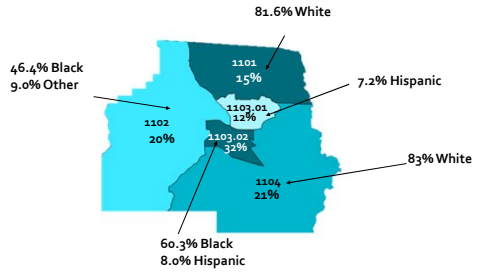
2016-2020 Population by Census Tract Madison County



5

Access to Health Care

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

6

Health Care Facilities (2020)

- 25 Hospital Beds
- 25 Acute Care Beds
- 0 Adult Psychiatric Beds
- 0 Adult Substance Abuse Beds
- 0 Child/Adolescent Psychiatric Beds
- 0 Intensive Residential Treatment Facility (IRTF) Beds
- 0 NICU Beds
- 0 Rehab Beds and 0 Skilled Nursing Unit Beds
- 0 Specialty Beds
- 238 Nursing Home Beds

7

7

Health Care Providers (FY 2020-2021)

- 5 Licensed, Active MDs
  - 1 Family Practice Physician
  - 2 Internal Medicine
  - 0 OB/GYN
  - 0 Pediatrician
  - 2 Other practice
- 17 EMTs/Paramedics
- 5 Licensed Dentists
- 10 Dental Hygienists
- 23 Full-Time Health Department employees
- 26 APRNs
- 166 Registered Nurses
- Licensed Mental/Behavioral Health Providers
  - 2 Clinical Social Workers
  - 0 Marriage and Family Therapists
  - 6 Mental Health Counselors
  - 1 Psychologist

8

8

Madison County Memorial Hospital

Services available are:

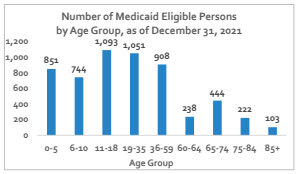
- General Surgery
- CT Scan
- Endoscopy
- Emergency Department
- Wellness and Coaching
- Laboratory
- Mammography
- Respiratory/Cardiopulmonary
- Rehabilitation (Inpatient and Outpatient)
- Swing Bed – Extra time for healing
- Telemedicine/TeleStroke Program
- Inpatient TeleCardiology Consultations
- Telebehavioral Health
- Ultrasound
- X-ray

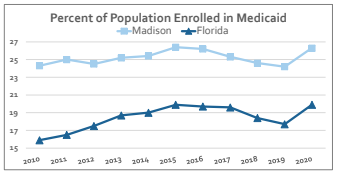
9

9

Medicaid Eligibility and Insurance Information, Madison County, 2020

- 14.5% of residents ages 19-64 were uninsured
- 5% of residents < 19 years of age were uninsured
- 26.3% of Madison County residents were enrolled in Medicaid
- 24% of Madison County residents were enrolled in Medicare





10

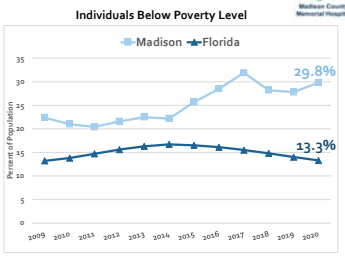
ECONOMIC STABILITY

Data Source: DOH Florida CHARTS, Suburban Stats, University of Florida and U.S. Census Bureau

11

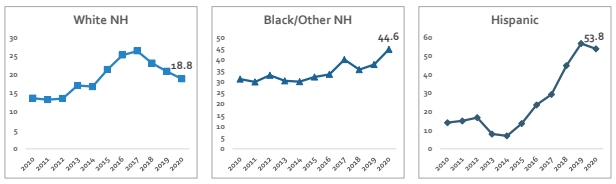
Economic and Poverty Data (2020) Madison County

- Madison County ranked last among the 67 counties for median household income in 2020. Madison County's median income was $35,240, compared to $57,703 for the state as a whole
- The individual poverty rate for Madison County was the highest in the state (29.8%) in 2020. The Madison rate was more than twice that of Florida as a whole (13.3%)
- 49.8% of individuals in Madison County were living below 200% poverty level in 2020, compared to 32.9% for Florida



12

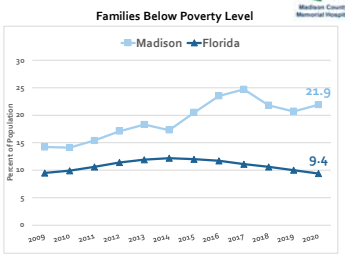
Percent of Individuals Below Poverty Level by Race & Ethnicity, Madison County, 2010-2020



13

Economic and Poverty Data (2020) Madison County

- Approximately 33.4% of persons ages 65+ in Madison County were living below 150% poverty level in 2020, compared to 20.0% of the state as a whole.
- 44.7% of Madison County individuals under age 18 were living below poverty level in 2020, compared to 18.7% for Florida
- The percent of families with related children under the age of 18 in poverty for Madison County in 2020 was 29.4%, compared to 15.2% for Florida



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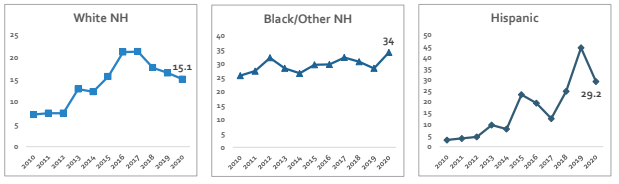
Percent of Families Below Poverty Level by Race & Ethnicity, Madison County, 2010-2020



15

Feeding America Food Insecurity Data for Madison County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Madison County was 16.5%, with 3,070 residents who were food insecure
- Madison County food insecurity rates by race and ethnicity for 2020 are
  - Black, all ethnicities = 25.0%
  - Hispanic = 22.0%
  - White, non-Hispanic = 9.0%
  - Other race or multiracial data not available
- When looking at ages <18, the food insecurity rate was 26.6%, with 900 residents who were food insecure

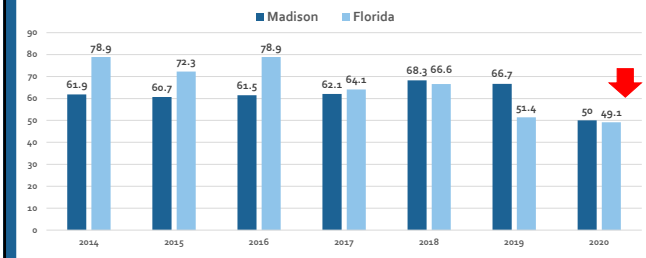
16

EDUCATION DATA

Data Source: DOH Florida CHARTS, DOE Education Information and Accountability Services

17

Percent of Children <3 Served by Early Steps, Madison County and Florida



18

Early Education Indicators

- Data show that Madison County kindergarten children were more likely to be prepared upon entry than kindergarteners statewide
- The percent of Madison County elementary students not promoted was 7.5% in 2020, compared to 1.4% in Florida
- Madison County 3rd grade students were less likely to have a passing English and Math FSA score, compared to Florida in 2020
  - The percent of students with passing English scores were 44% Madison County and 56% for Florida
  - The percent of students with passing Math scores were 44% Madison County and 51% for Florida

19

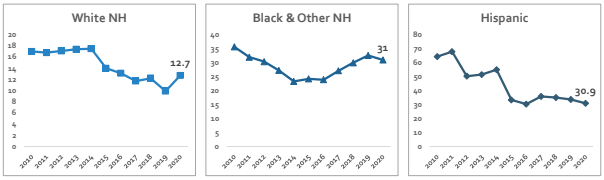
Education Indicators

- The percent of Madison County middle school students not promoted was 10.0% in 2020, compared to 1.2% in Florida
- The 2020 school year graduation rate for Madison County was 88.2%, compared to 90% for Florida
  - 85% for males and 90.7% for females
  - 92% for Black, non-Hispanic students and 83.3% for White, non-Hispanic students. Hispanic data not available
  - Refer to the full slide set for further data comparisons by Disadvantaged, and by students with disabilities

20

Percent of Population Ages 25+, With No Diploma by Race & Ethnicity, Madison County, 2010-2020

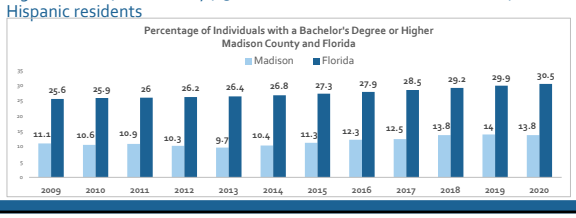
- The overall percent of Madison County residents with no high school diploma was 20.1% in 2020, compared to 11.5% for Florida.



21

Madison County Education Data, 2020

- Madison County residents are less likely to pursue college degrees (13.8% in 2020) compared to the state (30.5%)
- In Madison County, 18.0% of White residents had a bachelor's degree or higher in 2020, followed by 7.5% of Black & Other residents and 22.4% of Hispanic residents



22

Neighborhood and Built Environment

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

23

Owner Occupied Housing Units Madison County and Florida

- Madison County has consistently had a higher percentage of housing that is occupied by the owner when compared to the state.
- The percent of housing units occupied by the owner decreased slightly, from 73.6% in 2019 to 72.5% in 2020 in Madison County. This is above the state of Florida at 65.4% and 66.2% respectively.
- 2020 by race/ethnicity
  - 71.4% of Hispanics owned homes in Madison and 52.7% in Florida
  - White NH owners accounted for 83.6% in Madison and 70.9% in Florida
  - Black NH owners represented 56.4% in Madison and 46.4% in Florida

24

Other Neighborhood and Built Environment Indicators, Madison County

Housing Quality, 2016-2020

- Housing quality indicators include plumbing, kitchen facilities, and home heating source
- Housing quality indicators do not show any issues for Madison County

Transportation to Work, Ages 16+, 2016-2020

- 11% of Madison County residents ages 16+ carpooled to work during 2016-2020. Census tract 1102 had the highest percent of population that carpooled.
- Less than 1% used public transportation. Note that Big Bend Transit is the only source of public transportation.
- The average travel time to work was 28.6 minutes
- 7.4% of households In Madison County did not have a vehicle. Census tracts 1103.01 and 1103.02 had the highest percent of population with no vehicle

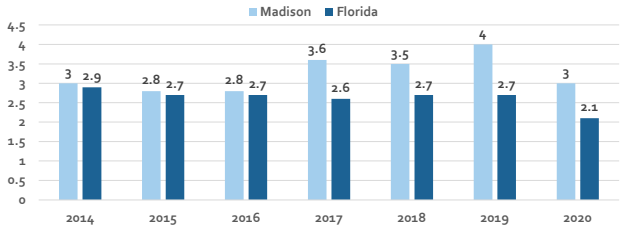
25

Social and Community Context

Data Source: DOH Florida CHARTS, Florida Department of Corrections, Florida Department of Juvenile Justice

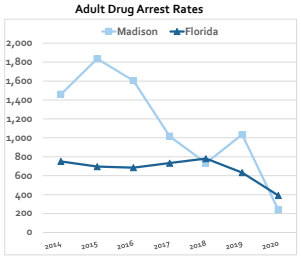
26

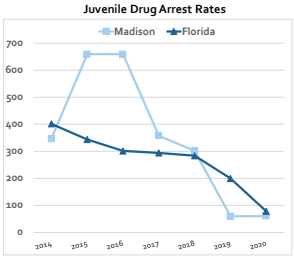
Incarceration Rate per 1,000 Population 2014-2020, Madison County and Florida



27

Drug Arrest Rates Per 100,000 Population Adults and Juveniles, Madison County and Florida





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MORTALITY DATA

Data Source: DOH Florida CHARTS

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10 Leading Causes of Death, 2020 Madison County (N=306)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	67	22%
Heart Diseases	55	18%
Other Causes of Death	52	17%
COVID-19 (U07.1)	34	11%
Cerebrovascular Diseases	20	7%
Chronic Lower Respiratory Disease	18	6%
Unintentional Injury	14	5%
Diabetes Mellitus	9	3%
Essen Hypertension & Hypertensive Renal Disease	6	2%
Nephritis, Nephrotic Syndrome, Nephrosis	6	2%
Chronic Liver Disease & Cirrhosis	4	1%
Alzheimer's Disease	3	1%

30

Minority Population Causes of Death Madison County 2020 (N=106)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	23	22%
Other Causes of Death	18	17%
COVID-19	16	15%
Heart Diseases	15	14%
Cerebrovascular Diseases	9	8%
Chronic Lower Respiratory Disease	4	4%
Diabetes Mellitus	4	4%
Unintentional Injury	4	4%
Essen Hypertension & Hypertensive Renal Dis	3	3%
Homicide	3	3%

31

CHRONIC DISEASE

Data Source: DOH Florida CHARTS, Robert Wood Johnson County Health Rankings, BRFSS

32

Causes of Death, Madison County, 2020

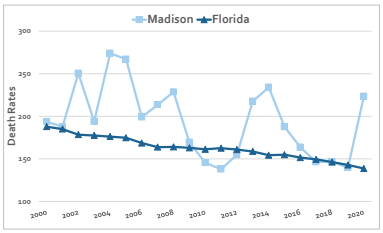
Cause of Death	Percent of Total
Malignant Neoplasm (Cancer)	22%
Heart Diseases	18%
COVID-19	11%
Cerebrovascular Diseases	7%
Chronic Lower Respiratory Disease	6%
Unintentional Injury	5%
Diabetes Mellitus	3%
Essen Hypertension & Hypertensive Renal Dis	2%
Nephritis, Nephrotic Syndrome, Nephrosis	2%
Chronic Liver Disease & Cirrhosis	1%

- These 10 leading causes of death equal 76% of the total 306 deaths
- Chronic disease deaths include four of the ten leading causes of death in Madison County and chronic diseases contribute to an additional two causes of death

33

Cancer Death Rates (2000 – 2020) Madison County and Florida

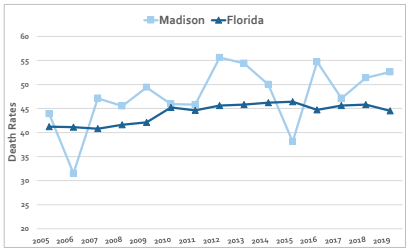
- Madison County was in the fourth quartile for 2020 and ranked third highest in the state for death rate
- Of the 505 cancer deaths during 2010-2020:
  - 70% were White, non-Hispanic
  - 29% were Black & Other, non-Hispanic
  - 1% were Hispanic



34

Percent of Cancer Cases at Advanced Stage When Diagnosed (2005-2019)

- The average percent of advanced stage diagnoses over the entire time frame is 47.8% for Madison County



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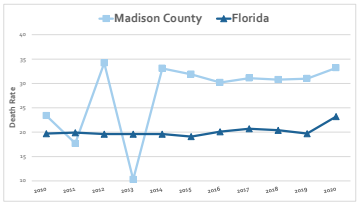
Cancer Deaths by Type of Cancer Madison County, 2020

Type of Cancer	Deaths
Colorectal	44
Breast	24
Lung	21
Esophagus	18
Unknown Behavior Neoplasms	14
Bladder	13
Brain & Central Nervous System	13
Prostate	5
Lymphoid & Related Tissue	4
Pancreatic	3
Stomach	3
Melanoma	3

36

Death Rates Due to Diabetes, 2010 – 2020 Madison County and Florida

- Madison ranked 16th highest in the state for rate of diabetes deaths in 2020
- 2010-2020 diabetes death data by race/ethnicity and gender
  - 49% of deaths were White, non-Hispanic, 49% were Black & Other, non-Hispanic and 2% were Hispanic
  - 50% of deaths were male and 50% were female



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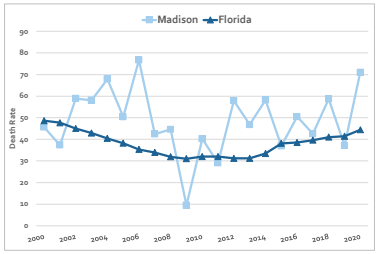
Death Rates Due to Stroke, 2000-2020 Madison County and Florida

- Madison ranked 4th highest in the state for rate of stroke deaths in 2020
- The 2020 death rate per 100,000 population was 71.0, compared to 44.4 for Florida



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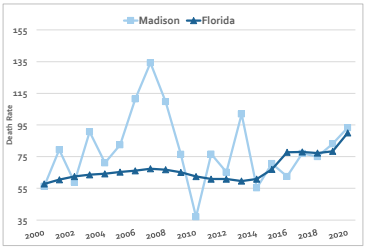
INJURY AND VIOLENCE

Data Source: DOH Florida CHARTS

39

Death Rates for All External Causes (2000 – 2020), Madison County and Florida



- Data for 2016-2020 indicate that males accounted for 68% of deaths and females represented 32%
- The majority of deaths during 2016-2020 were white, non-Hispanic (63%), followed by black & other, non-Hispanic (35%) and Hispanic (2%)

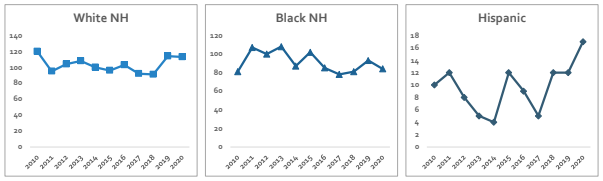
40

MATERNAL AND CHILD HEALTH

Data Source: DOH Florida CHARTS, Healthy Start Coalition

41

Birth Trends by Race & Ethnicity Madison County, 2010-2020



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Leading Causes of Infant Mortality Madison County, 2010-2020 Combined

Cause of Death (N=23)	Percent Total Deaths
Disorders Related to Short Gestation and Low Birth Weight	17%
Other Non-rankable Cause of Death	17%
Newborn Affected by Maternal Complications of Pregnancy	13%
Neonatal Hemorrhage	13%
Sudden Infant Death Syndrome	13%
Unintentional Injuries	9%
Renal Failure & Other Kidney Disorders	4%
Newborn Affected by Complications of Placenta, Cord, and Membranes	4%
Pulmonary Hemorrhage Originating in the Perinatal Period	4%
Necrotizing Enterocolitis of Newborn	4%

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Minority Leading Causes of Infant Mortality Madison County, 2010-2020

Cause of Death (N=19)	Deaths
Other Non-rankable Cause of Death	21%
Newborn Affected by Maternal Complications of Pregnancy	16%
Disorders Related to Short Gestation and Low Birth-Weight, Not Elsewhere Classified	16%
Neonatal Hemorrhage	16%
Unintentional Injuries	11%
Renal Failure & Other Kidney	5%
Newborn Affected by Complications of Placenta, Cord, and Membranes	5%
Pulmonary Hemorrhage Originating in the Perinatal Period	5%
Sudden Infant Death Syndrome	5%

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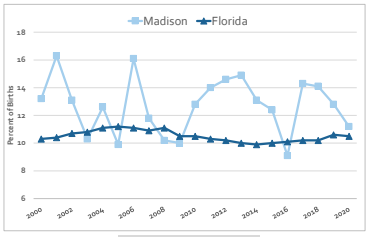
Percentage of Total Births Classified as Preterm (2000 – 2020)

- Madison County was ranked in the third quartile for preterm births in 2020
- 7% of all White NH births, 17% of all Black & Other, NH Births and 12% of all Hispanic births were considered preterm



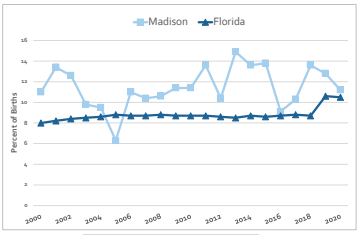
Preterm birth < 37 weeks

45

45

Percent of Total Births Low Birth Weight (2000 – 2020), Madison County and Florida

- Madison County was in the fourth quartile for low birth-weight births in 2020
- 23% of births to Black & Other, non-Hispanic mothers were considered low birth weight in 2020, compared to 18% of births to Hispanic mothers and 6% to White, non-Hispanic mothers

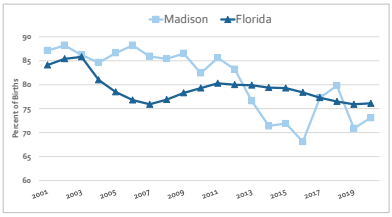


Low birth weight < 2500 grams

46

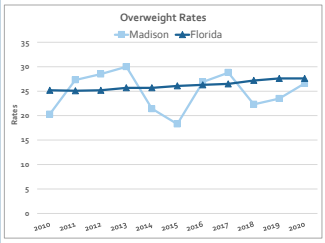
Percentage of Live Births to Mothers With 1st Trimester Prenatal Care, Madison County and Florida

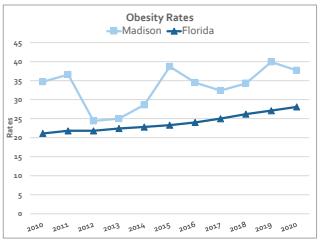
- Madison County was in the second quartile for this indicator in 2020
- 73% of White NH births, 73% of Black & Other, NH Births and 71% of Hispanic births had first trimester prenatal care in 2020



47

Women Overweight or Obese at the Time of Pregnancy, 2010-2020





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Births to Mothers Ages <=19 (2010 – 2020)

Year	<=14	15-17	18-19
2010	0	6	15
2011	0	5	15
2012	0	10	18
2013	2	1	16
2014	0	1	9
2015	1	5	10
2016	0	2	15
2017	0	3	8
2018	0	3	8
2019	0	3	4
2020	0	1	9

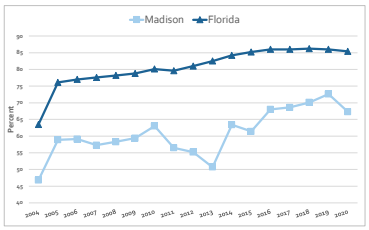
- There were 7 births in 2019 and 10 in 2020 to mothers ages 15-19
- There were no births to mothers under the age of 15 since 2015
- The majority of births among ages 15-19 were to mothers ages 18-19 for both years, at 57% for 2019 and 90% for 2020

49

Percent of Mothers Who Initiate Breastfeeding, Madison County and Florida

Madison 2016-2020 (69% overall)

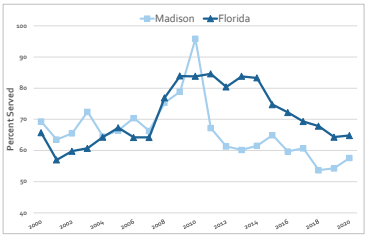
- 81% of White NH Women initiated breastfeeding during the time frame
- 54% of Black & Other NH Women
- 87% of Hispanic Women



50

WIC Eligibles Served, 2000-2020 Madison County and Florida

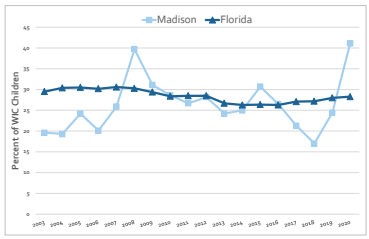
- Madison County's percent of WIC eligible women served in 2020 was 57.6%, compared to 64.8% for Florida.
- The percent for Madison County increased in 2021 to 69.1%, compared to 63.0% for Florida
- The highest percentage attained was 95% in 2010.



51

WIC Children Ages 2+ Overweight or Obese 2003-2020, Madison County and Florida

- Percent of WIC children at least 2 years of age who are overweight or obese is defined as children receiving WIC services who have a body mass index (BMI) per age percentile greater than or equal to the 85th percentile.
- Data not available by gender or race/ethnicity



52

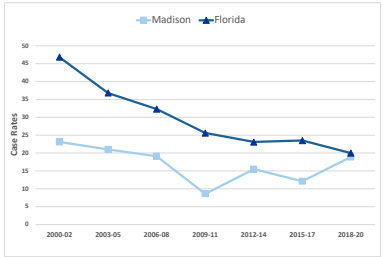
REPORTABLE, INFECTIOUS DISEASES

Data Source: DOH Florida CHARTS, Bureau of Communicable Diseases

53

HIV Infection 3-Year Discrete Rates (2000/02 – 2018/20)

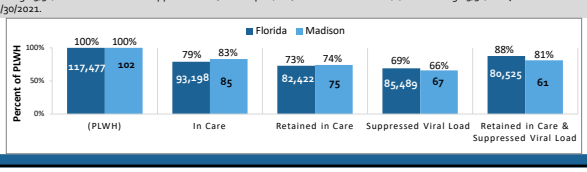
- Reported HIV cases increased from 2 in 2019 to 4 in 2020
- Of the 30 HIV cases reported during 2010-2020
  - 86% were Black, non-Hispanic
  - 7% were Hispanic
  - 7% were White, non-Hispanic
  - 63% were Male and 37% were female



54

Persons Living with HIV Along the HIV Care Continuum (2020), Madison County and Florida

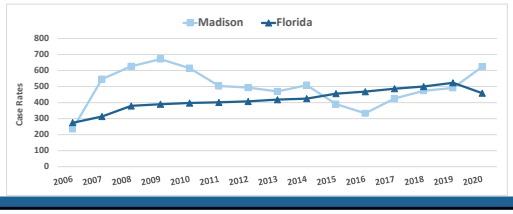
- Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2021.
- In Care: PWH with at least one documented VL or CD_4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021. Out of Care: PWH with no documented VL or CD_4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021.
- Retained in Care: PWH with two or more documented VL or CD_4 labs, medical visits, or prescriptions at least three months apart from 1/1/2020 through 6/30/2021, data as of 6/30/2021.
- In Care with Suppressed Viral Load: PWH with at least one documented VL or CD_4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021 that also has a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021, data as of 6/30/2021.



55

Chlamydia Case Rates, by Year (2006 – 2020), Madison County and Florida

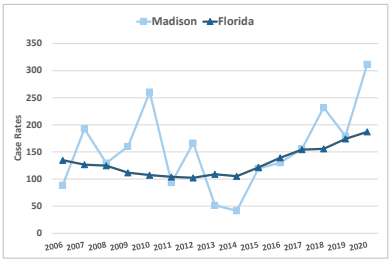
- Chlamydia cases increased from 96 in 2019 to 104 in 2020
- The 2020 Madison County chlamydia rate per 100,000 population was 66.5 for white, non-Hispanics, 624.7 for black, non-Hispanics, and 92.5 for Hispanics



56

Gonorrhea Case Rates (2006 – 2020) Madison County and Florida

- The number of gonorrhea cases in Madison County increased from 35 in 2019 to 60 in 2020
- The rate per 100,000 population for Madison in 2020 was 9.7 for white, non-Hispanics, 128.4 for black, non-Hispanics and 86.3 for Hispanics



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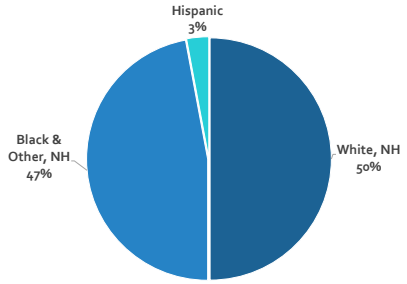
COVID-19 Deaths, 2020, Madison County

N = 34 deaths

17 Male and 17 Female



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Environmental Health

Data Source: DOH Florida CHARTS, Bureau of Epidemiology

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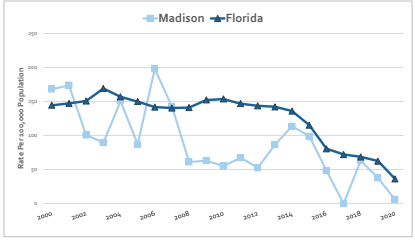
Asthma Hospitalization Rates Per 100,000 Population, Madison County and Florida

2014-2020 Data (N=70)

- Race/Ethnicity
  - 43% White, non-Hispanic
  - 50% Black & Other, non-Hispanic
  - 0% Hispanic
  - 7% Unknown
- Age Data
  - 0-4 = 7%
  - 5-11 = 39%
  - 12-18 = 33%
  - 65+ = 24%



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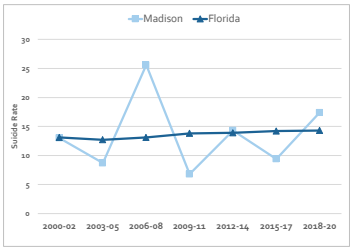
SOCIAL AND MENTAL HEALTH

Data Source: DOH Florida CHARTS

61

Suicide Death Rates Per 100,000 Population, 3-Year Discrete Rates

- During the time period 2018-2020, the suicide rate for Madison County was 17.1, compared to 14.3 for Florida
- Madison ranked in the second quartile during 2020



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2019-2020 Comparison – Madison County

There were six suicide deaths in 2019 and three in 2020

By Gender

- In 2019, there were 4 males and 2 females. There were 2 males and 1 female in 2020

By Race/Ethnicity

- White, non-Hispanics accounted for all suicides in 2019 and 2 of 3 in 2020. One suicide in 2020 was Black & Other, non-Hispanic

By Age Group

- In 2019, 2 were in age group 20-24, 1 was in age group 25-34, 2 were in age group 45-54 and one was age 55-64
- In 2020, 1 was age 25-34, 1 was age 35-44 and 1 was age 55-64

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2019-2020 Comparison – Madison County

By Method

- In 2019, 2 suicides occurred using a firearm, 2 occurred through suffocation and 2 occurred through non-drug poisoning
- In 2020, 2 occurred using a firearm and 1 occurred through suffocation

Non-Fatal Self-Harm Injuries

- There were a total of 21 reported in 2019, of which 5 were hospitalized and 16 were ER visits
- There were a total of 18 reported in 2020, of which 4 were hospitalized and 14 were ER visits

Estimated Seriously Mentally Ill

- There were an estimated 612 seriously mentally ill adults in 2020
- There were an estimated 166 seriously disturbed youth ages 9-17 in 2020

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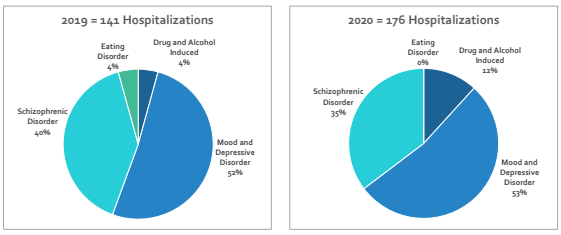
Hospitalizations by Type of Mental Disorder, 2019-2020 Madison County



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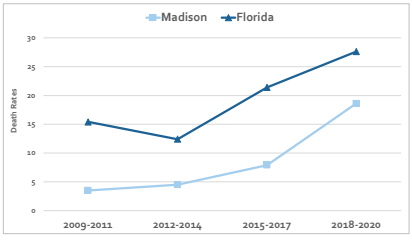
Drug Poisoning Death Rates Per 100,000 Population, 3-Year Discrete Rates

- Madison County's rates are below the state's; however, they are increasing
- While the surrounding counties are in the 1st quartile, Madison County ranked in the 2nd quartile in 2020



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Substance Abuse Dashboard

Madison County

Fatal Overdoses	EMS Non-Fatal Overdoses	Naloxone Administered	Annual Drug Arrests	Prescriptions Dispensed	Neonatal Abstinence Syndrome
2 (Madison 2020)	16 (Madison 2019)	21 (Madison 2019)	38 (Madison 2020)	11,413 (Madison 2020)	0 (Madison 2019)

https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview

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2020 Overdose Data, Madison County

2020 Indicator	Madison County
Opioid Overdose Deaths	2
Drug Overdose Deaths	2
Opioid Death Rate Per 100,000 Population	8.6
Drug Overdose Death Rate Per 100,000 Population	8.6
EMS Response to Suspected Non-Fatal Opioid Overdose	1
EMS Response to Suspected Non-Fatal Drug Overdose	16
Non-Fatal Drug Overdose ER Visits	16
All Drug Non-fatal Overdose Hospitalizations	10
Naloxone Administered	12

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Prescriptions and Treatment Madison County

2021 Indicator	Madison County
Number of Opioid Prescriptions Dispensed	8,251
Number of Unique Patients	2,240
Prescriptions Dispensed Per Patient	3.7
Adult Substance Abuse Program Enrollees	16
Child Substance Abuse Program Enrollees	66

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Risk Behaviors, Madison County

Indicator	Madison County
% Adults Who Engage in Heavy or Binge Drinking - 2019	12.3%
% Students Who Rode in a Car Driven By Someone Who Had Been Drinking - 2018	12.8%
% Students Using Vape Products with Marijuana Oil - 2020	26.2%

Adult respondents to BRFSS survey and student respondents to YRSB survey

70

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Consequences, Madison County

Indicator	Madison County
Drug Arrests – 2020	38 37 adult 1 child
Alcohol Confirmed Motor Vehicle Crashes – 2019	9 3 fatalities
Drug Confirmed Motor Vehicle Crashes - 2019	6 1 fatality
Neonatal Abstinence Syndrome – 2019	<5

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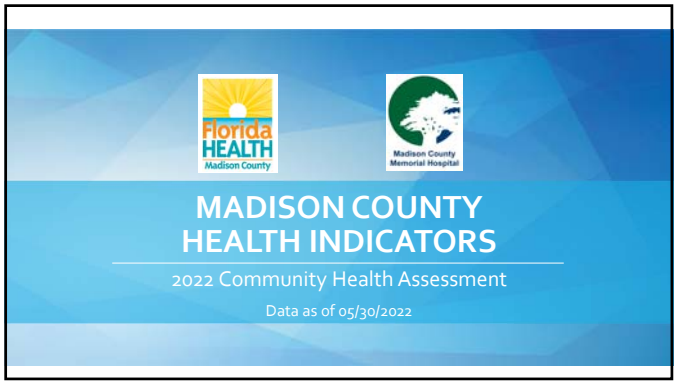
Madison County Health Indicators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Madison County
Madison County Memorial Hospital
MADISON COUNTY HEALTH INDICATORS
2022 Community Health Assessment
Data as of 05/30/2022

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Madison County
Madison County Memorial Hospital
Purpose and Goals
Presentation serves as the foundation for Madison County's Community Health Needs Assessment
Data categories
Population
Social Determinants of Health
Education
Health Resources Availability
Poverty and Economic Indicators
Housing
Reportable Infectious Diseases
Environmental Health
Chronic Diseases
Maternal and Child Health
Injury and Violence
Social and Mental Health
2

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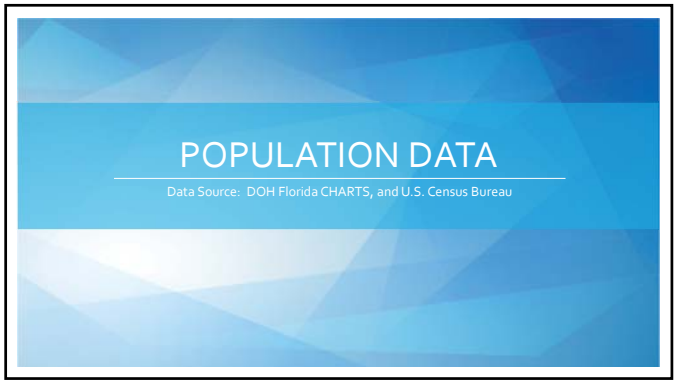
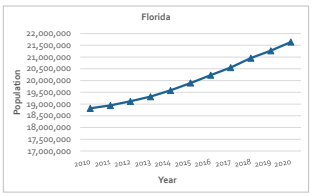
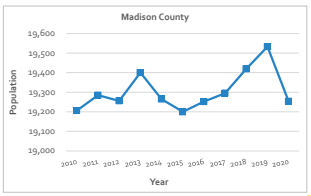

POPULATION DATA
Data Source: DOH Florida CHARTS, and U.S. Census Bureau

3

Population Trends (2010-2020) Madison County and Florida

- Average population over ten years is 19,306
- Madison County population decreased by 1% in 2020 compared to 2019
- Population estimates indicate an increase in 2021 (0.2%) and an increase in 2022 (0.2%)





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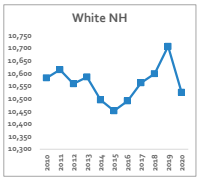
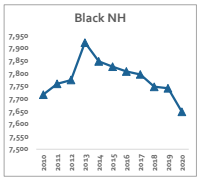
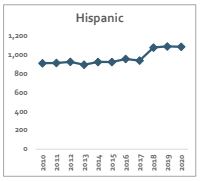
Population Trends by Race & Ethnicity Madison County, 2010-2020







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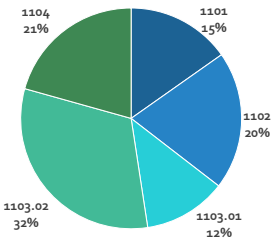
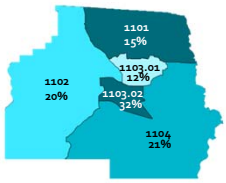
2016-2020 Population by Census Tract Madison County





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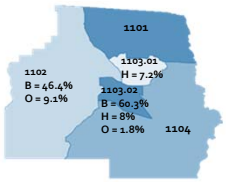
2016-2020 Minority Population by Census Tract, Madison County

- The highest percent of population who were Black, non-Hispanic resided in 1102 and 1103.02
- The highest percent of population who were Hispanic resided in 1103.01 and 1103.02
- The highest percent of population who were Other Race or Multiracial resided in 1102 and 1103.02



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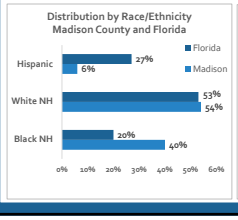
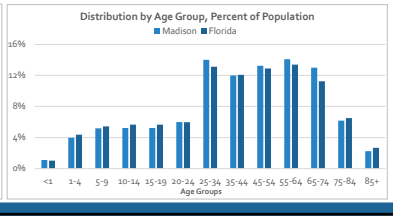
7

Madison County Demographics (2020)

- Slightly more males (53%) than females (47%)
- 6% identified as Hispanic, regardless of race, compared to 27% for the state of Florida
- Median age was 44.2; slightly higher than Florida at 42.2





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2016-2020 Demographics by Census Tract Percent of Total Population, Madison County

Race	1101	1102	1103.01	1103.02	1104
White	77.7	43.9	58.2	30.0	79.5
Black	15.6	46.4	33.0	60.3	11.7
Other	0.0	3.1	0.0	0.2	0.1
Multiracial	0.4	6.0	1.7	1.6	1.0
Hispanic (All Races)	6.3	0.5	7.2	8.0	7.1

Gender	1101	1102	1103.01	1103.02	1104
Males	51.3	46.0	47.5	66.2	47.7
Females	48.7	54.0	52.5	33.8	52.3

9

9

2016-2020 Demographics by Census Tract Percent of Total Population, Madison County

Age Group	1101	1102	1103.01	1103.02	1104
< 5	3.3	5.9	6.0	5.0	3.6
5-9	7.3	6.0	1.8	5.3	3.3
10-14	0.7	10.6	6.3	2.5	8.2
15-19	4.1	6.6	11.2	4.8	6.2
20-24	2.7	4.7	2.4	6.5	4.7
25-34	10.1	13.2	9.2	20.1	13.0
35-44	10.8	9.0	12.7	14.8	8.6
45-54	14.5	12.2	12.3	14.7	9.0
55-59	4.6	8.5	10.2	5.6	9.5
60-64	8.7	5.9	8.4	5.4	8.4
65-74	21.7	11.6	12.9	8.5	15.4
75+	11.4	5.9	6.6	6.9	10.1

10

10

Social Determinants of Health

MADISON COUNTY HEALTH INDICATORS

2022 Community Health Assessment

Data as of 11/30/2022

1

SOCIAL DETERMINANTS OF HEALTH

Data Source: DOH Florida CHARTS, Florida Department of Education, and U.S. Census Bureau

2

Introduction

- The Social Determinants of Health were introduced to the public through the Healthy People 2020 initiative.
- Healthy People 2030 Goal: Create social and physical environments that promote good health for all.
- Healthy People 2030 Social Determinants of Health definition, "The conditions in the environments in which 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."

3

3

Introduction

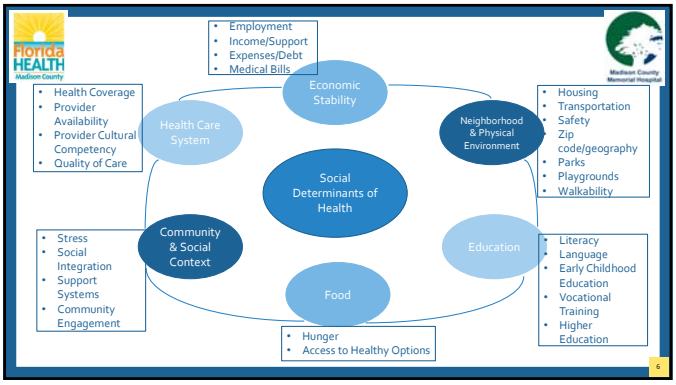
- According to the World Health Organization, "The social determinants of health have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."
- National Academies of Sciences, Engineering and Medicine, "Nonprofit human service agencies are critical partners in efforts to bend the nation's health care cost curve because they address vulnerable populations' social and behavioral factors through the provision of a wide range of services, including access to safe, stable housing; nutritious food; counseling services; recreation programs; transportation; and advocacy."

4

SDOH Categories

- The rationale is that in order to fix health care, you have to fix these items first
  - Education
  - Economic Stability
  - Food
  - Social and Community Context
  - Health & Health Care
  - Neighborhood and Built Environment

5



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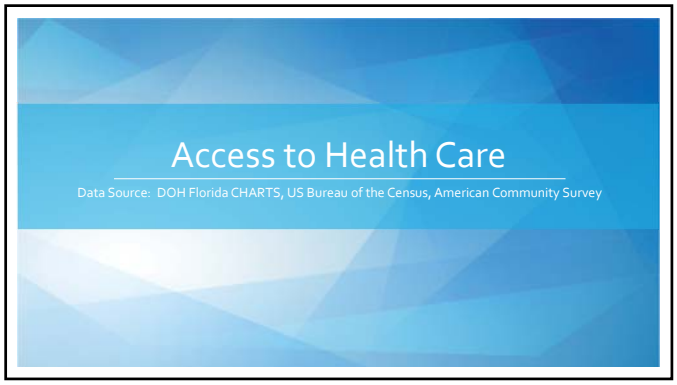

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Health and Health Care

- Included in this category are:
  - Access to Health Care
  - Access to Primary Care
  - Health Literacy
- Access to health care barriers to consider
  - Inadequate health insurance can result in lack of health care
  - Lack of insurance and/or high out-of-pocket costs means less preventive care
  - Lack of transportation means emergency only care
  - Physician shortages can mean longer wait times and delayed care

8

Health and Health Care

- Access to primary care barriers to consider
  - Limited or no access to primary care means less preventive health services and no early detection of health care issues
- Health literacy barriers to consider
  - Persons who do not speak English are less likely to receive health care services and preventive screenings

9

Health Care Facilities (2020)

- 25 Hospital Beds
- 25 Acute Care Beds
- 0 Adult Psychiatric Beds
- 0 Adult Substance Abuse Beds
- 0 Child/Adolescent Psychiatric Beds
- 0 Intensive Residential Treatment Facility (IRTF) Beds
- 0 NICU Beds
- 0 Rehab Beds and 0 Skilled Nursing Unit Beds
- 0 Specialty Beds
- 238 Nursing Home Beds

10

Health Care Providers (FY 2020-2021)

- 5 Licensed, Active MDs
  - 1 Family Practice Physician
  - 2 Internal Medicine
  - 0 OB/GYN
  - 0 Pediatrician
  - 0 Other practice
- 17 EMTs/Paramedics
- 5 Licensed Dentists
- 10 Dental Hygienists
- 23 Full-Time Health Department employees
- 26 ARNPs
- 166 Registered Nurses
- Licensed Mental/Behavioral Health Providers
  - 2 Clinical Social Workers
  - 0 Marriage and Family Therapists
  - 6 Mental Health Counselors
  - 1 Psychologist

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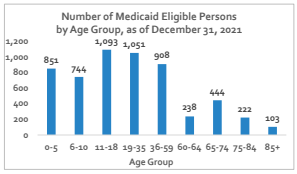
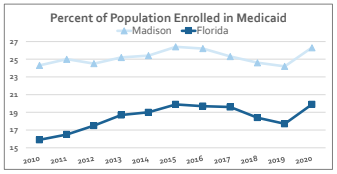
Medicaid Eligibility and Insurance Information, Madison County

- 14.5% of residents ages 19-64 were uninsured in Madison County in 2020
- 5% of residents < 19 years of age were uninsured in Madison County in 2020
- 26.3% of Madison County residents were enrolled in Medicaid in 2020
- 24% of Madison County residents were enrolled in Medicare in 2020





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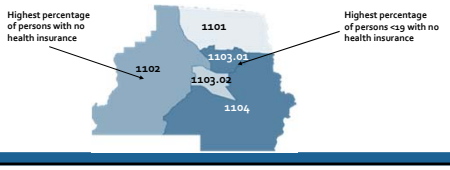
Health Care Coverage by Census Tract Madison County, 2014-2018 (% of Population)

	1101	1102	1103.01	1103.02	1104
With private health insurance	61.4	45.2	60.6	51.6	63.8
With public health insurance	40.3	53.4	42.0	48.8	39.1
No health insurance coverage	12.5	15.2	13.7	8.3	10.8
<19 years of age no health insurance	5.7	5.3	7.6	3.8	4.3



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ECONOMIC STABILITY

Data Source: DOH Florida CHARTS, Suburban Stats, University of Florida and U.S. Census Bureau

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Economic Stability

- Included in this category are:
  - Employment
  - Poverty
  - Food Insecurity
  - Housing Instability
- Employment barriers to consider
  - Persons who are unemployed or underemployed will most likely not have access to health insurance
  - Persons who are unemployed or underemployed may also have issues with food insecurity, inadequate housing, access to medical services and transportation
- Poverty barriers to consider
  - Poverty can lead to issues with health insurance, food insecurity, inadequate housing, access to medical services and transportation

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Economic Stability

- Food insecurity barriers to consider
  - Adults who are food insecure are more likely to be obese and suffer from chronic diseases
  - Children who do not eat regularly or do not eat a variety of healthy foods are at risk for developmental and mental health issues, as well as obesity
- Housing instability barriers to consider
  - Families that pay too much for housing have less money for necessary expenses and health insurance
  - Pregnant women who are homeless are more likely to have low birth-weight and preterm births.
  - Home foreclosures and evictions can lead to suicides
  - Children who are moved frequently have more chronic conditions

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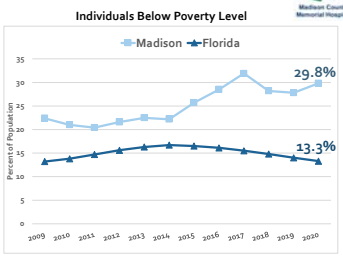
16

Economic and Poverty Data (2020) Madison County

- Madison County ranked last among the 67 counties for median household income in 2020. Madison County's median income was $35,240, compared to $57,703 for the state as a whole
- The individual poverty rate for Madison County was the highest in the state (29.8%) in 2020. The Madison rate was more than twice that of Florida as a whole (13.3%)
- 49.8% of individuals in Madison County were living below 200% poverty level in 2020, compared to 32.9% for Florida



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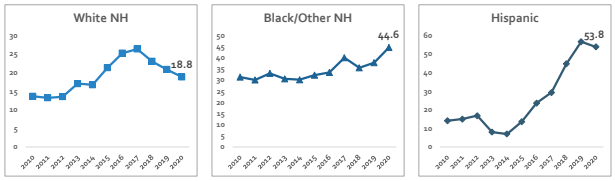
Percent of Individuals Below Poverty Level by Race & Ethnicity, Madison County, 2010-2020



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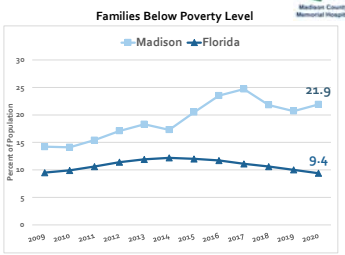
18

Economic and Poverty Data (2020) Madison County

- Approximately 33.4% of persons ages 65+ in Madison County were living below 150% poverty level in 2020, compared to 20.0% of the state as a whole.
- 44.7% of Madison County individuals under age 18 were living below poverty level in 2020, compared to 18.7% for Florida
- The percent of families with related children under the age of 18 in poverty for Madison County in 2020 was 29.4%, compared to 15.2% for Florida



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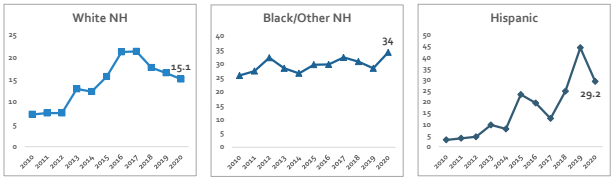
Percent of Families Below Poverty Level by Race & Ethnicity, Madison County, 2010-2020



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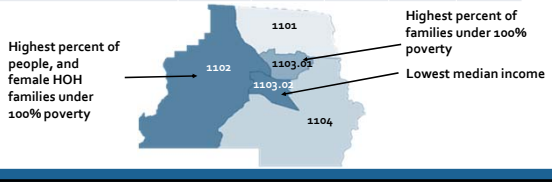
Poverty Data by Census Tract (2016-2020) Madison County

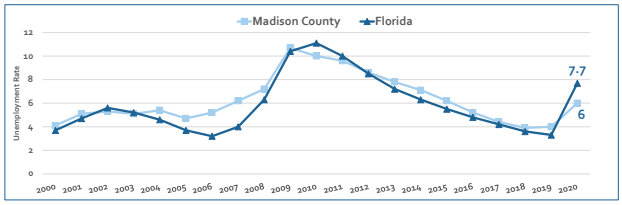
	1101	1102	1103.01	1103.02	1104
Median income ($)	37,917	39,375	28,137	27,385	41,285
People under 100% of poverty (%)	15.7	40.8	34.1	32.9	23.6
Families under 100% poverty (%)	17.6	24.8	26.1	20.7	21.5
Female HOH families under 100% poverty (%)	22.6	51.7	36.8	46.5	35.1



21

Unemployment Rates, 2000-2020 Madison County and Florida

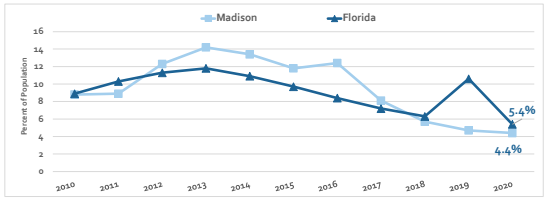
- The 2020 unemployment rate for Madison County was 6.0%, compared to 7.7% for the state as a whole



22

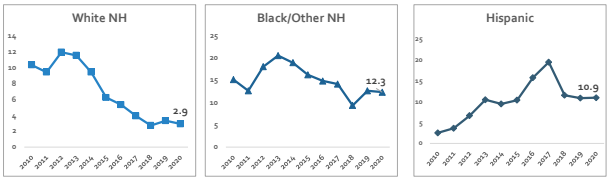
Percent of Civilian Workforce Unemployed 2010-2020, Madison County and Florida

- The 2020 percent of civilian workforce unemployed for Madison County was 4.4%, compared to 5.4% for the state as a whole



23

Percent of Civilian Workforce Unemployed, by Race & Ethnicity, Madison County, 2010-2020



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FOOD

Data Source: DOH Florida CHARTS, Suburban Stats, University of Florida and U.S. Census Bureau

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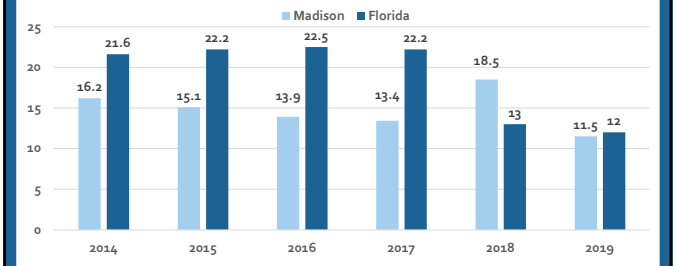
Food Insecurity Rate, 2014-2019 (Percent of Population), Madison County and Florida



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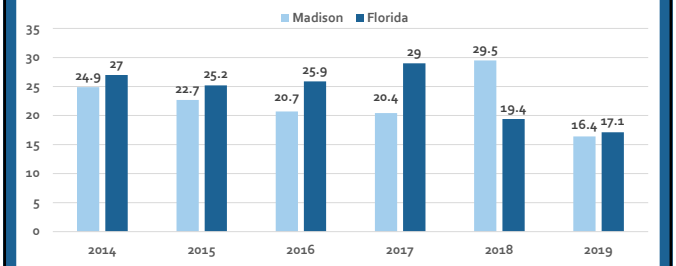
Child Food Insecurity Rate, 2014-2019 (Percent of Population), Madison County and Florida



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Feeding America Food Insecurity Data for Madison County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Madison County was 16.5%, with 3,070 residents who were food insecure
- Madison County food insecurity rates by race and ethnicity for 2020 are
  - Black, all ethnicities = 25.0%
  - Hispanic = 22.0%
  - White, non-Hispanic = 9.0%
  - Other race or multiracial data not available
- When looking at ages <18, the food insecurity rate was 26.6%, with 900 residents who were food insecure

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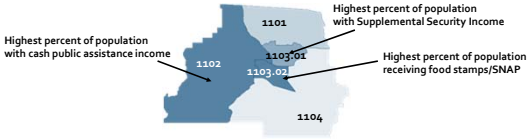
Cash and Food Assistance, 2016-2020 by Census Tract, Madison County

	1101	1102	1103.01	1103.02	1104
% Population with Supplemental Security Income	11.9	13.7	19.1	8.5	5.5
% Population with Cash Public Assistance Income	0.0	3.5	0.0	0.0	0.7
% Population with Food Stamp/SNAP Benefits	8.5	20.2	21.0	35.5	8.8



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EDUCATION DATA

Data Source: DOH Florida CHARTS, DOE Education Information and Accountability Services

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Education

- Included in this category are:
  - Early Childhood Education and Development
  - Enrollment in Higher Education
  - High School Graduation
  - Language and Literacy
- Early childhood education and development barriers to consider
  - Children who do not receive early childhood education are less likely to read at grade level. This can lead to literacy and health literacy issues later in life.
- Enrollment in higher education barriers to consider
  - Lack of higher education can mean lesser-paying jobs with more safety hazards
  - Lack of higher education can result in lower quality housing
  - If literacy level is low, knowledge about health is also low
  - If parents did not attend college, it is less likely that the child will

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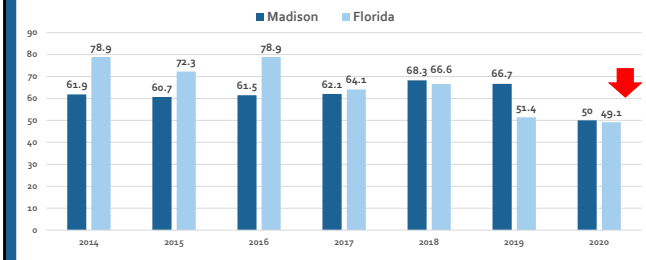
Education

- High school graduation barriers to consider
  - Persons who do not graduate from high school are less likely to obtain employment that will support them and/or their families.
  - High schools with less funding rarely provide advanced or honors classes
- Language and literacy barriers to consider
  - Health literacy is linked to overall literacy

32

Percent of Children <3 Served by Early Steps, Madison County and Florida



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School Readiness at Kindergarten Entry
Percent of Total Children Entering Kindergarten

School Year	Madison	Florida
2017	47.4	53.9
2018	51.0	52.7
2019	50.3	53.4
2020	64.0	56.9

Based on Early Childhood Observation System (ECHOS) Scores
School Year = September through June

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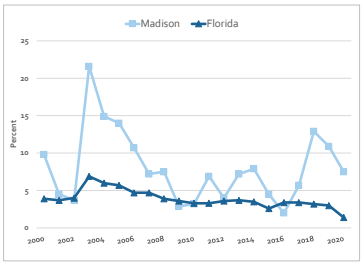
Percent of Elementary School Students Not Promoted, 2000-2020, Madison County and Florida

- The percent of Madison County elementary school students not promoted decreased from 12.9% in 2018 to 7.5% in 2020.
- Florida's percent of elementary school students not promoted was 3.2% for 2018 and 1.4% in 2020
- Data are not available by gender or race/ethnicity



35

3rd Grade FSA Passing Scores for English, Madison County and Florida

School Year	Madison County (%)	Florida (%)
2014-15	43	54
2015-16	47	54
2016-17	55	58
2017-18	55	57
2018-19	40	58
2019-20	Not Reported	Not Reported
2020-21	44	56

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3rd Grade FSA Passing Scores for Mathematics, Madison County and Florida

School Year	Madison County (%)	Florida (%)
2014-15	40	59
2015-16	63	61
2016-17	66	62
2017-18	60	62
2018-19	45	62
2019-20	Not Reported	Not Reported
2020-21	44	51

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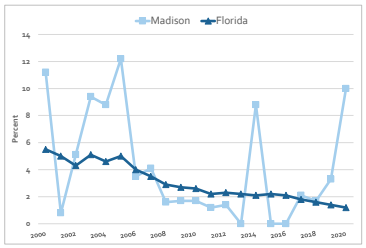
Percent of Middle School Students Not Promoted 2000-2020, Madison County and Florida

- The percent of Madison County middle school students not promoted increased significantly from 3.3% in 2019 to 10.0% in 2020
- Florida's percent of middle school students not promoted decreased from 1.4% in 2019 to 1.2% in 2020
- Data are not available by gender or race/ethnicity



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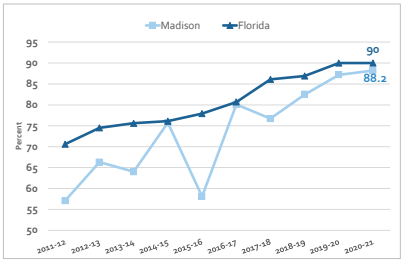
High School Graduation Rates 2011-2020, Madison County and Florida

- Madison County's graduation rate increased from 87.2% in 2019-20 to 88.2% in 2020-21
- Florida's graduation rate was 90% for 2019-20 and 2020-21



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Graduation Rates by Demographics, 2020-2021 Madison County and Florida

Gender	Madison County (%)	Florida (%)
Overall	88.2	90.0
Male	85.0	87.4
Female	90.7	92.9

Race/Ethnicity	Madison County (%)	Florida (%)
Black, non-Hispanic	92.0	87.1
White, non-Hispanic	83.3	91.8

Hispanics not recorded for Madison County

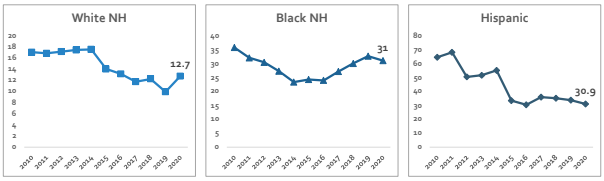
Disability Status	Madison County (%)	Florida (%)
Disabled	96.0	82.3
Not Disabled	86.5	91.2

Disadvantaged Status	Madison County (%)	Florida (%)
Disadvantaged	87.1	87.2
Not Disadvantaged	89.0	94.0

40

Percent of Population Ages 25+, With No Diploma by Race & Ethnicity, Madison County, 2010-2020

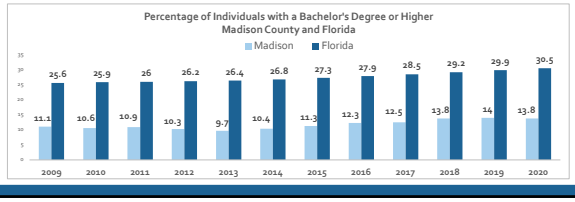
- In 2020, 11.5% of Florida residents did not have a high school diploma.
- The overall percent of Madison County residents with no high school diploma was 20.1% in 2020.



41

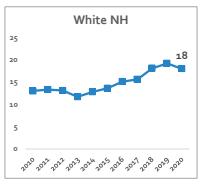
Madison County Education Data, 2020

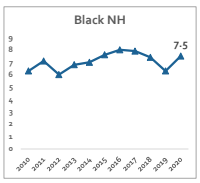
- Madison County residents are less likely to pursue college degrees (13.8% in 2020) compared to the state (30.5%)
- In Madison County, 18.0% of White residents had a bachelor's degree or higher in 2020, followed by 7.5% of Black residents and 22.4% of Hispanic residents

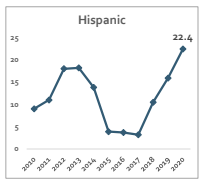


42

Percent of Population With Bachelor's Degree or Higher by Race & Ethnicity, Madison County, 2010-2020





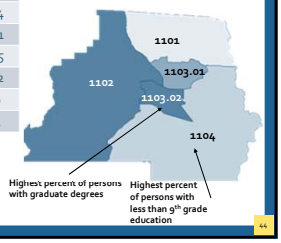


43

Education Data by Census Tract, 2016-2020 Percent of Population, Madison County

	1101	1102	1103.01	1103.02	1104
Less than 9th grade	3.9	5.3	5.0	5.9	7.0
Some high school	9.8	13.9	9.4	21.4	11.4
High school graduate	32.9	37.4	32.5	42.4	34.1
Some college	19.5	17.2	26.0	13.8	23.5
Associates degree	13.8	10.7	9.0	7.9	11.2
Bachelor's degree	16.6	11.8	13.2	3.1	7.6
Graduate degree	3.5	3.7	5.0	5.6	5.2

Persons ages 25 and older



44

Neighborhood and Built Environment

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

45

Neighborhood and Built Environment

- Included in this category is:
  - Crime and Violence
  - Environmental Conditions
  - Quality of Housing
- Crime and violence barriers to consider
  - Violence can lead to premature death, physical pain, mental distress and reduced quality of life
  - People who fear crime may not go out to exercise
  - Child and adolescent exposure to violence can result in greater risk for substance abuse, risky sexual behavior
  - Sexual partner violence can lead to physical injuries and mental health issues such as eating disorders, depression and suicide

46

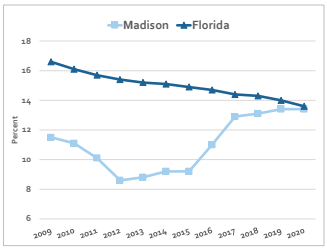
Neighborhood and Built Environment

- Environmental conditions barriers to consider
  - Poor water quality can lead to illnesses such as Giardia
  - Poor air quality can lead to cardiovascular issues
  - Poor air quality can lead to issues with fetal and child development
  - Lack of air conditioning can lead to heat-related disease and death
- Quality of housing barriers to consider
  - Substandard housing may have health risks like vermin, water leaks, mold, heat and AC issues

47

Individuals that Lived in a Different House 1 Year Earlier, 2009-2020, Madison County and Florida

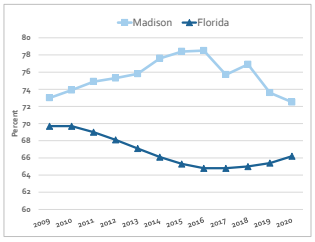
- The percent of persons living in a different house the year prior remained the same at 13.4% for 2019 and 2020 in Madison County.
- This is slightly below the state of Florida at 14.0% and 13.6% respectively.
- 2020 by race/ethnicity
  - Hispanics represented 17.5% in Madison and 13.1% in Florida
  - White NH accounted for 9.2% in Madison and 13.1% in Florida
  - Black NH represented 18.4% in Madison and 15.5% in Florida



48

Owner Occupied Housing Units, 2009-2020 Madison County and Florida

- The percent of housing units occupied by the owner decreased slightly, from 73.6% in 2019 to 72.5% in 2020 in Madison County.
- This is above the state of Florida at 65.4% and 66.2% respectively.
- 2020 by race/ethnicity
  - Hispanic owners represented 71.4% in Madison and 52.7% in Florida
  - White NH owners accounted for 83.6% in Madison and 70.9% in Florida
  - Black NH owners represented 56.4% in Madison and 46.4% in Florida

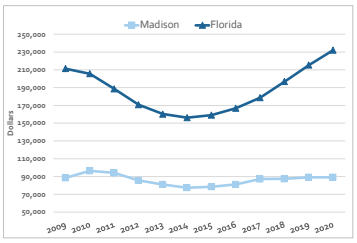


49

49

Median Owner-Occupied Unit Values 2009-2020, Madison County and Florida

- Madison County's owner-occupied home values are well below the state.
- The median value of owner-occupied homes in Madison County was $89,100 for 2019 and 2020.
- The median value of owner-occupied homes in Florida in 2020 was $232,000.



50

50

Neighborhood and Built Environment

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

51

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52

Neighborhood and Built Environment

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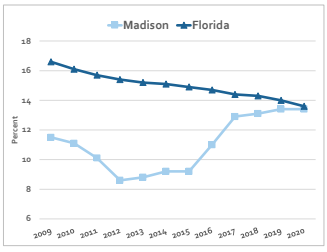

54

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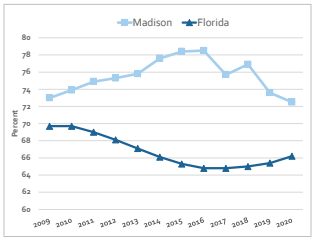

55

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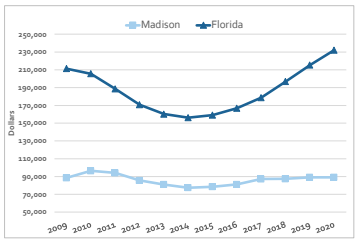

56

56

Housing Quality, Madison County 2020

	1101	1102	1103.01	1103.02	1104
Percent of homes lacking complete plumbing facilities	0.0	0.2	0.0	0.0	0.0
Percent of homes lacking kitchen facilities	1.1	0.6	0.0	0.0	0.0
Percent of homes heated with electricity	85.2	87.8	74.8	74.5	85.9
Percent of homes heated with utility gas	0.0	1.6	4.6	18.9	0.0
Percent of homes heated with bottled, tank or LP gas	11.6	8.8	13.6	6.6	12.2
Percent of homes heated with fuel oil, kerosene	0.0	0.0	1.6	0.0	0.1
Percent of homes heated with wood	2.4	1.6	5.4	0.0	1.8
Percent of homes not heated	0.7	0.2	0.0	0.0	0.0

57

Transportation to Work, Ages 16+, 2020, Percent of Population by Census Tract, Madison County

Method	1101	1102	1103.01	1103.02	1104
Carpooled in Car, Truck or Van (10.7%)	9.2	16.5	7.2	7.6	13.0
Drove Alone in Car, Truck or Van (84.7%)	89.2	72.1	84.7	89.3	85.9
Used Public Transportation (0.7%)	0.0	3.8	0.0	0.0	0.0
Used Taxicab, Motorcycle, Bicycle or Other Means (1.5%)	1.6	4.3	0.0	1.3	0.8
Walked to Work (0.7%)	0.0	0.8	3.2	0.0	0
Worked at Home (1.7%)	0.0	2.5	4.8	1.7	0.1
Mean Travel Time to Work – Minutes (28.6)	30.3	35.7	19.9	26.9	29.5
No Vehicles in the Household (9.8%)	6.3	8.6	14.9	18.2	1.0
1 Vehicle Available in the Household (36.9%)	39.1	38.2	32.0	41.9	31.2
2 Vehicles Available in the Household (35%)	34.1	33.7	34.3	26.6	46.9
3 or More Vehicles Available in the Household (18.4%)	20.6	19.6	18.7	13.3	21.0

58

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Social and Community Context

Data Source: DOH Florida CHARTS, Florida Department of Corrections, Florida Department of Juvenile Justice

59

Social and Community Context

- Included in this category are:
  - Discrimination
  - Incarceration
  - Social Cohesion
- Discrimination barriers to consider
  - Discrimination can affect employment opportunities, access to care and access to adequate housing
  - Discrimination can result in toxic stress which leads to negative infant outcomes and cardiovascular issues

60

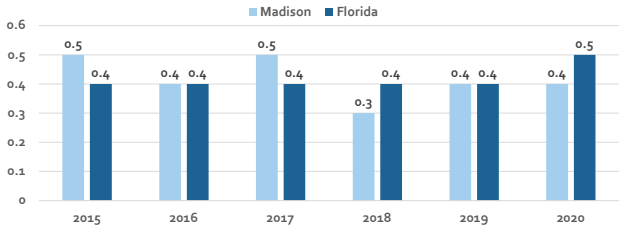
60

Social and Community Context

- Incarceration barriers to consider
  - Persons who were incarcerated have less chance of obtaining gainful employment
  - Persons who were incarcerated and have addictions issues may have health issues related to the addiction
  - Continuity of care for health conditions when incarcerated and released
- Social cohesion barriers to consider
  - Social networks can spread health behaviors, also known as social contagion. Examples are smoking, drinking and eating behaviors
  - Lack of social cohesion can lead to isolation, insomnia and emotional stress

61

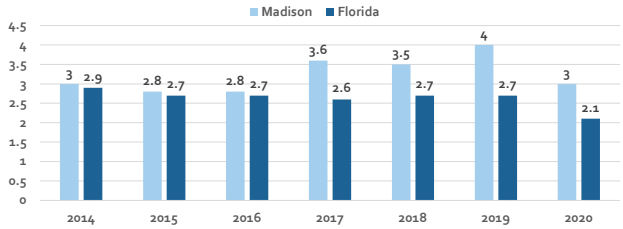
Racial Residential Segregation, 2015-2020 Madison County and Florida



When the Racial Segregation Index is less than 0.3 the county's population is "well integrated."
Values between 0.3 and 0.6 indicate the county's population is "moderately segregated."
Values above 0.6 indicate the county's population is "very segregated."

62

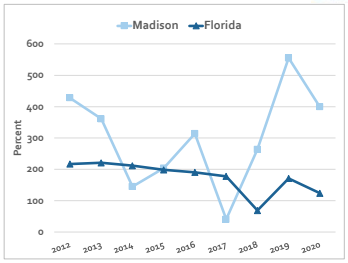
Incarceration Rate per 1,000 Population 2014-2020, Madison County and Florida



63

Inmate Admission Rate per 100,000 Population Ages 19+, Madison County and Florida

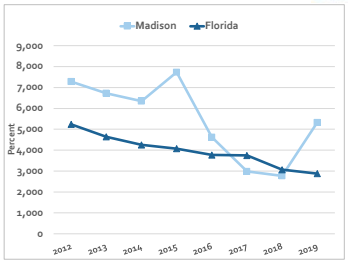
- The number of inmates admitted into prison who were sentenced from each county or other states
- The number of admissions were reduced by 29% in 2020 compared to 2019 in Madison County
- 2019 = 87 admissions
  2020 = 62 admissions



64

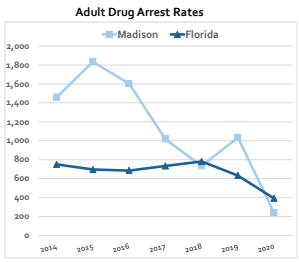
Arrest Rates in Ages 10-17 by Fiscal Year 2012-2019, Madison County and Florida

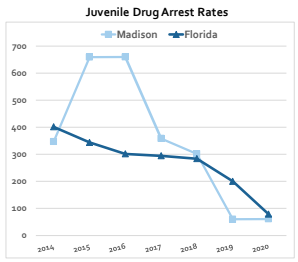
- Arrest rates decreased below the state for fiscal years 2016-2017 and 2017-2018, and then increased dramatically for 2018-2019
- Actual numbers of youth ages 10-17 arrested were 46 in 2017-2018 and 89 in 2018-2019



65

Drug Arrest Rates Per 100,000 Population Adults and Juveniles, Madison County and Florida





66

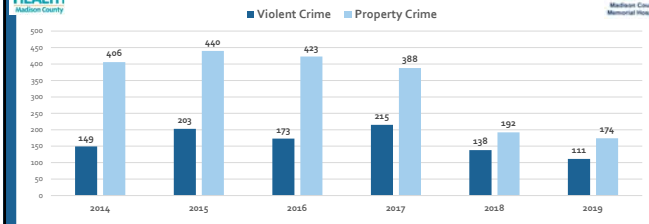
Madison County Crime Profile 2019

Measure	2018	2019	% Change
Total Violent Crime Numbers	138	111	-19.6
Adult Arrests	42	31	-26.2
Juvenile Arrests	7	2	-71.4
Male Arrests	30	27	-10.0
Female Arrests	19	6	-68.4
Total Violent Crime Rate per 100,000 Population	708.7	567.2	-20.0

Measure	2018	2019	% Change
Total Property Crime Numbers	192	174	-9.4
Adult Arrests	42	21	-50.0
Juvenile Arrests	5	7	40.0
Male Arrests	38	26	-31.6
Female Arrests	9	2	-77.8
Total Property Crime Rate per 100,000 Pop	986.0	889.1	-9.8

67

Madison County Crime Trends, 2014-2019



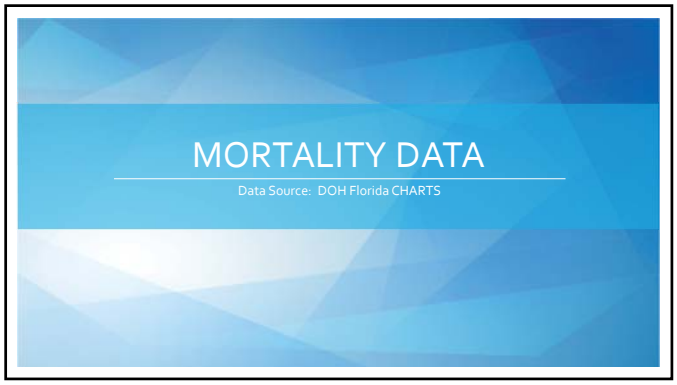
Measure	2018	2019	% Change
Total Crime Numbers	330	285	-13.6
Total Crime Rate per 100,000 Population	1,694.7	1,456.3	-14.1

68

Why is SDOH important?

69

Mortality and Reportable Diseases



1

10 Leading Causes of Death, 2020 Madison County (N=306)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	67	22%
Heart Diseases	55	18%
Other Causes of Death	52	17%
COVID-19 (U07.1)	34	11%
Cerebrovascular Diseases	20	7%
Chronic Lower Respiratory Disease	18	6%
Unintentional Injury	14	5%
Diabetes Mellitus	9	3%
Essen Hypertension & Hypertensive Renal Disease	6	2%
Nephritis, Nephrotic Syndrome, Nephrosis	6	2%
Chronic Liver Disease & Cirrhosis	4	1%
Alzheimers Disease	3	1%

2

Minority Population Causes of Death Madison County 2020 (N=106)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	23	22%
Other Causes of Death	18	17%
COVID-19	16	15%
Heart Diseases	15	14%
Cerebrovascular Diseases	9	8%
Chronic Lower Respiratory Disease	4	4%
Diabetes Mellitus	4	4%
Unintentional Injury	4	4%
Essen Hypertension & Hypertensive Renal Dis	3	3%
Homicide	3	3%

3

REPORTABLE, INFECTIOUS DISEASES

Data Source: DOH Florida CHARTS, Bureau of Communicable Diseases

4

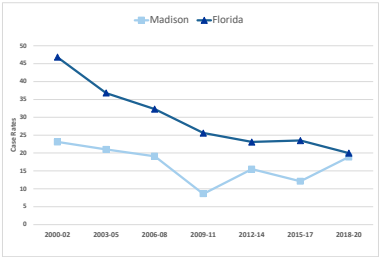
Sexually Transmitted Infections

Data Source: DOH Florida CHARTS, Bureau of Disease Intervention

5

HIV Infection 3-Year Discrete Rates (2000/02 – 2018/20)

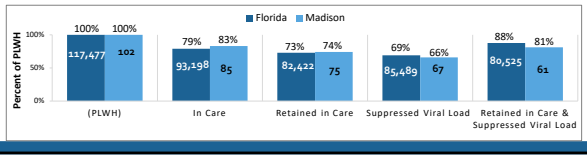
- Reported HIV cases increased from 2 in 2019 to 4 in 2020
- Of the 30 HIV cases reported during 2010-2020:
  - 86% were Black & Other, non-Hispanic
  - 7% were Hispanic
  - 7% were White, non-Hispanic
  - 63% were Male and 37% were female



6

Persons Living with HIV Along the HIV Care Continuum (2020), Madison County and Florida

- Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2021.
- In Care: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021. Out of Care: PWH with no documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021.
- Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2020 through 6/30/2021, data as of 6/30/2021.
- In Care with Suppressed Viral Load: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021 that also has a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021, data as of 6/30/2021.

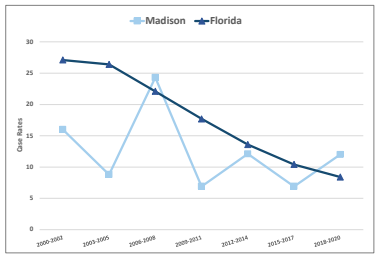


7

7

Reported AIDS Diagnoses, 3-Year Discrete Rates, Madison County and Florida

- Trend line represents number of persons reported as an AIDS case, regardless of when the person was diagnosed with HIV
- Progression to AIDS usually represents a treatment failure or someone who was not diagnosed until symptomatic
- Madison County experienced an increase in the AIDS rate during 2018-2020.

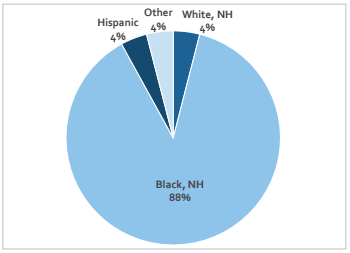


8

8

Reported AIDS Cases, by Race/Ethnicity (2000 – 2020), Madison County

- Black, non-Hispanic persons account for 40% of the Madison population and 88% of the AIDS cases reported since 2000
- This is important to consider when addressing health equity

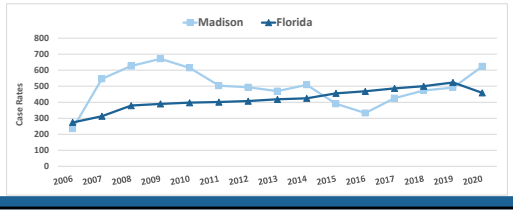


9

9

Chlamydia Case Rates, by Year (2006 – 2020), Madison County and Florida

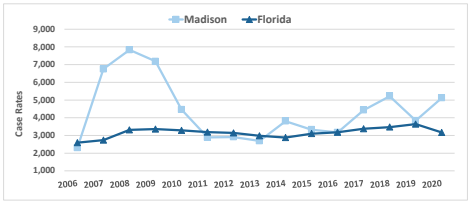
- Chlamydia cases increased from 96 in 2019 to 104 in 2020
- The 2020 Madison County chlamydia rate per 100,000 population was 49.3 for white, non-Hispanics, 624.7 for black & other, non-Hispanics, and 92.5 for Hispanics



10

Chlamydia Case Rates for Females Ages 15-19 (2006 – 2020)

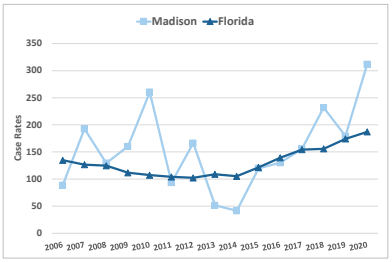
- The 2020 chlamydia case rates per 100,000 among females ages 15-19 in Madison County are 0.0 for white, non-Hispanics, 2,150.5 for black & other, non-Hispanics and 4,166.7 for Hispanics



11

Gonorrhea Case Rates (2006 – 2020) Madison County and Florida

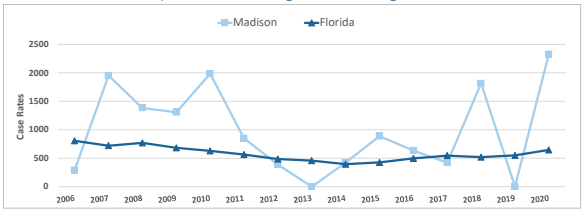
- The number of gonorrhea cases in Madison County increased from 35 in 2019 to 60 in 2020
- The rate per 100,000 population for Madison in 2020 was 9.7 for white, non-Hispanics, 128.4 for black & other, non-Hispanics and 86.3 for Hispanics



12

Gonorrhea Case Rates for Females Ages 15-19 (2006-2020)

- The 2020 gonorrhea rate per 100,000 for females ages 15-19 was 0.0 for white, non-Hispanics and 537.6 for black & other, non-Hispanics
  There were no Hispanic females ages 15-19 diagnosed in 2020



13

Syphilis in Madison County

- There was one infectious syphilis case diagnosed in Madison County in 2020. There have been six cases since 2013.
- There have been 16 early syphilis cases diagnosed in Madison County from 2006 through 2020.
  - 3 cases were White, non-Hispanic males
  - 9 cases were Black & Other, non-Hispanic males
  - 2 cases were Black & Other, non-Hispanic females
  - 1 case was a Hispanic male
- There have been no congenital syphilis cases diagnosed in Madison County during 2006-2020.

14

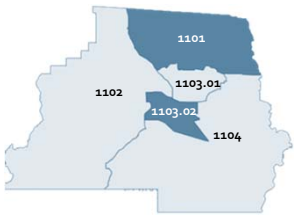
Viral Hepatitis in Madison County 2000-2020

- **Hepatitis A**
  - 4 Hepatitis A cases
- **Hepatitis B**
  - 7 acute Hepatitis B cases
  - 28 chronic Hepatitis B cases
  - 0 Perinatal Hepatitis B cases
  - 3 reported positive Hepatitis B Surface Antigen Results in Pregnant Women
- **Hepatitis C**
  - 1 acute Hepatitis C case reported in 2020
  - 242 chronic Hepatitis C cases
- No cases of Hepatitis D, E or G reported in Madison County since data collection in 2006
- Data Not Available by Race or Gender

15

Viral Hepatitis Deaths by Census Tract 2016-2020, Madison County

- Census tract 1101 had one death and tract 1103.02 had two deaths due to viral hepatitis during the time period.
- Breakdown by race/ethnicity
  - 2 White, non-Hispanic
  - 1 Black, non-Hispanic
  - 0 Hispanic
- 3 Males, 0 Females



16

Other Reportable Diseases or Conditions

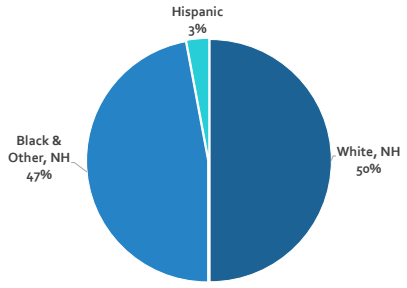
Data Source: DOH Florida CHARTS, Bureau of Epidemiology

17

COVID-19 Deaths, 2020, Madison County

N = 34 deaths

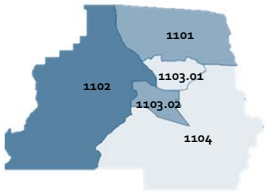
17 Male and 17 Female



18

Influenza and Pneumonia Deaths by Census Tract, 2016-2020, Madison County

- Deaths By Census Tract
  - 1101 = 4
  - 1102 = 5
  - 1103.01 = 3
  - 1103.02 = 4
  - 1104 = 3
- Breakdown by race/ethnicity
  - 17 White, non-Hispanic
  - 3 Black & Other, non-Hispanic
  - 0 Hispanic
- 8 Males, 12 Females

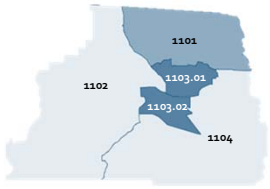


N = 20
One unknown census tract

19

Septicemia Deaths by Census Tract 2016-2020, Madison County

- By Census tract
  - 1101 = 2
  - 1102 = 1
  - 1103.01 = 3
  - 1103.02 = 8
  - 1104 = 1
- Breakdown by race/ethnicity
  - 9 White, non-Hispanic
  - 8 Black & Other, non-Hispanic
  - 0 Hispanic
- 6 Males, 11 Females



N = 17
Two unknown census tract

20

Tuberculosis in Madison County, 2000-2020

- There were 13 tuberculosis cases diagnosed in Madison County between 2000 and 2020, including one in 2018.
- Data are not available by race/ethnicity or gender
- There were no cases of tuberculosis in children under the age of 15 during the time period.
- There was one death from tuberculosis in Madison County in 2000.

21

Central Nervous System Diseases and Bactermias, 2001-2020, Madison County

Disease or Condition and Definition	Number Cases	Comments
Creutzfeldt-Jakob Disease – a fatal neurodegenerative disease	0	
Haemophilus influenzae Invasive Disease – a bacterial infection that can cause anything from mild ear infections to bloodstream infections	6	1 case reported in 2020
Meningitis, Bacterial or Mycotic - A bacterial or viral infection of the fluid surrounding the brain and spinal cord that causes swelling of the membranes covering the brain and spinal cord	1	
Staphylococcus aureus Infection Resistant to Vancomycin VISA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0	
Staphylococcus aureus Infection Resistant to Vancomycin VRSA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0	
Streptococcus pneumoniae Invasive Disease – this bacteria can cause many types of illnesses, including ear infections and meningitis	9	2 cases reported in 2020

22

Enteric, Food and Waterborne Diseases 2001-2020, Madison County Update

Disease or Condition	Cases	Disease or Condition	Cases
Amebic Encephalitis	0	Listeriosis	0
Camplobacteriosis	32	Neurotoxic Shellfish Poisoning	0
Cholera	0	Salmonella Typhi Infection	0
Ciquatera Fish Poisoning	0	Salmonellosis	88
Cryptosporidiosis	11	Saxitoxin Poisoning	0
Cyclosporiasis	0	Shiga Toxin Producing Escherichia coli	7
Giardiasis, Acute	20	Shigellosis	29
Hemolytic Uremic Syndrome (HUS)	0	Staphylococcal Enterotoxin B Poisioning	0
Legionellosis	1	Vibriosis Excluding Cholera	2

Note that diseases or conditions highlighted in red had at least one case reported in 2020

23

Vaccine Preventable Diseases 2001-2020, Madison County

Disease or Condition	Cases
Diphtheria	0
Measles (Rubeola)	0
Meningococcal Disease	1
Mumps	0
Pertussis	2
Poliomyelitis	0
Rubella	0
Tetanus	0
Varicella (Chickenpox	3

Note that diseases or conditions highlighted in red had at least one case reported in 2020

24

Vectorborne and Zoonotic Diseases 2001-2020, Madison County Update

Disease or Condition	Cases	Disease or Condition	Cases
Anaplasmosis	0	Rabies, Animal	8
Brucellosis	0	Rabies, Human	0
California Serogroup Virus Disease	0	Rabies, Possible Exposure	30
Dengue Fever	0	Rocky Mountain Spotted Fever	4
Eastern Equine Encephalitis	0	Severe Acute Respiratory Syndrome	0
Ehrlichiosis	4	St. Louis Encephalitis	0
Hantavirus Infection	0	Trichinellosis	0
Leptospirosis	0	Tularemia (Francisella tularensis)	0
Malaria	0	Typhus Fever	0
Middle East Respiratory Syndrome	0	Venezuelan Equine Encephalitis	0
Plague	0	West Nile Virus	0
Psittacosis (Ornithosis)	0	Western Equine Encephalitis	0
Q Fever (Coxiella burnetii)	0	Yellow Fever	0

25

Other Reportable Diseases, 2000-2020 Madison County Update

Disease or Condition	Cases
Anthrax	0
Botulism, Foodborne	0
Botulism, Infant	0
Botulism, Wound	0
Glanders (Burkholderia mallei)	0
Hansen's Disease (Leprosy)	0
Melioidosis (Burkholderia pseudomallei)	0
Smallpox	0
Vaccinia Disease	0
Viral Hemorrhagic Fever	0

26

Environmental Health

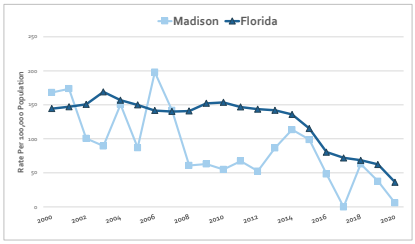
Data Source: DOH Florida CHARTS, Bureau of Epidemiology

27

Asthma Hospitalization Rates Per 100,000 Population, Madison County and Florida

2014-2020 Data (N=70)

- Race/Ethnicity
  - 43% White, non-Hispanic
  - 50% Black & Other, non-Hispanic
  - 0% Hispanic
  - 7% Unknown
- Age Data
  - 0-4 = 7%
  - 5-11 = 39%
  - 12-18 = 33%
  - 65+ = 24%



28

Environmental Conditions, 2008-2020 Madison County

Disease or Condition	Cases
Arsenic Poisoning	0
Carbon Monoxide Poisoning	0
Lead Poisoning	6
Mercury Poisoning	0
Pesticide Related Illness and Injury	2
Ricin Toxin Poisoning	0

Data are not available by race/ethnicity or gender

29

Other Environmental Health Madison County, 2020

- Unsatisfactory Facilities Inspections
  - 0 of 13 biomedical waste facilities (0%)
  - 0 of 10 group care facilities (0%)
  - 5 of 23 institutional food service operations (21.7%)
  - 4 of 35 mobile home and RV parks (11.4%)
  - 0 of 10 swimming pool and spa facilities (0%)
  - 0 of 3 migrant labor camps (0%)
  - 0 of 1 tanning facilities (0%)
  - No body piercing facilities

30

Chronic Disease

CHRONIC DISEASE

Data Source: DOH Florida CHARTS, Robert Wood Johnson County Health Rankings, BRFSS

1

Causes of Death, Madison County, 2020

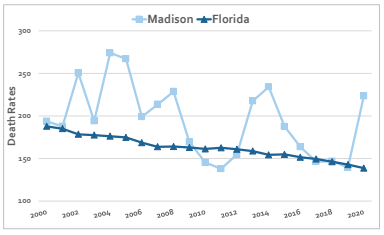
Cause of Death	Percent of Total
Malignant Neoplasm (Cancer)	22%
Heart Diseases	18%
COVID-19	11%
Cerebrovascular Diseases	7%
Chronic Lower Respiratory Disease	6%
Unintentional Injury	5%
Diabetes Mellitus	3%
Essen Hypertension & Hypertensive Renal Dis	2%
Nephritis, Nephrotic Syndrome, Nephrosis	2%
Chronic Liver Disease & Cirrhosis	1%

- These 10 leading causes of death equal 76% of the total 306 deaths
- Chronic disease deaths include four of the ten leading causes of death in Madison County and chronic diseases contribute to an additional two causes of death

2

Cancer Death Rates (2000 – 2020) Madison County and Florida

- Both Jefferson and Madison are in the fourth quartile for 2020
- Madison ranked third highest in the state for death rate in 2020.
- Of the 505 cancer deaths during 2010-2020:
  - 70% were White, non-Hispanic
  - 29% were Black & Other, non-Hispanic
  - 1% were Hispanic



3

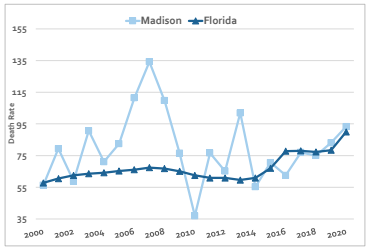
Injury and Violence

INJURY AND VIOLENCE

Data Source: DOH Florida CHARTS

1

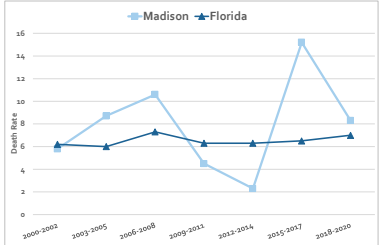
Death Rates for All External Causes (2000 – 2020), Madison County and Florida



- Data for 2016-2020 indicate that males accounted for 68% of deaths and females represented 32%
- The majority of deaths during 2016-2020 were white, non-Hispanic (63%), followed by black & other, non-Hispanic (35%) and Hispanic (2%)

2

Homicide Death Rate (2000 – 2020) Madison County and Florida

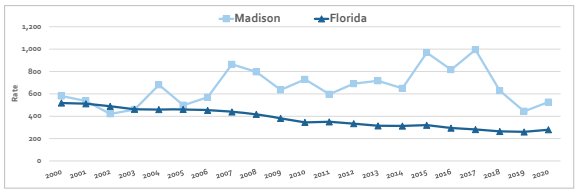


- Of the 30 homicide deaths that occurred during 2016-2020, 26 (87%) were male and 4 (13%) were female.
- There was one Hispanic homicide death during 2000-2020 (3%).
- 9 deaths were White, non-Hispanic (30%) and 20 were Black/Other, non-Hispanic (67%).

3

Aggravated Assault Rates (2000 – 2020) Madison County and Florida

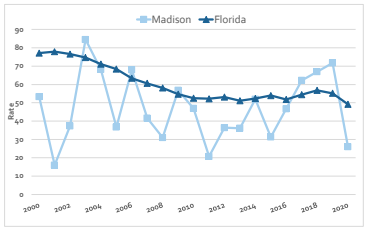
- The rate of aggravated assaults per 100,000 population in Madison County in 2020 was 526.2, compared to 279.9 for the state of Florida
- Madison County's rate increased from 444.0 in 2019
- Data are not available by race or gender



4

Forcible Sex Offenses (2000 –2020) Madison County and Florida

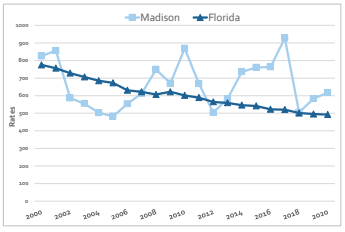
- Madison County's rate of reported sex offenses dropped below the State's in 2020
- 2020 rates are 26.0 for Madison County and 49.2 for Florida
- There were a total of 180 reported forcible sex offenses in Madison County during 2001-2020
- Data are not available by race or gender



5

Domestic Violence Offense Rates 2000-2020, Madison County and Florida

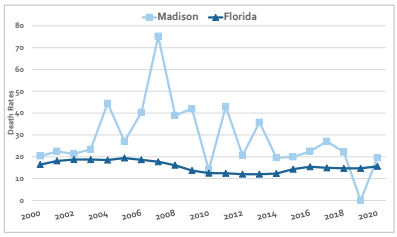
- Madison County has experienced an increase in domestic violence offenses from 2012-2020.
- Madison County ranked 26 highest in the state for 2019 domestic violence rates per 100,000 population, at 583.6, compared to 495.1 for the state.
- Data are not available by age group, race/ethnicity or gender.



6

Motor Vehicle Crash Death Rates (2000 – 2020), Madison County and Florida

- There were no deaths in Madison County in 2019
- During 2000-2020, 60% of deaths due to motor vehicle crashes occurred in white, non-Hispanics, 36% in black & other, non-Hispanics and 9% in Hispanics
- 67% of deaths were males and 33% were females

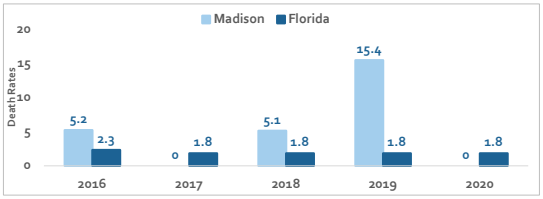


7

7

Alcohol-Confirmed Motor Vehicle Crash Death Rates 2016 – 2020, Madison County and Florida

- Madison County has lower rates of alcohol-confirmed motor vehicle crash deaths than the state
- Data collection began in 2016
- Data are not available by race/ethnicity or gender

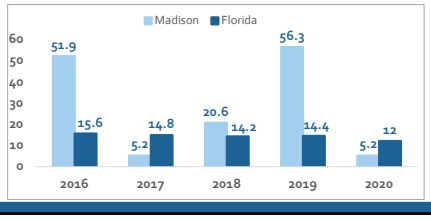


8

8

Alcohol-Confirmed Vehicle Crash Injury Rates 2016 – 2020, Madison County and Florida

- Madison County had higher rates of alcohol-confirmed motor vehicle crash injuries than the state until 2020
- Data collection began in 2016
- Data are not available by race or gender

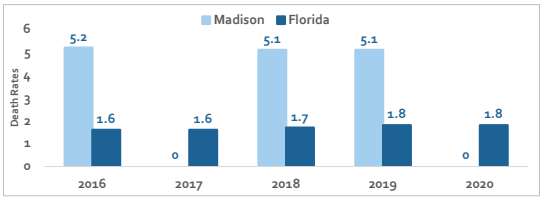


9

9

Drug-Confirmed Motor Vehicle Crash Death Rates 2016 – 2020, Madison County and Florida

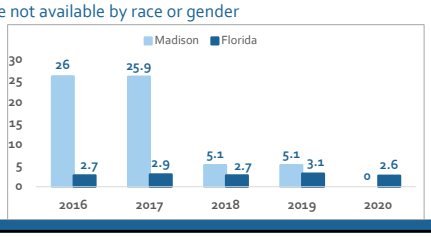
- Madison County has no alcohol-confirmed motor vehicle crash deaths in 2020
- Data collection began in 2016
- Data are not available by race/ethnicity or gender



10

Drug-Confirmed Vehicle Crash Injury Rates 2016 – 2020, Madison County and Florida

- Madison County had higher rates of drug-confirmed motor vehicle crash injuries than the state until 2020
- Data collection began in 2016
- Data are not available by race or gender



11

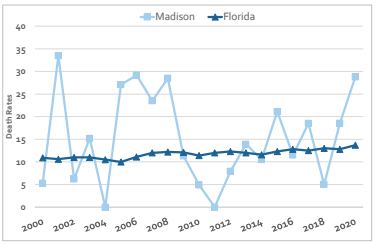
Crash Rates by Drivers Age (2020)

- The 2020 motor vehicle crash rate per 100,000 population in **ages 15-17** was 57.4 for Madison County and 33.3 for the state of Florida
- The 2020 motor vehicle crash rate per 100,000 population in **ages 18-20** was 73.4 for Madison County and 61.5 for the state of Florida
- Data are not available by race or gender

12

Death Rates Due to Firearm Discharge (2000 – 2020), Madison County and Florida

- There were 59 deaths due to firearms discharge in Madison County from 2000 until 2020
- 39 (66%) of the deaths were white, non-Hispanic and 20 (34%) were black & other, non-Hispanic
- No Hispanic deaths were reported
- 5 deaths occurred in 2020 alone



13

Drowning Deaths in Madison County (2000 – 2020)

- There were 15 deaths due to drowning in Madison County during 2000-2020
- 47% were white, non-Hispanic and 53% were black & other, non-Hispanic. There were no Hispanic deaths during the time frame
- 87% were male and 13% female
- Data by age are not available

14

Deaths from Falls (2000 – 2020) Madison County

- There were 36 deaths from falls during the time period
- 81% of these deaths were white, non-Hispanic, 17% were black & Other, non-Hispanic and 3% were Hispanic
- 42% of these deaths were male and 58% female
- Data were not available by age

15

Deaths from Unintentional Fires (2000 – 2020), Madison County

- There were 8 deaths from unintentional fires during the time period
- 49% of these deaths were white, non-Hispanic, 13% were black & other, non-Hispanic and 38% were Hispanic
- 62% of these deaths were male and 38% female
- Data were not available by age

16

Deaths from Surgical and Medical Complications (2000 – 2020), Madison County

- There were 11 deaths from surgical and medical complications during the time period
- 82% of these deaths were white, non-Hispanic, and 18% were black & other, non-Hispanic
- 36% of these deaths were male and 64% female
- Data were not available by age

17

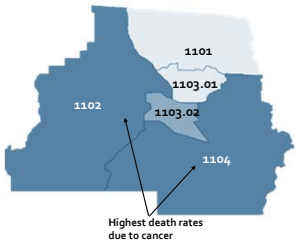
Deaths from Unintentional Poisoning (2000 – 2018), Madison County

- There were 23 deaths from unintentional poisoning during the time period
- 61% of these deaths were white, non-Hispanic, and 33% were black & other, non-Hispanic
- 65% of these deaths were male and 35% female
- Data were not available by age

18

Cancer Death Rates by Census Tract Madison County, 2016-2020 Combined

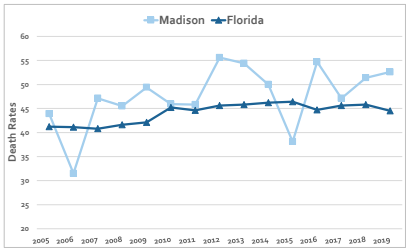
- 2016-2020 Cancer Deaths by Census Tract
  - 1101 = 37
  - 1102 = 47
  - 1103.01 = 37
  - 1103.02 = 38
  - 1104 = 60



4

Percent of Cancer Cases at Advanced Stage When Diagnosed (2005-2019)

- The average percent of advanced stage diagnoses over the entire time frame is 47.8% for Madison County



5

Cancer Deaths by Type of Cancer Madison County, 2020

Type of Cancer	Deaths
Colorectal	44
Breast	24
Lung	21
Esophagus	18
Unknown Behavior Neoplasms	14
Bladder	13
Brain & Central Nervous System	13
Prostate	5
Lymphoid & Related Tissue	4
Pancreatic	3
Stomach	3
Melanoma	3

6

Cancer Deaths by Type of Cancer Madison County, 2020 (cont'd)

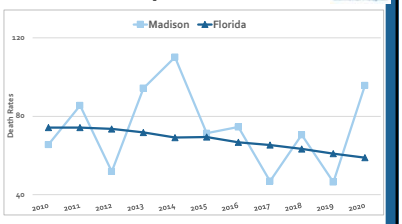
Type of Cancer	Deaths
Cervical	2
Leukemia	2
Liver & Intrahepatic Bile Duct	2
Uterus	2
Kidney & Renal Pelvis	2
Hodgkin's Disease	1
Ovarian	1
Non-Hodgkin's Lymphoma	0
Oral	0

7

7

Tobacco-Related Cancer Death Rates (2010 – 2020) Madison County and Florida

- The 2020 death rate per 100,000 population due to tobacco-related cancers (95.7) was significantly higher than the state rate (58.9)
- 2020 death rates by race and ethnicity
  - White, non-Hispanic = 112.0
  - Black & Other = 58.4
  - Hispanic = 0.0

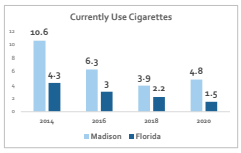


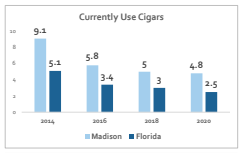
Tobacco related cancers include: Acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea

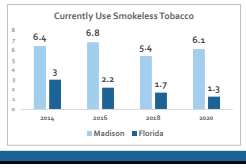
8

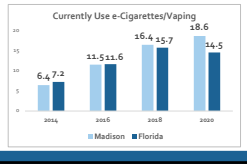
8

Tobacco Use – Youth Tobacco Survey







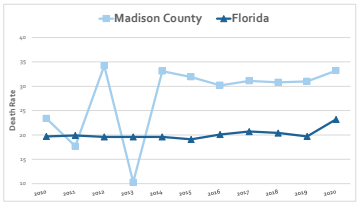


9

9

Death Rates Due to Diabetes, 2010 – 2020 Madison County and Florida

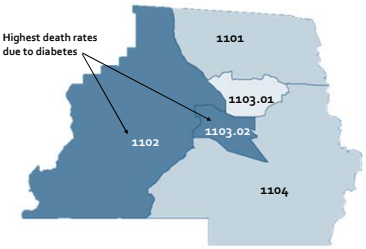
- Madison ranked 16th highest in the state for rate of diabetes deaths in 2020
- 2010-2020 diabetes death data by race/ethnicity and gender
  - 49% of deaths were White, non-Hispanic, 49% were Black & Other, non-Hispanic and 2% were Hispanic
  - 50% of deaths were male and 50% were female



10

Death Rates Due to Diabetes by Census Tract 2016 – 2020, Madison County

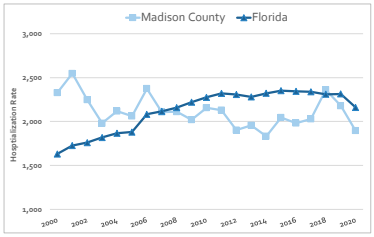
- 2016-2020 Diabetes Deaths by Census Tract
  - 1101 = 5
  - 1102 = 10
  - 1103.01 = 4
  - 1103.02 = 14
  - 1104 = 5



11

Hospitalization Rates Due to Diabetes (2000 – 2020) Madison County and Florida

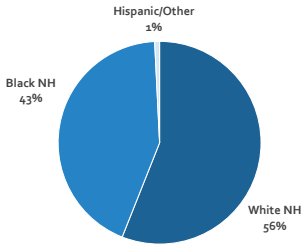
- Diabetes hospitalization rates in Madison County were lower than the state from 2008-2020
- Madison residents may also be seeking hospital care in Georgia, which would account for lower hospitalization rates and higher death rates than the state



12

Hospitalization Rates Due to Diabetes by Race/Ethnicity, Madison County (2010 – 2020)

- The majority of hospitalizations occurred in white, non-Hispanics during the time frame.
- This may indicate an access to care issue for racial/ethnic minorities.
- Data not available by gender



13

Risk Factors for Diabetes, Madison County and Florida

- 2022 Robert Wood Johnson County Health Rankings Data

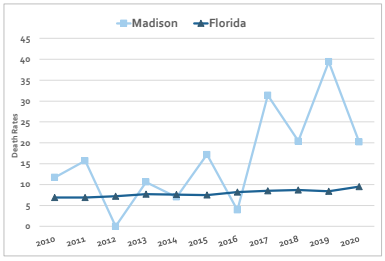
Risk Factors	Madison County	Florida
Diabetic	14%	9%
Adult Obesity	37%	26%
Physically inactive	36%	26%
Access to exercise opportunities	46%	87%
Food environment index	6.4	7.0

14

Death Rates Due to Hypertension, 2000-2020 Madison County and Florida

Madison Data 2016-2020

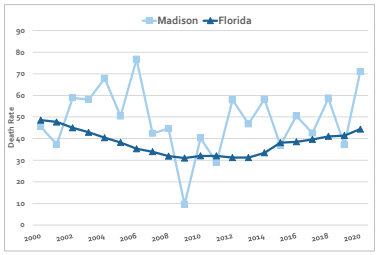
- 43% of hypertension deaths were male and 57% were female
- 58% of hypertension deaths were White, non-Hispanic and 42% were Black & Other, non-Hispanic
- There were no Hispanic deaths due to hypertension during 2020



15

Death Rates Due to Stroke, 2000-2020 Madison County and Florida

- Madison ranked 4th highest in the state for rate of stroke deaths in 2020
- The 2020 death rate per 100,000 population was 71.0, compared to 44.4 for Florida



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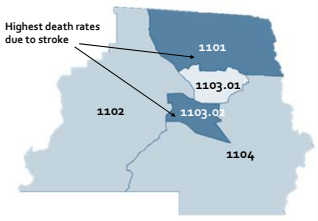
16

Death Rates Due to Stroke, by Census Tract, 2016-2020 Madison County

Madison Data 2016-2020

- More females (57%) died due to stroke than males (43%) during this time period
- 57% of stroke deaths were White, non-Hispanic, 42% were Black & Other, non-Hispanic and 1% were Hispanic



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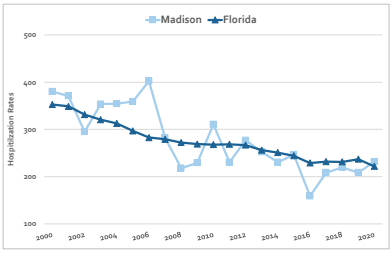
17

Hospitalization Rates Due to Stroke 2000 – 2020, Madison County and Florida

- Hospitalizations due to stroke increased in 2020 and was higher than the state rate
- The 2020 hospitalization rate for non-white persons was 316.7, compared to 179.2 for whites



18

18

Risk Factors for Cardiovascular Disease and Stroke, 2019 BRFSS

	Madison County	Florida
Adults who are current smokers	16.9%	14.8%
Adults who are obese	44.5%	27.0%
Adults who are overweight	30.5%	37.6%
Physical Inactivity	36.0%	26.0%

19

19

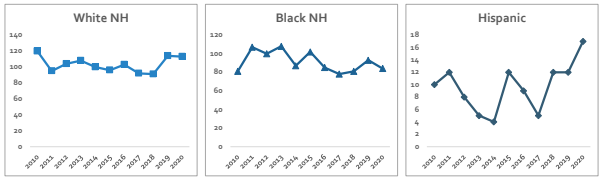
Maternal and Child Health

MATERNAL AND CHILD HEALTH

Data Source: DOH Florida CHARTS, Healthy Start Coalition

1

Birth Trends by Race & Ethnicity Madison County, 2010-2020



2

Leading Causes of Infant Mortality Madison County, 2010-2020 Combined

Cause of Death (N=23)	Percent Total Deaths
Disorders Related to Short Gestation and Low Birth Weight	17%
Other Non-rankable Cause of Death	17%
Newborn Affected by Maternal Complications of Pregnancy	13%
Neonatal Hemorrhage	13%
Sudden Infant Death Syndrome	13%
Unintentional Injuries	9%
Renal Failure & Other Kidney Disorders	4%
Newborn Affected by Complications of Placenta, Cord, and Membranes	4%
Pulmonary Hemorrhage Originating in the Perinatal Period	4%
Necrotizing Enterocolitis of Newborn	4%

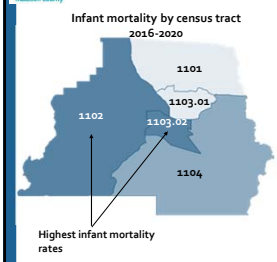
3

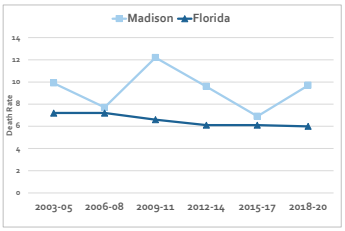
Minority Leading Causes of Infant Mortality Madison County, 2010-2020

Cause of Death (N=19)	Deaths
Other Non-rankable Cause of Death	21%
Newborn Affected by Maternal Complications of Pregnancy	16%
Disorders Related to Short Gestation and Low Birth-Weight, Not Elsewhere Classified	16%
Neonatal Hemorrhage	16%
Unintentional Injuries	11%
Renal Failure & Other Kidney	5%
Newborn Affected by Complications of Placenta, Cord, and Membranes	5%
Pulmonary Hemorrhage Originating in the Perinatal Period	5%
Sudden Infant Death Syndrome	5%

4

Infant Death 3-Year Discrete Rates per 1,000 Live Births (2000/02 – 2018/20)

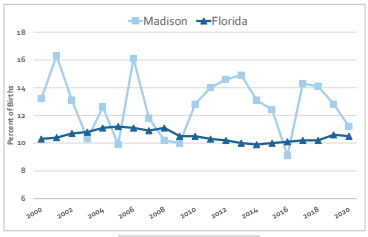




5

Percentage of Total Births Classified as Preterm (2000 – 2020)

- Madison County was ranked in the third quartile for preterm births in 2020
- 7% of all White NH births, 17% of all Black & Other, NH Births and 12% of all Hispanic births were considered preterm



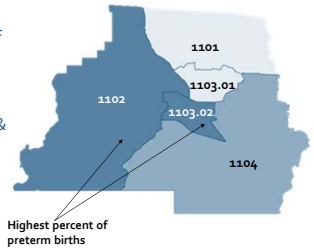
Preterm birth < 37 weeks

6

Preterm Births by Census Tract Madison County, 2016-2020

Madison County 2016-2020

- Madison Total Preterm Births = 121 of 989 total births, or 12%
- 48, or 8%, of the 565 births to White, non-Hispanic women were preterm
- 70, or 17%, of the 423 births to Black & Other, non-Hispanic women were preterm
- 3, or 5%, of the 42 births to Hispanic women were preterm



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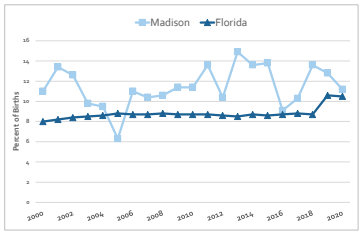
Percent of Total Births Low Birth Weight (2000 – 2020), Madison County and Florida

- Madison County was in the fourth quartile for low birth-weight births in 2020
- 23% of births to Black & Other, non-Hispanic mothers were considered low birth weight in 2020, compared to 18% of births to Hispanic mothers and 6% to White, non-Hispanic mothers



Low birth weight < 2500 grams

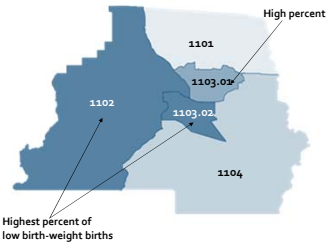
8

8

Madison County Low Birth-Weight Births By Census Tract, 2016-2020

Madison 2016-2020

- Madison Total LBW Births = 118 of 989 total births, or 12%
- 40, or 7%, of the 565 births to White, non-Hispanic women were LBW
- 74, or 17%, of the 423 births to Black & Other, non-Hispanic women were LBW
- 3, or 5%, of the 552 births to Hispanic women were LBW



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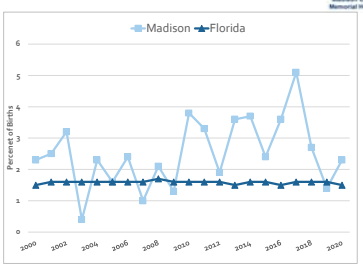
Percent of Total Births Very Low Birth Weight (2000 – 2020)

- Very Low Birth-Weight is a subset of Low Birth-Weight
- Of the 118 low birth-weight births, 29, or 25% were very low birth-weight.
- 6 VLBW births (21%) were White, non-Hispanic, 22 (76%) were Black & Other, non-Hispanic and 1 (3%) was Hispanic.



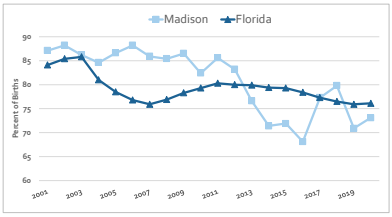
Very low birth weight < 1500 grams

10

10

Percentage of Live Births to Mothers With 1st Trimester Prenatal Care, Madison County and Florida

- Madison County was in the second quartile for this indicator in 2020
- 73% of White NH births, 73% of Black & Other, NH Births and 71% of Hispanic births had first trimester prenatal care in 2020



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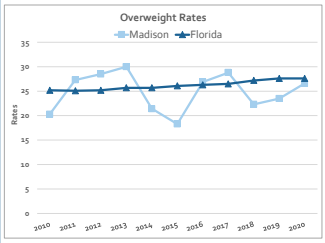
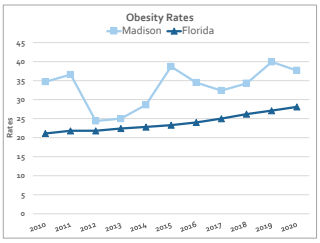
Women Overweight or Obese at the Time of Pregnancy, 2010-2020





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12

Women Overweight or Obese at the Time of Pregnancy, Madison County

2010-2020 Combined Data

- Obesity at the Time of Pregnancy by Race/Ethnicity
  - 29% of White, Non-Hispanic women
  - 42% of Black & Other, Non-Hispanic women
  - 7% of Hispanic women
- Overweight at the Time of Pregnancy by Race/Ethnicity
  - 53% of White, Non-Hispanic women
  - 39% of Black & Other, Non-Hispanic women
  - 8% of Hispanic women

13

Births to Mothers Ages <=19 (2010 – 2020)

Year	<=14	15-17	18-19
2010	0	6	15
2011	0	5	15
2012	0	10	18
2013	2	1	16
2014	0	1	9
2015	1	5	10
2016	0	2	15
2017	0	3	8
2018	0	3	8
2019	0	3	4
2020	0	1	9

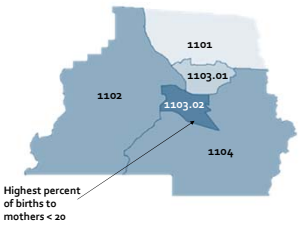
- There were 7 births in 2019 and 10 in 2020 to mothers ages 15-19
- There were no births to mothers under the age of 15 since 2015
- The majority of births were to mothers ages 18-19 for both years, at 57% for 2019 and 90% for 2020

14

Births to Mothers Less Than Age 20 2016-2020, Madison County Census Tracts

2016-2020 Madison County

- There were 56 births to mothers ages <20 during this time frame
- 46% were White, non-Hispanic
- 52% were Black & Other, non-Hispanic
- 2% were Hispanic



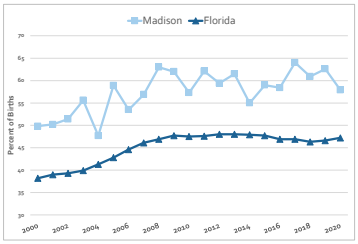
15

Births to Unwed Mothers , 2000-2020 Madison County and Florida

- The 2020 percent of births to unwed mothers in Madison County was 57.9%, higher than the state of Florida of 47.2%

Madison Data 2016-2020

- 44% of all births to White, non-Hispanic mothers
- 83% of all births to Black & Other, non-Hispanic mothers
- 49% of all births to Hispanic mothers



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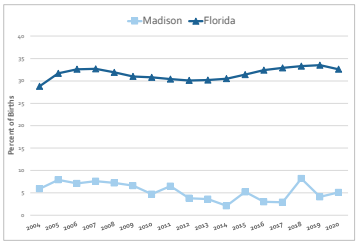
Births to Mothers Born in Other Countries Madison County and Florida

- The 2020 percent of births to foreign-born mothers in Madison County was 5.1%, significantly lower than the state of Florida at 32.6%

Madison Data, 2016-2020

- 7% of births to White, non-Hispanic mothers
- 2% of births to Black & Other, non-Hispanic mothers
- 51% of births to Hispanic mothers



17

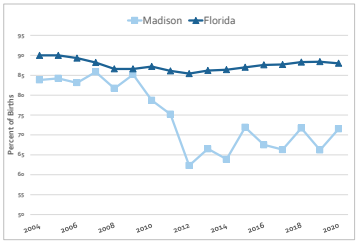
17

Father Acknowledged on Birth Certificate, Madison County and Florida

- The 2020 percent of births where father was acknowledged on the birth certificate in Madison County was 71.5%, significantly lower than the state of Florida at 88.0%

Madison Data, 2016-2020

- 74% of births to White, non-Hispanic mothers
- 62% of births to Black & Other, non-Hispanic mothers
- 87% of births to Hispanic mothers



18

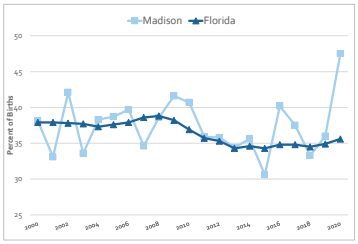
18

Births with Inter-Pregnancy Interval < 18 Months, Madison County and Florida

- The annual percent of repeat births with less than 18 months between pregnancies in Madison County is 47.5%, higher than the state of Florida at 35.6%

Madison Data for 2020

- 30% of repeat births to White, non-Hispanic mothers
- 37.7% of repeat births to Black & Other, non-Hispanic mothers
- 50% of repeat births to Hispanic mothers



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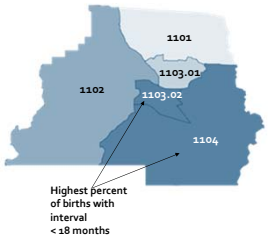
19

Births with Inter-Pregnancy Interval < 18 Months, Madison County, 2016-2020

Madison 2016-2020

- Madison Total = 227 of 582 total repeat births, or 39% were < 18 months apart
- 142, or 42%, of the 251 repeat births to White, non-Hispanic women were < 18 months apart
- 85, or 35%, of the 246 repeat births to Black & Other, non-Hispanic women were < 18 months apart
- 12, or 39%, of the 31 repeat births to Hispanic women were < 18 months apart



Denominators are the number of women giving birth for the second or greater time

20

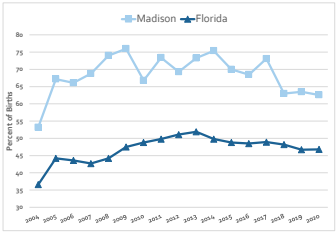
20

Percent of Births Covered by Medicaid 2004-2020, Madison County

- In 2020, the percent of births covered by Medicaid in Madison County was 62.6%, compared to 46.8% of births for Florida

Madison 2016-2020 (66% overall)

- 55% of White NH Births
- 81% of Black & Other NH Births
- 49% of Hispanic Births



21

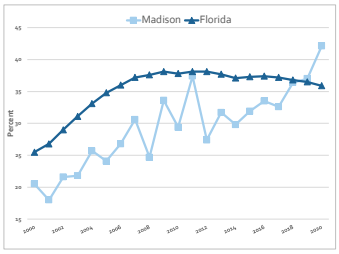
21

Percent of Deliveries by C-Section 2000-2020, Madison County and Florida

- The percent of deliveries by C-section the same for Madison County than the state of Florida
- In 2020, 42.1% of deliveries were via C-section in Madison County and 35.9% for Florida

Madison 2016-2020 (37% overall)

- 37% of White NH Births
- 36% of Black & Other NH Births
- 44% of Hispanic Births

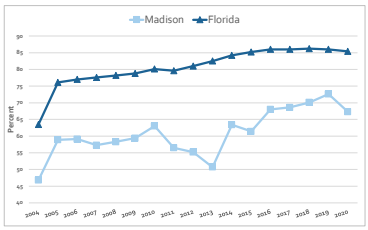


22

Percent of Mothers Who Initiate Breastfeeding, Madison County and Florida

Madison 2016-2020 (69% overall)

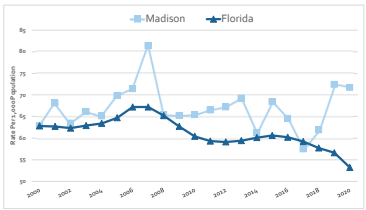
- 81% of White NH Women initiated breastfeeding during the time frame
- 54% of Black & Other NH Women
- 87% of Hispanic Women



23

Fertility Rates for Females Ages 15-44 2000-2020, Madison County and Florida

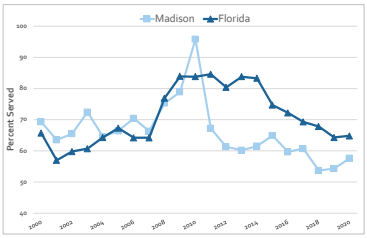
- The fertility rate is the total number of births in a year per 1,000 female population, ages 15-44
- 2020 Rates per 1,000
  - 72.1 overall fertility rate
  - 81.4 for White, non-Hispanic women
  - 61.2 for Black & Other, non-Hispanic women
  - 106.9 for Hispanic women



24

WIC Eligibles Served, 2000-2020 Madison County and Florida

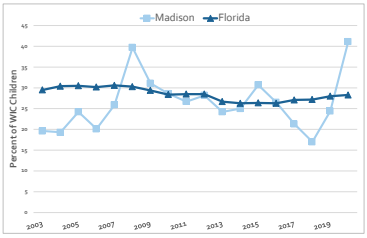
- Madison County's percent of WIC eligible women served in 2020 was 57.6%, compared to 64.8% for Florida.
- The percent for Madison County increased in 2021 to 69.1%, compared to 63.0% for Florida
- The highest percentage attained was 95% in 2010.



25

WIC Children Ages 2+ Overweight or Obese 2003-2020, Madison County and Florida

- Percent of WIC children at least 2 years of age who are overweight or obese is defined as children receiving WIC services who have a body mass index (BMI) per age percentile greater than or equal to the 85th percentile.
- Data not available by gender or race/ethnicity

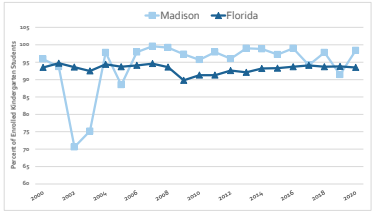


26

Immunization Levels in Kindergarten 2000-2020, Madison County and Florida

Immunized at 2 years old

- The state standard for fully immunized 2-year old children is 95%.
- Madison is one of the counties that are not evaluated on this element due to small numbers.

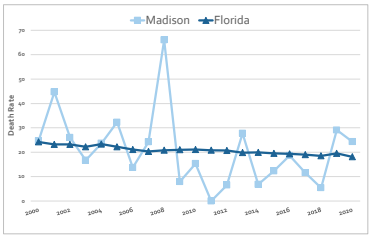


27

Breast Cancer Death Rates, 2000-2020 Madison County and Florida

Madison 2016-2020

- Total of 15 deaths due to breast cancer
- 12, or 80% were White, non-Hispanic and 3, or 20% were Black & Other, non-Hispanic



28

Cervical and Ovarian Cancer Deaths Madison County, 2000-2020

Ovarian Cancer

- Total of 20 deaths due to ovarian cancer
- 13, or 65% were White, non-Hispanic and 7, or 35% were Black & Other, non-Hispanic
- There were no Hispanic deaths during the time frame

Cervical Cancer

- Total of 5 deaths due to cervical cancer
- 4, or 80% were White, non-Hispanic, and 1, 20%, was Black & Other, non-Hispanic.
- There were no Hispanic deaths due to cervical cancer during this time frame

29

Other Maternal, Birth and Young Child Risk Factors, Madison County

- Madison County ranked in the 4th quartile in the 2020 Pregnancy and Young Child Profile for the following:
  - Births among unwed teen mothers ages 15-44
  - Women ages 15-34 with bacterial STIs
  - Births to obese mothers
  - Multiple births
  - Critical congenital heart defects
  - Severe Maternal Morbidity – 10 of 177 births in 2020 alone. Seven of the 10 were Black & Other, non-Hispanic
  - Non-fatal intentional poisonings ages 1-5
  - Children under age 5 covered by KidCare
- 14 Birth defects reported for Madison County during 2014-2018

30

Social and Behavioral Health

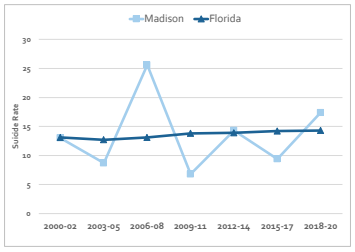
SOCIAL AND BEHAVIORAL HEALTH

Data Source: DOH Florida CHARTS

1

Suicide Death Rates Per 100,000 Population, 3-Year Discrete Rates

- During the time period 2018-2020, the suicide rate for Madison County was 17.1, compared to 14.3 for Florida
- Madison ranked in the second quartile during 2020



2

2019-2020 Comparison – Madison County

There were six suicide deaths in 2019 and three in 2020

By Gender

- In 2019, there were 4 males and 2 females. There were 2 males and 1 female in 2020

By Race/Ethnicity

- White, non-Hispanics accounted for all suicides in 2019 and 2 of 3 in 2020. One suicide in 2020 was Black & Other, non-Hispanic

By Age Group

- In 2019, 2 were in age group 20-24, 1 was in age group 25-34, 2 were in age group 45-54 and one was age 55-64
- In 2020, 1 was age 25-34, 1 was age 35-44 and 1 was age 55-64

3

2019-2020 Comparison – Madison County

By Method

- In 2019, 2 suicides occurred using a firearm, 2 occurred through suffocation and 2 occurred through non-drug poisoning
- In 2020, 2 occurred using a firearm and 1 occurred through suffocation

Non-Fatal Self-Harm Injuries

- There were a total of 21 reported in 2019, of which 5 were hospitalized and 16 were ER visits
- There were a total of 18 reported in 2020, of which 4 were hospitalized and 14 were ER visits

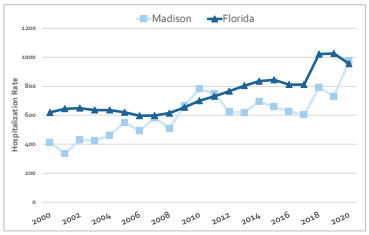
Estimated Seriously Mentally Ill

- There were an estimated 612 seriously mentally ill adults in 2020
- There were an estimated 166 seriously disturbed youth ages 9-17 in 2020

4

Hospitalization Rates per 100,000 Population for Mental Disorders, 2000-2020

- Madison County's hospitalization rate was slightly below Florida's in 2020.
- Some residents may be choosing to seek care in Valdosta



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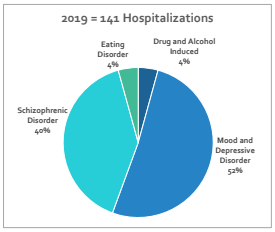
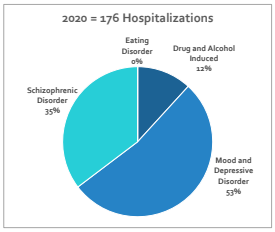
Hospitalizations by Type of Mental Disorder, 2019-2020 Madison County



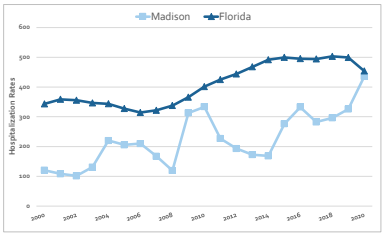


6

Hospitalization Rates per 100,000 Population for Mood & Depressive Disorders

Madison 2010-2020

- 554 hospitalizations
- 64% White NH, 36% Black & Other NH, 0% Hispanic
- Data not available by gender or age group



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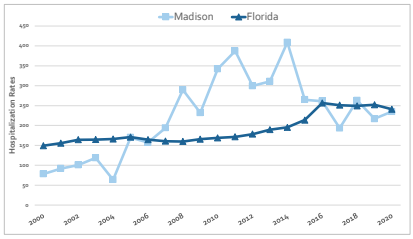
7

Hospitalization Rates per 100,000 Population for Schizophrenic Disorders

Madison 2010-2020

- 654 hospitalizations
- 30% White NH, 70% Black & Other NH, 0% Hispanic
- Data not available by gender or age group



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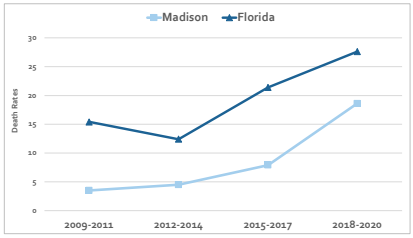
8

Drug Poisoning Death Rates Per 100,000 Population, 3-Year Discrete Rates

- Madison County's rates are below the state's; however, they are increasing
- While the surrounding counties are in the 1st quartile, Madison County ranked in the 2nd quartile in 2020



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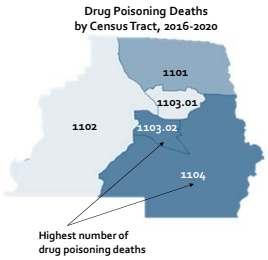
9

Drug Poisoning Deaths, 2016-2020 Madison County

Drug Poisoning Deaths 2016-2020

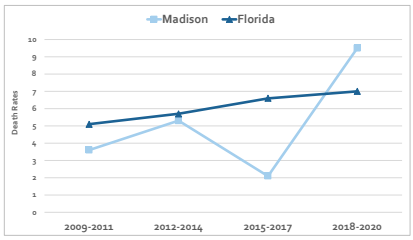
- There were 14 deaths due to drug poisoning during this time period.
- Of these, 11 (73%) were White NH and 3 (27%) were Black & Other NH
- Data are not available by gender, age group or type of drug.



10

Alcoholic Liver Disease Death Rates Per 100,000 Population, 3-Year Discrete Rates

- Madison County's experienced a large increase during 2018-2020
- Madison County ranked in the 3rd quartile in 2020



11

Substance Abuse Dashboard

Madison County

Fatal Overdoses	EMS Non-Fatal Overdoses	Naloxone Administered	Annual Drug Arrests	Prescriptions Dispensed	Neonatal Abstinence Syndrome
2 (Madison 2020)	16 (Madison 2019)	21 (Madison 2019)	38 (Madison 2020)	11,413 (Madison 2020)	0 (Madison 2019)

https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview

12

2020 Overdose Data, Madison County

2020 Indicator	Madison County
Opioid Overdose Deaths	2
Drug Overdose Deaths	2
Opioid Death Rate Per 100,000 Population	8.6
Drug Overdose Death Rate Per 100,000 Population	8.6
EMS Response to Suspected Non-Fatal Opioid Overdose	1
EMS Response to Suspected Non-Fatal Drug Overdose	16
Non-Fatal Drug Overdose ER Visits	16
All Drug Non-fatal Overdose Hospitalizations	10
Naloxone Administered	12

13

Prescriptions and Treatment Madison County

2021 Indicator	Madison County
Number of Opioid Prescriptions Dispensed	8,251
Number of Unique Patients	2,240
Prescriptions Dispensed Per Patient	3.7
Adult Substance Abuse Program Enrollees	16
Child Substance Abuse Program Enrollees	66

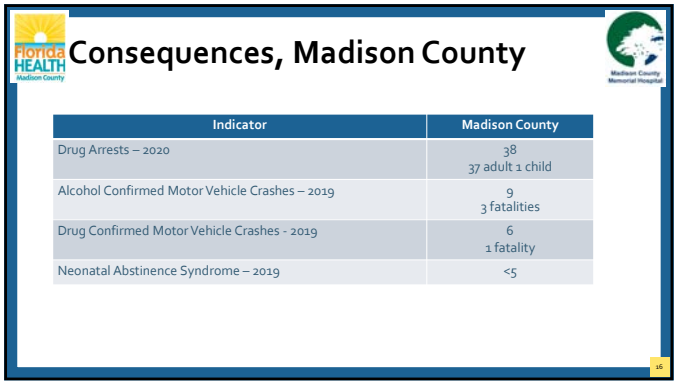
14

Risk Behaviors, Madison County

Indicator	Madison County
% Adults Who Engage in Heavy or Binge Drinking - 2019	12.3%
% Students Who Rode in a Car Driven By Someone Who Had Been Drinking - 2018	12.8%
% Students Using Vape Products with Marijuana Oil - 2020	26.2%

Adult respondents to BRFSS survey and student respondents to YRSB survey

15

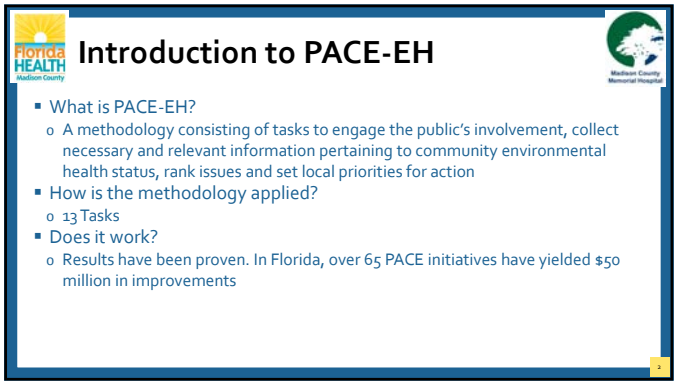

Consequences, Madison County
Indicator
Madison County
Drug Arrests – 2020
38
37 adult 1 child
Alcohol Confirmed Motor Vehicle Crashes – 2019
9
3 fatalities
Drug Confirmed Motor Vehicle Crashes - 2019
6
1 fatality
Neonatal Abstinence Syndrome – 2019
<5
16

16

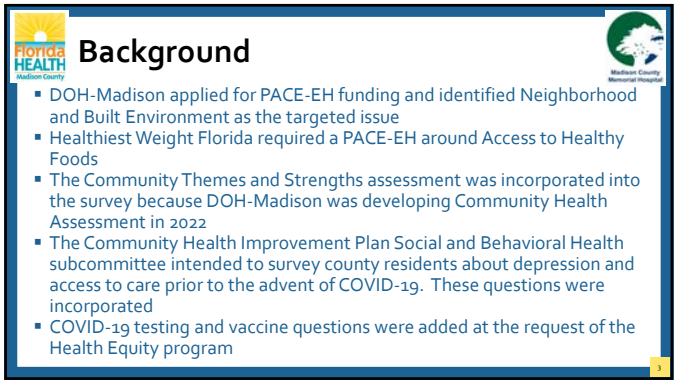
Community Themes and Strengths


Florida HEALTH
Madison County
Madison County Memorial Hospital
MADISON COUNTY
COMMUNITY THEMES AND STRENGTHS
2022 Community Health Assessment
Data as of 11/30/2022

1


Introduction to PACE-EH
What is PACE-EH?
A methodology consisting of tasks to engage the public's involvement, collect necessary and relevant information pertaining to community environmental health status, rank issues and set local priorities for action
How is the methodology applied?
13 Tasks
Does it work?
Results have been proven. In Florida, over 65 PACE initiatives have yielded $50 million in improvements

2


Background
DOH-Madison applied for PACE-EH funding and identified Neighborhood and Built Environment as the targeted issue
Healthiest Weight Florida required a PACE-EH around Access to Healthy Foods
The Community Themes and Strengths assessment was incorporated into the survey because DOH-Madison was developing Community Health Assessment in 2022
The Community Health Improvement Plan Social and Behavioral Health subcommittee intended to survey county residents about depression and access to care prior to the advent of COVID-19. These questions were incorporated
COVID-19 testing and vaccine questions were added at the request of the Health Equity program

3

PACE-EH: Madison County

- The highest poverty rate in the state
- Cut off geographically from metropolitan areas
- Many residents obtain services in Valdosta, GA
- Most eastern county in the Capital Consortium so regional providers do not regularly come to the county

4

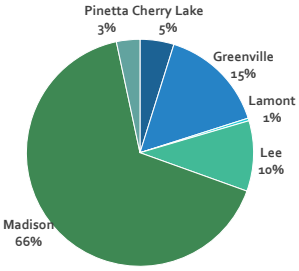
DEMOGRAPHICS

Data Source: PACE-EH Surveys

5

2022 Survey Participants by Residence Area, Madison County

269 Total Surveys Administered



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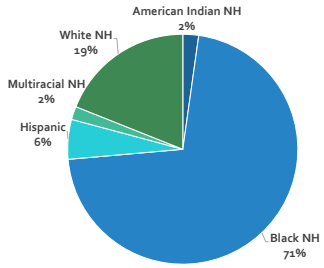
2022 Survey Participants by Race and Ethnicity, Madison County



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7

2022 Survey Participants by Area, Race and Ethnicity, Madison County

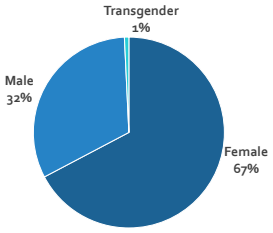
	American Indian	Black	Multiracial	White
Cherry Lake - 13	0%	31%	8%	53%
Greenville-41	0%	80%	0%	12%
Lee – 27	0%	26%	0%	67%
Madison - 178	3%	79%	2%	10%
Pinetta & Lamont - 10	0%	70%	0%	30%

	Hispanic
Cherry Lake	8%
Greenville	7%
Lee	7%
Madison	5%
Pinetta & Lamont	0%

8

8

2022 Survey Participants by Gender Madison County



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9

2022 Survey Participants by Age Group Madison County

Area	18-24	25-29	30-39	40-49	50-59	60-69	70-79	80+
Cherry Lake	15%	0%	15%	8%	38%	0%	15	8
Greenville	0%	2%	17%	20%	17%	34%	7%	2%
Lee	15%	0%	7%	20%	17%	34%	7%	0%
Madison	6%	4%	17%	11%	13%	29%	15%	4%
Lamont/Pinetta	10%	0%	0%	30%	20%	20%	10%	10%
All Participants	6%	3%	15%	15%	16%	28%	13%	4%

10

2022 Survey Participants by Education Madison County

Area	Less Than High School	Some High School	Graduated Or GED	Some College/AA	Bachelor's Degree	Master's Degree/Higher
Cherry Lake	0%	0%	46%	38%	8%	8%
Greenville	12%	10%	46%	22%	7%	2%
Lee	0	11%	37%	22%	22%	7%
Madison	9%	9%	41%	20%	13%	8%
Lamont/Pinetta	0%	0%	20%	50%	10%	20%
All Participants	8%	9%	41%	23%	13%	7%

11

2022 Survey Participants by Employment Status, Madison County

Area	Disabled	Part-time Job	Full-time Job	Retired	Stay-at-Home Parent	Student or Unemployed
Cherry Lake	0%	8%	54%	23%	0%	15%
Greenville	22%	12%	32%	15%	5%	15%
Lee	0%	15%	59%	15%	7%	4%
Madison	16%	6%	31%	29%	2%	15%
Lamont/Pinetta	20%	0%	50%	20%	0%	10%
All Participants	14%	8%	36%	25%	3%	14%

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2022 Survey Participants by Email and Internet Access, Madison County

Area	Access = Yes	Percent of Area Participants
Cherry Lake	10	77%
Greenville	25	61%
Lee	24	89%
Madison	131	74%
Lamont & Pinetta	6	60%
Total	196	73%

13

COMMUNITY VALUES

Data Source: PACE-EH Surveys

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Important for a great community (Choose 3)

Provider	Percent of Responses
Religious or spiritual values	59%
Clean water, air, etc.	44%
Good schools	39%
Good employment opportunities	29%
Affordable housing	26%
Good public transportation	22%
Low crime and safe neighborhoods	19%
Good race relations	18%
Active lifestyle/outdoor activities	12%
Good place to raise children	12%

15

Activities (check all that apply)

Provider	Percent of Responses
Attend church regularly	54%
Register to vote	44%
Visit the library	36%
Visit local parks	33%
Read books or magazines regularly	30%
Exercise three times a week	29%
Volunteer with local groups	17%
Garden as a hobby	14%
Attend local government meetings	14%
Use local rivers or lakes to swim, boat or fish	13%

16

ACCESS TO CARE

Data Source: PACE-EH Surveys

17

Most Important Health Issues
Percent chosen by 269 Participants

Provider	Percent of Responses
Cancer	48%
Infectious Diseases (hepatitis, TB, COVID, etc.)	47%
Diabetes	45%
Obesity, overweight	43%
Dental issues	16%
Sexually transmitted diseases and HIV/AIDS	15%
Heart disease and stroke	15%
Tobacco use	11%
Drug use (prescribed and other)	11%
Mental health issues	9%

Note that respondents could choose up to three issues

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Most Important Health Issues, Black & Other, Non-Hispanic Participants

Provider	Percent of Responses
Infectious Diseases	51%
Cancer	48%
Diabetes	45%
Obesity, overweight	42%
Sexually transmitted diseases and HIV/AIDS	16%
Dental issues	15%
Heart disease and stroke	14%
Tobacco use	11%
Aging problems	7%
Mental health issues	7%

Note that respondents could choose up to three issues
203 Black & Other, Non-Hispanic Participants

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19

Most Important Health Issues, Percent Chosen by 15 Hispanic Participants

Provider	Percent of Responses
Infectious Diseases	53%
Cancer	53%
Diabetes	40%
Obesity, overweight	40%
Sexually transmitted diseases and HIV/AIDS	40%
Dental issues	33%
Aging problems	13%
Mental Health Issues	13%
Domestic Violence	13%
Teen pregnancy	13%

Note that respondents could choose up to three issues

20

20

Most Important Health Issues, White, Non-Hispanic Participants

Provider	Percent of Responses
Obesity, overweight	49%
Cancer	47%
Diabetes	45%
Infectious Diseases	31%
Drug Use (prescribed and other)	22%
Heart disease and stroke	20%
Dental issues	16%
Mental health issues	14%
Aging problems	10%
Tobacco use	10%

Note that respondents could choose up to three issues
51 White, Non-Hispanic Participants

21

21

Most Difficult Health Care Services to Get in Madison County

Provider	Percent of Responses
Dental care including dentures	38%
Primary medical care	38%
Specialty medical care	34%
Mental health care	21%
Hospital care	21%
Vision care	15%
Prenatal/OB/Labor and delivery	13%
Emergency medical care	10%
X-rays or mammograms	9%
Physical therapy	8%

Note that respondents could choose all that apply

22

Type of Health Insurance

Type of Insurance	Number Yes Responses	Percent
Insurance from an employer	72	27%
Medicaid or Medicaid HMO	68	25%
Medicare	64	24%
I do not have any health insurance	32	12%
Other	27	10%
Insurance you pay for yourself like "Obama Care" or Affordable Care Act	15	6%
TRICARE, military or VA benefits	13	5%

Note that respondents could choose all types of insurance that applied to them

23

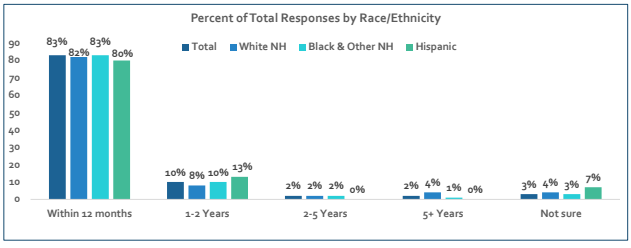
Medical Care Provider

- Question: When you are sick, where do you go for health care? (Choose all that apply)

Provider	Percent of Responses
My family doctor	72%
Hospital emergency room	31%
Any available doctor	5%
Urgent care clinic	5%
Other	3%
VA/Military	3%
Community health center	2%
No medical care	2%
Free clinic	2%
Health department	1%

24

Length of Time Since Last Wellness Exam or Physical



25

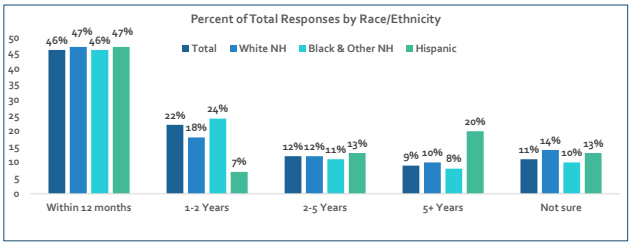
Reasons for Delay in Seeking Medical Care

Type of Insurance	Number Yes Responses	Percent
Lack of transportation	24	9%
Could not get an appointment soon enough	23	9%
Provider did not take my insurance	21	8%
No insurance	21	8%
Could not afford care	20	7%
Could not get an evening or weekend appointment	11	4%
Provider was not taking new patients	6	2%
Language barriers/could not communicate	3	1%
Had medical care within 12 months	170	63%

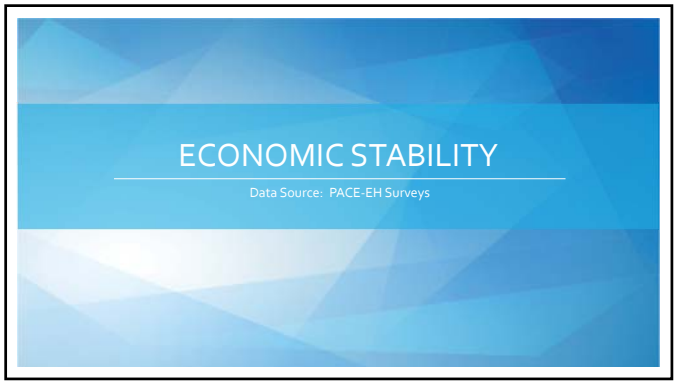
Note that respondents could choose all reasons that applied to them

26

Length of Time Since Last Dental Exam



27



28

Receive Any Public Assistance

Type of Assistance	Percent of Yes Responses
Food assistance	31%
Rent and Utilities	5%
Workforce Assistance	4%
Temporary Cash Assistance	2%

The majority of respondents indicated they did not receive any public assistance. Note that survey participants could choose all responses that applied

29

29

Difficulty Paying For Any of the Following

	Percent of Yes Responses
Utility bills	27%
Food for yourself and/or family	25%
Home repairs	20%
Rent or mortgage	16%
Medical bills and prescription drugs	15%
Transportation costs	14%
Clothing	8%
Childcare	6%
Elder care	6%

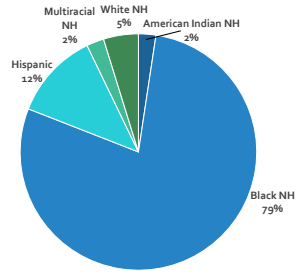
Note that survey participants could choose all responses that applied

30

30

Percent of Respondents Receiving Food Assistance, Madison County

Area	Receiving Food Assistance (Percent of Total)
Cherry Lake	0%
Greenville	32%
Lee	11%
Madison	37%
Lamont & Pinetta	20%



31

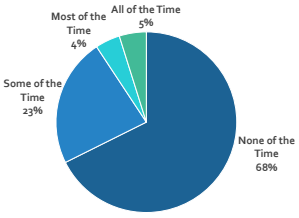
Percent of Respondents Receiving Food Assistance, by Type, Madison County

Area	Receiving SNAP Assistance (Percent of Total)	Accesses Food Banks or Food Distribution (Percent of Total)	Has a Garden At Home (Percent of Total)
Cherry Lake	0%	15%	0%
Greenville	24%	51%	24%
Lee	0%	7%	0%
Madison	25%	29%	7%
Lamont & Pinetta	10%	50%	10%

32

Food Insecurity, Madison County

- In the past year, how often have you skipped a meal or cut down on the size of your meal so others in your house could eat?



Area	Percent
Cherry Lake	23%
Greenville	39%
Lee	15%
Madison	34%
Lamont & Pinetta	30%

33

Food Indicators

- 16% of respondents answered that they went hungry because there was not enough money to buy food in the past year
- 63% of respondents indicated that the cost of food stops them from buying healthy food at least some of the time
- 80% of respondents stated it was very important to eat healthy
- 56% of respondents stated they ate fast food at least once a week or more

34

What would make healthier food choices easier (choose 3)

	Percent of Yes Responses
Less Expensive	84%
More time to prepare/cook meals	32%
Community garden where I can learn to grow food	31%
More farmers markets or farm stand	28%
Knowing how to prepare fruits, vegetables & lean protein	26%
More convenience stores that sell healthy food	25%
Knowing how to grow food/having space to grow food	23%
Having healthy items at food bank/pantry	20%
More grocery stores where I live/work	19%
Public transportation to healthy food markets	12%

35

HOUSING AND NEIGHBORHOOD

Data Source: PACE-EH Surveys

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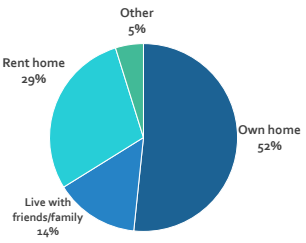
Current Living Situation, Madison County



37

Current Living Situation, by Area
Percent of Respondents

Area	Own Home	Live with friends/family	Rent Home	Other
Cherry Lake - 13	62%	15%	15%	8%
Greenville - 41	51%	15%	22%	12%
Lee - 27	59%	15%	26%	0%
Madison - 178	49%	13%	34%	3%
Lamont & Pinetta - 10	60%	20%	10%	10%

- Of the 79 respondents who were renting their home, 25% stated they were getting rental assistance from the federal government or other source.
- 41% of respondents who were renting their home stated they had difficulty getting the landlord to make repairs

38

Housing Indicators

- 88% of respondents felt safe in their home and 91% of respondents felt safe in their neighborhood
- 63% said their neighborhood had adequate street lighting
- 15% of respondents had no smoke detector, carbon monoxide detector or fire extinguisher in their home
- 53% of respondents said they drank bottled water at home, rather than tap water
- 22% of respondents said they were concerned about bugs in their home

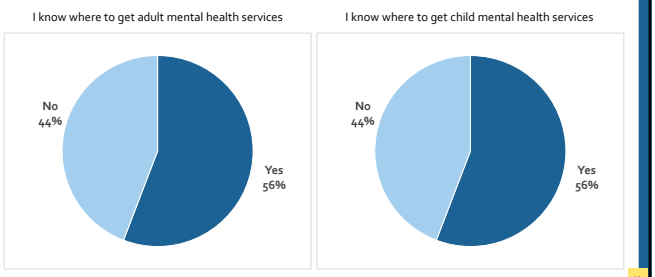
39

SOCIAL AND BEHAVIORAL HEALTH

Data Source: PACE-EH Surveys

40

Mental Health Services



41

Mental Health Indicators

- 74% of respondents stated they could tell when someone was depressed
- 52% of respondents said they knew someone with bipolar disorder
- 34% said they knew someone with schizophrenic disorder
- 46% of respondents said they would not tell anyone if they were diagnosed with a mental illness
- 50% stated they would look for mental health, alcohol or substance use services in a different county

42

Mental health assessment (Past 2 weeks)

Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than ½ the days	Severe, nearly every day
Little interest or pleasure in doing things?	66%	12%	10%	9%	3%
Feeling down, depressed or hopeless?	72%	11%	8%	6%	3%
Feeling more irritated, grouchy or angry than usual?	71%	13%	9%	4%	3%
Sleeping less than usual, but still have a lot of energy?	65%	13%	12%	7%	3%
Starting lots more projects than usual or doing more risky things than usual?	78%	12%	6%	3%	1%
Feeling nervous, anxious, frightened, worried or on edge?	74%	11%	5%	6%	4%

43

43

Mental health assessment (Past 2 weeks)

Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than ½ the days	Severe, nearly every day
Feeling panic or being frightened?	81%	10%	4%	3%	2%
Avoiding situations that make you anxious?	66%	16%	4%	7%	7%
Unexplained aches and pains in your head, back, joints, abdomen or legs?	60%	17%	9%	9%	6%
Feeling that your illnesses are not being taken seriously enough?	79%	8%	6%	4%	4%
Thoughts of actually hurting yourself?	91%	2%	3%	2%	1%
Hearing things other people can't hear, such as voices even when no one was around?	91%	3%	2%	3%	1%

44

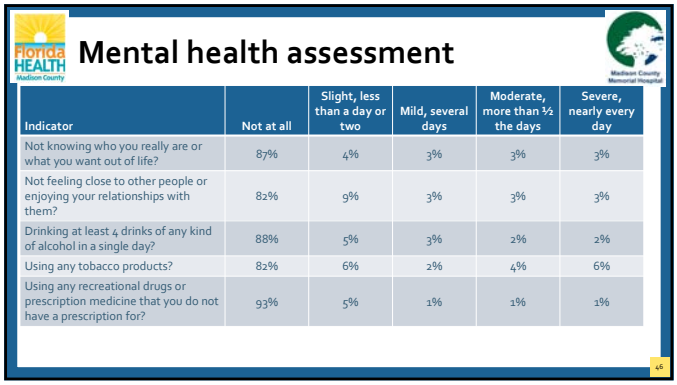
44

Mental health assessment (Past 2 weeks)

Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than ½ the days	Severe, nearly every day
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	89%	3%	3%	4%	1%
Problems with sleep that affected your sleep quality over all?	72%	12%	6%	7%	3%
Unpleasant thoughts, urges or images that repeatedly enter your mind?	87%	6%	3%	3%	1%
Feeling driven to perform certain behaviors or mental acts over and over again?	91%	4%	3%	2%	1%
Feeling detached or distant from yourself, your body, your physical surroundings or your memories?	86%	7%	4%	2%	1%

45

45


Mental health assessment
Florida HEALTH Madison County
Madison County Memorial Hospital
Indicator | Not at all | Slight, less than a day or two | Mild, several days | Moderate, more than ½ the days | Severe, nearly every day
Not knowing who you really are or what you want out of life? | 87% | 4% | 3% | 3% | 3%
Not feeling close to other people or enjoying your relationships with them? | 82% | 9% | 3% | 3% | 3%
Drinking at least 4 drinks of any kind of alcohol in a single day? | 88% | 5% | 3% | 2% | 2%
Using any tobacco products? | 82% | 6% | 2% | 4% | 6%
Using any recreational drugs or prescription medicine that you do not have a prescription for? | 93% | 5% | 1% | 1% | 1%
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Handouts

Break Out Session Questions

Purpose:

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

1) Which area(s) under this priority area do you feel are the most important?

2) What do you think success would look like in five years?

3) What are the barriers to achieving the success you have identified?

4) What agencies and programs in Madison County are involved with this issue?

5) Is there any additional information that would be useful in identifying the main issue or in measuring success?

6) What are our next steps to address this issue?

7) What Social Determinants of Health have an impact on this area?

2022 Community Health Needs Assessment Summit
December 16, 2022

Voting Ballot

Purpose:

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Please choose your top 3 priority areas that you would like to work on over the next 5 years.

____ Reportable Infectious Diseases (Please specify which disease or diseases you want to focus on)
_____

____ Chronic Disease (Please specify which disease or diseases you want to focus on)
_____

____ Maternal & Child Health (Please specify a specific area)
_____

____ Injury & Violence (Please specify a specific area)
_____

____ Social & Behavioral Health (Please specify a specific area)
_____

2022 Community Health Needs Assessment Summit
December 16, 2022
10:00 a.m. to 3:00 p.m.

Evaluation

Purpose:

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

My opinions were valued during this meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

There was enough time for me to provide input during the meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

The topics discussed during the meeting met the needs of my community.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

I think I have a good understanding of Social Determinants of Health and their impact on health outcomes.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

How likely are you to participate in our Community Health Improvement Plan committee meetings?

Not Likely	Somewhat Likely	Likely	Very likely
[]	[]	[]	[]

Please list additional needs for your community that were not discussed today and/or training needs:

If you would like us to follow up with you, please provide the following information:

Name/Email: _____

Phone Number: _____

We value your input!

We are grateful for your attendance and your unwavering commitment to improving the health of Madison County.

THANK YOU FOR JOINING US!

Florida HEALTH Madison County

Madison County Memorial Hospital

Appendix 5
CHIP Distribution List

Name	Organization	Email
Alfred Martin	District 4 County Commissioner	District4@madisoncountyfl.com
Allison Wiman	Big Bend AHEC	awiman@bigbendahec.org
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Heather Flynn	FSU College of Medicine	heather.flynn@med.fsu.edu

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