2023-2026

UNION COUNTY

COMMUNITY HEALTH ASSESSMENT

PUBLISHED JULY 2023 | REVIEW DATE

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In November 2022, WellFlorida Council and the Florida Department of Health Union County began to assemble a team from public health, social services, education, and more to develop and initiate this Community Health Assessment. In collaboration with the ensuing core team, the strategic planning process was carried out according to Mobilizing for Action through Planning and Partnerships (MAPP), an evidence-based, community-driven framework for improving community health. Through data collection, analysis, and discussions, the following 2023 Union County Community Health Assessment document was developed, as well as the accompanying 2023 Bradford County and Union County Community Health Assessment Technical Appendix.

ASSESSMENT	DESCRIPTION	KEY FINDINGS
Community Health Status Assessment	Secondary data covering Demographics, Socioeconomics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, Infectious Diseases, and Health Care Access and Utilization.	• High rates of poverty, population in group quarters, grandparents caring for grandchildren • Low graduation rates and educational attainment • Low life expectancy and high mortality rates due to heart disease, cancer, COVID-19, CLRD, viral hepatitis, infant deaths • High mental health ED visit rates and Baker Acts under 18, High ED visit, dental ED visit, and avoidable discharge rate • Prevalent risky health behaviors including tobacco use, obesity, lack of screening; limited number of facilities and providers
Community Themes and Strengths Assessment	Survey feedback was collected from community members on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Union County.	• Top factors contributing to a health community were access to affordable health care, nutritious foods, and good schools • Top health issues were mental health problems, access to nutritious foods, dental problems, and substance/drug abuse • Vision, dental, and specialty care were most difficult to obtain • 62.9% didn't get needed dental care, 14.3% primary care, 20% mental health care; barriers cited included cost, insurance, appointment and provider availability, and work-related issues
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Union County.	• Social and behavioral trends including increasing tobacco use, especially vaping, and mental health issues • Social factors such as lack of mental health and dental care, limited media outlets, low health literacy, high food insecurity • Economic influences of more people seeking housing, new business developments, and possible agricultural-based grants

Strategic Priorities		
	Food Insecurity **Chronic Diseases**	**Health Literacy** **Tobacco Use and Vaping**

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In November 2022, the Florida Department of Health launched the 2023 Community Health Assessment (CHA) process in Union County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Union County and better understand the causes and contributing factors to health and quality of life in the county; and secondly, to prioritize those identified gaps and concerns that are determined to be strategic priorities so that pressing issues can be addressed through collective community action.

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

Process and Methodology

This comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Strategies to establish the assessment of health equity and health disparities have been included in the Union County MAPP process. Use of the MAPP tools and techniques helped Union County ensure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

Assessments

The health of a community is generally measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex nature of determinants of health, the community health assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. Data was generated from three core assessments to inform the analysis, prioritization, and identification of community health priorities. These assessments are described in further detail below.

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

- Executive Summary

- Introduction and Assessment Methodology

- Organizing for Success and Partnership Development

- Community Health Status Assessment

- Community Themes and Strengths Assessment

- Forces of Change Assessment

- Intersecting Themes and Key Considerations

- Appendices

  ▶ Appendix A – Community Survey

  ▶ Appendix B – Steering Committee Members

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2023 Bradford County and Union County Community Health Assessment Technical Appendix,* which includes analysis of social determinants of health, community health status, and health system assessment. A myriad of secondary data sources were used to examine the health of Union County, including the U.S. Census Bureau, the Florida Agency for Health Care Administration, the Florida Department of Health's Florida HealthCHARTS, and the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Union County. More information on ZCTAs as well as a list of ZCTAs for Union County can be found in the Technical Notes section of the *2023 Bradford County and Union County Community Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 34601 Brooksville. Through the analysis of data on these indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: "How healthy is the community?".

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community's input and perspective into the health problems and needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large, garnering 35 responses. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report and seeks to understand "What is important to the community?" and "How is health and quality of life perceived in the community?".

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on May 11, 2023, with the Union County Community Health Assessment Steering Committee and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on "What is occurring or might occur that affects the health of the community and/or health system?".

Intersecting Themes and Key Considerations

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the assessments. Identification and prioritization of strategic issues based on intersecting themes are discussed here as well. The narrative report concludes with a resource list of planning assets with promising, model

practices as well as evidence-based interventions for addressing the identified issues. Recommendations for addressing the identified needs are listed in the Key Considerations section.

Identified Health Priorities

The CHA Steering Committee members reviewed the assessment data and findings from the entire community health assessment process. After discussion and consensus, the Steering Committee arrived at the four (4) strategic priority issue areas listed below:

- Food Insecurity
  - ▶ Focus on affordability
  - ▶ Invest in Blessing Boxes through the Department of Health
  - ▶ Consider developing a farm share or Farmer's Market program
  - ▶ Contact and consider pursuing funding through Catholic Charities
- Health Literacy
  - ▶ Mental health and substance misuse
  - ▶ Chronic disease prevention and management
  - ▶ Education on resources and how to access them
  - ▶ How to care for self
    - ▪ Physical activity
    - ▪ Nutrition
- Chronic Diseases
  - ▶ Health literacy and education, especially on existing resources
  - ▶ Alzheimer's Disease
    - ▪ Engaging adults in educational classes
- Tobacco Use and Vaping
  - ▶ Especially in the school systems
  - ▶ Educational campaigns
  - ▶ CivCom and SWAT (Students Working Against Tobacco)
    - ▪ CivCom has grant for tobacco interventions
  - ▶ Partner with Suwannee River AHEC (Area Health Education Center)

Action and Implementation

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

FIGURE 1: MAPP PROCESS DIAGRAM

Source: National Association of County and City Health Officials (N.D.). Community Health Assessment and Improvement Planning. Retrieved August 8, 2019, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment
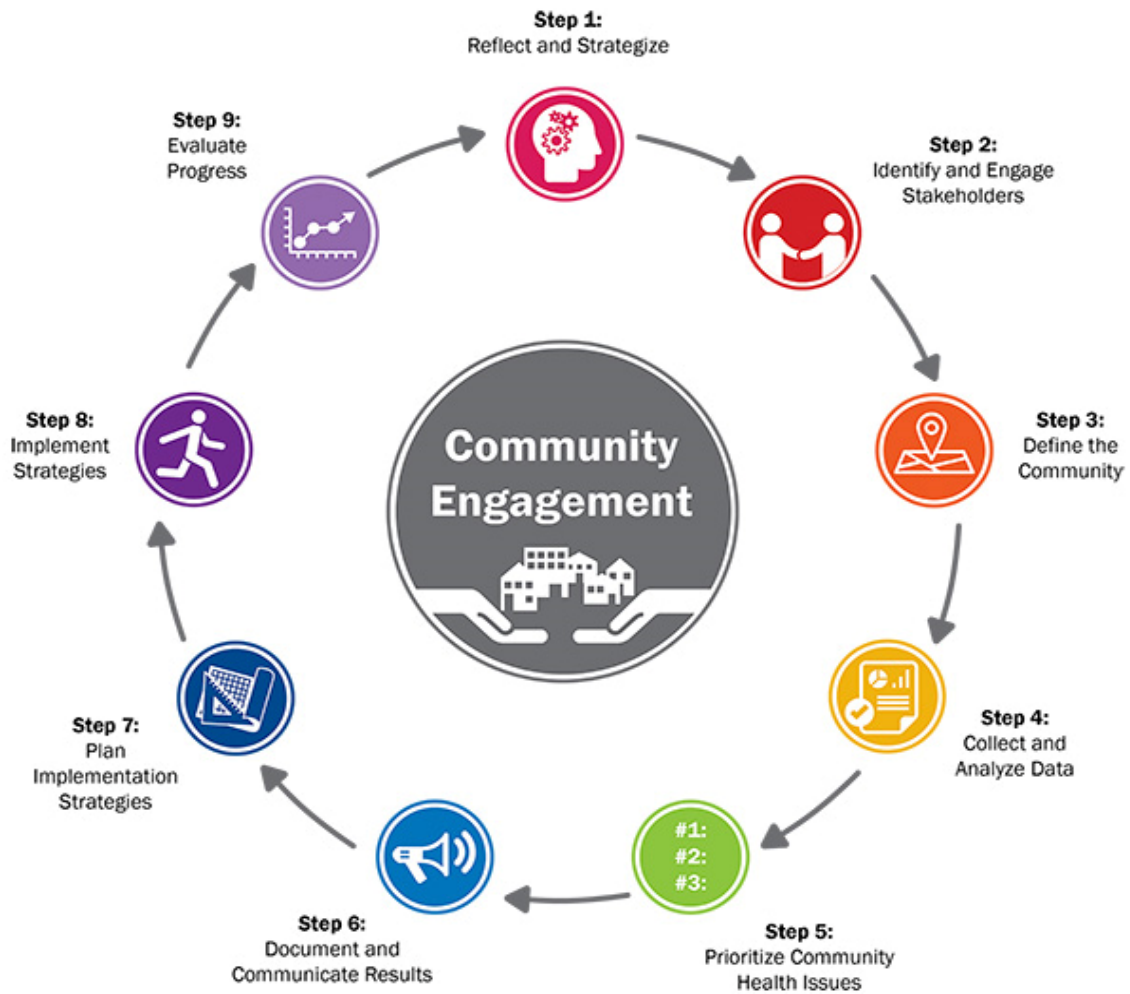
Source: Association for Community Health Improvement (N.D.). Community Health Assessment toolkit. Retrieved August 3, 2022. https://www.healthycommunities.org/resources/community-health-assessmenttoolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHA)%20process%20every%20three%20years

Using the Community Health Assessment

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

- To accurately depict the key health issues of Union County based on common themes from the core MAPP assessments

- To identify strategic issues and some potential approaches to addressing these issues

- To inform the next phase of the MAPP-based assessment and health improvement planning process; that is, the development of the Community Health Improvement Plan (CHIP)

- To provide the community with a rich data compendium as a resource for ongoing program intervention and policy development and implementation as well as evaluation of community health improvement efforts and outcomes

Technical Appendix

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

ORGANIZING FOR SUCCESS, PARTNERSHIP DEVELOPMENT, AND VISIONING

Organizing for Success and Partnership Development

Having broad community representation during the Community Health Assessment process is critical to accurately identifying and reflecting the health issues and needs of the community. Therefore, a diverse array of community leaders and organizations were invited to partake in the assessment process as Steering Committee members. In total, 21 Steering Committee members were involved. Their names and titles are provided in Appendix B.

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

At the January 11, 2023 Union County Community Health Assessment meeting, Steering Committee members reflected on how to assure wider, more diverse representation of community partner organizations as well as the community at large in the overall assessment process. Steering Committee members discussed the following questions:

- Are there any populations or groups not represented here today?

- Are there other community partnerships or coalitions that should be part of the assessment process?

- How can we assure the community at large has a voice?

- Do we periodically assess who needs to be at the table and involved?

- Are we a welcoming group? Do we use partners' time wisely?

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

Organizations, Partnerships, Groups, or Populations	
School district	Mental health organizations, such as Meridian
Peaceful Paths	Hospital
Sheriff/Law Enforcement	Local government officials
Department of Corrections	Institute of Food and Agricultural Sciences (IFAS)/Agricultural Community
Housing Authority	Partnership For Strong Families/Department of Children and Families/Children's Advocacy Center
Impact Center	Churches
Women's Club	Library
Senior centers	Newspaper

Source: Union County diversity and equity discussion results, January 11, 2023. Prepared by WellFlorida Council, 2023.

Survey Content, Distribution, and Participation

At their January 11, 2023 Kickoff Meeting, WellFlorida Council presented the possibility of including three (3) optional COVID-related questions in the community member survey. It was determined that the final decision would be further considered by the core team, which ultimately elected to omit them.

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

- Using two-sided "post-card" sized flyers with a Bradford County QR code/survey advertisement on one side and Union County on the other

- School newsletter

- Housing authority

- IGA community board

- Community center in Worthington Springs

- Make the survey part of the health department check-in process

- Send out via school distribution list

- Post flyers at local businesses

- Add to intake/screening process for community partners

- Make posters with QR code for community fair

Additionally, the survey timeline was designed to encompass as many community events and promotional opportunities as possible. With a launch date of February 3rd, the survey was open for the February 4th Bradford/Union County Chamber of Commerce Banquet and February 4th food distribution event, as well as the community fair at the beginning of March.

Visioning

At their kick-off meeting on January 11, 2023, the Union Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Union County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed for a healthy Union County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Two categories of health care system attributes and attitude, behavior, and social environment emerged. The following table summarizes the mentioned attributes and factors that define health and a healthy Union County.

Health Care System Attributes	Attitude, Behavior, and Social Environment
Access	Improved education and health literacy
Affordability	A good school system
Equal access to health system	Personal choice with opportunity
Sufficient providers	Collaboration
Mental health providers	Trust
	Understanding of consent
	Healthy weight without unrealistic expectations of perfect BMI
	Health focus from community leaders
	Community buy-in
	Comprehensive sex education from a younger age

Source: Union County visioning exercise results, January 11, 2023. Prepared by WellFlorida Council, 2023.

Participants were encouraged to continue to keep these concepts in mind in order to focus future discussions and efforts in the community health assessment process.

2022-2023 Union County Community Health Assessment Planning Process Timeline

November – December, 2022

Planning with Funders

January 11, 2023

Kickoff Meeting

- Convene Steering Committee
- Plan Assessment process

February – April, 2023

Data Collection and Analysis

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

May 11, 2023

Forces of Change Assessment Meeting

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

May 24, 2023

Meeting to Identify Priority Health Issues

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

June 15, 2023

Community Health Assessment Publication

- Publish Community Health Assessment report
- Evaluate CHA Process

COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

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

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

- Demographics and Socioeconomics

- Mortality and Morbidity

- Health Care Access and Utilization

- Behavioral Risk Factors

- Health Disparities

- Social Determinants of Health

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

Demographics and Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The 2023 Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Union County demographic and socioeconomic profile. Some key characteristics that set Union County apart are its rural setting, somewhat younger population, lower median household incomes, higher poverty rates, and the high percentage of institutionalized residents, mainly in correctional facilities.

Population

The 2020 U.S. Census recorded Union County's population at 16,147. The University of Florida Bureau of Economic Business Research population estimates for 2022 report a small decrease to 15,550 individuals. According to the 2020 Census numbers, 17.2 percent of the population lives in Lake Butler, 3.8 percent in Worthington Springs, 2.0 percent in Raiford, and approximately 77.0 percent in unincorporated areas; this last number contrasting with just 49.6 percent of Florida (Tables 2 and 3, 2023 Technical Appendix).

Furthermore, Union County contains roughly 1,436 Veterans, making up 11.1 percent of the overall county population. This number is substantially above the state rate of 8.2 percent of Florida (Table 18, 2023 Technical Appendix).

Race

At the time of this Community Health Assessment, the only detailed 2020 US Census data available was by race. The breakdown is shown in Figure 3. In summary, Union County is primarily White (73.7 percent of the population), with the next largest racial category being Black (20.0 percent), then Two or More Races (3.8 percent).

FIGURE 3: PERCENTAGE POPULATION BY RACE, UNION COUNTY AND FLORIDA, 2020 US CENSUS DATA
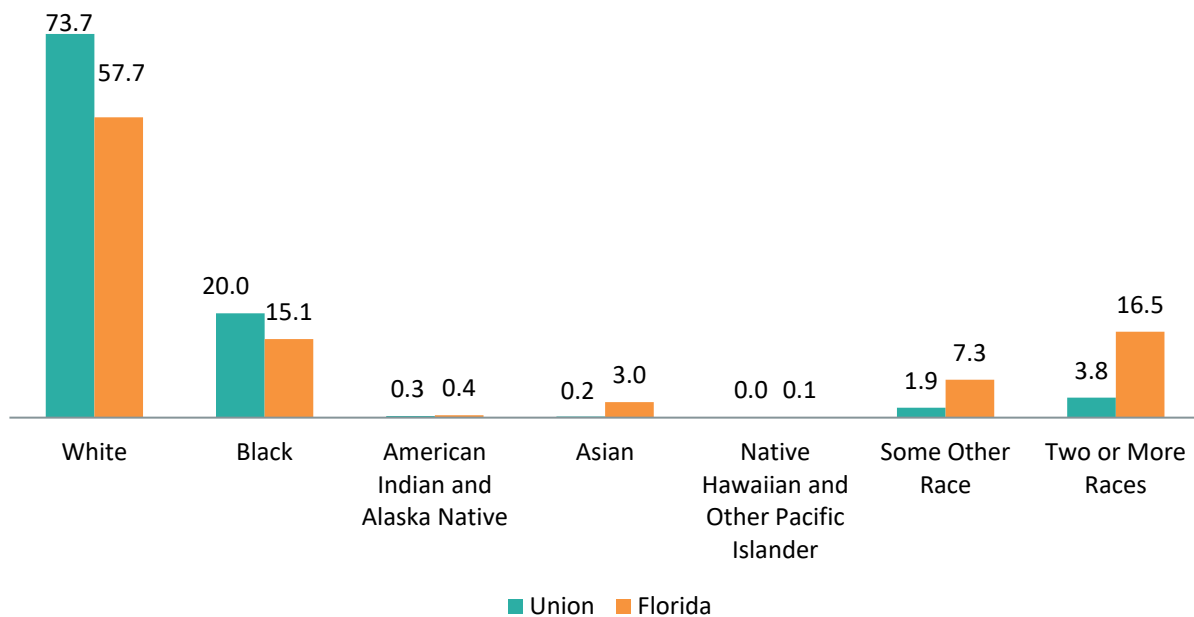
Source: Table 4, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The 2020 US Census data provides a valuable snapshot of the exact demographics of Union County and Florida in 2020. However, most of the data in this report refers to calculations based on the 2017-2021 American Community Survey (ACS) estimates, including all the zip code level data. The ACS estimates are a five-year average that is updated every year; for example, the current set of estimates is for 2017-2021, while the upcoming set of estimates will be for 2018-2022. Although both the US Census and ACS estimates are conducted by the US Census Bureau, only the official US Census is administered to the entire population; the ACS is completed by only a subset of the population, and is therefore an estimate, not an official count. Since detailed breakdown of the US Census data is not yet publicly available, including zip code level data, for the rest of this report we will be using the 2017-

2021 ACS estimates, and the population of Union County will be considered 16,141, according to these most recent ACS estimate, unless specified otherwise (Table 5, 2023 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2023 Technical Appendix.

2020 US Census data also provides valuable insight into Union County's exact racial distribution but was not used by most of the sources and estimates made in this report. Hence, it is also wise to consider overall racial distribution according to the 2017-2021 ACS estimates. This places 71.9 percent of the Union County population as White, 18.3 percent as Black, 8.0 percent as Two or More Races, 0.2 percent as Asian Only, 0.7 percent as American Indian or Alaska Native Only, and 0.9 percent as Some Other Race (Table 5, 2023 Technical Appendix).

Ethnicity

Further considering the 2017-2021 ACS estimates, an estimated 5.9 percent of the Union County population identifies as Hispanic or Latino, paling in comparison to a full 26.2 percent of Florida. Most Union County Hispanics reside in 32054 Lake Butler, making up 5.6 percent of the ZCTA (Table 6, 2023 Technical Appendix).

Sex

Sixty-five and a half percent (65.5) of the Union County population is estimated to be male according to 2017-2021 ACS figures. The largest discrepancy found by sex by ZCTA is in 32083 Raiford at 63.6 percent male and 36.4 percent female (Table 7, 2022 Technical Appendix).

Age

Union County has a slightly greater working age population than the state, with 64.7 percent residing between the ages of 18 and 64, compared to 59.7 percent of Florida. In contrast, Florida has a slightly greater retirement age population than Union County, with 20.4 percent of the state population at or above 65 years of age compared to just 15.5 percent of the county (Table 8, 2023 Technical Appendix). Figure 4 below displays more details of the age distribution of Union versus the state.

	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+
■ Union	5.1	5.7	5.5	10.8	16.2	13.7	13.9	13.7	15.5
■ Florida	5.2	5.4	5.9	11.6	12.9	12.3	12.8	13.6	20.4

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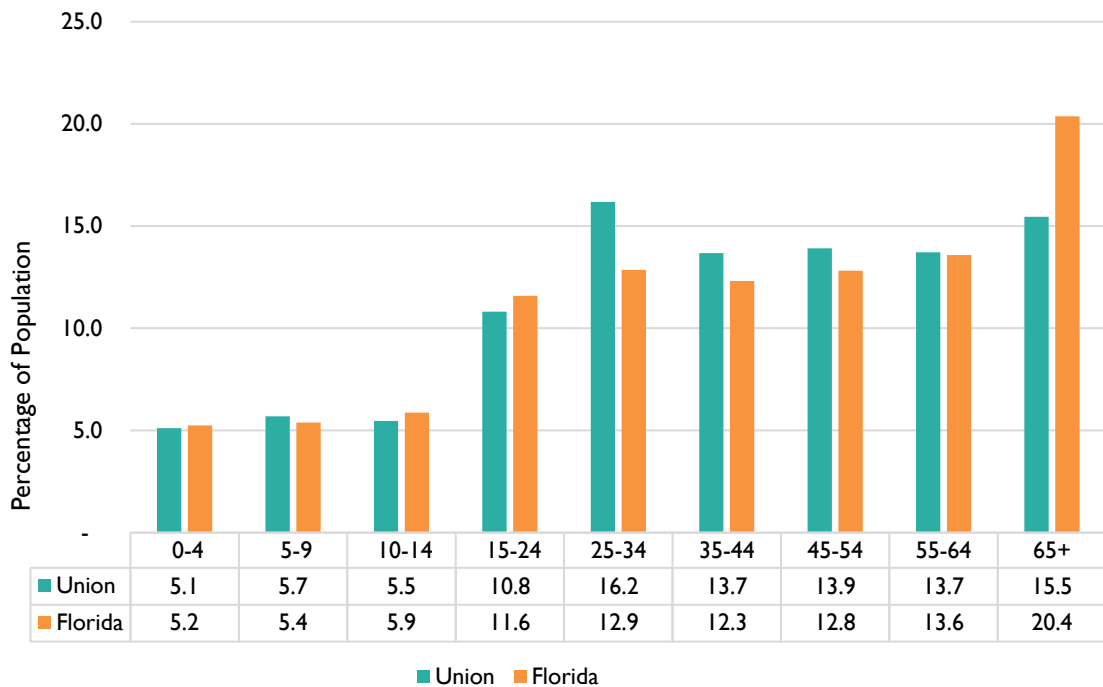
Source: Table 8, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By ZCTA, 32054 Lake Butler has the largest percentage of its population over the age of 65 (15.8 percent), and 32083 Raiford has the largest percentage of its population under the age of 18 (24.5 percent). This data is with respect to Table 8 of the 2023 Technical Appendix.

When examining intersections between age and other demographic elements of the Union County population, a few interesting factors may be noted. For one, a greater percentage of the Union County female population is retirement age (18.9 percent) as compared to the male population (13.7 percent). There is also a much greater percentage of males that are adults ages 18-64 (71.5 percent) as compared to females (51.7 percent). Similarly, a greater percentage of the Union County White population is retirement age (16.8 percent) as compared to the Black population (13.0 percent), and the Hispanic population depicts a particularly low rate of seniors ages 65+ at just 6.9 percent of the Hispanic population (Tables 9-12, 2023 Technical Appendix).

Families and Households

The US Census Bureau defines a family as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Meanwhile, a household is any group of people living together or an individual living alone, and hence includes both family households and non-family households. Union County is home to approximately 2,942 families according to the most recent 2017-2021 ACS estimates, of which the average family size is 2.99 people (3.16 for Florida). Most of these families are Married Couple families, followed by Female Householder, No Husband Present families, then Male Householder, No Wife Present. When looking at overall households – amounting to 4,064 in Union County – the average household size comes to just 2.56 individuals, roughly equal to the state average of 2.57 (Tables 16-17, 2023 Technical Appendix).

According to the same estimates, about 76.3 percent of grandparent householders are responsible for their own grandchildren under the age of 18. This same figure is only 44.1 percent for Florida overall. In particular, in 32054

Lake Butler, 77.6 percent of grandparent householders are responsible for their own grandchildren under 18. Among these households in Union County, 79.7 percent have a parent present, contrasting with only 63.9 percent in Florida as a whole (Tables 14-15, 2023 Technical Appendix).

According to 2017-2021 ACS estimates, approximately 5,754 individuals in Union County live in group quarters, which include correctional institutions and nursing homes, comprising 35.6 percent of the population. This is markedly higher than just 1.9 percent of Florida (Table 13, 2023 Technical Appendix).

Languages Spoken

Additional ACS data considers the languages spoken by Union County residents ages five (5) and older. Among this demographic, 95.0 percent speak only English (compared to 70.2 percent of Florida), and among those who speak other languages, 21.6 percent speak English less than "Very Well" (compared to 39.6 percent of Florida). Roughly three-quarters (3/4) of these individuals speak Spanish, about 18 percent speak other Indo-European languages, and about four (4) percent speak Asian and Pacific Island languages (Table 19, 2023 Technical Appendix).

Life Expectancy

Table 3 presents life expectancy by sex for Union County and Florida. In summary, Union County residents on average live a staggering 11.5 years less than their Florida counterparts, and average life expectancy has been decreasing compared to previous estimates.

TABLE 3: LIFE EXPECTANCY BY SEX, UNION COUNTY AND FLORIDA, 2018-2020

	Union County	Florida
Overall	67.9	79.4
Females	75.0	82.3
Males	65.3	76.5

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

Life expectancy also demonstrates slight variations by race, with Black Union County residents living an average of 68.3 years and White Union County residents just 67.6. These numbers compare to 76.7 years for Black Floridians and 79.7 years for White Floridians (Table 20, 2023 Technical Appendix).

Economic Characteristics

Poverty

The US Census Bureau Small Area Income and Poverty 2021 estimates place poverty rates for Union County at 22.7 percent of the population overall and 24.3 percent of children under 18; Florida rates are lower in both categories at 13.2 percent overall and 18.4 percent of children in poverty (Table 21, 2023 Technical Appendix).

FIGURE 5: POVERTY RATES AMONG ALL AGES, UNION COUNTY AND FLORIDA, 2017-2021
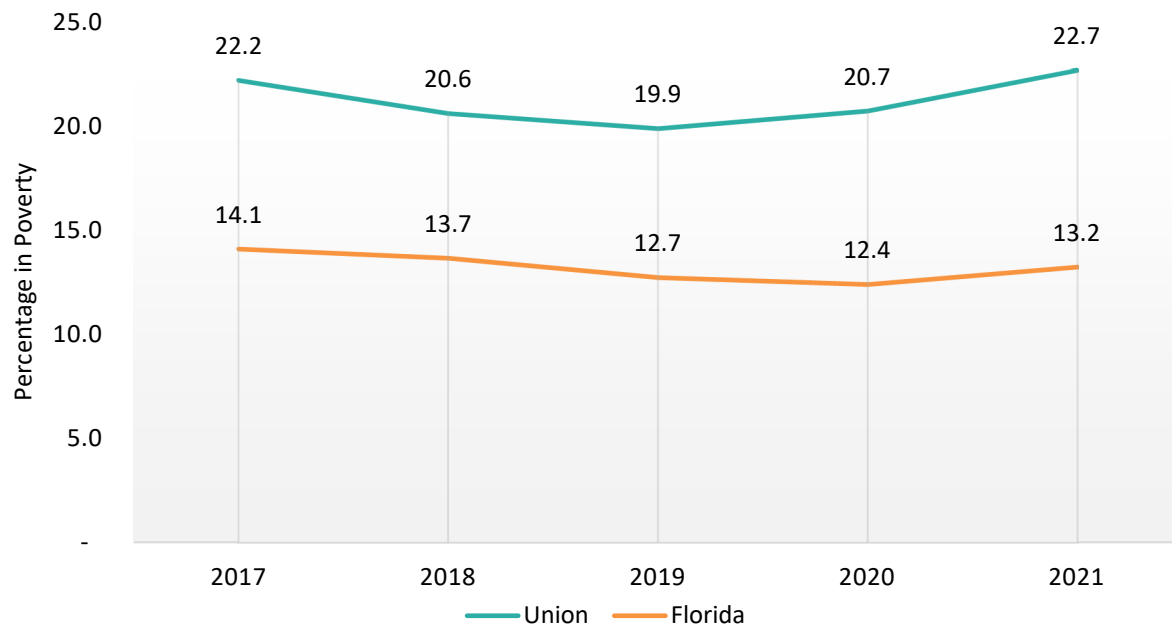
Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

FIGURE 6: CHILDREN IN POVERTY ESTIMATES, UNION COUNTY AND FLORIDA, 2017-2021
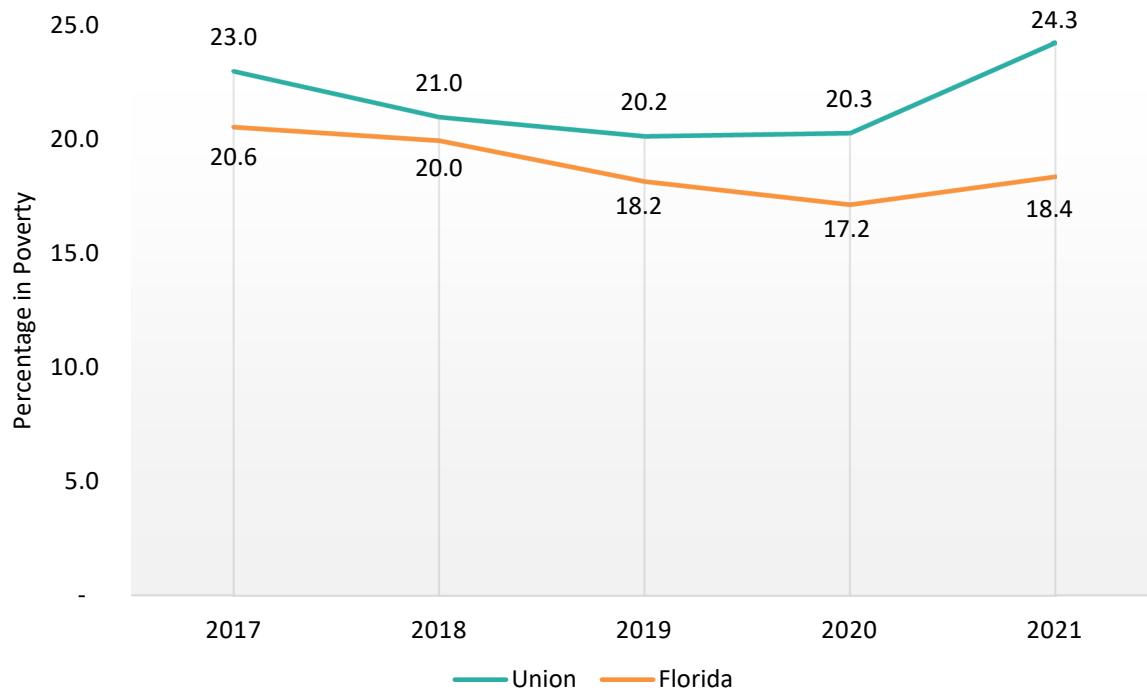
Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The ACS also creates estimates of poverty levels throughout the United States and provides a more detailed breakdown of poverty levels by income, ZCTA, race, and ethnicity. Since these 2017-2021 ACS estimates use a

different sample and different methodology, the numbers are slightly different from the 2021 US Census Bureau Small Area Income and Poverty estimates. Specifically, the ACS posits that 17.0 percent of Union County overall is in poverty (13.1 for Florida), and 23.3 percent of Union County children are in poverty (18.2 for Florida). This data also shows that 32697 Worthington Springs has the highest rate of poverty among all individuals in Union County at 35.4 percent of the population, as well as among children at 35.3 percent (Table 22, 2023 Technical Appendix).

By sex, poverty rates are marginally higher among females in Union County (17.5 percent) as compared to males in Union County (16.5 percent), both being greater than their state counterparts (14.1 percent and 12.0 percent, respectively) (Table 25, 2023 Technical Appendix).

By households, 13.6 percent of family households and 15.4 percent of all households are in poverty within Union County. Specifically, Male Householder, No Wife Present families depict the highest rate of poverty at 37.0 percent of these households living below the poverty line (Table 27, 2023 Technical Appendix).

A more detailed breakdown of poverty by race and ethnicity can be seen in Figure 7.

FIGURE 7: ESTIMATED PERCENT OF PERSONS IN POVERTY BY SELECTED RACES AND ETHNICITY, UNION COUNTY AND FLORIDA, 2017-2021
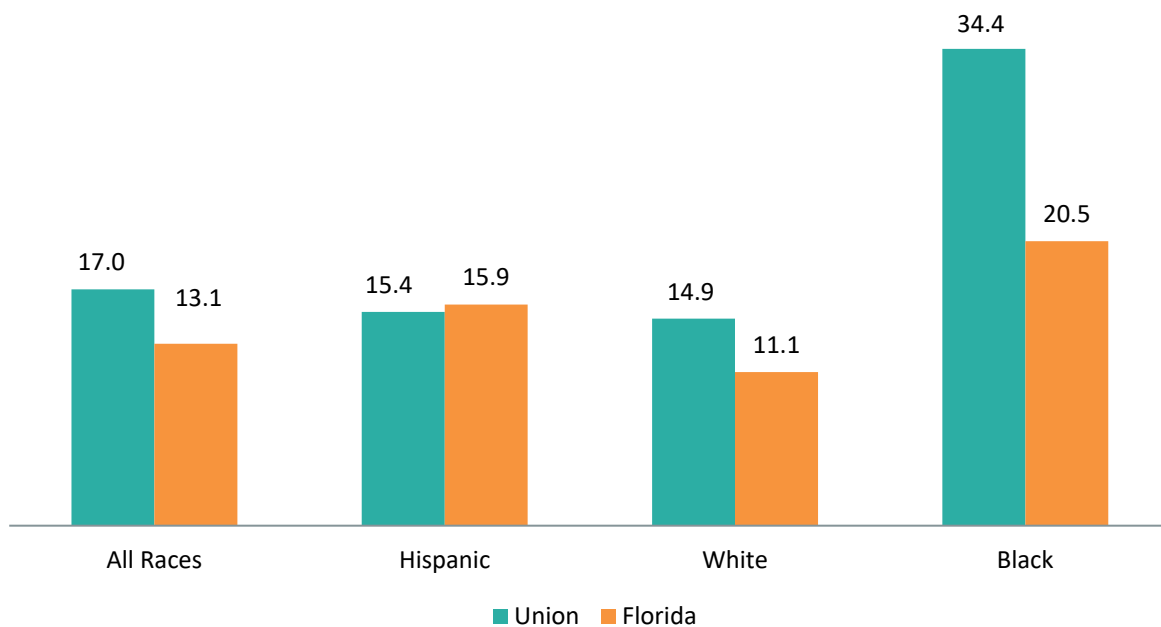
Source: Table 26, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

ALICE Households

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

The ALICE report calculates household survival budgets by family type and size in an attempt to reflect the minimum income necessary to meet basic living expenses within a county or state. For example, the household survival budget for a single adult in Union County is estimated at $24,996 per year, and for a household of two (2) adults with two (2) children in childcare, that number rises to $61,140. ALICE households are therefore households that earn more than the federal poverty guidelines but less than these household survival budgets. Within Union County, 28.0 percent of households meet the guidelines to be ALICE households. Within Florida overall, this number is 32.0 percent. The number of ALICE households is particularly high among seniors 65 and over, with 38.0 percent being categorized as ALICE households in Union County, but slightly lower than Florida's ALICE households among seniors 65 and over, with 40.0 percent being categorized as ALICE households.

Income

Median household income varies by race, as shown by the ACS 2017-2021 estimates in Figure 8. The ZCTA with the lowest median income among All Races is 32054 Lake Butler at 54,696 dollars per household (Table 30, 2023 Technical Appendix).

FIGURE 8: MEDIAN HOUSEHOLD INCOME BY RACE, UNION COUNTY AND FLORIDA, 2017-2021
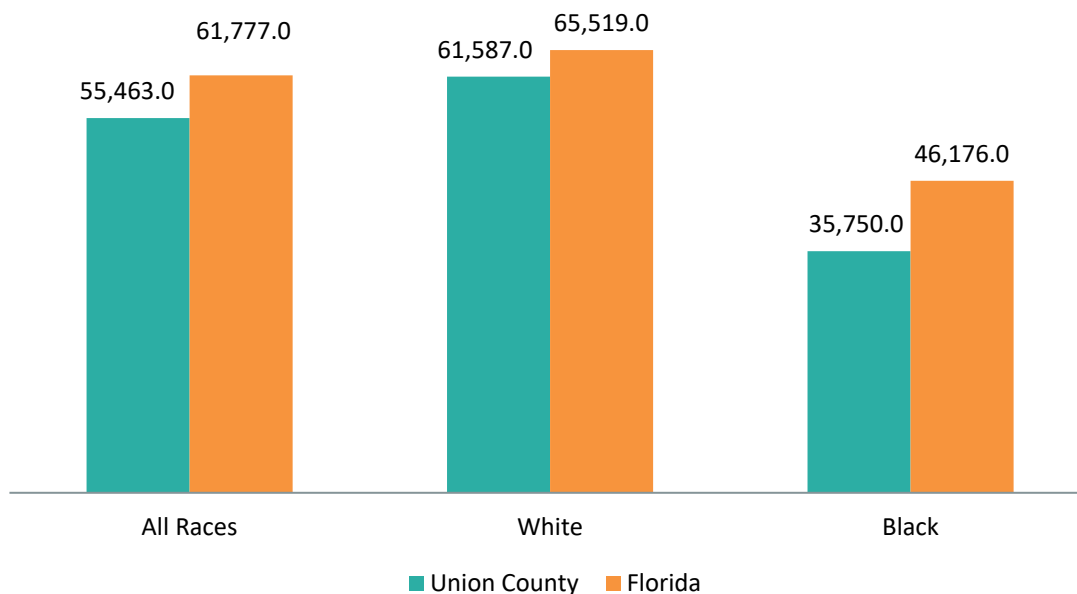
Source: Table 30, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Average household income shows similar trends, with Union County average household income coming in at 76,378 dollars compared to 88,267 dollars for Florida. Per capita income for Union County and Florida can also be seen by race and ethnicity in Figure 9 on the next page. The discrepancies between White income and Black income as well as between All Races income and Hispanic income are particularly striking. By ZCTA, the lowest per capita income by race and ethnicity can be found among Hispanic residents of 32083 Raiford at just 3,274 dollars per person (Tables 31 and 32, 2023 Technical Appendix).
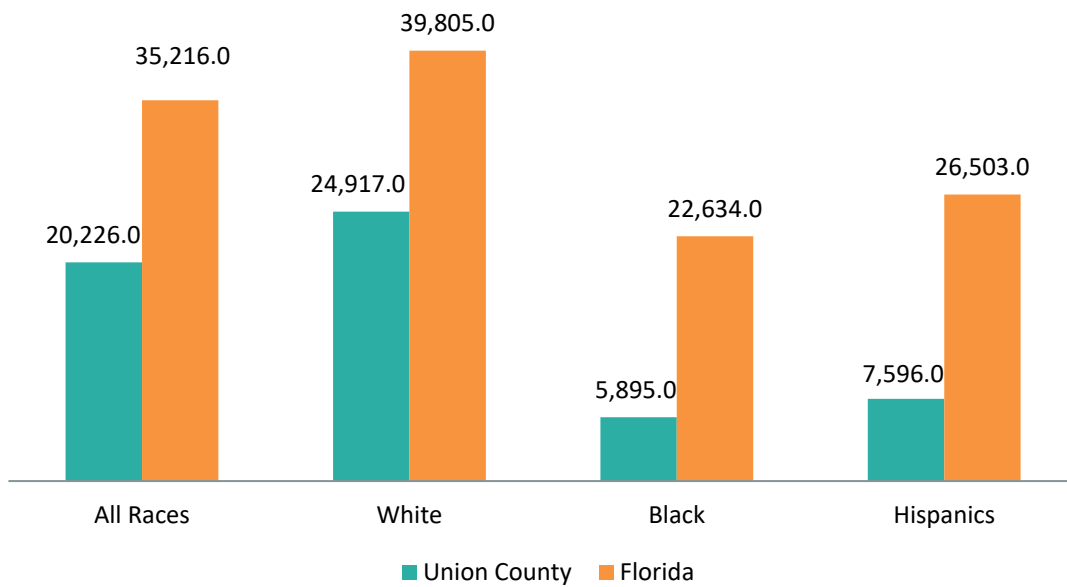
Source: Table 32, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Employment

Over the past five (5) years of data available from 2017-2021, Union County unemployment rates have generally been slightly lower than the state. More details are presented in Figure 10. It is also of note that the ZCTA with the highest unemployment rate during these five (5) years was 32697 Worthington Springs at 6.6 percent of the population, while the lowest could be found in 32083 Raiford with only 1.6 percent unemployment (Table 37, 2023 Technical Appendix).
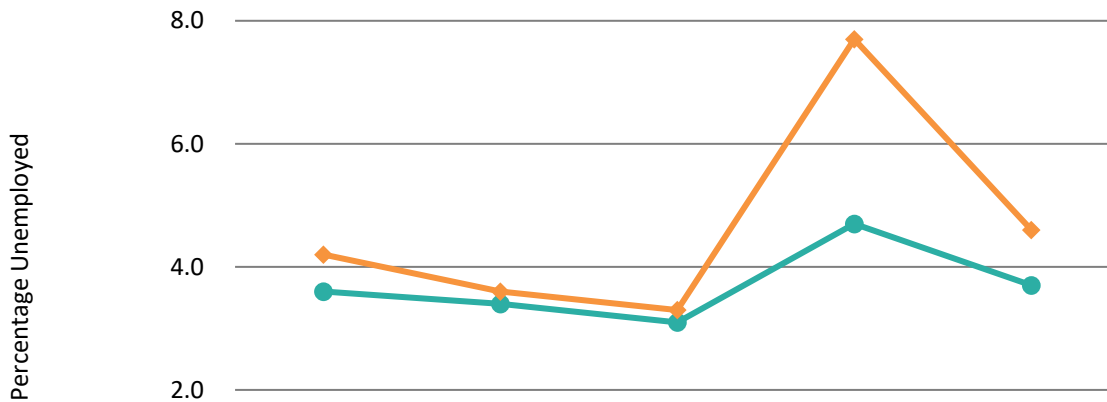
	2017	2018	2019	2020	2021
Union County	3.6	3.4	3.1	4.7	3.7
Florida	4.2	3.6	3.3	7.7	4.6

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

The overwhelming majority of non-governmental businesses in Union County are small, employing less than 50 people (96.0 percent). Of these, 23.0 percent are retail based and 34.9 percent are service based, compared to 12.6 percent and 51.8 percent in the state, respectively. These numbers are based on 2020 US Census Bureau estimates (Tables 42 and 43, 2023 Technical Appendix).

Transportation

2017-2021 ACS estimates place only 1.8 percent of Union County households with workers aged 16 and over as not having any vehicles available. 84.8 percent drive alone to work, and 6.9 percent carpool. Among all workers, nearly 18 percent have a commute of less than 10 minutes; roughly double the state rate of 8.9 percent. However, Union County also has a slightly higher percentage of those with a commute of 30 minutes or more: 45.8 percent as compared to 42.6 percent (Tables 54 and 55, 2023 Technical Appendix).

Education

Educational attainment is an important social determinant of health that is strongly linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2017-2021 estimates considering the population that is 25+ years of age, far fewer have obtained a college degree in Union County than the state and twice as many have a high school diploma as their highest level of educational attainment. A more detailed breakdown is shown in Table 4 alongside graduation rates and dropout rates (Tables 38 and 39, 2023 Technical Appendix).

TABLE 4: HIGH SCHOOL GRADUATION RATES, SCHOOL DROPOUT RATES, AND HIGHEST LEVEL OF SCHOOL COMPLETED, UNION COUNTY AND FLORIDA

High School Graduation			School Dropout Rates			Highest Level of School Completed, by Percent of Population 25+ Years, 2017-2021		
Year	Union County	Florida	Year	Union County	Florida		Union County	Florida
2017-18	84.1	86.1	2016-17	1.3	4.0	No high school diploma	22.7	11.0
2018-19	84.4	86.9	2017-18	2.4	3.5	High school diploma	56.5	47.4
2019-20	79.6	90.0	2018-19	4.8	3.4	College degree	20.8	41.6
2020-21	88.3	90.0	2019-20	1.3	3.1			
2021-22	77.8	87.3	2020-21	1.3	3.2			

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

The Florida Department of Education also reports the percentage of school readiness at kindergarten entry and the percentages of elementary and middle school students not promoted to the next grade level. With respect to the former, in 2020 58.2 percent of Union County Kindergarteners were deemed school ready, similar to 56.9 percent at the state level. In 2021, 7.4 percent of elementary students were not promoted, much higher than the state rate of just 2.5 percent. However, in the same year, only 2.9 percent of middle school students were not promoted, similar to the state rate of 2.8 percent (Table 40, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates are estimated by Feeding America, a national nonprofit network of food banks that operates in every county in the country. Their estimates are made using a tested model based on Current Population Survey (CPS) food security questionnaire data, and it takes into account – among other things – unemployment rates, poverty rates, and disability rates. Table 5 shows that food insecurity rates have been declining steadily among all ages from 2016 to 2020, as well as specifically among children from 2018 to 2020 (Table 41, 2023 Technical Appendix).

TABLE 5: PERCENT FOOD INSECURITY, ALL AGES AND CHILDREN, UNION COUNTY AND FLORIDA, 2016-2020

| | All Ages | | Children | |
Year	Union County	Florida	Union County	Florida
2016	19.2	13.9	25.4	20.0
2017	17.9	13.4	24.0	20.4
2018	15.5	13.0	25.1	19.4
2019	14.9	12.0	21.8	17.1
2020	12.3	10.6	14.9	15.7

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

Approximately 19.4 percent of the Union County population receives cash public assistance or food stamps as of 2021, noticeably higher than Florida overall at 14.1 percent of the state population (Table 50, 2023 Technical Appendix).

It is also helpful to consider the percentage of students eligible for free/reduced lunch within the public school system. As of 2021, rates of eligibility are lower in Union County than Florida among Pre-K, Elementary, and Middle School students; however, despite recent declines, about 55.1 percent of children in Kindergarten are eligible in Union County compared to 53.4 percent in Florida. It is also noteworthy that rates of eligibility among children in Pre-K have been increasing since 2019 (Table 47, 2023 Technical Appendix).

Housing Data

Returning once again to the 2017-2021 ACS estimates, Union County holds approximately 4,678 housing units, about 13.1 percent of which are vacant (16.5 percent in Florida). Only 15.5 percent of occupied households face monthly housing costs that are 30 percent or more of the household income, less than half the rate of the state at 34.7 percent. This rate is higher among those in renter occupied housing units in Union County (30.1 percent having housing costs that are 30 percent or more of household income) than among owner occupied housing units in Union County (11.7 percent). Similar to the state, approximately 14.5 percent of the population suffer severe housing problems (Table 44, 2023 Technical Appendix).

Incarcerations

Union County generally has rates of incarcerations that are comparable to those of the state at large as recorded by the Florida Department of Corrections. In 2022, the incarceration rate was 2.5 individuals per 1,000 population in both Union County and in Florida. However, the rate of inmate admissions for those 19+ is much higher than for the state: 230.1 per 100,000 population for Union in 2019 versus 104.0 for Florida in 2021. Fortunately, these rates have been decreasing for the past three (3) years, 2019-2021. Recidivism rates are also considerably higher than the state, with a return rate of 32.0 percent in the 36 months following 2018 releases in Union County and 21.2 percent in Florida (Tables 56-58, 2023 Technical Appendix).

Voter Registration

Union County is home to 7,701 registered voters as of January 31, 2023. In the 2018 election, approximately 66.2 percent of all registered voters cast a ballot, marginally higher than the state rate of 62.0 percent. 2,394 of these ballots were cast in person on election day, 1,623 through early voting, and 880 through domestic vote-by-mail ballots (Tables 59 and 60, 2023 Technical Appendix).

Mortality and Morbidity

Disease and death rates are some of the most direct and traditional measures of health and well-being in a community. Union County has higher mortality rates than the state among All Races, White Races, Black Races, and Hispanics, as well as lower life expectancy and high rates of Years of Potential Life Lost (YPLL). This section details the various causes of death recorded by hospital discharge data and how they break down by race, ethnicity, and sex across the county and the state. Zip code level data is presented when available.

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

Causes of Death

Union County has overall mortality rates that are greater than the state according to 2019-2021 Florida Department of Health, Bureau of Vital Statistics estimates. These age-adjusted mortality rates come in at 1,454.9 deaths per 100,000 population for Union and 740.1 for Florida. This age-adjusted mortality rate for Union County has been consistently higher than the state from 2017-2021, with age-adjusted mortality rates rising among deaths due to stroke and Alzheimer's disease in recent years and rates dropping among deaths due to cancer, liver disease, viral hepatitis, and nephritis. Table 6 presents the top 10 causes of death for Union County, ranked from most common to least common, with Florida rankings for comparison. Cancer and heart disease are the leading causes of death in Union County, accounting for roughly 28.3 percent and 17.4 percent of all deaths, respectively. Most causes of death have an age-adjusted mortality rate that is higher than the state, especially due to heart disease (259.3 deaths per 100,000 versus 144.5 for Florida), cancer (384.6 deaths versus 139.7), CLRD (69.7 deaths versus 33.6), COVID-19 (142.7 deaths versus 56.4), and Alzheimer's disease (25.7 deaths versus 19.0) (Tables 61, 65-67, and 69, 2023 Technical Appendix).

TABLE 6: RANKED CAUSE OF DEATH, UNION COUNTY AND FLORIDA, 2019-2021

Cause of Death	Union County	Florida
Cancer	1	2
Heart Disease	2	1
COVID-19	3	3
Chronic Lower Respiratory Disease (CLRD)	4	6
Cerebrovascular Diseases (Stroke)	5	5
Unintentional Injury	6	4
Viral Hepatitis	7	NR
Diabetes Mellitus (Diabetes)	8	7
Influenza & Pneumonia	9	NR
Alzheimer's Disease, Liver Disease, Nephritis	10T	8, 9, NR

*T = Tied; NR = Not Ranked
Source: Table 61, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Differences in Mortality by Zip Code

By zip code, 32054 Lake Butler has the highest age-adjusted mortality rate at 1,660.5 deaths per 100,000 population, specifically leading in deaths due to heart disease, cancer, unintentional injury, CLRD, diabetes, stroke, liver disease, and viral hepatitis. 32697 Worthington Springs follows with an age-adjusted mortality rate of 1,566.1 deaths per 100,000 population, leading exclusively in COVID-19 deaths, and finally 32083 Raiford comes in at an age-adjusted mortality rate of 475.5 deaths per 100,000 population (Tables 75-84, 2023 Technical Appendix).

Differences In Mortality by Sex

Males and females in Union County share the top two (2) causes of death – cancer and heart disease – yet diverge after this point. CLRD is the 3rd leading cause of death for females, followed by COVID-19, stroke, then unintentional injury. For males, COVID-19 is the 3rd leading cause of death, followed by unintentional injury, stroke, then CLRD. Alzheimer's is also the 7th leading cause of death for females, while it does not place in the top 10 for males, and viral hepatitis is the 7th leading cause of death for males, while it does not place in the top 10 for females (Table 62, 2023 Technical Appendix).

Overall, the age-adjusted mortality rate for females in Union County has been rising from 2019-2021, as well as specifically by stroke, while rates of death have been decreasing due to cancer and CLRD. Overall, the age-adjusted rate of deaths among females is 987.1 per 100,000 population. Among males, this same rate is 1,542.2 per 100,000 population. In recent years, rates of stroke have been increasing among males, while rates of viral hepatitis have been decreasing (Tables 73 and 74, 2023 Technical Appendix).

Differences In Mortality by Race and Ethnicity

Data in this report considers differences in mortality by ethnicity by comparing Hispanic mortality rates to mortality rates of All Races, or the county overall. Hispanic Union County residents report higher age-adjusted mortality rates than the county overall: 2,766.3 deaths per 100,000 population as compared to 1,454.9 (Table 65, 2023 Technical Appendix). Due to the small number of cases of Hispanic deaths by cause of death, we will not comment further on specific mortality rates found among Union County Hispanic residents, but more details can be found in Table 67 of the 2023 Technical Appendix.

Both White Races and Black Races suffer unique disparities when examining age-adjusted mortality rates. In particular, White Races in Union County suffer higher age-adjusted mortality rates due to:

- Unintentional injury at 86.8 deaths per 100,000 population as compared to 21.4 Black deaths

- Liver disease at 19.8 deaths per 100,000 population as compared to 5.1 Black deaths

Contrarily, Black Races in Union County suffer higher age-adjusted mortality rates due to:

- Heart disease at 302.5 deaths per 100,000 population as compared to 254.2 White deaths

- Cancer at 601.0 deaths per 100,000 population as compared to 373.8 White deaths

- CLRD at 101.7 deaths per 100,000 population as compared to 68.0 White deaths

- Stroke at 111.1 deaths per 100,000 population as compared to 65.9 White deaths

- Diabetes at 45.7 deaths per 100,000 population as compared to 21.6 White deaths

- Essential hypertension at 22.2 deaths per 100,000 population as compared to 8.2 White deaths

- COVID-19 at 207.2 deaths per 100,000 population as compared to 132.6 White deaths

Overall, Black Races in Union County suffer an age-adjusted mortality rate of 1,769.3 deaths per 100,000 population, and White Races a rate of 1,447.7 deaths per 100,000 population (Tables 65 and 68, 2023 Technical Appendix).
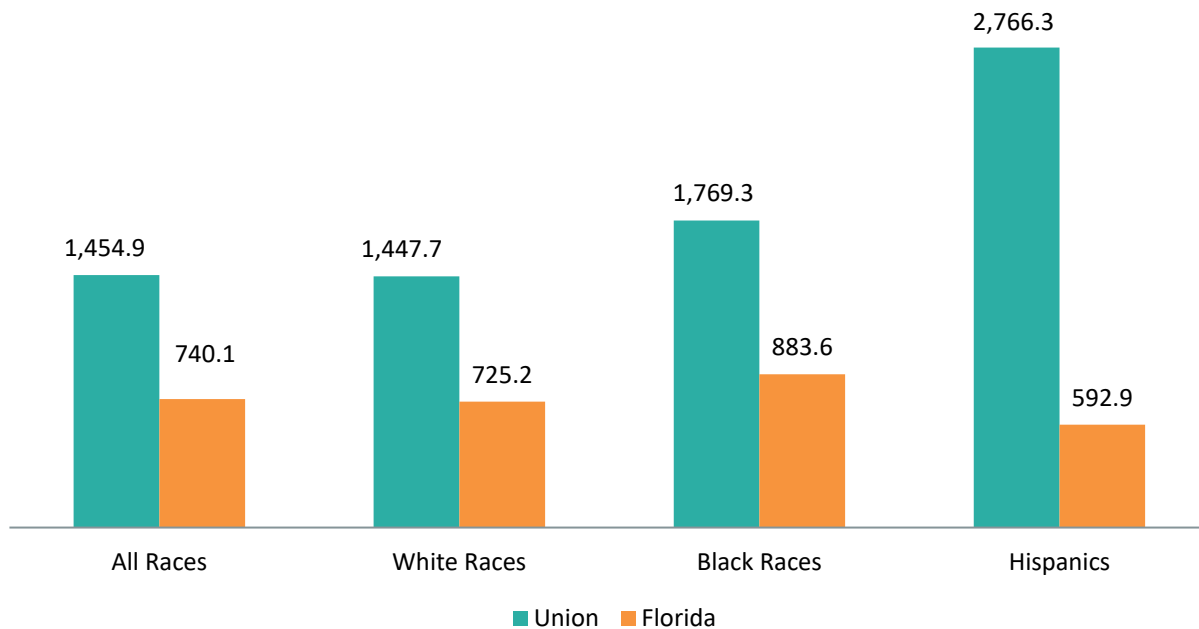
Source: Table 65, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Differences in Mortality by Age

Among children under the age of 18, only nine (9) deaths occurred from 2019-2021. The leading causes were perinatal conditions and unintentional injury, accounting for two (2) deaths each, followed by congenital malformations, influenza & pneumonia, and suicide at one (1) death each. This yields an overall crude death rate of 97.9 deaths per 100,000 population, surpassing the state rate of 50.1 deaths per 100,000 population (Table 85, 2023 Technical Appendix).

Among those aged 18-44 years of age, Union County also sees an elevated mortality rate compared to Florida: 314.0 deaths and 192.8 deaths per 100,000, respectively. The leading cause in this age group, unintentional injury, exceeds the state rate at 93.0 deaths per 100,000 population as compared to 78.9. Similarly, cancer follows at a rate that is markedly higher than the state (75.6 deaths versus 14.3), then suicide, COVID-19, and influenza & pneumonia (Table 86, 2023 Technical Appendix).

Death rates spike dramatically within the 45-64 age group, coming up to a crude death rate of 1,973.0 deaths per 100,000 population versus just 753.6 for the state. The leading causes here are:

- Cancer (714.0 deaths per 100,000 for Union County versus 182.0 for the state)

- Heart disease (268.7 deaths per 100,000 versus 131.4 for the state)

- COVID-19 (207.3 deaths per 100,000 versus 73.0 for the state)

- Viral hepatitis (99.8 deaths per 100,000)

- Unintentional injury (76.8 deaths per 100,000 versus 75.4 for the state)

Among those 65-84 years of age, the crude death rate rises to 6,159.1 deaths per 100,000 for Union County and 2,682.2 for Florida. The leading causes for Union County are cancer, heart disease, COVID-19, CLRD, and stroke, and all mortality rates are more than double that of the state, except for stroke, which is 1.6 times greater than the state (Table 88, 2023 Technical Appendix).

Among those ages 85 years old and older, Union County mortality rates are still higher than Florida overall: 14,166.7 per 100,000 population for all causes in Union and 12,305.9 in Florida. The top five (5) causes are heart disease, stroke, cancer, Alzheimer's disease, and COVID-19 (Table 89, 2023 Technical Appendix).

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that there were 20,199.6 years of potential life lost (YPLL) under the age of 75 per 100,000 population of Union County in 2021. This is markedly higher than the state rate of 10,015.4 for the same year and has been increasing for the past three (3) years of data available. Furthermore, breaking out this data by race clearly depicts that White Races experience a slightly yet consistently higher rate of YPLL than Black Races at 20,199.6 and 19,481.7 YPLL per 100,000 population, respectively, in 2021. Hispanics also have a lower rate of YPLL than the county as a whole at just 13,287.5 YPLL per 100,00 population in the same year (Table 92, 2023 Technical Appendix).

Males consistently have a higher rate of YPLL than females, coming in at 23,199.7 YPLL per 100,000 population in 2021 compared to 14,428.5 among females. Nonetheless, YPLL has been increasing uniquely among females since 2019 (Table 93, 2023 Technical Appendix).

The main source of YPLL in Union County by far is cancer, accounting for 5,727.7 YPLL per 100,000 population under 75 in Union County and only 1,471.3 in Florida, where it is only the second leading cause of YPLL. The second leading cause for Union County is unintentional injury, Florida's leading cause, with the two areas comparing at 2,455.3 YPLL per 100,000 in Union County and 1,844.4 in Florida. Following these top sources of YPLL are, in descending order: heart diseases, COVID-19, and suicide, each category at a much higher rate in Union County than in the state overall (Table 94, 2023 Technical Appendix).

COVID-19

COVID-19 caused a total of 57 deaths in Union County in 2020 and 27 deaths in 2021. This most recent year yielded an age-adjusted death rate of 142.5 for the county overall, considerably higher than the state rate of 108.8. In 2021, the starkest disparity existed between White Races and Black Races, with White Races suffering 156.1 age-adjusted deaths per 100,000 and Black Races only 74.7 deaths. However, this trend is reversed in the previous year, with an age-adjusted rate of Black deaths that is more than double that of Whites. This likely reflects the small population size and number of COVID-19 cases among the Black population (Table 95, 2023 Technical Appendix).

Suicide

Suicide rates are made using three-year averages in order to more accurately reflect the average trend rather than potentially large variations from year to year. From 2019-2021, nine (9) suicide deaths occurred in Union County at a rate of 20.8 age-adjusted deaths per 100,000 population. Most of these deaths were among non-Hispanic White residents and yielded an estimated 329 years of potential life lost, or 746.3 years of potential life lost per 100,000 Union County population (Tables 96 and 97, 2023 Technical Appendix).

Heart Disease

Heart disease is the 2nd leading cause of death in Union County and the leading cause of death in Florida, comprising 17.4 percent of county deaths at a rate of 259.3 age-adjusted deaths per 100,000 population, and 20.7 percent of state deaths at a rate of 144.5 deaths per 100,000 population (Tables 61, 66, and 67, 2023 Technical Appendix). The single most common cause of heart disease deaths in Union County is heart failure. Table 101 in the 2023 Technical Appendix gives a more detailed breakdown of heart disease deaths by type of heart disease. When comparing males and females, females have a higher age-adjusted mortality rate due to heart attacks (31.2 deaths per 100,000 compared to 18.3 among males), while males have higher age-adjusted mortality rates due to most other heart conditions, especially heart failure (44.4 deaths per 100,000 compared to 22.6 among females) and all other chronic ischemic heart diseases (190.3 deaths per 100,000 compared to 24.3) (Table 102, 2023 Technical Appendix).

Cancer Mortality

Cancer is the leading cause of death in Union County and the 2nd leading cause of death in Florida, comprising 28.3 percent of all county deaths at an age-adjusted rate of 384.6 deaths per 100,000 population, as compared to 19.5 percent of all state deaths at a rate of 139.7 deaths per 100,000 population (Tables 61, 66, and 67, 2023 Technical Appendix). Among all races, Union County experiences higher age-adjusted rates than the state of death due to the following cancer types:

- Bladder Cancer
- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Esophagus Cancer
- Kidney and Renal Pelvis Cancer

- Leukemia
- Lip, Oral Cavity, Pharynx Cancer
- Liver Cancer
- Multiple Myeloma
- Non-Hodgkin's Lymphoma

- Pancreatic Cancer
- Prostate Cancer
- Skin Cancer
- Stomach Cancer
- Trachea, Bronchus, and Lung Cancer

Using 2019-2021 averages, rates by ethnicity depict that Hispanic Union County residents have a much higher rate of cancer deaths than the county overall: 699.1 age-adjusted deaths per 100,000 population as compared to 384.6. However, given that this is based upon only 13 Hispanic deaths in the three (3) year time period, this number should be interpreted with caution. By race, Black cancer deaths occur at a higher rate than White cancer deaths: 601.0 per 100,000 as compared to 373.8, respectively. By ethnicity or race and type of cancer, these numbers became very small and easily inflated due to the small sample size, so we will not comment further on these rates. However, more details can be found in Table 98 of the 2023 Technical Appendix.

Age-adjusted cancer death rates are drastically higher among males than females in Union County at 516.4 deaths per 100,000 population as compared to 199.3. Nearly every form of not sex-specific cancer accounts for a higher age-adjusted mortality rate among Union County males than females, especially:

- Colorectal cancer at 55.7 deaths per 100,000 males versus 14.9 among females

- Non-Hodgkin's Lymphoma at 30.5 deaths per 100,000 males versus 7.4 among females

- Trachea, bronchus, and lung cancer at 109.4 deaths per 100,000 males versus 54.7 among females

This data can be found in Table 99 of the 2023 Technical Appendix.

Cancer Incidence

Incidence rates are the number of cases that occur within a certain population during a specified time period. When combined with cancer mortality rates, cancer incidence rates provide important details regarding the burden of disease and access to care in a community. However, it should be noted that the following age-adjusted cancer incidence rates are based on 2017-2019 estimates and are therefore not directly comparable to the 2019-2021 cancer mortality rates discussed previously. All information in this subsection is taken from Table 100 of the 2023 Technical Appendix.

The age-adjusted incidence rate of all cancers in Union County from 2017-2019 was 1,191.2 cases per 100,000, more than double the state rate of 450.2. Cancer incidence rates are higher among Black Races (1,860.7 cases per 100,000) than White Races (1,027.2) as well as Hispanics (1,492.9). Additionally, males have a cancer incidence rate of more than double that of females: 1,533.7 cases per 100,000 males versus 605.6 cases per 100,000 females.

Excluding melanoma and ovarian cancer, all recorded forms of cancer can be found at a higher rate in Union County than at the state level, especially:

- Bladder cancer, at 46.8 cases per 100,000 as compared to 18.0 in Florida
- Female breast cancer, at 202.0 cases per 100,000 as compared to 123.3 in Florida
- Cervical cancer, at 16.9 cases per 100,000 as compared to 8.9 in Florida
- Colorectal cancer, at 138.0 cases per 100,000 as compared to 35.5 in Florida
- Lung cancer, at 183.2 cases per 100,000 as compared to 55.8 in Florida
- Oral cancer, at 93.9 cases per 100,000 as compared to 13.6 in Florida
- Prostate cancer, at 310.2 cases per 100,000 as compared to 90.8 in Florida

When comparing male and female age-adjusted rates of cancer incidences, the following is of note:

- Bladder cancer, at 77.3 cases per 100,000 males as compared to 0.0 per 100,000 females
- Colorectal cancer, at 180.2 cases per 100,000 males as compared to 51.0 per 100,000 females
- Leukemia, at 63.6 cases per 100,000 males as compared to 10.7 per 100,000 females
- Lung cancer, at 229.1 cases per 100,000 males as compared to 111.5 per 100,000 females
- Oral cancer, at 132.5 cases per 100,000 males as compared to 8.4 per 100,000 females

Mental Health

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

Hospitalization and Emergency Department (ED) Usage

Florida hospital discharge data indicates that Union County has rates of hospitalizations for mental health reasons that are consistently less than those of the state, as shown in Figure 12. In the most recent year of data available, 2021, Union County did have a higher rate of hospitalizations for mental health reasons among children than the state: 6.4 hospitalizations per 1,000 population in Union and 5.9 in Florida (Table 104, 2023 Technical Appendix).
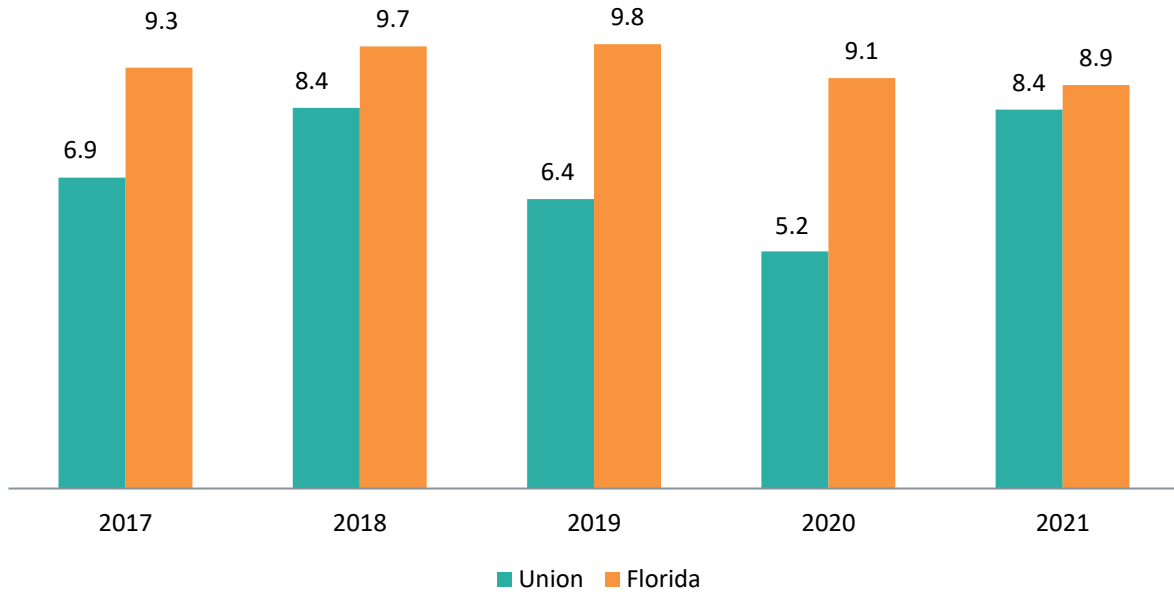
Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

All ages see a higher rate than the state of ED visits for mental health reasons, as depicted in Figure 13 on the next page. Among children under 18, this rate is 17.4 visits per 1,000 population (11.3 for Florida); among adults, this rate is 71.2 visits per 1,000 population (64.7 for Florida). However, among adults these rates have been decreasing since 2019. The highest rate of ED visits for mental health reasons is found in 32697 Worthington Springs, with 40 visits constituting a rate of 494.0 visits per 1,000 population. This rate has been increasing in Worthington Springs over the past three (3) years (Tables 104 and 105, 2023 Technical Appendix).
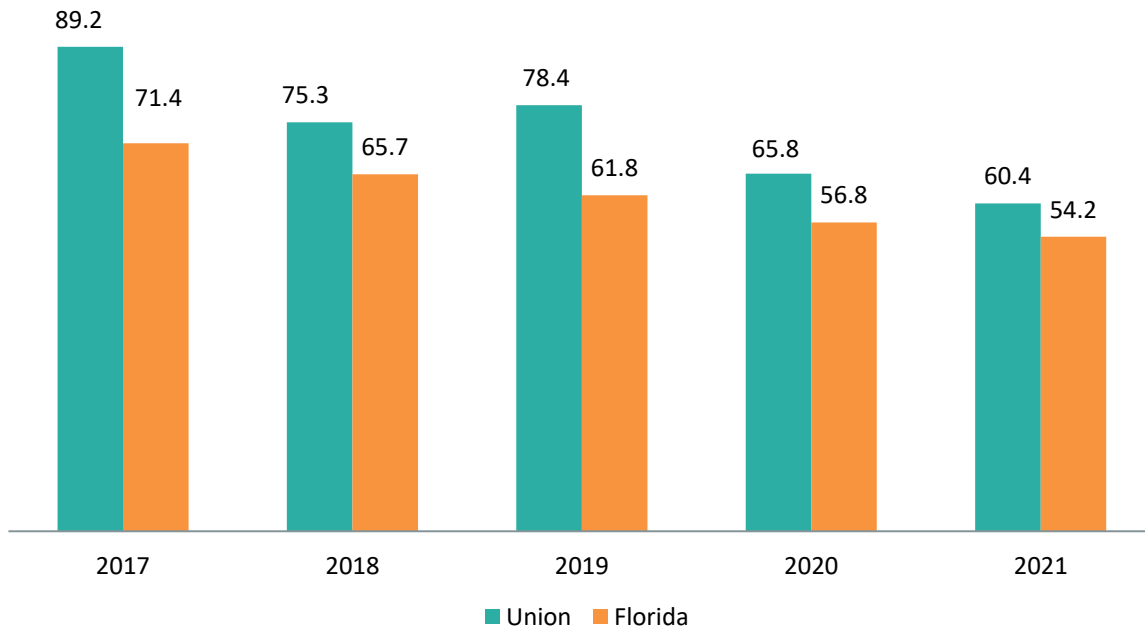
Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Involuntary Exam Initiations (Baker Acts)

Involuntary Exam Initiations, or Baker Acts, are an important reflection of access to care for those that are a harm to themselves or others within a community. Within Union County, 141 Baker Acts occurred during the fiscal year of 2020-2021. The rate of Baker Acts among children under 18 comes out to 1,729.8 Baker Acts per 100,000 population in Union County, much higher than the state rate of 900.4. On the contrary, rates of Baker Acts are lower than the state among adults ages 18-24, 25-64, and 65 and over (Table 108, 2023 Technical Appendix).

Similar to the state, just over half of Baker Acts were initiated by law enforcement in Union County from 2020-2021, followed by health professionals at 44.7 percent and ex-parte orders at 2.1 percent. Exams were primarily initiated by non-psychiatric physicians (39.7 percent), followed by clinical psychologists (25.4 percent), then mental health counselors (14.3 percent). The most common facility to be seen at was Meridian Behavioral Health Care in Lake City (51.1 percent), followed by UF Health Shands Psychiatric Hospital (24.1 percent), then HCA Florida North Florida Hospital (9.2 percent) (Tables 109 and 110, 2023 Technical Appendix).

Mental Health Indicators Among Children

The Florida Youth Tobacco Survey includes questions that serve as indicators of mental health among middle and high school students at the county level. In 2022, 12.0 percent of students reported doing something to purposely hurt themselves without wanting to die, and 33.3 percent in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities. These numbers are very similar to those of Florida: 13.9 percent and 31.5 percent, respectively (Table 106, 2023 Technical Appendix).

Substance Abuse

According to the 2019 BRFSS report, approximately 11.0 percent of Union County adults report heavy or binge-drinking, slightly better than the state rate of 18.0 percent. This county rate is higher among non-Hispanic Blacks (13.8 percent) as compared to non-Hispanic Whites (12.0 percent). Additionally, as of 2021 Union County has a lower rate than the state of chronic liver disease and cirrhosis (12.7 percent versus 13.5 percent), as this rate has been dropping for the past five (5) years recorded (Tables 111 and 112, 2023 Technical Appendix).

Alcohol-confirmed and drug-confirmed vehicle crashes, injuries, and fatalities are fairly rare within Union County, and small changes in the number of cases can cause drastic fluctuations in the rates calculated due to the small size of the population. Therefore, although total motor vehicle crashes do appear to be lower for the county than the state (1,004.0 crashes per 100,000 population versus 1,824.7), we will only say that the rates of alcohol-confirmed and drug-confirmed vehicle crashes, injuries, and fatalities are reasonably similar to the state when considering the population size of Union (Tables 113 and 114, 2023 Technical Appendix).

Drug arrests rates have generally been lower in Union County than in Florida from 2015-2020, but in 2021 the rate came in at 362.7 arrests per 100,000 population as compared to 356.4 arrests per 100,000 Floridians (Table 117, 2023 Technical Appendix).

Examining overdose emergency department visits and hospitalizations are also of relevance to the health of a community. Rates are depicted in greater detail in Figure 14 below.

FIGURE 14: RATE PER 100,000 POPULATION OF NON-FATAL OVERDOSE EMERGENCY DEPARTMENT (ED) VISITS AND HOSPITALIZATIONS, UNION COUNTY, 2021
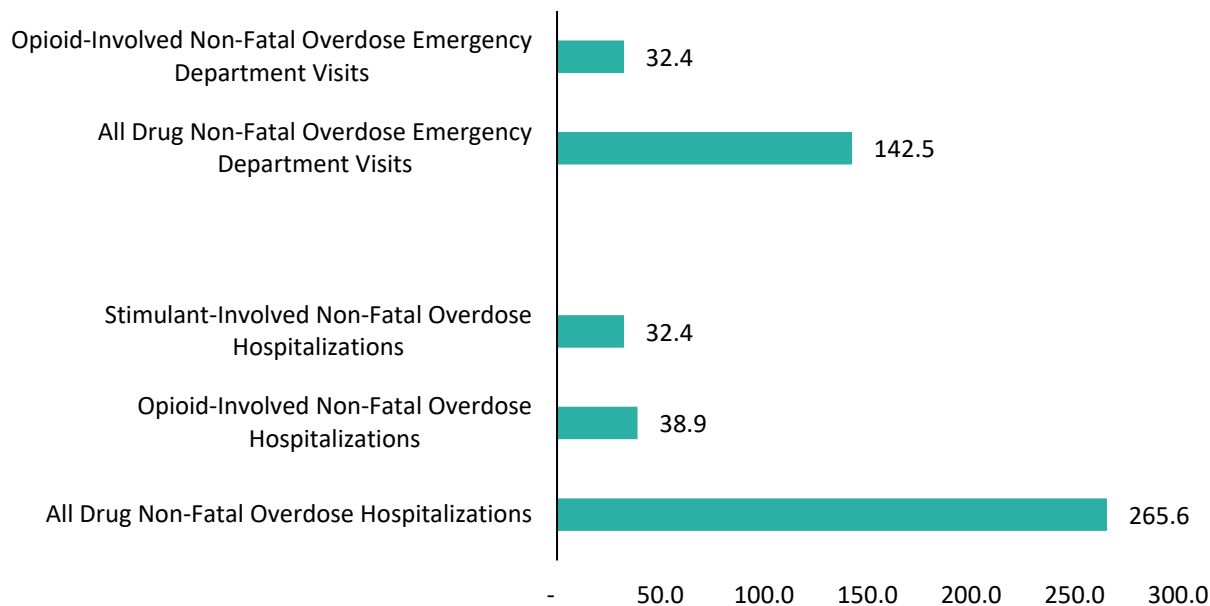
Source: Table 115, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

TABLE 7: NUMBER AND AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION FOR OPIOID AND DRUG OVERDOSE DEATHS, UNION COUNTY AND FLORIDA, 2021

Indicators	Union County		Florida	
	Number	Age Adjusted Death Rate Per 100,000 Persons	Number	Age Adjusted Death Rate Per 100,000 Persons
Opioid Overdose Deaths (2021)	0	0.0	6,442	31.2
Drug Overdose Deaths (2021)	1	4.0	8,093	38.5

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

Substance Use and Attitudes Among Youth

The Florida Youth and Tobacco Survey collects a variety of indicators with respect to youth perspectives on and use of various substances. Many of these can be found in Table 118 of the 2023 Technical Appendix. A few 2020 data points of note are the similar rates of Union County and Florida high school students who first had more than a sip or two of beer, wine, or hard liquor at age 13 or younger, of students who have ever drank alcohol, and of students who think it is wrong for someone their age to drink beer, wine, or hard liquor regularly.

Domestic Violence

Union County reports low rates of domestic violence across all categories, with an overall rate of 161.4 per 100,000 population in 2020, compared to 493.7 in Florida. There was an unusually high rate of threat/intimidation offenses this year, however, with five (5) offenses yielding a rate of 32.3 offenses per 100,000 population, compared to just 7.6 in the state. Furthermore, although the year 2020 in particular was marked by a dramatic decline in domestic violence offenses, Union County rates have been declining since 2017 and have been consistently lower than the state since 2015 (Tables 119 and 120, 2023 Technical Appendix).

Adverse Childhood Experiences (ACEs)

Florida BRFSS data asks adults about adverse childhood experiences (ACEs) they may have faced. As of 2020, this data was not available on the county level. For Florida overall, 62.5 percent of all adults experience at least one ACE and 18.6 percent experienced four (4) or more. These numbers are slightly lower than those found during the previous year. More details can be found in Table 174 of the 2023 Technical Appendix.

Human Trafficking

Human trafficking statistics are also only available at the state level through the National Human Trafficking Hotline. To summarize, in 2020, Florida saw 738 human trafficking hotline cases, primarily due to sex trafficking. There were 137 registered human trafficking offenses, 940 arrests for prostitution, and 2,921 arrests for non-forcible sex offenses (Table 175, 2023 Technical Appendix).

Maternal and Infant Health

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

Birth Rates

As shown in Figure 15, the overall birth rate for Union County is close to that of the state, with rates being slightly higher for White Races and notably lower for Black Races and Hispanics. By ZCTA, the highest birth rate is found at 13.5 births per 1,000 total population in 32697 Worthington Springs (Table 121, 2023 Technical Appendix).

FIGURE 15: BIRTH RATES PER 1,000 TOTAL POPULATION, BY RACE AND ETHNICITY, UNION COUNTY AND FLORIDA, 2019-2021

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

Maternal and Infant Death Rates

Infant deaths are rare occurrences consisting of very small sample sizes. Within a region as small as Union County, interpreting these individual rates is particularly risky and prone to error. In general, and according to the Florida Department of Health Bureau of Vital Statistics, the county sees very low rates of sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), infant deaths from congenital and chromosomal anomalies, deaths under 1 from perinatal conditions, overall neonatal deaths, overall post neonatal deaths, and maternal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county (Tables 90 and 91, 2023 Technical Appendix). Overall, Union County saw seven (7) infant deaths from 2019-2021, yielding a rate of 15.8 deaths per 1,000 total live births. This number is 5.9 for Florida (Table 122, 2023 Technical Appendix).

Low Birthweight Births

The percentage of births that are of low birthweight also vary strikingly by race and ethnicity, as shown in Figure 16. Low birthweight is defined as a baby born at less than 5.5 pounds, or 5 pounds and 8 ounces. It is particularly concerning that low birthweight birth rates among Black Union County residents are roughly four (4) times that of White Union County residents: 23.1 percent of births versus 5.8 percent, respectively. By ZCTA, 32083 Raiford holds the highest rate of low birthweight births at 9.1 percent of all births (Table 123, 2023 Technical Appendix).
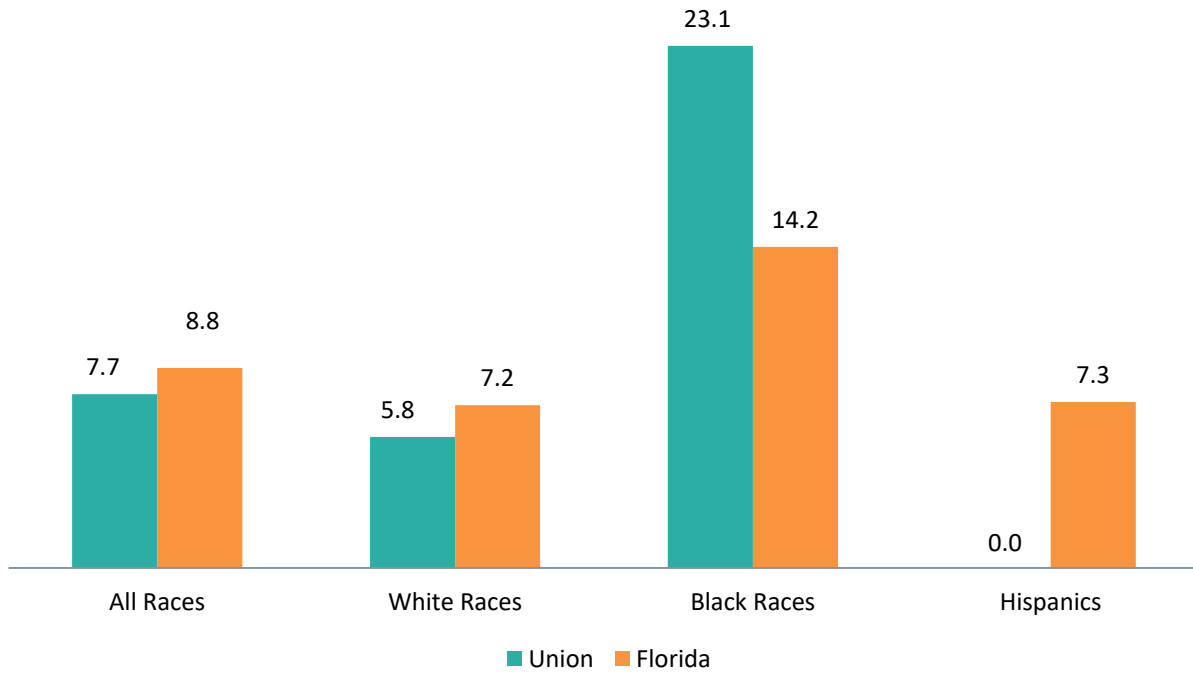
Source: Table 123, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

First Trimester Care

The percentage of mothers receiving first trimester care is an important measure of maternal health and access to services early in one's pregnancy. As shown in Figure 17 on the next page, the rate of first trimester care among the entire county is slightly lower than that of the state. It is also noteworthy that Black Union County mothers receive first trimester care at a slightly lower rate than White Union County mothers (Table 124, 2023 Technical Appendix).
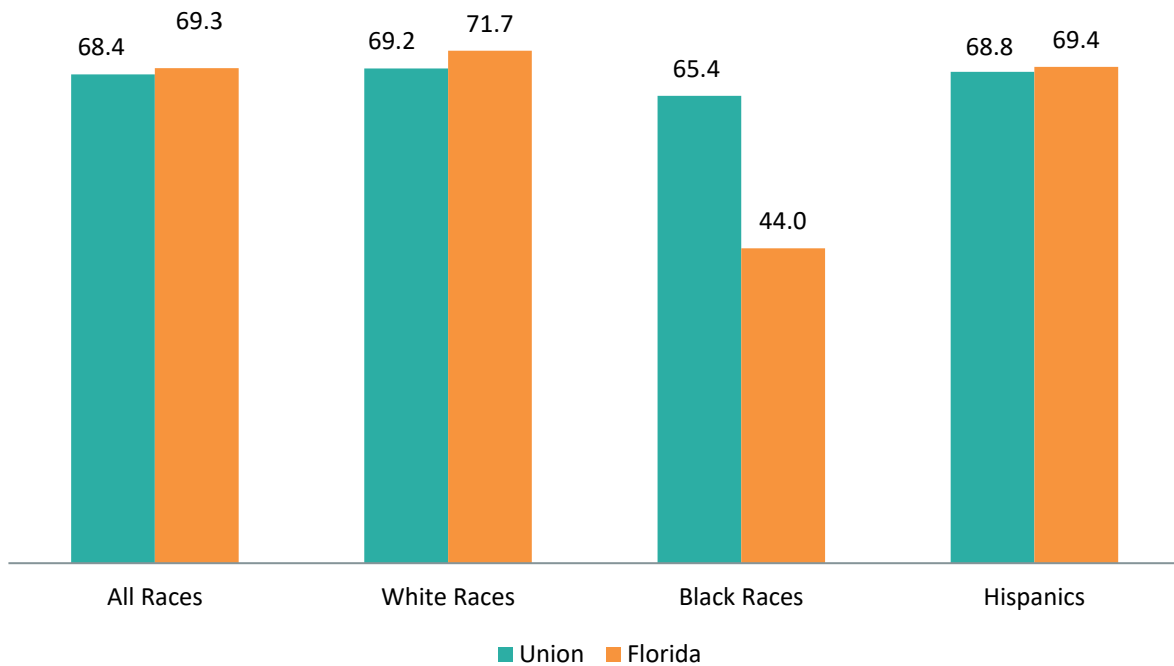
Source: Table 124, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Teen Births

A total of six (6) births were to teens ages 15-17 in Union County between 2019 and 2021, resulting in 1.4 percent of births being to teens, nearly the same as the 1.0 of Florida births that teen births comprise in the state. Most of these births were to White, non-Hispanic mothers (Table 125, 2023 Technical Appendix).

Governmental Program Supports

A total of 248 births from 2019-2021 had Medicaid as the payor source in Union County, comprising 56.0 percent of all births. Among Black races, 71.2 percent of births were covered by Medicaid; among White races, 54.5 percent were covered by Medicaid; among Hispanics, this number is 75.0 percent of all births (Table 126, 2023 Technical Appendix).

Approximately 571 individuals in Union County were eligible for WIC in 2021, with approximately 292, or 51.1 percent, being served. In contrast, 63.0 percent of WIC eligibles in Florida were served that same year. The rate of those eligible for WIC in Union County comes out to 3,698.4 people per 100,000 population, well over the state rate of 2,890.5 (Table 48, 2023 Technical Appendix). By births, 43.3 percent of births between 2019 and 2021 had mothers participating in WIC, compared to 38.6 percent in Florida overall. By race and ethnicity, this constituted 41.3 percent of White births, 57.7 percent of Black births, and 56.3 percent of Hispanic births (Table 127, 2023 Technical Appendix).

Health Behaviors

Tobacco Use

According to 2019 BRFSS data, Union County contains higher rates than Florida overall of adults who are current smokers, current e-cigarette users, and who currently use chewing tobacco, snuff, or snus some days or every day (Table 128, 2023 Technical Appendix). The Florida Youth Tobacco Survey (FYTS) collects tobacco indicators among children, and a detailed breakout of these statistics can be found in Table 129 of the 2023 Technical Appendix. In summary, Union County youth (ages 11-17) report higher rates than the state of having ever tried cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as higher rates of current cigarette use, smokeless tobacco use, and electronic vapor product use. Union County youth also report a slightly higher rate of exposure to secondhand cigarette smoke or electronic vapor products.

Sexually Transmitted Diseases (STDs)

The Florida Department of Health collects and reports the number and rate of sexually transmitted diseases, or STDs, by county. Bacterial STDs, which include chlamydia and gonorrhea, are present at a similar rate in Union County and the state, with the most recent year of data, 2021, depicting a rate of 744.9 bacterial STDs per 100,000 population in Union County and 753.5 bacterial STDs per 100,000 Floridians. The rate of gonorrhea, however, is substantially lower than that of Florida: 103.6 cases per 100,000 population as compared to 203.6, respectively. All stages of syphilis – a viral STD – are much higher in Union County than at the state level, with overall numbers yielding a rate of 187.8 cases per 100,000 population in Union and just 74.7 in Florida. However, cases of early syphilis have been decreasing over the past three (3) years in Union County, which are those where the initial infection has occurred within the previous 12 months (Table 132, 2023 Technical Appendix).

Union County also tends to observe low rates of HIV and AIDS diagnoses, with zero (0) cases of each in 2021. Contrarily, the rate of persons with HIV (PWH) this same year was much higher than the state – 1,573.9 PWH per 100,000 population versus 547.6 for Florida. HIV screening rates within Union County are lower than those of the state, with 41.6 percent of adults having ever been tested for HIV in Union and 50.7 percent in Florida. Testing rates are notably higher among non-Hispanic Blacks (41.6 percent in Union County) as compared to non-Hispanic Whites (36.8 percent). Additionally, only 43.6 percent of Union County adults less than 65 have been tested for HIV, compared to 60.7 percent of Florida (Tables 133 and 135, 2023 Technical Appendix).

Other Infectious Diseases

Other reportable diseases within Union County generally occur rarely and, given the small population, a small change in the number of cases can cause dramatic fluctuations in the rate of cases seen. In summary, Union County sees few to no cases of Pertussis, Tuberculosis, Hepatitis A, and Hepatitis B (Acute). Rates of Hepatitis B (Chronic) have been consistently higher in Union County than the state for the past six (6) recorded years, with 2021 providing a rate of 103.6 cases per 100,000 population as compared to just 20.0 for Florida. Similarly, both acute and chronic Hepatitis C cases have been markedly higher than the state in recent history, with Hepatitis C (Acute) at a rate of 71.2 cases per 100,000 population in 2021 (8.2 for Florida) and Hepatitis C (Chronic) at 544.1 cases per 100,000 population (58.2 for Florida). However, this latter rate has shown promising decline in the past three (3) years (Tables 134 and 139, 2023 Technical Appendix).

COVID-19

Cumulatively from March 1, 2020, through March 16, 2023, Union County has seen 5,124 cases of COVID-19 at a percent case positivity rate of 28.8 percent. At this time, 54.0 percent of the population 6 months and older were vaccinated, compared to 72.0 percent of Florida as a whole (Tables 136 and 137, 2023 Technical Appendix).

Immunizations

The Florida Department of Health Bureau of Immunization reports immunization levels for kindergartners and 7ᵗʰ graders through 2021, with recent years showing higher immunization rates than the state in both categories (Table 138, 2023 Technical Appendix).

The Florida Behavioral Risk Factor Surveillance System (BRFSS) includes questions on flu shots and pneumonia vaccinations among adults. In Union County, 29.9 percent of respondents reported receiving a flu shot, including 59.2 of adults ages 65 and older, compared to the state rates of 36.9 percent of Floridian adults and 58.3 percent of Floridian adults ages 65 and older. Pneumonia vaccination rates are slightly lower in Union than in Florida: 29.1 percent of all adults as compared to 35.4 percent, and 63.3 percent of adults ages 65 and older as compared to 66.8 percent (Table 140, 2023 Technical Appendix).

Behavioral Risk Factor Surveillance System (BRFSS)

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

Among Union County adults, 75.3 percent reported having good to excellent overall health. This rate was noticeably lower among non-Hispanic Black respondents (55.6 percent) as compared to non-Hispanic White respondents (82.7 percent). Roughly 18 percent reported that poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days, similar to Florida, and 24.7 percent reported that they had been told they had a depressive disorder, compared to just 17.7 percent of Floridians (Table 107, 2023 Technical Appendix).

About 36.0 percent of Union County experiences some form of disability, slightly higher than the state rate of 31.0. This rate is particularly high among non-Hispanic Black residents (43.9 percent) as compared to non-Hispanic White residents (31.6 percent). Rates of every recorded disability are higher in the county than the state, including the percentage of adults who have a vision disability, a hearing disability, a cognitive disability, a mobility disability, a self-care disability, and an independent living disability (Table 131, 2023 Technical Appendix).

Approximately 24.5 percent of Union County adults have been told they have some form of arthritis, gout, lupus, or fibromyalgia (25.1 percent for Florida), 13.8 percent have been told they have chronic obstructive pulmonary disease, emphysema, or chronic bronchitis (7.7 percent for Florida), and 6.8 percent have ever been told that they had kidney disease (4.0 percent of Florida). Furthermore, 18.2 percent of adults currently have asthma compared to only 7.4 percent of Floridians. Asthma rates are particularly high among Union County non-Hispanic White adults at 20.7 percent of the population as compared to 15.8 percent of Union County non-Hispanic Black adults (Tables 141 and 142, 2023 Technical Appendix).

Union County adults report similar rates to the state of having been told they had skin cancer or any other type of cancer, with percentages being much higher among non-Hispanic White residents than among non-Hispanic Black residents. Rates of having been told they had a heart attack (6.2 percent) or that they had angina or coronary heart disease (5.7 percent) are higher in Union County than Florida (4.7 percent for each). Percentages are once again

much higher among non-Hispanic White residents than among non-Hispanic Black residents. On a positive note, cholesterol awareness indicators are generally similar to those of the state, with 88.6 percent of Union County adults having checked their cholesterol in the past five (5) years; however, the rate of those being told they have high blood cholesterol proves to be higher among non-Hispanic White residents than among non-Hispanic Black residents (Tables 146-148, 2023 Technical Appendix).

When considering rates of adults who have been told they had pre-diabetes or who have been told they have diabetes, rates are approximately equal to those of the state. Still, the percentage of adults who have had a test for high blood sugar or diabetes in the past three (3) years was just 52.0 percent in 2019 in Union County, compared to 58.0 percent in the state overall. On a positive note, 70.9 percent of adults with diabetes had received diabetes self-management education, better than the state rate of 66.3 percent (Table 149, 2023 Technical Appendix).

Cancer Screening

Early detection of cancer has been proven to improve prognosis and health outcomes among cancer patients. Therefore, high rates of cancer screening are a critical component of the well-being of any community. BRFSS considers variable measures of colorectal cancer screening rates, of which a more detailed breakdown can be found in Table 143 of the 2023 Technical Appendix. In brief, rates of adults 50 years of age or older who received a blood stool test in the past year, who have ever received a blood stool test, and who have ever received a sigmoidoscopy or colonoscopy are generally less than those of the state. Overall, 65.3 percent of adults ages 50-75 had colorectal screenings based on the most recent clinical guidelines, very close to the state rate of 67.3. Prostate cancer screening indicators are also substantially lower than those of the state, coming in at just 40.3 percent of men 50 years of age and older having received a PSA test in the past two (2) years and only 51.1 percent having ever received a PSA test, contrasting with 54.9 percent and 67.5 percent of Floridian men, respectively. Similarly, rates of mammograms and clinical breast exams in 2016 were consistently lower than those of the state (Tables 143-145, 2023 Technical Appendix).

Obesity and Overweight

With respect to 2019 BRFSS data, roughly three-quarters (3/4) of Union County adults are obese or overweight, nearly evenly split between the two categories. This exceeds the state rate of 67.2 percent. Within Union, non-Hispanic Blacks possess a noteworthy disparity in the rate of adults who are obese, comprising 60.7 percent of this population as compared to only 32.8 percent of the non-Hispanic White population. Interestingly enough, this trend is flipped among those who are overweight but not obese, comprising 16.1 percent of the non-Hispanic Black population but 43.7 percent of the non-Hispanic White population (Table 130, 2023 Technical Appendix).

Health Care Access and Utilization

Selected BRFSS Indicators of Access

The Florida BRFSS includes questions regarding access to and use of health care resources. For example, 84.1 percent of Union County adults reported having any type of health care insurance, 73.1 percent reported having a personal doctor, and 69.6 percent had a medical checkup in the past year – this final rate being an alarming 9.2 percentage points shy of the state rate 78.8 percent of adults having a medical checkup in the past year. Of concern also is that 21.4 percent could not see a doctor at least once the past year due to cost, higher than the state rate of 16.0 percent, and notably higher among non-Hispanic Black residents (40.4 percent) and as compared to non-Hispanic White residents (15.3 percent). Additionally, only 49.6 percent of adults reported visiting a dentist or dental clinic in the past year, compared to 63.0 percent in Florida, and 54.2 percent of adults had a permanent

tooth removed because of tooth decay or gum disease, compared to only 47.3 percent of Floridians (Tables 151 and 159, 2023 Technical Appendix).

Youth Indicators of Access

The Florida Youth Tobacco Survey also asks some general questions regarding access to care, specifically among middle and high school students. Within this population, in 2020, 42.1 percent of Union County youth reported not having visited a doctor's office in the past 12 months, compared to only 29.5 percent of Florida youth, and 49.1 percent reported not visiting a dentist in the past 12 months, compared to only 28.7 percent of Florida youth (Table 152, 2023 Technical Appendix).

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Areas, or HPSAs, are geographic entities or facilities that are scored by the National Health Service Score as to assess the need for and prioritization of clinician assignments. Higher scores correspond to a greater need, ranging from 1-25 for primary care and mental health care and 1-26 for dental care. Any score above 18 is considered high priority. Union County holds one (1) Federally Qualified Health Center (FQHC) that is considered high priority for dental care, primary care, and mental health care – the Florida Department of Health (Table 153, 2023 Technical Appendix).

TABLE 8. HPSA SHORTAGE AREA AND MUA BY TYPE AND SCORE, UNION COUNTY, 2022.

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
Dental Care				
Low Income Population HPSA	LI - Union County	9/1/2022	1.01	20
Correctional Facility	Reception and Medical Center	5/11/2022	1.91	3
Federally Qualified Health Center	Florida Department of Health	4/5/2021	---	26
Primary Care				
Low Income Population HPSA	LI - Union County	9/10/2021	0.71	18
Federally Qualified Health Center	Florida Department of Health	4/5/2021		23
Mental Health				
Low Income Population HPSA	LI - Bradford/Union Counties	9/10/2021	0.92	21
Correctional Facility	Reception and Medical Center	5/11/2022	3.26	6
Federally Qualified Health Center	Florida Department of Health	4/5/2021	---	24
Type	**Name**	**MUA Last Updated Date**		**Index of Medical Underservice Score**
Medically Underserved Area	Union County	11/1/1978		57.8

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

Environmental Health

The Florida Department of Environmental Protection reports that 30.0 percent of the Union County population had access to community water supplies in 2019. In Florida as a whole, 95.0 percent of the population has this access. Additionally, the Florida Department of Health Public Health Dental program reports that 0.0 percent of Union County had access to fluoridated water supplies; in Florida, this number is 78.1 percent (Table 45, 2023 Technical Appendix).

The Florida Department of Health also considers multiple indicators of access to healthy food and healthy living activities. For example, an approximated 3.12 percent of the county live within half of a mile of a park, 1.13 percent within half of a mile of a fast-food restaurant, and 0.98 percent within half of a mile of a healthy food source. These numbers are very slim when looking at Florida in comparison: 40.0 percent within half of a mile of a park, 27.7 percent within half of a mile of a fast-food restaurant, and 27.7 percent within half of a mile of a healthy food source (Table 46, 2023 Technical Appendix).

Insurance

Figures 18 and 19 show the rates of uninsured individuals in Union County under 19 years old and between 18-64 years of age. In general, these rates are similar to or slightly better than the state. By ZCTA, 32697 Worthington Springs has the highest rate of uninsured population at 20.4 percent of the civilian noninstitutionalized population (Tables 154 and 155, 2023 Technical Appendix).

FIGURE 18: PERCENT UNINSURED UNDER 19 YEARS OF AGE, UNION COUNTY AND FLORIDA, 2016-2020
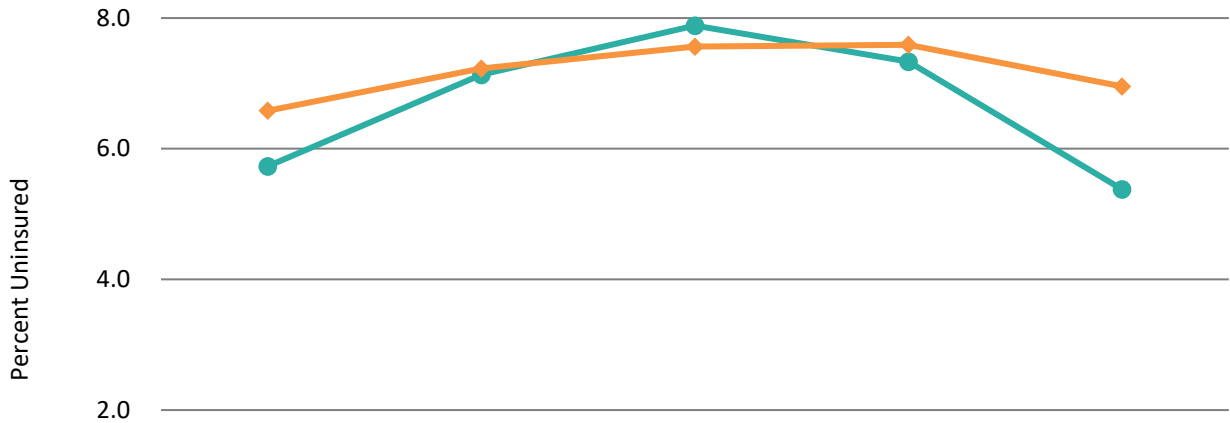
	2016	2017	2018	2019	2020
Union	5.7	7.1	7.9	7.3	5.4
Florida	6.6	7.2	7.6	7.6	7.0

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

FIGURE 19: PERCENT UNINSURED 18-64 POPULATION, UNION COUNTY AND FLORIDA, 2016-2020

	2016	2017	2018	2019	2020
Union	14.4	15.6	16.7	15.4	13.2
Florida	18.4	19.0	19.2	19.4	18.4
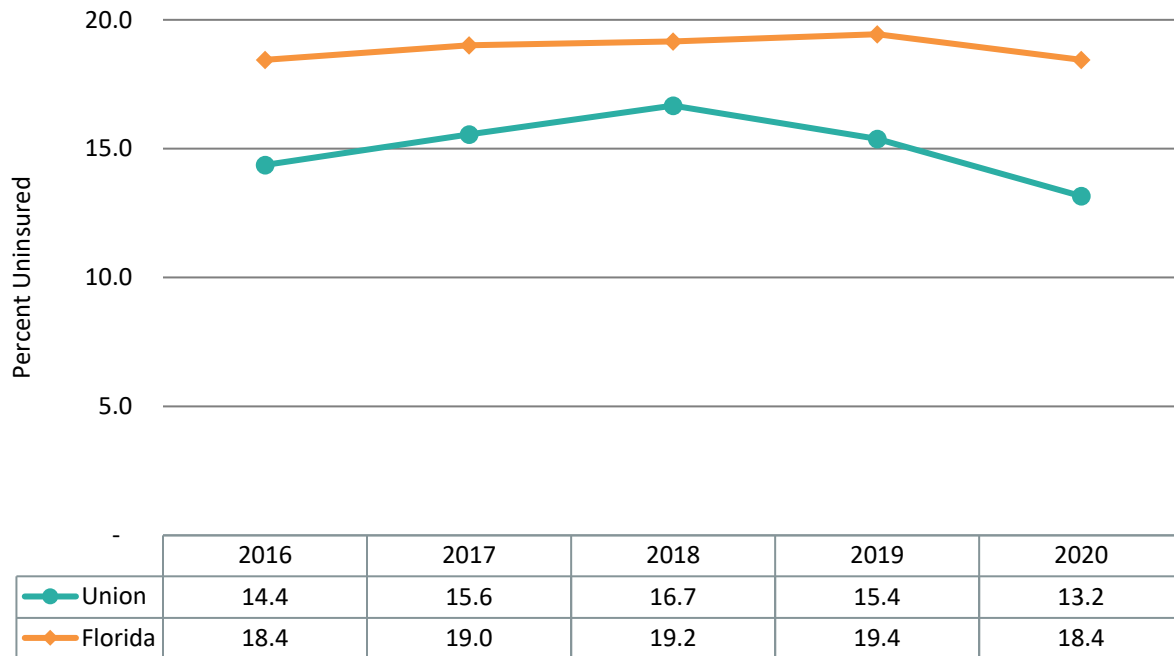
Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Medicaid Data

From 2017 through 2021, Union County has generally had similar or slightly lower rates of those who are eligible for Medicaid than at the state level. Medicaid eligibles are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid. This percentage of the population has been rising for both the county and the state for the past three (3) years, coming in at 23.0 percent for both Union County and Florida in 2021. This trend can be observed across all age groups; among those 0-18 years of age, the 45.6 percent eligible in 2019 rose to 56.3 percent in 2021; among those 19-64 years of age, the 8.9 percent eligible in 2019 rose to 14.7 percent in 2021; and among those 65 years of age and older, the 9.9 percent eligible in 2019 rose to 11.4 percent in 2021. A little less than a quarter of Union County comprise the median monthly Medicaid enrollment rate, approximately equal to the state rate of 22.4 percent (Tables 52 and 53, 2023 Technical Appendix).

Facilities

Union County contains a handful of health facilities, including an ambulatory surgical center, a health care clinic, a health care clinic exemption, a rural health clinic, a home medical equipment provider, and two hospitals. The county lacks an adult family care home, an end-stage renal disease center, a nurse registry, and a nursing home, among other things (Table 156, 2023 Technical Appendix).

Union County is home to zero (0) nursing home beds. However, Union County recently saw the addition of 120 hospital beds to the county in 2021, bringing the number available up to 145, or 939.2 beds per 100,000 population, far surpassing the state rate of 316.0 total hospital beds per 100,000 population for Florida. These beds are all acute care beds, providing a rate of acute care beds (939.2 per 100,000) that also exceeds the state rate of

247.1. Still, Union County contains zero (0) specialty beds, while Florida holds a rate of 69.0 specialty beds per 100,000 population (Table 157, 2023 Technical Appendix).

Providers

Correlating with the aforementioned scarcity of facilities within Union County is the limited number of physicians. As of fiscal year 2020-2021, there was an overall rate of 64.8 physicians per 100,000 population in Union County, a severe deficit in comparison to 314.0 in Florida. In particular, Union County sees low rates of Family Practice Physicians (6.5 per 100,000 population versus 19.2 in Florida), while completely lacking internal medicine doctors, Obstetricians/Gynecologists, Osteopathic physicians, and pediatricians (Table 158, 2023 Technical Appendix).

Dentists are also present at a concerningly low rate, with the singular dentist available through fiscal year 2019-2020 being no longer present for the most recent year of data, 2020-2021. In contrast, 55.7 dentists are present per 100,000 population in Florida overall (Table 160, 2023 Technical Appendix).

Dental Hospitalizations and Emergency Department (ED) Visits

A lack of adequate dental care in a community can often manifest as an abundance of avoidable dental hospitalizations and emergency department (ED) visits. Please note that, just as for Mental Health hospitalizations and discharges, the data below distinguishes between ED visits – which include only those that are registered in the ED and not admitted for inpatient care – and hospitalizations, or discharges, which include all of those admitted for and discharged from inpatient care.

The Florida Agency for Health Care Administration provided detailed discharge data by county and ZCTA and reveals that in 2021 Union County residents had a dental hospitalization rate of 1.0 per 1,000 population and a preventable dental hospitalization rate of 0.7 per 1,000 population (compared to 1.0 and 0.8 for Florida, respectively). Both rates have been going down over the past three (3) years (Table 162, 2023 Technical Appendix).

In 2021, Union County residents experienced a dental ED visit rate of 14.8 visits per 1,000 population – more than double the state rate of 6.4 – as well as a preventable ED visit rate of 14.0 visits per 1,000 population – again, more than double the state rate of 6.0 (Table 161, 2023 Technical Appendix).

Hospital Discharges by Chronic Disease Type

Examining discharge data by the type of chronic disease responsible allows for greater insight into the health status and priority issues of the Union County community. All of the following subsection refers to information found in Table 164 of the 2023 Technical Appendix.

Coronary heart disease accounted for 62 hospital discharges for Union County residents in 2021, an age-adjusted rate of 315.6 discharges per 100,000 population. This number has shown encouraging improvement over the five (5) year timespan reported here, dropping down steadily all the way from 600.7 discharges per 100,000 population in 2017. These age-adjusted discharge rates are markedly higher among White residents (329.9 discharges per 100,000 population in 2021) as compared to Black residents (168.1 discharges per 100,000 population). Acute myocardial infarctions, or heart attacks, are also a common cause of hospital discharges (154.6 discharges per 100,000 population). Nonetheless, congestive heart failure accounts for far more hospital cases with 422 discharges in 2021 at an age-adjusted rate of 2,204.6 discharges per 100,000 population and is much higher than the state rate of 1,254.5 discharges per 100,000 population.

Stroke discharges are clearly higher than the state, as well, with all races coming in at an age-adjusted discharge rate of 348.4 discharges per 100,000 population in 2021, while Florida reported 227.0 per 100,000 in the same year.

Diabetes, asthma, and chronic lower respiratory disease (CLRD) discharges are all more common within Union County than the state at large, with the following age-adjusted rates:

- 3,460.8 diabetes discharges per 100,000 population versus 2,258.3 for the state

- 1,193.4 asthma discharges per 100,000 population versus 647.4 for the state

- 300.2 CLRD discharges per 100,000 population versus 148.5 for the state

We can also note distinct racial disparities by this discharge data: namely, that Black Union County residents suffer a higher age-adjusted rate of diabetes discharges (3,636.7 per 100,000 population) as compared to their White counterparts (3,258.8 per 100,000), as well as by asthma discharges (1,829.8 discharges per 100,000 population versus 1,016.7). On the other hand, White Union County residents suffer a higher age-adjusted rate of CLRD discharges (316.3 per 100,000 population) as compared to their Black counterparts (239.9 per 100,000).

Hospitalizations and ED Usage

In 2021, Union County as a whole saw 2,638 discharges at a rate of 161.0 discharges per 1,000 population. By ZCTA, this rate was highest among 32697 Worthington Springs residents at 454.5 discharges per 1,000 population. 29.5 percent of county discharges were covered by Medicare (44.6 percent for Florida), 15.3 percent by Medicaid (18.5 percent for Florida), and 18.0 percent by private insurance (25.2 for Florida). The percentages of discharges covered by Medicaid and private insurance have been increasing over the past three (3) years recorded. The leading discharge cause for the past three (3) years has been septicemia or severe sepsis without mechanical ventilation at 5.8 percent of discharges in 2021, followed by respiratory infections then vaginal delivery in the same year (Tables 165-167, 2023 Technical Appendix).

During this same time, Union County residents accounted for 8,640 ED visits at a rate of 527.4 visits per 1,000 population, substantially higher than the state rate of just 375.4 ED visits per 1,000 Floridians. Overall, the rate of ED visits by Union County residents has been increasing for the past three (3) years. The most common payor source of ED visits for Union County residents was Medicaid in 2021, accounting for 33.2 percent of visits. Private insurance follows at 28.5 percent and Medicare at 19.9 percent, with self-pay or non-payment taking up a respectable 12.5 percent of visits. The most common primary cause for an ED visit was a cough in 2021, followed by unspecified abdominal pain, then COVID-19. These respectively constituted 3.5 percent, 3.0 percent, and 2.5 percent of ED visits (Tables 171-173, 2023 Technical Appendix).

Avoidable Discharges

Union County residents reported an avoidable discharge rate of 20.7 discharges per 1,000 population under the age of 65 in 2021. This is respectably higher than the state rate of 12.3 for the same year. With the exception of "Other" forms of insurance, covering 45.3 percent of avoidable discharges in 2021, the most common payor source by percentage of discharges was Medicaid (17.2 percent of discharges), followed by private insurance (15.5 percent), then Medicare (11.5 percent), then self-pay or non-payment (8.4 percent). The leading cause of avoidable discharges every year for the past three (3) years has been dehydration by a respectable margin, accounting for 49.7 percent of avoidable discharges in 2021, followed by nutritional deficiencies at 30.7 percent of discharges and chronic obstructive pulmonary disease at 5.1 percent (Tables 168-170, 2023 Technical Appendix).

Avoidable ED Visits

The most recent data available for avoidable ED visits dates back to 2019, when Union County reported an avoidable ED visit rate of 117.1 visits per 1,000 population, lower than the state rate of 190.7. The highest rate by

ZCTA could be found in 32697 Worthington Springs at 502.5 ED visits per 1,000 population (Table 171, 2023 Technical Appendix).

Community Resources and Assets for Improving Health

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

As a National Health Service designated Health Professional Shortage Area, Union County lacks many of the healthcare resources found in other parts of the state and the country. Nonetheless, the county is home to one (1) Federally Qualified Health Center (FQHC), the Florida Department of Health, as well as an ambulatory surgical center, a health care clinic, a health care clinic exemption, a rural health clinic, a home medical equipment provider, and two hospitals, one of which is specifically available for correctional institution inmates. These two hospitals provide 145 beds, or 939.2 acute care beds per 100,000 population. Union County also has a very limited number of physicians at 64.8 physicians per 100,000 population compared to 314.0 in Florida (Tables 153, 156, and 157, 2023 Technical Appendix). A large portion of the population is insured, with only about 5.4 percent of those under 19 years of age and 13.2 percent of those ages 18-64 lacking insurance. Nearly a quarter of the population is enrolled in Medicaid, financially accounting for 15.3 percent of hospital discharges and 33.2 percent of ED visits. Medicare is also widely utilized, covering 29.5 percent of Union County hospital discharges at 19.9 percent of ED visits. Lastly, Union County residents extensively participate in a number of nutritional assistance programs, such as WIC, food stamps, and free and reduced lunches for school-aged children (Tables 47, 48, 50, 127, 154, 166, and 172, 2023 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components such as strong, collaborative partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, 30.0 percent of the Union County population has access to community water supplies, approximately 3.12 percent of the county live within half of a mile of a park, 1.13 percent within half of a mile of a fast-food restaurant, and 0.98 percent within half of a mile of a healthy food source (Tables 45 and 45, 2023 Technical Appendix). As far as social components go, Appendix B lists the Steering Committee members involved in this Community Health Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the quality of life in Union County. Additionally, Union County generally demonstrates lower rates of unemployment and higher rates of voter participation as compared to the state, as well as encouraging behavioral trends including low school dropout rates, low rates of bacterial STDs, low rates of avoidable ED visits, and high childhood immunization rates (Tables 37, 132, 138, and 171, 2023 Technical Appendix).

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

Health Disparities and Inequities

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

Health Disparities

Health disparities are defined by the Center for Disease Control and Prevention (CDC) as "preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities" (https://www.cdc.gov/aging/disparities/index.htm, accessed 8/2/2022). Simply put, health disparities are preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Union County and are detailed below.

Life Expectancy

Union County residents on average live a staggering 11.5 years less than their Florida counterparts with a life expectancy of 67.9 years, compared to 79.4 for Florida. Life expectancy among males in particular is disadvantaged compared to females, with males living an average of 65.3 years compared to females at 75.0 years. Life expectancy also demonstrates slight variations by race, with Black Union County residents living an average of 68.3 years and White Union County residents just 67.6 (Table 20, 2023 Technical Appendix).

Mortality and Morbidity

Mortality and morbidity vary drastically by cause, sex, race, and ethnicity. Some details noted in this report include:

- Higher age-adjusted mortality rates among Union County residents at 1,454.9 deaths per 100,000 population versus 740.1 for Florida
- Higher age-adjusted mortality rates among males (1,542.2 deaths per 100,000) as compared to females (987.1 deaths per 100,000)
- Higher age-adjusted mortality rates among Black residents (1,769.3 deaths per 100,000 population) as compared to White residents (1,447.7 deaths per 100,000 population), as well as specifically due to heart disease, cancer, CLRD, stroke, diabetes, essential hypertension, and COVID-19
- Higher age-adjusted mortality rates among White residents as compared to Black residents due to unintentional injury and liver disease
- Higher rate of YPLL under the age of 75 per 100,000 male population (23,199.7 YPLL) as compared to per 100,000 female population (14,428.5 YPLL)
- Higher rates of YPLL under the age of 75 per 100,000 White population (20,199.6 YPLL) as compared to per 100,000 Black population (19,481.7 YPLL)
- Higher age-adjusted cancer incidence rates among Union County residents as compared to Floridians (1,191.2 versus 450.2 cases per 100,000), among Black Races as compared to White Races (1,860.7 versus 1,027.2 cases), and among males as compared to females (1,533.7 versus 605.6 cases)

This data can be found in Tables 62, 65, 68, 73, 74, 92, 93, and 100 of the 2023 Technical Appendix.

Maternal and Infant Health

There are several measures of maternal and infant health noted in this document. Some of those measures demonstrate racial and ethnic disparities, such as much lower birth rates among Black Races as compared to White Races (4.7 births versus 10.6 births per 1,000 total population) and among Hispanics as compared to All Races (5.5

births versus 9.1 births per 1,000 total population). The percent of low birthweight births among Black Races is particularly alarming, coming in at 23.1 percent of Black births, roughly four (4) times that of White births (5.8 percent). Black births also have a slightly lower rate of first trimester care when compared to White Races (65.4 percent versus 69.2 percent). Furthermore, participating in WIC characterized 41.3 percent of White births, 57.7 percent of Black births, and 56.3 percent of Hispanic births (Tables 121, 123, 124, and 127, 2023 Technical Appendix).

Health Inequities

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

Structural Drivers – Income, Poverty, and Food Insecurity

Poverty

US Census Bureau Small Area Income and Poverty 2021 estimates place poverty rates for Union County at 22.7 percent of the population overall and 24.3 percent of children under 18. When considering the ACS five-year estimates from 2017-2021, these rates drop to 17.0 percent overall and 23.3 percent of children under 18 (Tables 21 and 22, 2023 Technical Appendix). The rest of this section is with respect to these latter estimates.

Poverty rates are marginally higher among females in Union County (17.5 percent) as compared to males in Union County (16.5 percent). By household type, Male Householder, No Wife Present families depict the highest rate of poverty at 37.0 percent of the county's population. By ethnicity, Hispanics have similar rates of poverty (15.4 percent) as compared to the county overall (17.0 percent). However, there is a huge discrepancy by race, with only 14.9 percent of the White population in poverty as compared to 34.4 percent of the Black population (Tables 25-27, 2023 Technical Appendix).

Income

Income demonstrates clear discrepancies by race, with a median household income of 61,587 dollars for White households and 35,750 for Black households. Per capita income is similarly 24,917 dollars per White resident and 5,895 dollars per Black resident. Additionally, Hispanic per capita income comes to 7,596 dollars per Hispanic resident as compared to 20,226 dollars for All Races in Union County. The ZCTA with the lowest median household income among All Races is 32054 Lake Butler at 54,696 dollars per household. By ZCTA, the lowest per capita income by race and ethnicity can be found among Hispanic residents of 32083 Raiford at just 3,274 dollars per person (Tables 30, 32, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates, estimated by Feeding America, place food insecurity estimates at 12.3 percent of Union County and 10.6 percent of Florida, as well as 14.9 percent of Union County children and 15.7 percent of Florida

children. Approximately 19.4 percent of the Union County population receives cash public assistance or food stamps as of 2021, noticeably higher than Florida overall at 14.1 percent of the state population. In the same year, rates of students eligible for free/reduced lunch were lower in Union County than Florida among Pre-K, Elementary, and Middle School students; however, despite recent declines, about 55.1 percent of children in Kindergarten were eligible in Union County compared to 53.4 percent in Florida. It is also noteworthy that rates of eligibility among children in Pre-K have been increasing since 2019 (Tables 41, 47, and 50, 2023 Technical Appendix).

Community Determinants – Education

Educational attainment is an important social determinant of health that is strongly linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2017-2021 estimates considering the population that is 25+ years of age, far fewer have obtained a college degree in Union County than the state and twice as many have a high school diploma as their highest level of educational attainment. Union County graduation rates are much lower than that of the state (77.8 percent versus 87.3 percent), with dropout rates being notably lower (1.3 percent versus 3.2 percent) (Tables 38 and 39, 2023 Technical Appendix).

The Florida Department of Education also reports the percentage of school readiness at kindergarten entry and the percentages of elementary and middle school students not promoted to the next grade level. With respect to the former, in 2020 58.2 percent of Union County Kindergarteners were deemed school ready, similar to 56.9 percent at the state level. In 2021, 7.4 percent of elementary students were not promoted, much higher than the state rate of just 2.5 percent. However, in the same year, only 2.9 percent of middle school students were not promoted, similar to the state rate of 2.8 percent (Table 40, 2023 Technical Appendix).

Quality Healthcare Services

Differential access to care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, and other disease outcome differences. The prevalence of every recorded physician type is lower in Union County than the state, while internal medicine doctors, Obstetricians/Gynecologists, Osteopathic physicians, pediatricians, and dentists are all completely absent as of fiscal year 2020-2021. Union County also lacks a number of health care service facilities, including an adult family care home, an end-stage renal disease center, a nurse registry, and a nursing home, among other things. However, with two (2) hospitals and 145 acute care beds in said hospitals, Union County has an impressive rate of 939.2 acute care beds per 100,000 population. There are no specialty beds available (Tables 156-158 and 160, 2023 Technical Appendix).

A lack of access to healthcare services can often manifest as an abundance of avoidable hospitalizations and ED visits. In 2021, the rate of avoidable discharges among Union County residents under the age of 65 was 20.7 per 1,000 population, higher than Florida's rate of 12.3. Contrarily, in 2019 the rate of avoidable ED visits for Union County residents was just 117.1 visits per 1,000 population, lower than the state rate of 190.7 (Tables 168 and 171, 2023 Technical Appendix).

Priority Populations

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

- Racial minorities, especially the Black population

- Low-income individuals, especially children

- Inmate population

Summary

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

Union County faces many of the challenges associated with a small, rural community. There are insufficient providers across the board and limited facilities available to address an abundance of chronic conditions. These chronic conditions, as well as age-adjusted mortality rates, prove to be very high in Union County, especially due to cancer incidence and death. These issues contribute to lower quality of life, which manifest in the county's high rate of disabilities and percentage of residents who have been told that they had a depressive disorder. The combination of low rates of providers and facilities and high rates of disease burden in addition to low income can create a lack of access to care that may lead to individuals avoiding or delaying seeking care and can result in elevated rates of hospital discharges and avoidable hospitalizations, such as those seen in Union County. The county also reports higher rates of mental health ED visits and, among children, higher rates of Baker Acts. The uptake of certain healthy behaviors throughout the community is encouraging, such as low rates of reported binge drinking, bacterial STDs, and drug overdose deaths, as well as high rates of childhood and influenza immunizations. However, other health behavior indicators demand improvement, such as the high rates of tobacco use, overweight and obesity, and avoidable hospital discharges. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Union County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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

The Union County Community Health Assessment process endeavored to ensure that the community at large and community leaders contributed their observations, experiences, opinions, and expertise to the overall assessment and in particular to this phase of data collection. A community health survey was distributed and available to every adult Union County resident as well as adults who work or attend school in the county. Results from the community survey are provided below. The survey instrument is included in the appendices.

Community Health Surveys

Methodology

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

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on February 3, 2023 and was available through March 20, 2023. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 35 complete, eligible surveys collected from Union County residents. All of the surveys were taken in English. The overall survey completion rate was calculated at 69.4 percent; note that surveys deemed ineligible due to non- residency or age were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Union County residents were analyzed using descriptive analysis methods. The general demographic factors collected on respondents who completed surveys are presented in the table below. Tabulated results from survey items are presented in the following tables and figures.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Union County population. The demographic data below shows that females, non-Hispanics, and persons who identified their race as White were the most frequent survey respondents. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report outcomes.

Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the 2023 Technical Appendix.

Community Survey Participant Profile

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

Demographics	n = 35	
	Number	Percent
Age Group		
18-24	1	2.9
25-29	1	2.9
30-39	7	20.0
40-49	8	22.9
50-59	9	25.7
60-64	2	5.7
65-69	2	5.7
70-79	5	14.3
80 or older	0	0
Prefer not to answer	0	0
Gender Identity		
Man	6	17.1
Woman	28	80.0
Non-binary	0	0
Prefer not to answer	1	2.9
Other	0	0
Racial Identity		
American Indian/Alaskan Native	0	0
Asian	0	0
Black or African American	2	5.7
Native Hawaiian and Other Pacific Islander	0	0
Two or more races	0	0
White	32	91.4
Prefer not to answer	1	2.9
Oher	0	0
Ethnicity		
Not of Hispanic, Latino or Spanish origin	34	97.1

Demographics	n = 35	
	Number	Percent
Of Hispanic, Latino or Spanish origin	1	2.9
Prefer not to answer	0	0
Highest Level of Education Completed		
Elementary/Middle School	0	0
High school diploma or GED	7	20.0
Technical, community college, 2-yr college or Associate's degree	9	25.7
4-yr college/Bachelor's degree	7	20.0
Graduate/Advanced degree	3	8.6
Some college	9	25.7
Prefer not to answer	0	0
Other	0	0
Current Employment Status (may choose all that apply)		
Employed (full-time)	27	77.1
Employed (part-time)	0	0
Full-time student	2	5.7
Part-time student	1	2.9
Homemaker	1	2.9
Retired	5	14.3
Self-employed	2	5.7
Unemployed	0	0
Work two or more jobs	2	5.7
Disabled, unable to work	0	0
Prefer not to answer	1	2.9
Other	0	0
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	24	68.6
Health insurance that you pay on your own	3	8.6
Medicaid	5	14.3
Medicare	5	14.3
Military coverage/Tricare or VA		
Pay cash	1	2.9
Do not have health insurance	2	5.7
Other	0	0
Combined Annual Household Income		
Less than $10,000	0	0

Demographics	n = 35	
	Number	Percent
$10,000 - $19,999	2	5.7
$20,000 - $29,999	4	11.4
$30,000 - $49,999	5	14.3
$50,000 - $74,999	4	11.4
$75,000 - $99,999	5	14.3
$100,000 - $124,999	4	11.4
$125,000 - $149,999	2	5.7
$150,000 - $174,999	0	0
$175,000 - $199,999	0	0
$200,000 or more	0	0
Prefer not to answer	9	25.7
Zip Code of Residence, Place of Work or School in Union County		
32026 Raiford	1	2.9
32054 Lake Butler	30	85.7
32091 Starke	1	209
Other (not specified)	3	8.6

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

Observations from Community Survey

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

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

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of surveys completed by Union County residents included in the analysis was 35. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

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

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

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (42.9 percent)
2	Access to convenient, affordable, and nutritious foods (40.0 percent)
3	Good schools (28.6 percent)
4	Clean environment (e.g., water, air; 25.7 percent)
5	Residents engaging in healthy behaviors (22.9 percent)
6	Good place to raise children (20.0 percent)
7	Affordable utilities (17.1 percent)
8, 9 (tie)	Affordable housing (14.3 percent)
	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (14.3 percent)
10	Job opportunities for all levels of education (11.4 percent)
11, 12 (tie)	Low crime/safe neighborhoods (8.6 percent)
	Availability of parks and recreational opportunities (8.6 percent)
13, 14, 15, 16, 17, 18. 19 (tie)	Low preventable death and disease rates (5.7 percent)
	Affordable goods and services (5.7 percent)
	Low level of domestic violence (5.7 percent)
	Good race/ethnic relations (5.7 percent)
	Awareness of health care and social services (5.7 percent)
	Practice of religious or spiritual values (5.7 percent)
	Strong family ties (5.7 percent)
20, 21 (tie)	Public transportation system (2.9 percent)
	Strong economy (2.9 percent)
22, 23, 24, 25 (tie)	Choices of places of worship (0 percent)
	Low level of child abuse (0 percent)
	Low rates of infant and child deaths (0 percent)
	Availability of arts and cultural events (0. percent)
	Other (0 percent)

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

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

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

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

Rank	Health Issues (Percent of Responses)
1	Mental health problems (31.4 percent)
2, 3, 4 (tie)	Access to sufficient and nutritious food (20. percent)
	Dental problems (20.0 percent)
	Substance abuse/drug abuse (20.0 percent)
5, 6, 7 (tie)	Obesity (17.1percent)
	Cancer (17.1 percent)
	Tobacco use (includes e-cigarettes, smokeless tobacco, 17.1 percent)
8, 9, 10, 11, 12 (tie)	Access to primary/family care (11.4 percent)
	Elderly caregiving (11.4 percent)
	Affordable assisted living facilities (11.4 percent)

Rank	Health Issues (Percent of Responses)
	Heart disease and stroke (11.4 percent)
	High blood pressure (11.4 percent)
13, 14, 15, 16 (tie)	Homelessness (8.6 percent)
	Stress (8.6 percent)
	Suicide (8.6 percent)
	Teenage pregnancy (8.6 percent)
17, 18, 19, 20, 21, 22, 23, 24 (tie)	Child abuse/neglect (5.7 percent)
	Diabetes (5.7 percent)
	Domestic violence (5.7 percent)
	Intellectual and Developmental Disabilities (including autism spectrum disorders) (5.7 percent)
	Access to long-term care (5.7 percent)
	Disability (5.7 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (5.7 percent)
	Respiratory/lung disease (5.7 percent)
25, 26, 27, 28, 29 (tie)	Age-related issues (e.g., arthritis, hearing loss) (2.9 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (2.9 percent)
	Dementia (2.9 percent)
	Infant death (2.9 percent)
	Other (1 – affordable healthy foods, 2.9 percent)
30, 31, 32, 33, 34, 35, 36 (tie)	Motor vehicle crash injuries (0 percent)
	Exposure to excessive and/or negative media and advertising (0 percent)
	Pollution (e.g., water, air, soil) (0 percent)
	Firearm-related injuries (0 percent)
	Rape/sexual assault (0 percent)
	Homicide (0 percent)
	HIV/AIDS (0 percent)

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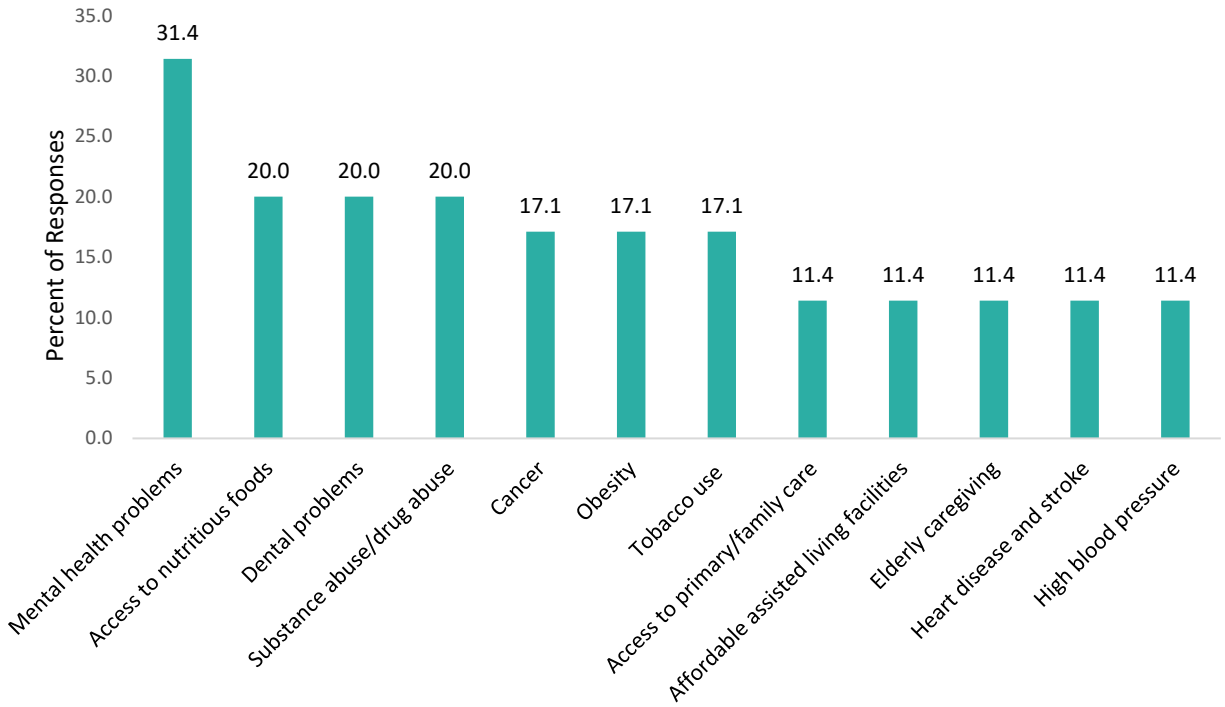
Source: Union County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

Rank	Behaviors (Percent of Responses)
1	Drug abuse (37.1 percent)
2	Lack of physical activity (31.4 percent)
3	Eating unhealthy foods/drinking sugar sweetened beverages (28.6 percent)
4	Lack of personal responsibility (25.7 percent)
5, 6, 7 (tie)	Overeating (22.6 percent)
	Dropping out of school (22.6 percent)
	Not using healthcare services appropriately (22.6 percent)
8	Tobacco use, vaping, chewing tobacco (20.0 percent)
9	Alcohol abuse (11.4 percent)
10, 11, 12, 13, 14, 15 (tie)	Loneliness or isolation (8.6 percent)
	Violence (8.6 percent)
	Not getting immunizations to prevent disease (e.g., flu shots) (8.6 percent)
	Not using birth control (8.6 percent)
	Poor race/ethnic relations (8.6 percent)
	Unsafe sex (8.6 percent)
16, 17, 18 (tie)	Distracted driving (such as texting while driving) (5.7 percent)
	Lack of sleep (5.7 percent)
	Lack of stress management (5.7 percent)
19, 20, 21 (tie)	Unsecured firearms (2.9 percent)
	Starting prenatal care late in pregnancy (2.9 percent)
	Not using seat belts/child safety seats (2.9 percent)
22	Other (0 percent)

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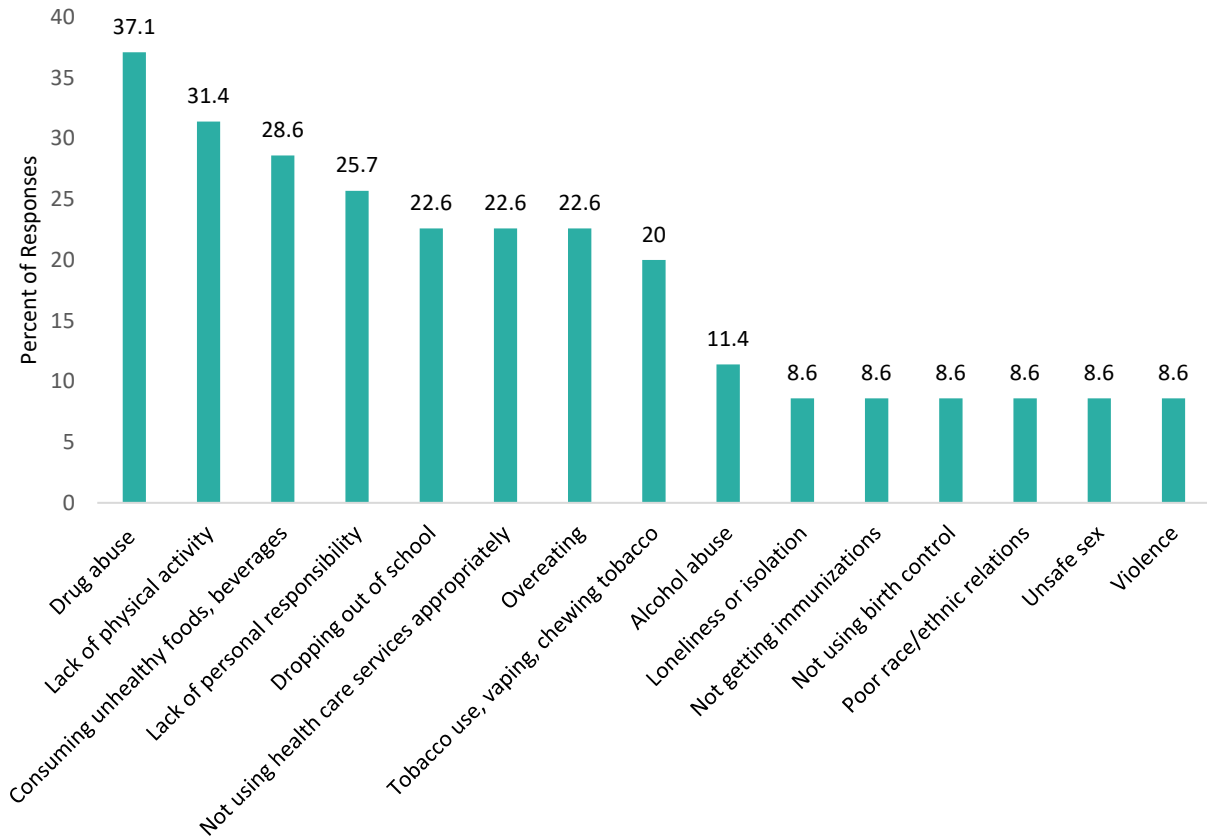
Source: Union County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

Healthcare Service	Percent of Responses
Other, please tell us	2.9
Telehealth services or services provided using telemedicine…	5.7
Preventive care (e.g., check-ups)	5.7
Prenatal care (pregnancy care)	8.6
Family planning/birth control	8.6
Substance abuse counseling services (e.g., drug, alcohol)	11.4
Primary/family care (e.g., family doctor)	14.3
Emergency room care	17.1
Physical therapy/rehabilitation therapy	20
Laboratory services	20
In-patient hospital care	22.6
Mental/behavioral health care	25.7
Prescriptions, medications or medical supplies	25.7
Imaging (CT scan, mammograms, MRI, X-rays, etc.)	25.7
Alternative medicine/therapy (e.g., acupuncture,…	28.6
Urgent care (e.g., walk-in clinic)	34.3
Specialty care	45.7
Dental/oral care	68.6
Vision/eye care	74.3

Source: Union County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023. Note: Other category response: 1 – Gyms for adults (2.9 percent)

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

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

Dental Care	Response
Received needed care or didn't need care (n=13)	37.1 percent
Did not receive needed care (n=22)	62.9 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	68.2 percent
No appointments available or long waits for appointments	54.5 percent
No dentists available	36.4 percent
Service not covered by insurance or have no insurance	40.9 percent
Transportation, couldn't get there	4.5 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	9.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.6 percent
Other (1 – not convenient, 2.9 percent)	2.9 percent

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

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

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

Primary/Family Care	Response
Received needed care or didn't need care (n = 30)	85.7 percent
Did not receive needed care (n = 5)	14.3 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	80.0 percent
No appointments available or long waits for appointments	20.0 percent
No primary care providers (doctors, nurses) available	20.0 percent
Service not covered by insurance or have no insurance	40.0 percent
Transportation, couldn't get there	0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	40.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	40.0 percent
Other	0 percent

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

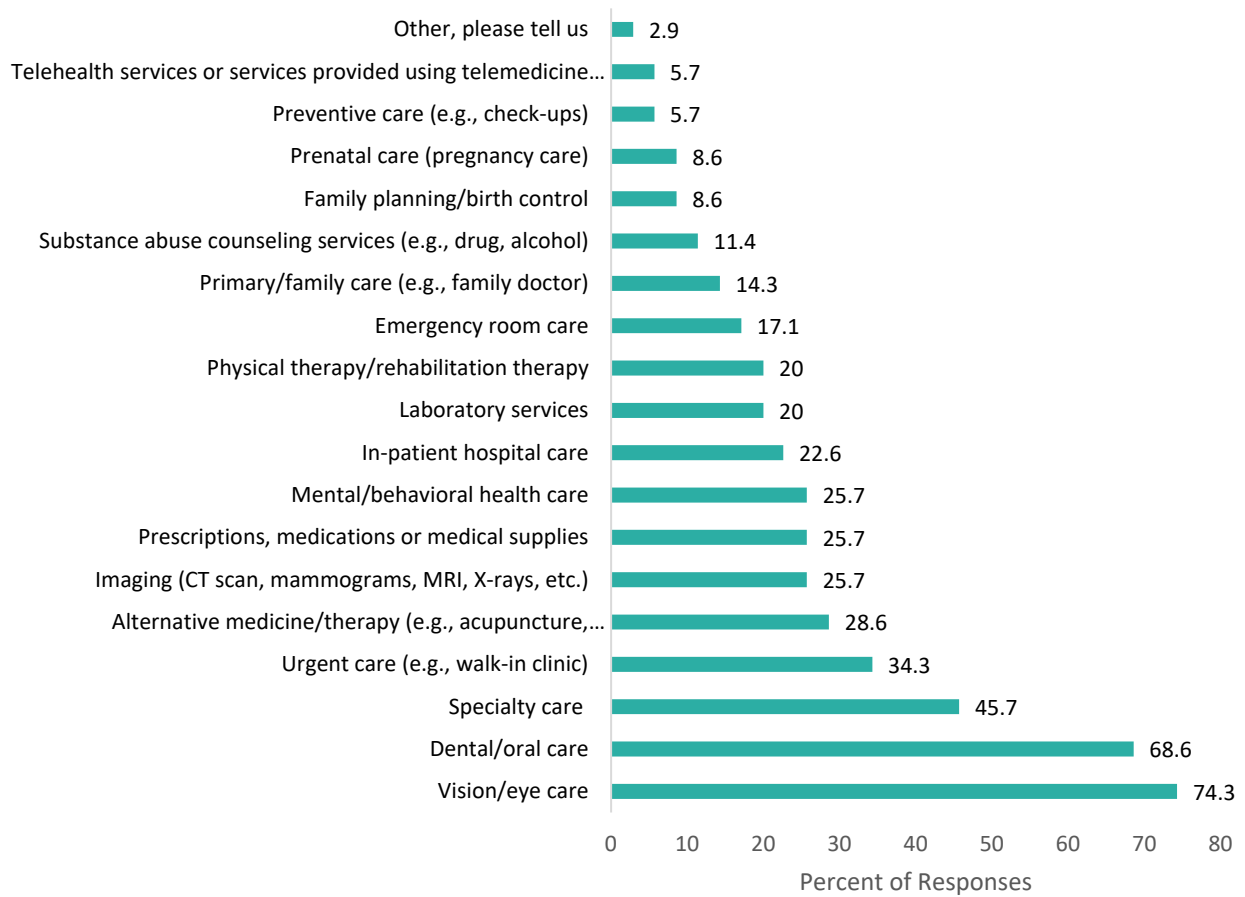**During the past 12 months, was there a time <u>you</u> needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose <u>ALL</u> that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

TABLE 15: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, UNION COUNTY, BY PERCENT OF RESPONSES, 2022

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care (n = 28)	80.0 percent
Did not receive needed care (n = 7)	20.0 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	57.1 percent
No appointments available or long waits for appointments	28.6 percent
No mental health care providers or no substance use therapists or counselors available	14.3 percent
Service not covered by insurance or have no insurance	14.3 percent
Transportation, couldn't get there	0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	28.6 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	42.9 percent
Stigma associated with this issue and/or stigma associated with seeking care	42.9 percent
Telehealth issue (e.g., telehealth services not offered, lack of internet accessibility)	14.3 percent
Other	0 percent

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

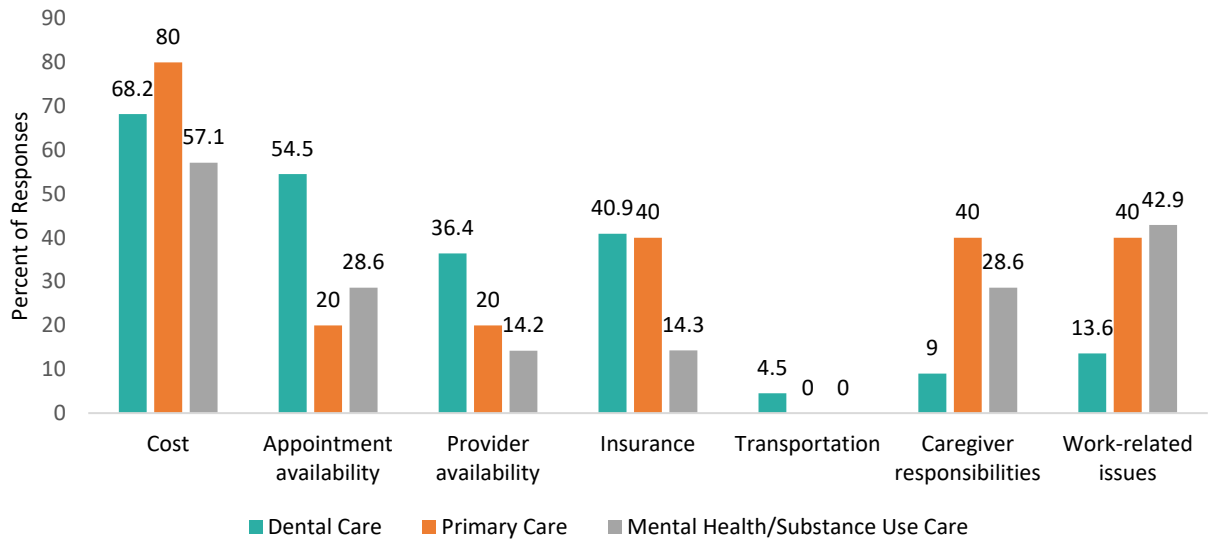Source: Union County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Union County residents who completed the survey considered access to health care, including primary care, specialty care, dental, and mental health care, as the top factor that contributes to a healthy community. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (14.3 percent), dental care (62.9 percent), or mental health/substance use care (20.0 percent). Cost, insurance issues, and provider and appointment availability were often cited as barriers. Union County survey respondents also reported that their caregiver responsibilities and work-related issues were considerable barriers. When asked about specific healthcare services difficult to access in Union County, those most commonly mentioned were vision/eye care, dental care, specialty care, urgent care, and alternative medicine and therapies. Less difficult to access were telehealth services, preventive care, and prenatal care.

Mental Health and Substance Abuse Care

Concern about the community's mental health and substance use emerged as a theme from the survey. Mental health problems were ranked first among the most pressing health issues that need to be addressed in Union County. Nearly a third (31.3 percent) of survey respondents selected it as a priority problem. Closely following as the second ranked most important issue was substance and drug abuse, selected by 20.0 percent of survey respondents. Note that there was a three-way tie for the second ranked issue that included access to affordable, nutritious foods, dental problems, and substance and drug abuse. Substance misuse is often linked with mental or behavioral health and access to mental health and substance use services frequently go hand-in-hand. Union County survey respondents ranked drug abuse as the first and alcohol abuse as the ninth ranked behaviors, respectively at 37.1.0 and 11.4 percent, with greatest negative impact on overall health. About a quarter (25.7

percent) of survey respondents felt mental and behavioral healthcare services are the most difficult to obtain in Union County and an additional 11.4 percent also indicated that substance abuse counseling is a service that is problematic to access. To further illustrate this theme, a fifth (20.0 percent) of Union County survey respondents said that in the past 12 months they did not receive needed care from a therapist or counselor for a mental health or substance use issue. For Union County survey respondents the most common barriers to mental health or substance use care were cost at 57.1 percent, work-related issues at 42.9 percent, and appointment availability at 28.6 percent.

Health Behaviors and Chronic Conditions

Concerns about health behaviors and resulting health outcomes were clearly communicated by Union County survey respondents. As described above, substance, drug, and alcohol use are problematic. However, chronic disease-related outcome behaviors surfaced among the most important health issues for Union County residents. Access to affordable, nutritious foods was ranked among the three issues that tied for second place (20.0 percent). The fifth, sixth, and seventh ranked most important health issues were chronic disease related. That is, cancer, obesity, and tobacco use garnering 17.1 percent of responses. Union County survey respondents spotlighted behaviors with negative health impacts. The lack of physical activity ranked second (31.4 percent), followed by eating unhealthy foods and drinking sugar-sweetened beverages (28.6 percent), general lack of personal responsibility (25.7 percent), overeating (22.6 percent), and tobacco use (20.0 percent). Other troublesome behaviors cited by survey respondents included dropping out of school (22.6 percent), not using healthcare services appropriately (22.6 percent), and loneliness or isolation (8.6 percent). Dental and oral health issues are underscored in the survey findings. Dental problems ranked among the issues tied for second place (20.0 percent) as most in need of being addressed. A glaring majority (62.9 percent) of Union County survey residents reported not getting needed dental care in the past 12 months with cost (68.2 percent), appointment availability (54.5 percent) and insurance issues (40.9 percent) being the most common barriers.

Social Determinants of Health

Union County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to affordable healthcare services (chosen by 42.9 percent of survey respondents), access to affordable, nutritious foods (40.0 percent), good schools (28.6 percent), clean environment (25.7 percent), good place to raise children (20.0 percent), affordable utilities (27.4 percent) and housing (14.3 percent), availability of first responders (14.3 percent), and job opportunities (11.4 percent).

FORCES OF CHANGE ASSESSMENT

Methods

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

- Trends – patterns over time, such as migration in and out of a community or a growing disillusionment with government.

- Factors – discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.

- Events – one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

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

The Union County Community Health Assessment Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment on May 11, 2023. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so that participants would be familiar with Union County demographics, health conditions and behaviors, healthcare resources, and the perspectives of community members and providers on issues related to health and quality of life. The group brainstormed possible forces that may hinder or help the community in its quest for improvement in community health outcomes. Brainstorming followed discussions of the threats and opportunities associated with the forces. The *Forces of Change for Union County* tables on the following pages summarize the forces of change identified for Union County, as well as possible associated opportunities and threats that may be considered in any Union County strategic planning or community health improvement planning process.

Please note: *The Forces of Change for Union County* table reflects qualitative opinion data collected during the Forces of Change Assessment. Comments and discussions are summarized in the table and accurately catalog comments from the facilitated discussion; however, these are not a reflection of the Florida Department of Health and cannot be attributed to one person, rather these are summaries of a group discussion in aggregate.

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

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Increase In Tobacco Use, Especially Vaping	Increased vulnerability to chronic conditions; increased risk of addiction, including to other substances; strain on resources and stress, especially for a small community.	Tax revenue; education and prevention.
	Increase in Mental Health Issues In The Past Year	Difficulty securing and maintaining housing; not enough psychiatrists and providers and struggling to fill these positions; lack of people using services provided by Meridian.	Services provided by Meridian, Lake Butler Hospital, and the Department of Health (DOH); Meridian is providing services in the schools and community.
Social/ Economic	More People Are Seeking Housing in Union County Because It Is Not Available In Other Counties	Homelessness; limits housing availability to current residents; competition for few resources; with residents working remotely, those residences take away opportunities for others who need a place to live in order to work in person, since businesses can't pay enough to have people commute from out of county; less availability of rental housing (non-governmental, private rentals).	Request at commissioner or council meeting to rework the county budget to target housing issues.

Source: Prepared by WellFlorida Council, 2023.

Forces Of Change for Union County - FACTORS

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social	Lack of Mental Health Providers	Those with untreated mental illnesses have difficulty securing and maintaining housing; those with untreated illness are more likely to misuse drugs; providers are struggling to fill positions for providers/professionals/staff.	Promoting the services that Meridian, Lake Butler Hospital, and the DOH do have available.
	Lack of Dental Care Available for Adults	People are not using the resources that are available, including transportation to dental care; poor dental and chronic health outcomes; struggle recruiting for community education fair; lack of knowledge of community newspaper makes it difficult to promote.	Community education fair that promotes services that are available.
	Limited Media Outlets	The local newspaper is not widely known and viewed.	Market and popularize the local newspaper that is published once per week, which is available online, in CVS, and stores.
	Lack of Health Literacy	Challenges with marketing health literacy events; typically, more people work these events than attend.	Health education fairs; increase education and outreach; use new approaches to marketing; educating at the 4th of July community event, which is well attended; CCA (Community Coalition Alliance) is trying to get prevention coalition started; opportunities for grant funding from CCA or LSF (Lutheran Services of Florida).
	Very Stable School System	Still seeing high rates of Baker Acts among children.	Low dropout rates; continuing to invest and support in school system.
	High Rates of Food Insecurity	Lack of availability of meals for children during weekends and summers; lack of food for adults in household; poor choices made regarding type and nutritional value of food eaten.	Backpack program provides food to bring home every Friday; school lunches provide healthy options; West Fraser gives $10,000 per year to education foundation that goes to food; Catholic Charities Lake City comes and provides food once or twice per year.
	Presence of Educational Foundation	Lack of media presence, so people aren't aware of the Education Foundation.	Provides funding for food; aim to increase awareness.

Forces Of Change for Union County - FACTORS			
Economic	Limited Funding Available at Local Level	Limited local funding opportunities; makes it difficult to advocate for funding or support for any programs, specifically at the local level	Apply for grants, from both the city and county and regionally

Source: Prepared by WellFlorida Council, 2023.

Forces Of Change for Union County - EVENTS			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Economic	Vape Shop Coming In	Vape products will become more available and accessible to residents.	Education and prevention.
	New Business Developments	Old buildings can be difficult to maintain, and repurposing old buildings can difficult and expensive, parking is limited. These may be barriers to attracting new businesses to Union	New jobs; new community and healthy living centers possible with the coffee shop and yoga business.
	Seeking Agricultural-based Grants	Continued lack of knowledge of benefits and resources that are available, even if a grant was obtained.	Contact and collaborate with UF IFAS extension office.
	Farmers Market Closed (between Union Baptist and Jackson's Hardware)	No longer providing fresh produce and food from local farmers at the farmers market; closure of farmer's market means one less fresh food source that accepts WIC.	Investigate why the farmers market was closed and identify if there is any interest in or possibility of reestablishing a farmers market in Union.
Social	Development of Community Coalition Alliance	Duplication of services and activities.	Can seek grant funding from CCA or LSF; facilitates cooperation between multiple coalitions and organizations already in Union County.
	DOH Planning to Institute Blessing Boxes	Sustainability; vandalism.	Provides food and children books throughout the county; different businesses and organizations are willing to sponsor on their properties, such as churches and hospital; develops and strengthens community partnerships.

Source: Prepared by WellFlorida Council, 2023.

INTERSECTING THEMES, STRATEGIC PRIORITY ISSUES, AND KEY CONSIDERATIONS

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

Intersecting Themes

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

Intersecting Themes

- Social Determinants of Health
    - ▶ Poverty, Particularly Among Children
    - ▶ Unemployment and Economics
    - ▶ Educational Achievement
    - ▶ Violence
    - ▶ Housing
- Access to Health Care (also a Social Determinant of Health)
    - ▶ Dental Care
    - ▶ Mental and Behavioral Health
    - ▶ Primary Care and Avoidable Conditions
    - ▶ Facilities and Services
- Health Outcomes

- ► Cancer

- ► Heart Disease and Cardiovascular Problems (Stroke, Hypertension)

- ► Chronic Lower Respiratory Disease (CLRD)

- ► Unintentional Injuries

- ► Diabetes

- ► COVID-19

- ► Suicide

- ► Alzheimer's Disease

- ► Maternal and Infant Health

- ► Overweight and Obesity

- Health Behaviors

    - ► Substance/Drug Misuse

    - ► Alcohol Misuse

    - ► Poor Nutrition, Eating Habits, Overeating

    - ► Tobacco Use

- Other Population and Environmental Factors

    - ► Life Expectancy

    - ► Increasing Population

    - ► Less Racial and Ethnic Diversity

    - ► Large Percentage of Population in Correctional Facilities

    - ► Business Development

Strategic Priority Issue Areas

Union County Community Health Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process at their May 24, 2023 meeting. The Steering Committee reviewed the findings of the previously mentioned assessments and confirmed that they accurately reflected the health status and health issues of Union County. In addition, the characteristics of strategic issues were introduced to assure a common understanding of their scope, scale, and purpose. The prioritization criteria included importance and urgency, impact, feasibility, and resource availability (see Table 30 below). In small, randomly assigned workgroups of five (5) to six (6) people, Steering Committee members used a strategy grid and several assessment data resources to discuss and agree upon their recommendations for strategic priority issues. The work groups' selected issues were then reported out to the whole group. Through a facilitated consensus process, six (6) priority themes emerged. These included mental health and substance misuse, food insecurity, chronic diseases, dental health, health literacy, and tobacco use and vaping. Facilitators checked for understanding and issue definition, queried about the goals of each focus, and confirmed supporting data. Steering Committee members also extensively discussed the merits and limitations of each potential strategic priority. Some points brought up

included the universality of health literacy across all issues, making it both a good choice to elevate as a strategic priority and a potential objective underneath every other topic. The urgency of tobacco use and vaping was pointed out given the high rates of tobacco use and the recent opening of a vape shop in Union County. Committee members generally acknowledged that all the issues proposed were relevant, important, and inextricably interconnected. After considerable discussion and issue advocacy, it was ultimately determined that a voting process should be used to select the final priorities. Food insecurity and health literacy garnered the most votes and were accepted as strategic priorities moving forward. Chronic diseases and tobacco use and vaping tied for the third and fourth most votes. Steering Committee members debated selected one or the other, combining these into one issue, or merging these under other strategic priorities. In the end, it was agreed upon to keep both topics as strategic priorities. The priorities listed below move forward for consideration and operationalizing in the Community Health Improvement Plan (CHIP).

TABLE 16: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, UNION COUNTY, 2023

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

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved February 7, 2023, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues

Strategic Priority Issue Areas Identified

- Food Insecurity

  ► Focus on affordability

  ► Invest in Blessing Boxes through the Department of Health

  ► Consider developing a farm share or Farmer's Market program

  ► Contact and consider pursuing funding through Catholic Charities

- Health Literacy

  ► Mental health and substance misuse

  ► Chronic disease prevention and management

  ► Education on resources and how to access them

  ► How to care for self

    ▪ Physical activity

    ▪ Nutrition

- Chronic Diseases

  ▶ Health literacy and education, especially on existing resources

  ▶ Alzheimer's Disease

    ▪ Engaging adults in educational classes

- Tobacco Use and Vaping

  ▶ Especially in the school systems

  ▶ Educational campaigns

  ▶ CivCom and SWAT (Students Working Against Tobacco)

    ▪ CivCom has grant for tobacco interventions

  ▶ Partner with Suwannee River AHEC (Area Health Education Center)

Thoughtful consideration was also given to issues that were ultimately not selected as priorities. There was strong advocacy for the integral need for good mental health, with strong and varied data sources to back it up. Community leaders hope to address awareness of mental health resources underneath the health literacy strategic priority. The feasibility of improving access to dental health providers was also questioned, and ultimately set aside to focus on other priorities. Additionally, Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously.

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

Key Considerations

- Promote a culture of community health as a system of many diverse partners, organizations, and individuals

- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures of progress

- Develop innovative, engaging methods to teach and promote healthy living among community members

- Educate on and increase awareness of current resource availability and the appropriate use of services and programs

- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental and behavioral health problems and substance misuse

- Enhance or create initiatives and policies to more effectively manage chronic diseases and oral health

- Enhance or create initiatives and policies to address obesity and promote attainment of a healthy weight

- Enhance or create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services

- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health

- Expand health literacy for all Union County residents, recognizing this as a contributing factor to a number of health and quality of life issues

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Resource Databases

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

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

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

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

  https://thecommunityguide.org/

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

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

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

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

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

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

Resource and Intervention Quality Assessment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resources for Community-Based Interventions

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

TABLE 17: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Barriers to Care	**Health insurance enrollment outreach & support** Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and are often supported through grants from federal agencies or private foundations.	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support
Barriers to Care	**Patient Navigation Services Increase Cancer Screening and Advance Health Equity** Cancer screenings save lives — however, barriers to getting screened, like cost or lack of access to screening services, exist. Patient navigation services can help lower those barriers. The Community Preventive Services Task Force (CPSTF) recommends patient services to help increase screening rates for breast, cervical, and colorectal cancer among historically disadvantaged racial and ethnic populations and people with lower incomes. The CPSTF's recommendation is based on a systematic review of 34 studies.	Systematic Review	The Guide to Community Preventive Services CPSTF Recommends Patient Navigation Services to Increase Cancer Screening | The Community Guide

Issue	Practice or Intervention	Effective-ness	Source
Access to Care for the Homeless	**Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review**	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/
Chronic Disease – Hyper-tension	**Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients**	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	**Help Educate to Eliminate Diabetes (HEED)** A culturally appropriate and community-based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Dementia Care, including Alzheimer's	**Healthy Brain Initiative Road Map 2018-2023** Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer's can be incorporated easily and efficiently into existing public health initiatives.	Non-systematic Review	CDC Healthy Brain Initiative https://www.cdc.gov/aging/healthybrain/roadmap.htm
Dementia Care, including Alzheimer's	**Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning**	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer's	**Public Health Approach to Alzheimer's – How does public health address Alzheimer's?** Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer's, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.	Non-systematic Review	Alzheimer's Association https://www.alz.org/professionals/public-health/public-health-approach

Issue	Practice or Intervention	Effective-ness	Source
Dental Health	**Preventing Dental Caries: School-Based Dental Sealant Delivery Programs** The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: Task Force Finding and Rationale Statement - Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs (thecommunityguide.org)
Dental Health	**Preventing Dental Caries: Community Water Fluoridation** The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: Cavities: Community Water Fluoridation | The Community Guide
Food Insecurity	**Food Insecurity – Healthy People 2030 Goal** A summary of literature on Food Insecurity as a social determinant of health in the United States.	Non-systematic Review	Healthy People 2030: Food Insecurity - Healthy People 2030 | health.gov
Food Insecurity	**Interventions Addressing Food Insecurity in Health Care Settings: A Systematic Review** Based on the recognition that food insecurity (FI) is associated with poor health across the life course, many US health systems are actively exploring ways to help patients access food resources. This review synthesizes findings from studies examining the effects of health care–based interventions designed to reduce FI.	Systematic Review	National Library of Medicine: Interventions Addressing Food Insecurity in Health Care Settings: A Systematic Review - PMC (nih.gov)
Housing	**Medicaid Accountable Care Organizations: A Case Study with Hennepin Health** As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated	Case Study	https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf

Issue	Practice or Intervention	Effective-ness	Source
	medical and social services to low-income Medicaid patients.		
Housing	**Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project** This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.	Experiment-al Study	https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project
Infant Mortality and Maternal Child Health	**Nurse-Family Partnership – Providing babies with the best start in life** Partners mothers with registered nurses from pregnancy through a child's second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.	Evidence-based	www.kingcounty.gov/nfp
Infant Mortality and Maternal Child Health	**Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy** Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling,	Systematic Review	Cochrane Library of Systematic Reviews: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full

Issue	Practice or Intervention	Effective-ness	Source
	feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.		
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2030: Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030 | health.gov
Mental Health	**Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management** Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2030: Mental Health: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management - Healthy People 2030 | health.gov
Mental Health	**School-Based Programs to Reduce Violence** Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or teamwork. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/violence-school-based-programs
Nutrition	**Mind, Exercise, Nutrition...Do it! (MEND) Program** The goal of MEND is to reduce global obesity levels by offering free healthy living programs through	Evidence-Based	SNAP-Ed Toolkit https://snapedtoolkit.org/interventions/programs/mind-

Issue	Practice or Intervention	Effective-ness	Source
	communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.		exercise-nutritiondo-it-mend-2/
Nutrition	**Video Game Play** This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition/ Physical Activity	**Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices** HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf
Nutrition/ Physical Activity	**County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers** Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering	Evidence-Based (Moderate)	https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/

Issue	Practice or Intervention	Effective-ness	Source
	group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.		
Nutrition	**A community intervention reduces BMI z-score in children: Shape Up Somerville first year results** The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/
Obesity	**Text4Diet: A Text Message-based Intervention for Weight Loss** Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	https://cdc.thehcn.net/promisepractice/index/view?pid=3490
Obesity	**Health Education to Reduce Obesity (HERO)** The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/ Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003

Issue	Practice or Intervention	Effective-ness	Source
Obesity	**Healthy Eating Lifestyle Program (HELP)** Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	**Pounds Off Digitally (POD)** Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks, overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	**Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time** Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among
Physical Activity	**Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design**	Systematic Review	Healthy People 2030: https://www.thecommunityguide.org/f

Issue	Practice or Intervention	Effective-ness	Source
	Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both.		indings/physical-activity-built-environment-approaches
Physical Activity	**Activity Bursts in the Classroom (ABC) Fitness Program** Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616
Physical Activity and Greenways	**Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions** Safe, accessible outdoor spaces can help encourage people to get active. In this systematic review, the Community Preventive Services Task Force (CPSTF) found that infrastructure interventions to improve parks, trails, and greenways — if combined with other interventions — can increase the number of people engaging in moderate to vigorous physical activity	Systematic Review	The Community Guide Phys Activity: Park, Trail, Greenway multicomponent	The Community Guide

Issue	Practice or Intervention	Effective-ness	Source
Poverty	**Policies to Address Poverty in America** Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Evidence-Based	The Hamilton Project: https://www.hamiltonproject.org/assets/legacy/files/downloads_and_links/policies_address_poverty_in_america_full_book.pdf
Poverty	**Social Programs That Work: Employment and Welfare** This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Rural Health	**What Works? Strategies to Improve Rural Health** This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.	Non-systematic Review	https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health
Substance Abuse	**Principles of Drug Addiction Treatment: A Research-Based Guide** This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.	Evidence-Based	National Institute of Health: NIDA Notes | National Institute on Drug Abuse (NIDA) (nih.gov)
Substance Abuse	**Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)** e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-

Issue	Practice or Intervention	Effective-ness	Source
	intervention (SBI), providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.		electronic-screening-and-brief-interventions-e-sbi
Substance Abuse	**Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide** Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family, and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide	SAMHSA
Tobacco Use	**Cell Phone-based Tobacco Cessation Interventions** Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	**Mass Media Campaigns Against Tobacco Use** Media campaigns use television, print, digital, social media, radio broadcasts, or other displays to share messages with large audiences. Tobacco-specific	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings:

Issue	Practice or Intervention	Effective-ness	Source
	campaigns educate current and potential tobacco users about the dangers of tobacco.		http://www.county healthrankings.org/ take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use
Violence	**Clinician Screening for Intimate Partner Violence** The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.	Systematic Review	U.S. Preventive Services Task Force Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening	United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)
Violence	**Anti-Bullying Policies and Enumeration** Anti-bullying laws and policies at the state and local levels are common components of current bullying prevention efforts. Every state has an anti-bullying law or policy. Many local school districts also establish anti-bullying policies.	Systematic Review	CDC, Adolescent and School Health Anti-Bullying Policies and Enumeration	Adolescent and School Health	CDC

APPENDIX A – COMMUNITY HEALTH SURVEY

English ⌄

Default Question Block

Dear Neighbor,

What are the most important health and healthcare issues in your community? The Florida Department of Health in Bradford County and Union County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from February 3, 2023 through March 17, 2023. Community leaders will use your answers to take action towards a healthier community.

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

To be eligible to take this survey:

·   You must be at least 18 years old and

·   Reside or work or attend school in Bradford County or Union County

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

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

Please respond to the statement below.

I'm not a robot

reCAPTCHA
Privacy - Terms

Age Eligibility

What is your age?

○ I am 18 years of age or older.

○ I am 17 years of age or younger.

Residency

Do you live in Bradford or Union County?

○ I live in Bradford County (You will be answering questions about Bradford County unless otherwise indicated in the question.)

○ I live in Union County (You will be answering questions about Union County unless otherwise indicated in the questions.)

○ I do NOT live in Bradford or Union

Do you work or attend school in Bradford or Union County?

○ Yes, I work (physical office location) or attend school in Bradford County (You will be answering questions about Bradford County unless otherwise indicated in the question.)

○ Yes, i work (physical office location) or attend school in Union County. (You will be answering questions about Union County unless otherwise indicated in the question.)

○ No, I am not a Bradford or Union County resident nor do I work or attend school in those counties.

Community Health

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

☐ Strong **family** ties

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

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

☐ Strong **economy**

☐ Good place to **raise children**

☐ Practice of **religious or spiritual values**

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

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

- [ ] Availability of **parks and recreational opportunities**
- [ ] Good **race/ethnic relations**
- [ ] Residents engaging in **healthy behaviors**
- [ ] **Low** level of **child abuse**
- [ ] Choices of **places of worship**
- [ ] Good **schools**
- [ ] **Job opportunities** for all levels of education
- [ ] Access to affordable **health care** including primary/family care and specialty care, dental care and mental health care
- [ ] Access to convenient, affordable and nutritious **foods**

- [ ] Affordable **utilities**
- [ ] **Clean environment** (for example, water and air)
- [ ] Low crime**/safe** neighborhoods
- [ ] **Awareness** of **health care and social services**
- [ ] Public **transportation** system
- [ ] Availability of **arts and cultural events**
- [ ] Affordable **goods and services**
- [ ] Affordable **housing**
- [ ] Other, please tell us

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

- [ ] Not using birth control
- [ ] Not using health care services appropriately

- [ ] Not getting immunizations to prevent disease (e.g., flu shots)
- [ ] Eating unhealthy foods, drinking sugar-sweetened beverages

- [ ] Lack of personal responsibility
- [ ] Lack of sleep
- [ ] Loneliness or isolation
- [ ] Dropping out of school
- [ ] Overeating
- [ ] Not using seat belts/child safety seats
- [ ] Distracted driving (such as texting while driving)
- [ ] Starting prenatal care late in pregnancy
- [ ] Lack of physical activity

- [ ] Violence
- [ ] Lack of stress management
- [ ] Unsafe sex
- [ ] Tobacco use, vaping, chewing tobacco
- [ ] Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
- [ ] Unsecured firearms
- [ ] Poor race/ethnic relations
- [ ] Alcohol abuse
- [ ] Other, please tell us

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

- [ ] Access to sufficient and nutritious foods
- [ ] Suicide
- [ ] Respiratory/lung disease
- [ ] Motor vehicle crash injuries

- [ ] Infant death
- [ ] Mental health problems
- [ ] Disability
- [ ] Exposure to excessive and/or negative media and advertising

- ☐ Access to long-term care
- ☐ Vaccine preventable diseases (e.g., flu, measles)
- ☐ Intellectual and Developmental Disabilities (including autism spectrum disorders)
- ☐ Dementia
- ☐ Obesity
- ☐ Substance abuse/drug abuse
- ☐ Domestic violence
- ☐ Stress
- ☐ Access to primary/family care
- ☐ Rape/sexual assault
- ☐ Homicide
- ☐ Tobacco use (includes e-cigarettes, smokeless tobacco use)
- ☐ Affordable assisted living facilities
- ☐ Elderly caregiving

- ☐ Heart disease and stroke
- ☐ Child abuse/neglect
- ☐ Diabetes
- ☐ Cancer
- ☐ Pollution (e.g., water, air, soil quality)
- ☐ Homelessness
- ☐ Firearm-related injuries
- ☐ Age-related issues (e.g., arthritis, hearing loss)
- ☐ HIV/AIDS
- ☐ Dental problems
- ☐ High blood pressure
- ☐ Teenage pregnancy
- ☐ Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)
- ☐ Other, please tell us
  [   ]

Access to Services

Which **healthcare services are difficult for you to obtain** in Bradford or Union County? Choose **ALL** that apply.

☐ Vision/eye care

☐ Telehealth services or services provided using telemedicine technology

☐ Family planning/birth control

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

☐ Emergency room care

☐ Prescriptions, medications or medical supplies

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

☐ Prenatal care (pregnancy care)

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

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

☐ In-patient hospital care

☐ Preventive care (e.g., check-ups)

☐ Mental/behavioral health care

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

☐ Dental/oral care

☐ Physical therapy/rehabilitation therapy

☐ Laboratory services

☐ Urgent care (e.g., walk-in clinic)

☐ Other, please tell us

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[                    ]
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☐ I do not know

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

○ Yes

◯ No. I got the dental care I needed or I didn't need dental care.

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

☐ Cost

☐ No appointments available or long waits for appointments

☐ No dentists available

☐ Service not covered by insurance or have no insurance

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

☐ Transportation, couldn't get there

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

☐ [   ] Other, please tell us

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

◯ Yes

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

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

- [ ] Cost
- [ ] No appointments available or long waits for appointments
- [ ] No primary care providers (doctors, nurses) available
- [ ] Service not covered by insurance or have no insurance
- [ ] My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- [ ] Transportation, couldn't get there
- [ ] Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- [ ] Other, please tell us

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

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

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

☐ Cost

☐ No appointments available or long waits for appointments

☐ No mental health care providers or no substance use therapists or counselors available

☐ Service not covered by insurance or have no insurance

☐ Stigma associated with this issue and/or stigma associated with seeking care

☐ Telehealth issue (e.g., telehealth service not offered, lack of internet accessibility)

☐ Transportation, couldn't get there

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

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

☐ Other, please tell us

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Demographics

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

What is your age?

○ 18-24

○ 25-29

○ 30-39

○ 40-49

○ 50-59

○ 60-64

○ 65-69

○ 70-79

○ 80 or older

○ I prefer not to answer

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

○ No, not of Hispanic, Latino or Spanish origin

○ Yes, of Hispanic, Latino/a/x or Spanish origin

○ I prefer not to answer

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

○ American Indian and Alaska Native

○ Asian

○ Black or African American

○ Native Hawaiian and Other Pacific Islander

○ Two or more races

○ White

○ I prefer not to answer

○ [   ] Other, please tell us

What is your gender identity?

○ Man

○ Woman

○ Non-binary

○ I prefer not to answer

○ [   ] Other, please tell us

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

○ Elementary/Middle School

○ High School diploma or GED

○ Technical, Community College, 2-year College or Associate's degree

○ 4-year College/Bachelor's degree

○ Graduate/Advanced degree

○ Some college

○ I prefer not to answer

○ [   ] Other, please tell us

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

☐ Employed (Full-time)

☐ Employed (Part-time)

☐ Full-time Student

☐ Part-time Student

☐ Homemaker

☐ Retired

☐ Self-employed

☐ Unemployed

☐ Work two or more jobs

☐ Disabled, unable to work

☐ I prefer not to answer

☐ [   ] Other, please tell us

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

☐ Health insurance offered from your job or a family member's job

☐ Health insurance that you pay on your own

☐ Medicaid

☐ Medicare

☐ Military coverage/VA/TriCare

☐ Pay cash

☐ I do not have health insurance

☐ [   ] Other, please tell us

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

○ Less than $10,000

○ $10,000 – $19,999

○ $20,000 – $29,999

○ $30,000 – $49,999

○ $50,000 – $74,999

○ $75,000 – $99,999

○ $100,000 – $124,999

○ $125,000 – $149,999

○ $150,000 – $174,999

○ $175,000 – $199,999

○ $200,000 or more

○ I prefer not to answer

What is the zip code of your residence in Bradford or Union County? If you do not live in Bradford or Union County, but you work in Bradford or Union, what is the zip code of where you work? If you do not live or work in Bradford or Union

County, but you attend school in Bradford or Union, what is the zip code for campus?

○ 32044 Hampton
○ 32058 Lawtey
○ 32091 Starke

    32622 Brooker
○

○ 32026 Raiford
○ 32054 Lake Butler
○ 32697 Worthington Springs

    Other, please specify
○ [   ]

Open Ended

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

[   ]

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APPENDIX B – STEERING COMMITTEE MEMBERS

Name	Organization
Alisha Pennington	Hanley Foundation
Amanda Fort	Union County Housing Authority
Amanda Pellechio	Florida Department of Health in Bradford/Union Counties
Amie Oody	Florida Department of Health in Bradford/Union Counties
Bethan O'Conner	Alachua County Victim Services and Rape Crisis Center
Brian Reagan	Church of Christ
Cathryn Reagan	Florida Georgia Stuffed Animals For Emergencies
Cynthia Coulter	Lake Butler Hospital
Dan Mann	Florida Department of Health in Bradford/Union Counties
Debbie Williams	Florida Department of Health in Bradford/Union Counties
Erin Peterson	Healthy Start North Central Florida Coalition
Jamie Holton	Suwannee River Area Health Education Center
Jenna Hewett	Civic Communications
Jim Lyons	Florida Department of Health in Bradford/Union Counties
Jose Pagan	Florida Department of Health in Bradford/Union Counties
Lindsey Rozar	Hanley Foundation
Lynda Pettit	Community Member Representative
Monica Bayer	New River Health
Tina Lloyd	Lake Butler Hospital
Tracy Toms	Florida Department of Health in Bradford/Union Counties
Valeria Gorden	Meridian Behavioral Healthcare