



GILCHRIST COUNTY

COMMUNITY HEALTH ASSESSMENT

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In April of 2022, WellFlorida Council and the Gilchrist County Department of Health began to assemble a team from public health, social services, education, and more to develop and initiate this 2022 Gilchrist County 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 2022 Gilchrist County Community Health Assessment document was developed, as well as the accompanying 2022 Tri-County 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.	<ul style="list-style-type: none"> • Large uninsured population; high poverty rates, especially among children and Black/Hispanic residents • Elevated mortality rates, especially due to cancer, CLRD, and unintentional injury • Higher rates of suicide, rape, Baker Acts among children, mental health ED Visits, obesity, and tobacco use and exposure • Higher rates of avoidable discharges and dental ED visits • Very limited access to healthcare facilities and providers
Community Themes and Strengths Assessment	Survey feedback was collected from community members and health care providers on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Gilchrist County.	<ul style="list-style-type: none"> • Access to healthcare was the single most important factor that contributes to a healthy community • Chronic diseases were the most important county health issues according to residents, substance abuse according to providers • Drug abuse was greatest negative health behavior • Cost was the greatest barrier to care, with 39% not getting needed primary care, 56% needed dental care, and 32% needed mental health care
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Gilchrist County.	<ul style="list-style-type: none"> • Social and Behavioral concerns, such as lack of access to dental and mental health care, children in families with substance abuse issues, and lack of awareness of resources • Social and Economic concerns, such as employment, insurance reimbursement rates, low-income, and high childcare costs

Strategic Priorities	<p style="text-align: center;">Access to Care Mental Health and Substance Misuse Healthy Lifestyles</p>
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INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In April 2022, the Florida Department of Health launched the 2022 Community Health Assessment (CHA) process in Gilchrist County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Gilchrist 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 Gilchrist 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 five 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 Gilchrist County. This body, called the 2022 Gilchrist County CHA Steering Committee, guided the process, and assured that the health needs and issues of all Gilchrist County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between several public and private institutions in Gilchrist County for the larger goal of improving health outcomes and quality of life for all residents in Gilchrist County.

Process and Methodology

This comprehensive health needs 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 Gilchrist County MAPP process. Use of the MAPP tools and techniques helped Gilchrist 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

Generally, the health of a community is measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex determinants of health, the community health 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.

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, Partnership Development, and Visioning

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- 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 – Provider Survey
 - ▶ Appendix C – Steering Committee Members

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2022 Dixie, Gilchrist, and Levy Counties Community Health Needs Assessment Technical Appendix*, which includes analysis of social determinants of health, community health status, and health system assessment. Myriad secondary data sources were used to examine the health of Gilchrist County, including the U.S. Census Bureau, the Florida Department of Health’s Florida HealthCHARTS, the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, and the Florida Agency for Health Care Administration. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Gilchrist County. More information on ZCTAs as well as a list of ZCTAs for Gilchrist County can be found in the Technical Notes section of the *2022 Dixie, Gilchrist and Levy Counties Community Health Needs Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 32619 Bell. 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 or perspective into the health problems and needs of the community. 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 more than 100 responses. Likewise, to determine provider’s perspectives on the priority community health issues and quality of life issues related to health care, surveys were used to collect input from 58 health care, behavioral health care, health education, and social services providers in the Tri-County region of Dixie, Gilchrist, and Levy counties. 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 September 14, 2022, with the

Gilchrist 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 arriving at consensus, the Steering Committee arrived at the three (3) strategic priority issue areas listed below:

- Access to Care
 - ▶ Especially primary care, including wellness care, family planning, screenings, and labs
 - ▶ Especially dental care, for adults and children
- Mental Health and Substance Misuse
 - ▶ Stress
 - ▶ Homelessness
 - ▶ Loneliness/isolation
 - ▶ Access to fun activities
 - ▶ Access to care
- Healthy Lifestyles
 - ▶ Education
 - ▶ Programs
 - ▶ Support for maintaining healthy behaviors

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 Gilchrist 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>

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



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

Using the Community Health Assessment

The 2022 Gilchrist 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 Gilchrist 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 2022 Gilchrist County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with the accompanying *2022 Dixie, Gilchrist, and Levy Counties Community Health Needs Assessment Technical Appendix* (referred to going forward as the 2022 Technical Appendix).

Whereas the CHA presents data and issues at a higher, more global level for the community, all the data in the CHA that has been used for identifying community health issues are addressed on a granular level of detail in the 2022 Technical Appendix. Thus, for most data that are addressed in the main CHA, the 2022 Technical Appendix presents these data in finer detail, breaking down data sets where appropriate and when available. The 2022 Technical Appendix is an invaluable companion resource to the CHA, as it allows the community to dig deeper into the issues to understand the contributing factors, causes, and wide range of effects more readily 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, 36 Steering Committee members were involved. Their names and titles are provided in Appendix C.

Visioning

At their kick-off meeting on June 9, 2022, the Gilchrist County Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Gilchrist 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 Gilchrist 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? Discussion eventually resulted in the formation of the following vision statement: A modern healthy lifestyle in a rural setting. This vision statement was confirmed at the September 14 Forces of Change meeting.



2022 Gilchrist County Community Health Assessment Planning Process Timeline



COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment highlights key findings from the *2022 Dixie, Gilchrist, and Levy Counties Community Health Needs Assessment Technical Appendix*, referred to henceforth as the 2022 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 a variety of health and county ranking sites from respected institutions across the United States and Florida.

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 Gilchrist 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 2022 Technical Appendix contain standardized rates for the purpose of comparing Gilchrist 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 2022 Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics and Socioeconomics

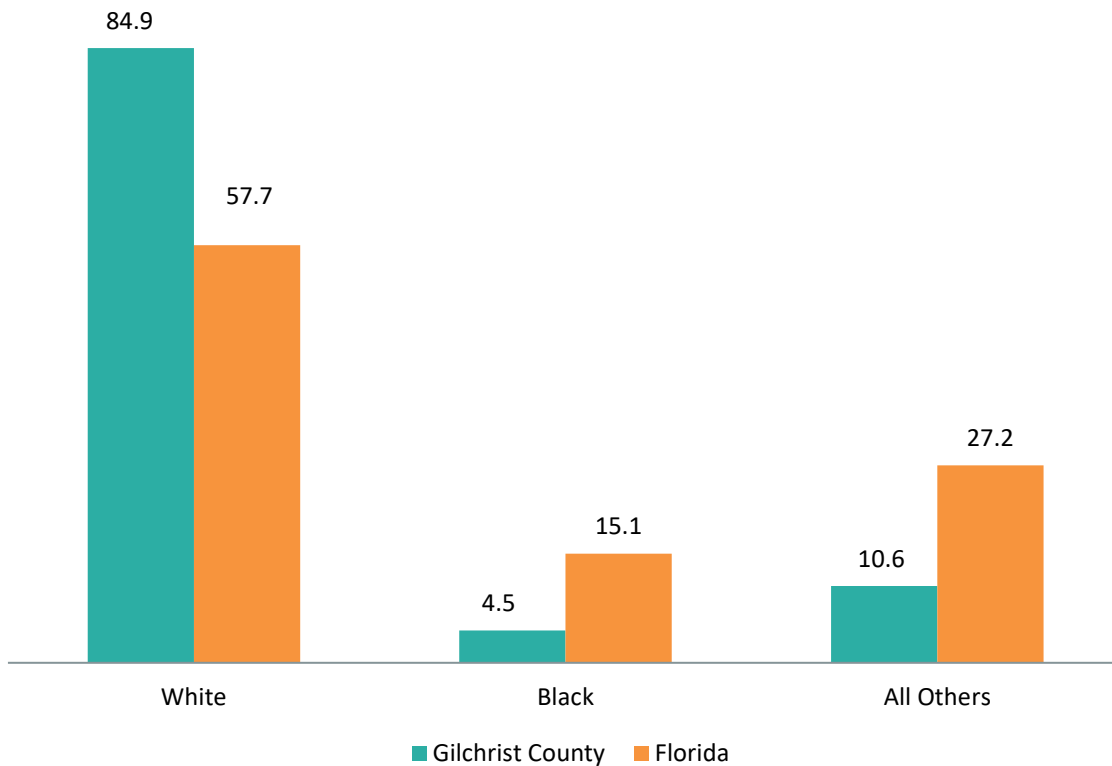
As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The 2022 Technical Appendix includes data 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 Gilchrist County demographic and socioeconomic profile.

Population

The 2010 Census recorded a population of 16,939 individuals for Gilchrist County, and the most recent 2020 Census recorded only a modest increase to 17,864 (Tables 5 and 7, 2022 Technical Appendix). The University of Florida’s Bureau of Economic Business Resources projects very small population increases for Gilchrist County through 2045, with percentage change projected to be less than the state (Table 5, 2022 Technical Appendix). As of the 2020 US Census, 3.0 percent of the population lived in Bell, 3.0 percent lived in Fanning Spring (the portion of Fanning Spring which resides in Gilchrist County), 11.9 percent lived in Trenton, and 82.2 percent lived in unincorporated areas; a stark contrast to only 49.5 percent of the state living in unincorporated areas (Table 6, 2022 Technical Appendix).

Gilchrist County is less racially diverse than the state, with 84.9 percent of the population reporting as White. The largest racial minority was Two or More Races, coming in at 6.5 percent of the population, followed by the Black population at 4.5 percent, then Other at 3.3 percent. American Indian and Alaska Native Alone, Asian Alone, and Native Hawaiian and Other Pacific Islander Alone cumulatively constitute less than one (1) percent of the Gilchrist County population. In contrast, Florida is only 57.7 percent White, with 16.5 percent as Two or More Races, 15.1 percent identifying as Black, and 7.3 percent as Other (Table 7, 2022 Technical Appendix). Please note that in Figure 3 below, “All Others” includes Two or More Races, American Indian and Alaska Native Alone, Asian Alone, Native Hawaiian and Other Pacific Islander Alone, and Other.

FIGURE 3: PERCENTAGE POPULATION BY RACE, GILCHRIST COUNTY AND FLORIDA, 2020



Source: Table 7, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Veterans constitute 9.9 percent of the Gilchrist County population, a subtle departure from the state rate of 8.4 percent of the population. Most of these Veterans are in 32693 Trenton as 11.3 percent of Trenton’s population (Table 20, 2022 Technical Appendix). Additionally, Gilchrist County encompasses approximately 1,311 individuals in group quarters, which include correctional institutions and nursing homes, embodying 7.2 percent of the county population compared to only 2.0 percent of Florida overall. The overwhelming majority of these individuals are housed in 32693 Trenton (Table 17, 2022 Technical Appendix).

As most of the data reported here refers to calculations based on the 2016-2020 American Community Survey (ACS) estimates, including all the zip code level data, for the rest of this report the population of Gilchrist County will be considered 18,245, according to the most recent ACS estimate, unless specified otherwise (Table 8, 2022 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2022 Technical Appendix.

Race

According to the 2016-2020 ACS estimates, approximately 90.8 percent of Gilchrist County is White, 5.4 percent Black, 2.9 percent Two or More Races, 0.7 percent Other, and cumulatively less than once percent American Indian or Alaska Native, Asian, or Native Hawaiian and Other Pacific Islander. These numbers strongly contrast with the estimated diversity of Florida as a whole: 71.6 percent White, 15.9 percent Black, 3.9 percent Two or More Races, 2.8 percent Asian, 0.8 percent Other, 0.3 percent American Indian or Alaska Native, and 0.1 percent Native Hawaiian and Other Pacific Islander. 32693 Trenton appears to be slightly more diverse than 32619 Bell, with 84.2 percent reporting as White compared to 99.1 percent, respectively, as well as 8.4 percent reporting as Black, 5.6 percent Two or More Races, and 1.0 percent as Other (Table 9, 2022 Technical Appendix). These are the only two zip code tabulation areas (ZCTAs) in Gilchrist County.

Ethnicity

Florida has the third largest Hispanic population among all US states (<https://www.census.gov/quickfacts/US>), with approximately 5.47 million Hispanic individuals calling the state home 2016-2020, making up 25.8 percent of the total state population. Nonetheless, Gilchrist County presents a noticeable dearth of Hispanic persons, with Hispanics making up only 6.0 percent of the total population. Specifically, 7.5 percent of 32619 Bell is Hispanic or Latino, as is 5.5 percent of 32693 Trenton (Table 10, 2022 Technical Appendix).

Sex

Gilchrist County’s population distribution is mildly skewed in favor of males, with 52.3 percent of the population recorded as male and 47.7 percent as female in the ACS 2016-2020 estimates. By ZCTA, this breaks down into 53.2 percent of 32619 Bell and 52.8 percent of 32693 Trenton being male (Table 11, 2022 Technical Appendix).

Age

According to the most recent ACS estimates, a large portion of Gilchrist County’s population is made up of children, with those under the age of 18 comprising 21.4 percent of the population compared to the state distribution of just 19.9 percent. This difference is offset by a slight decrease in the number of working-aged and senior adults in Gilchrist County as compared to Florida, with Gilchrist having 58.4 percent of its population between the ages of 18 and 64 (compared to 59.6 percent of the state) and 20.2 percent of the county population 65 years of age or older (20.5 percent of the state). It is noteworthy that 32693 Trenton contains both more children than 32619 Bell (24.3 percent versus 19.5 percent) as well as more seniors (20.1 percent versus

15.4 percent), resulting in a nearly 10 percentage point difference in working-aged adults (55.6 percent versus 65.1 percent) (Table 12, 2022 Technical Appendix).

There are many interesting intersections between age and sex. Similar to the overall age trends mentioned earlier, 32693 Trenton has more male children and seniors than 32619 Bell, with only 58.5 percent of Trenton's population falling within the working age range of 18-64. This distribution is even more exaggerated among females in 32693 Trenton, with only 52.4 percent of females in the working-aged adults demographic. In contrast, 63.3 percent of males and 67.1 percent of females in 32619 Bell are between the ages of 18-64 (Table 13, 2022 Technical Appendix).

There also exists many notable interactions between age and race. The age distribution of Gilchrist County's White population is like that of the state, with slightly more children (19.8 percent versus 17.5 percent), especially in 32693 Trenton, where children comprise 21.4 percent of the population. The White male and White female age distributions are also like the state, but with marginally more children and less seniors. The Black Gilchrist County population is much younger than their White Gilchrist County counterparts as well as the Black population of Florida as a whole, with 35.5 percent of the county population being under the age of 18 compared to 25.5 percent of the state, and only 7.7 percent of the county population falling into the senior age category, as compared to 11.3 percent of the state. This younger age distribution is driven primarily by Black males; Black females consist of less children (23.2 percent versus 24.1 percent) and more seniors (18.5 percent versus 12.6 percent) than the state (Tables 14 and 15, 2022 Technical Appendix).

As compared to the county as a whole, the Gilchrist County Hispanic population also has more children (30.7 percent versus 19.8 percent), more working-aged adults (63.0 percent versus 48.7 percent), and, in particular, less seniors (6.3 percent versus 21.6 percent). This same trend occurs for children and seniors when comparing Gilchrist County Hispanics to Florida Hispanics at large: 30.7 percent versus 23.6 percent children and 6.3 versus 12.1 percent seniors, respectively. In particular, there are many more male Hispanic children as compared to female Hispanic children (256 individuals versus 79 individuals), comprising 38.1 percent and 18.9 percent of their respective sex group. Most of Gilchrist's Hispanic seniors are found in 32619 Bell (Tables 14 and 16, 2022 Technical Appendix).

Languages Spoken

The vast majority of the 5+ population in Gilchrist County – 94.7 percent – speak only English, according to 2016-2020 ACS estimates. This is much greater than Florida, which contains only 70.6 percent of the population in this category. Only 2.9 percent of the county does not speak English “Very Well” (Table 51, 2022 Technical Appendix). Among those speaking other languages, 79.9 percent speak Spanish; 13.4 percent, other Indo-European languages; and 5.4 percent, Asian and Pacific Island languages.

Families and Households

The US Census Bureau defines families in this context 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. According to 2016-2020 ACS estimates, Gilchrist County is home to approximately 4,463 family units, the vast majority being married couple families. Similar to the state, there are more than twice as many female householders with no husband present families as compared to male householders with no wife present (813 and 341 families, respectively). This ratio is skewed in 32693 Trenton, where there are approximately 316 no wife households and 475 no

husband households. Average family size is smaller in Gilchrist County than the state at 3.06 individuals compared to 3.23. The largest average family size lies in 32619 Bell at 3.18 people (Table 18, 2022 Technical Appendix).

Nonfamily households make up approximately 33.4 percent of all households in Gilchrist County. In particular, 32619 Bell is only 28.5 percent nonfamily households. Average household size is also slightly less than the state at 2.53 people compared to 2.62 people, with the largest average household size in 32619 Bell at 2.72 people (Table 19, 2022 Technical Appendix).

Life Expectancy

Gilchrist County ranks as 38th out of 67 counties in Florida for length of life with a life expectancy of 76.5 years for all residents based on the 2018-2020 Florida HealthCHARTS estimate, contrasting with the expected 79.4 years for the state as a whole (Tables 3 and 4, 2022 Technical Appendix). This number has shown no improvement since 2014. Furthermore, like the state, there are differences by sex observed; namely, that females on average live 7.5 years longer than males in Gilchrist County with a female life expectancy of 80.5 years compared to 73.0 years for males, while within Florida life expectancy is 82.3 years for females and 76.5 years for males (Table 4, 2022 Technical Appendix).

TABLE 1: LIFE EXPECTANCY IN YEARS, GILCHRIST COUNTY AND FLORIDA, 2018-2020

	Gilchrist County Life Expectancy in Years	Florida Life Expectancy in Years
Overall	76.5	79.4
Females	80.5	82.3
Males	73.0	76.5

Source: Table 4, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

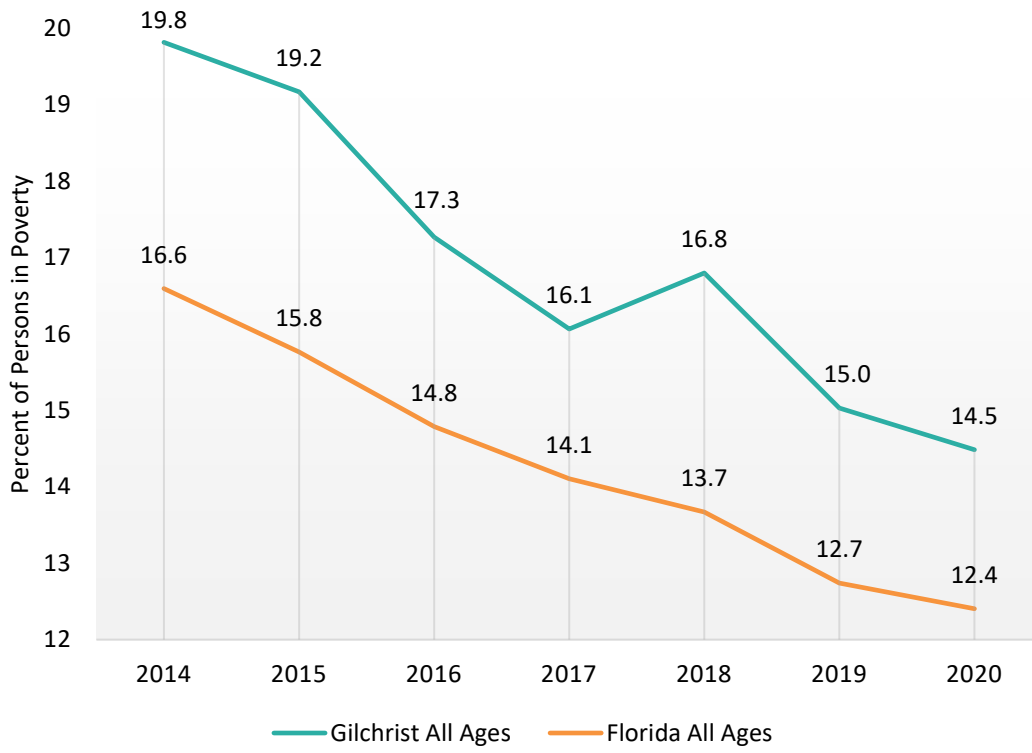
Transportation

Most workers aged 16+ have a vehicle available both in Gilchrist County and the state (96.0 percent and 97.3 percent, respectively), and, similarly most drive alone to work (78.4 percent and 77.7 percent). Gilchrist County also presents an unusually high percentage of workers aged 16+ that have 3 or more vehicles available: 45.9 percent of the county as compared to 30.7 percent of the state. Within Gilchrist County, slightly more people carpool than at the state level (15.9 percent compared to 9.2 percent). Virtually none of the residents use public transportation to commute. Although 11.2 percent spend less than 10 minutes traveling to work compared to only 8.8 percent of the state, 45.9 percent have a commute of more than 30 minutes, compared to only 42.9 percent of the state (Tables 21 and 22, 2022 Technical Appendix).

Poverty

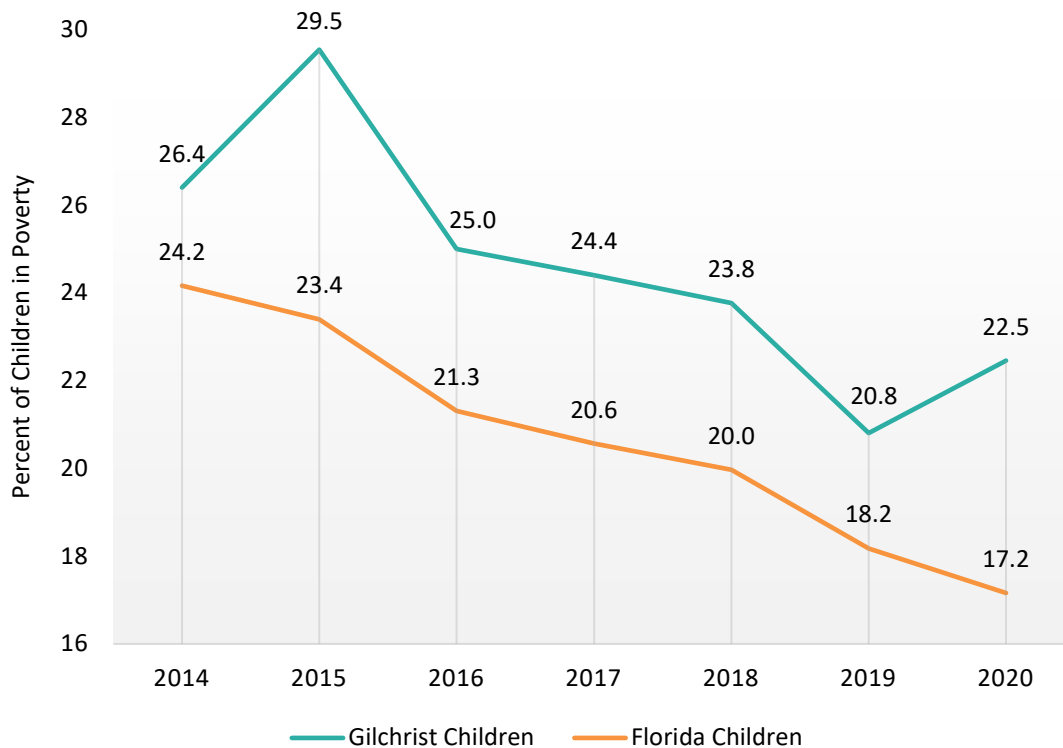
Rates of poverty in Gilchrist County are quite striking. The Office of Federal Register defines the federal poverty level as a family of four (4) making 27,750 dollars or less per year in the 48 contiguous US states (Table 34, 2022 Technical Appendix). The US Census Bureau Small Area Income and Poverty Estimates place poverty estimates for Gilchrist County at 14.5 percent of all ages and 22.5 percent of children, compared to only 12.4 percent and 17.2 percent of Florida, respectively. Alongside recent improvements in the state, Gilchrist County has also seen a drop in overall poverty rates for all ages from 2018-2020. However, this number has not been dropping as noticeably among children (Table 23, 2022 Technical Appendix).

FIGURE 4: PERCENT OF PERSONS IN POVERTY FOR ALL AGES, GILCHRIST COUNTY AND FLORIDA, 2014-2020



Source: Table 23, 2020 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 5: PERCENT OF CHILDREN IN POVERTY, GILCHRIST COUNTY AND FLORIDA, 2014-2020



Source: Table 23, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

ACS estimates place Gilchrist County poverty levels much closer to the state average as a whole. Among all Gilchrist County residents, from 2016-2020 the ACS estimates that 13.0 percent of the population was in poverty, as well as 16.6 percent of children. State estimates are placed at 13.3 percent of all ages and 18.7 percent of all children. The highest rate seen within either of these categories is among all ages in 32693 Trenton at 17.1 percent of the population (Table 24, 2022 Technical Appendix).

Nonetheless, Gilchrist County sees a larger percentage of persons living just above the poverty level as compared to the state. The Office of Federal Register defines 100 – 149% of the federal poverty level as a family of four (4) making between 27,750 dollars and 41,625 dollars per year. 16.7 percent of Gilchrist County lives between 100 – 149% of the poverty level – compared to only 9.5 percent of the state. Those living at the highest level recorded – 400% of poverty and above – constitute 35.1 percent of the Florida population, but only 25.6 percent of Gilchrist County (Table 25, 2022 Technical Appendix).

When broken down by age level, although there are less children and seniors living in poverty than at the state level (16.6 percent versus 18.7 percent and 5.9 percent versus 10.5 percent), these age groups also see higher rates of living beneath 200 percent of poverty, or under an income of 55,500 dollars per year for a family of four (4). To elaborate, in Gilchrist County, 45.6 percent of children live under 200 percent of the poverty level, while in Florida this number is only 43.3 percent; furthermore, in Gilchrist County, 34.1 percent of those aged 65+ living below 200 percent of the poverty line, while in Florida this number is 29.7 percent. Notably, we also observe that poverty and near-poverty rates are higher in 32619 Bell for children but slightly higher in 32693 Trenton for working-aged adults and markedly higher for seniors (Table 26, 2022 Technical Appendix).

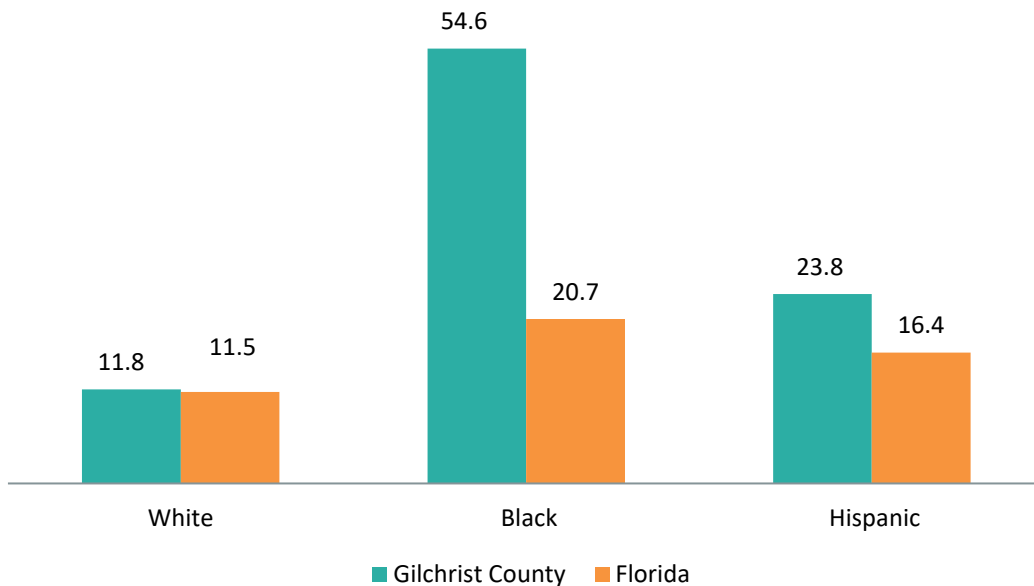
Poverty by Sex

Females have a higher percentage of their population in poverty than males both in the county and in the state according to the 2016-2020 ACS estimates. Specifically, about 13.7 percent of females and 12.3 percent of males in Gilchrist County are in poverty, compared to 14.3 percent and 12.3 percent in the state, respectively. The highest rate of females and males separately in poverty both lie in 32693 Trenton at 18.2 percent of females and 15.9 percent of males (Table 27, 2022 Technical Appendix).

Poverty by Race and Ethnicity

Gilchrist County displays enormous disparities in poverty by race and ethnicity. Only 11.8 percent of the White population is in poverty and 13.0 percent of the overall population with respect to the 2016-2020 ACS estimates. However, Black residents experience a rate of poverty that is more than 4.5 times that of their White counterparts, with 54.6 percent living in poverty. Similarly, Hispanic Gilchrist County residents have a higher percentage of individuals in poverty than the Gilchrist County population as a whole, with 23.8 percent living in poverty (Table 28, 2022 Technical Appendix).

FIGURE 6: ESTIMATED PERCENT OF PERSONS IN POVERTY, BY RACE AND ETHNICITY, GILCHRIST COUNTY AND FLORIDA, 2016-2020



Source: Table 28, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Poverty by Households

The US Census Bureau defines a household as all the people who occupy a housing unit, including a house, apartment, mobile home, group of rooms, or a single room. Approximately 13.5 percent of households in Gilchrist County are in poverty according to 2016-2020 ACS estimates. By household type, all families with female head of household, no husband present possess the highest rates of poverty, with 28.2 percent of these households being in poverty. Married couple households possess the lowest rate of poverty at 4.3 percent. These married couple households in Gilchrist County have lower poverty rates than those at the statewide level, but

most other household and family types have slightly higher rates than the state. Additionally, only 71.2 percent of households in Gilchrist County live at 185 percent or more of poverty, compared to 76.3 percent of the state (Table 29, 2022 Technical Appendix).

ALICE Households

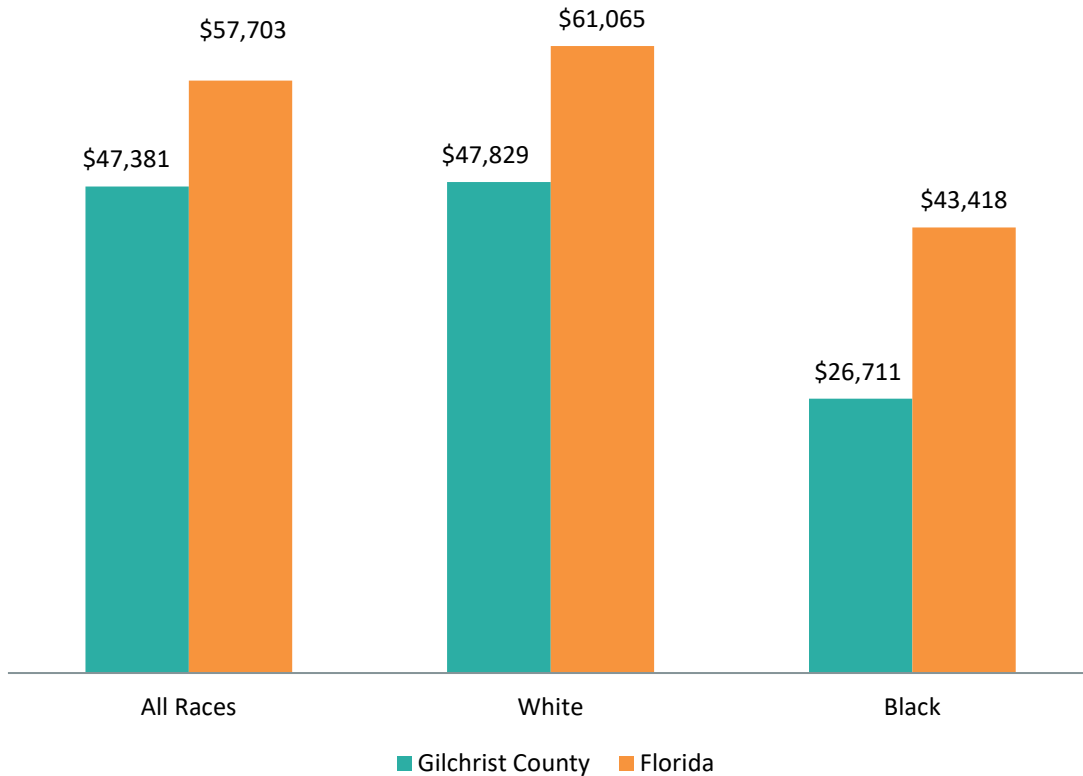
ALICE household reports, or Asset Limited Income Constrained Employed household reports, are publications by United Way producing unbiased, high-quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. ALICE Household statistics attempt to capture those living above the poverty level but who are still struggling to make ends meet. Within Gilchrist County this includes, for example, a household of two adults and two children making 57,840 dollars per year or less. 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 2018 ALICE Report, which contains information collected in 2016.

Within Gilchrist County, 34.0 percent of households meet the guidelines of being considered ALICE households. In Florida, this number is marginally better at 32.0 percent. The rates of those households that are single or cohabiting in poverty (17.0 percent) or single or cohabiting ALICE households (38.0 percent) are worse than the state rates of 13.0 and 33.0 percent, respectively. Although Gilchrist has a low rate of those age 65+ in poverty at 8.0 percent, Gilchrist also has the highest rate of those age 65+ living in ALICE households. Hence, it appears that many seniors in Gilchrist County, though they are not living in poverty, are struggling to make ends meet (Table 36, 2022 Technical Appendix).

Income

Median household income among Gilchrist County residents is less than the state for all races (47,381 dollars versus 57,703 dollars), Whites (47,829 dollars versus 61,065 dollars), Blacks (26,711 dollars versus 43,418 dollars), and Hispanics (31,220 dollars versus 52,092 dollars) according to the most recent ACS data. When contrasting White income and Black income, it is also notable that White Gilchrist County households on average make about 79 percent more than Black Gilchrist County households at 47,829 dollars compared to 26,711 dollars, respectively (Table 31, 2022 Technical Appendix).

FIGURE 7: MEDIAN HOUSEHOLD INCOME BY RACE, GILCHRIST COUNTY AND FLORIDA, 2016-2020

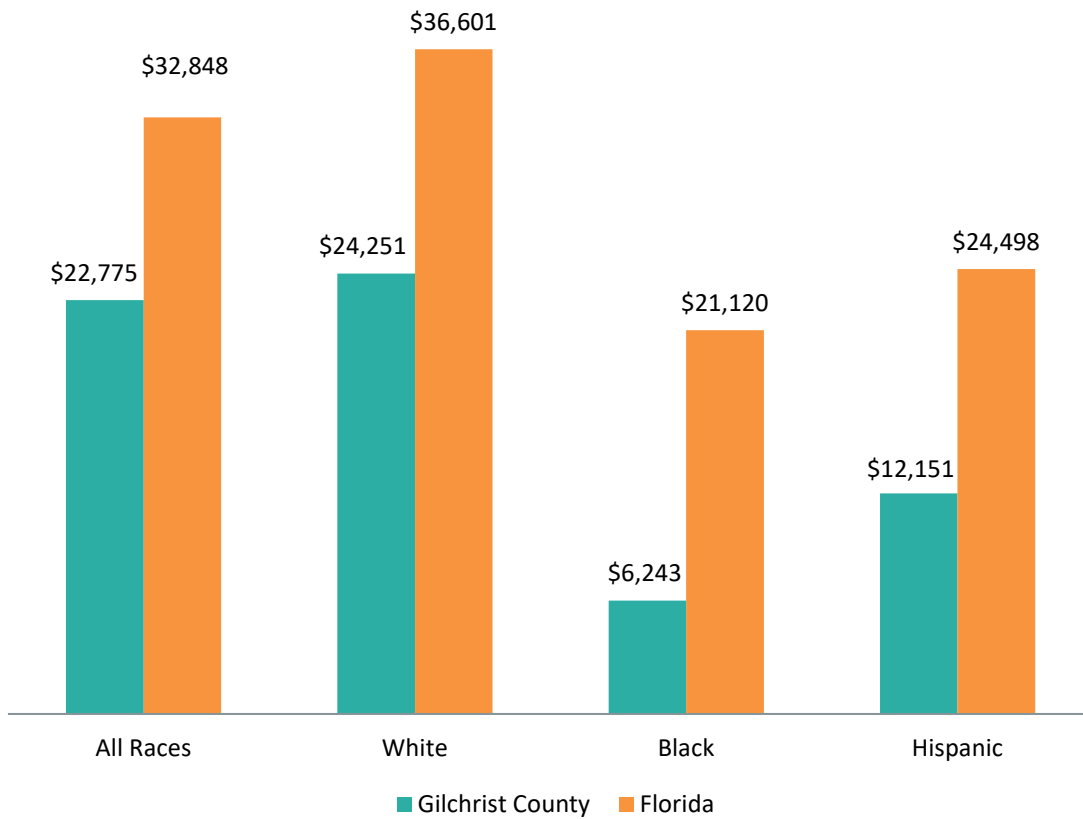


Source: Table 31, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Per capita income is also dramatically lower for Gilchrist County than for the state, with an average per capita income of 22,775 dollars in the county and 32,848 dollars in the state. The lowest per capita income category by area, race, and ethnicity is found among Black residents of 32693 Trenton at a mere 6,237 dollars per person (Table 33, 2022 Technical Appendix).

Per capita income by race demonstrates pronounced racial and ethnic disparities, as seen in Figure 8. On average, per capita income for Black residents is approximately a quarter of that for White residents in Gilchrist County at 6,243 dollars and 24,251 dollars, respectively. Although the trend of lesser incomes for Black residents is evident throughout Florida, the difference is much less pronounced on the state scale, with the average per capita income for Black Floridians coming in at 21,120 dollars compared to 36,601 dollars for White Floridians. Moreover, Hispanic Gilchrist County residents have an average per capita income of only 12,151 dollars, while Hispanics throughout the state have an average per capita income of 24,498 dollars (Table 33, 2022 Technical Appendix).

FIGURE 8: PER CAPITA INCOME BY RACE, GILCHRIST COUNTY AND FLORIDA, 2016-2020

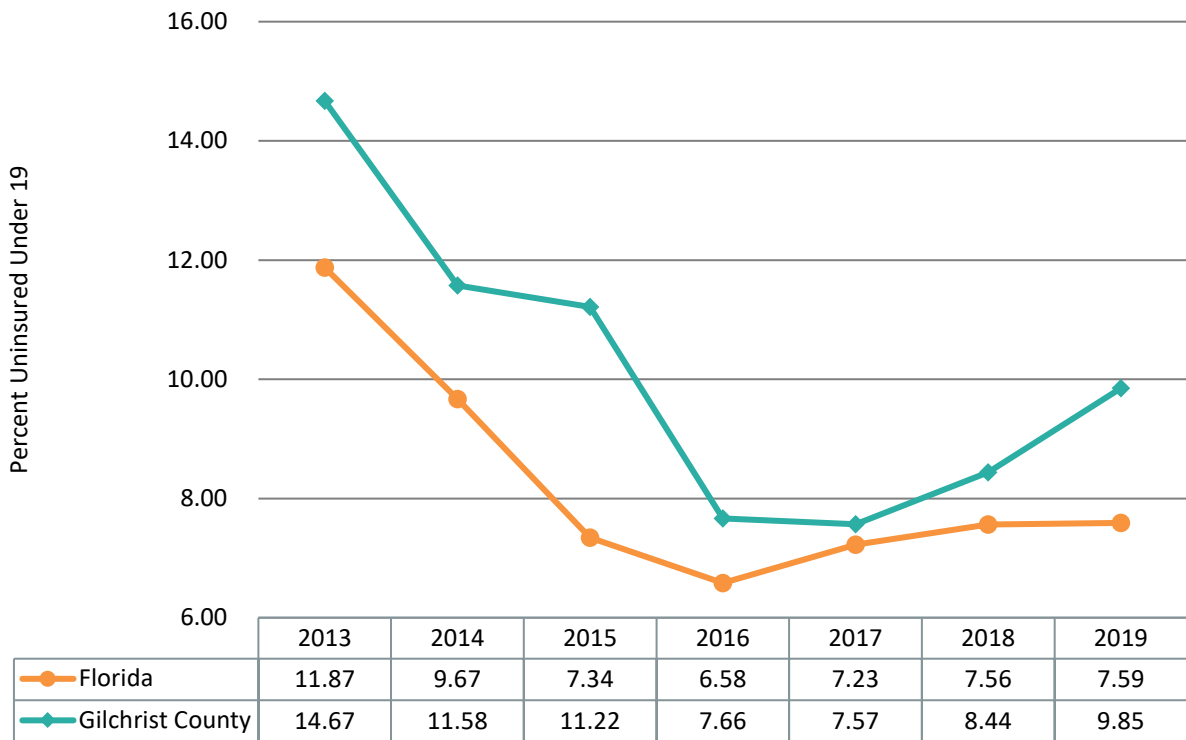


Source: Table 33, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Insurance

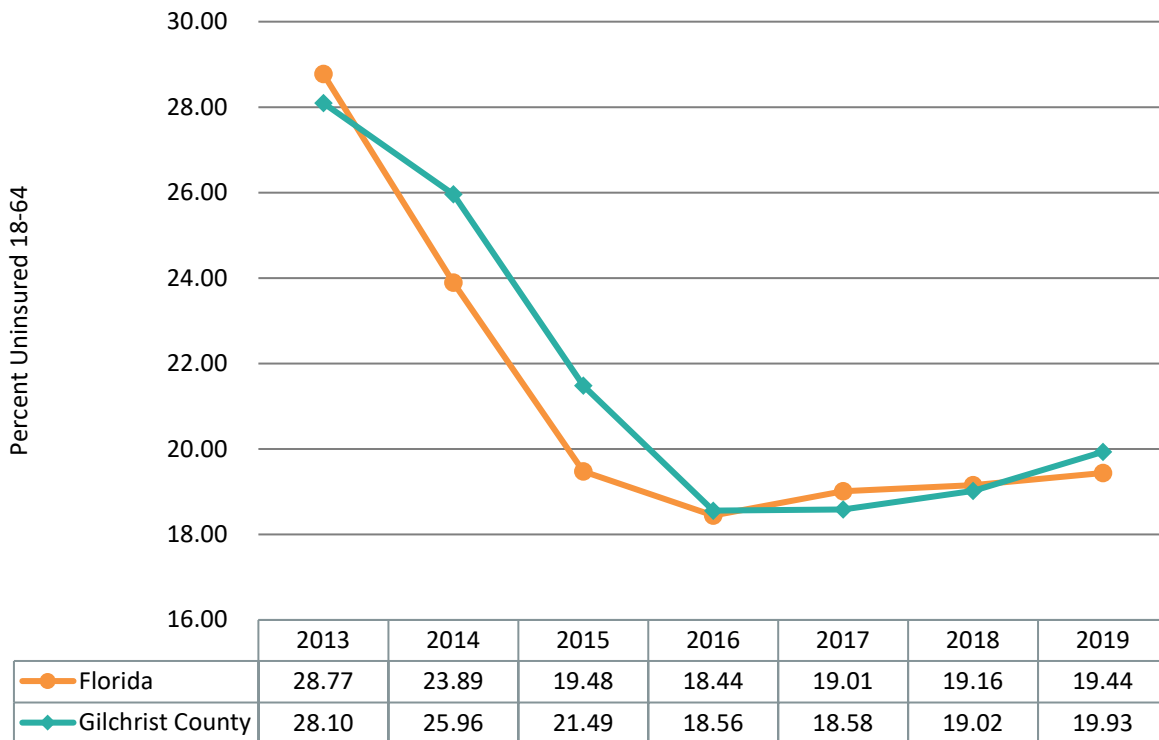
Since 2013, Gilchrist County has had consistently higher rates of uninsured individuals under the age of 19 compared to the state, according to the U.S. Census Bureau Small Area Health Insurance Estimates. To focus in on the most recent year, 2019, 9.9 percent of those under 19 years of age were uninsured in Gilchrist County, exceeding the state estimate of 7.6 percent; among those aged 18-64 years old, the 19.9 percent uninsured in the county exceeded the 19.4 percent uninsured in the state; and among all individuals under the age of 65, 17.2 percent were uninsured, exceeding the state estimate of 16.4 percent (Tables 38, 39, and 40, 2022 Technical Appendix). Overall, the 2016-2020 ACS estimates place the Gilchrist County population at 15.5 percent uninsured and Florida at 12.7 percent. By ZCTA, 32619 Bell has the highest uninsured rate at 18.1 percent and 32693 Trenton has the lowest uninsured rate at 16.8 percent (Table 44, 2022 Technical Appendix).

FIGURE 9: PERCENT UNINSURED UNDER 19, GILCHRIST COUNTY AND FLORIDA, 2013-2019



Source: Table 38, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 10: PERCENT UNINSURED 18-64, GILCHRIST COUNTY AND FLORIDA, 2013-2019



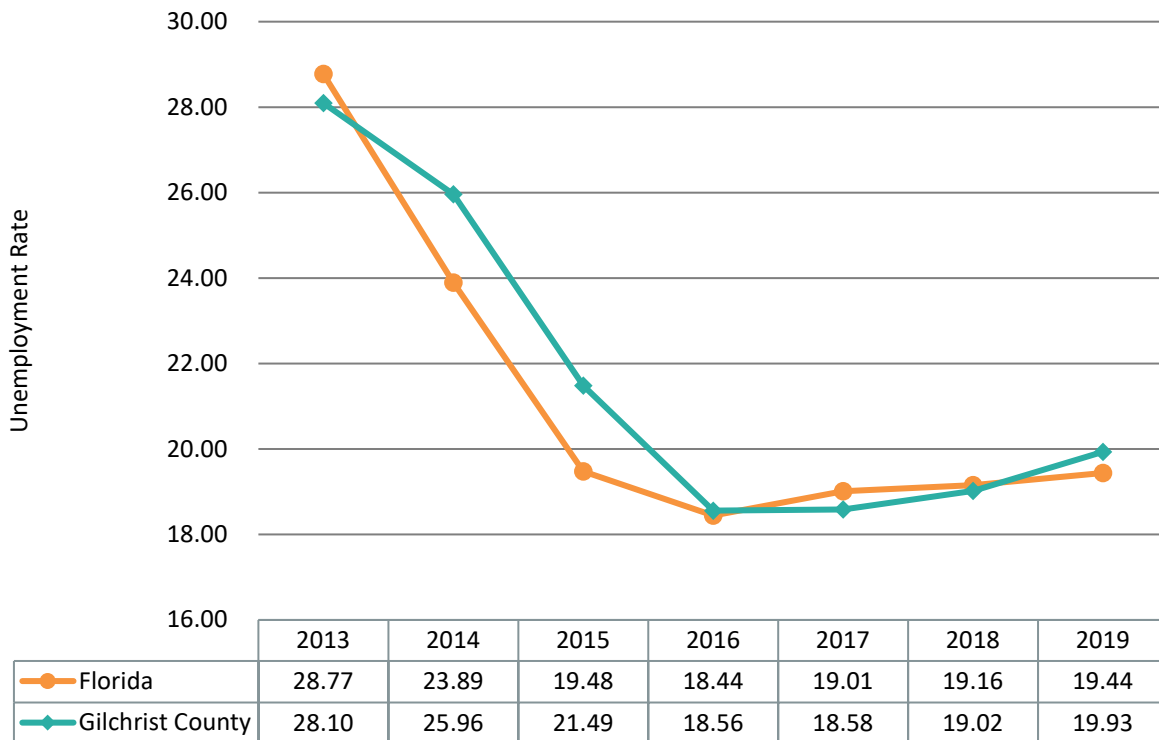
Source: Table 40, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Employment

Unemployment rates recorded by FL HealthCHARTS from 2011-2019 were generally slightly higher for Gilchrist County than the state overall. However, the spike in unemployment in 2020 – likely due to the COVID-19 pandemic – was less severe for Gilchrist County than the state, so rates of unemployment for 2020 were less in Gilchrist County that year at 4.9 percent compared to 7.7 percent for the state as a whole. These statistics are clearly illustrated in Figure 11 (Table 45, 2022 Technical Appendix). By ZCTA and the 2016-2020 ACS estimates, 32693 Trenton has the higher rate of unemployment at 8.8 percent of the civilian population 16 and over in the labor force as compared to 3.4 percent in 32619 Bell (Table 46, 2022 Technical Appendix).

It is also noteworthy that nearly every business in Gilchrist County is considered a small business, employing less than 50 employees. Among non-governmental businesses, 13.1 percent are retail (slightly above the state’s rate of 12.6 percent) and 33.1 percent are services (less than the state’s rate of 51.8 percent) (Tables 47 and 48, 2022 Technical Appendix).

FIGURE 11: UNEMPLOYMENT RATES, GILCHRIST COUNTY AND FLORIDA, 2011-2020



Source: Table 45, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Education

On average, Gilchrist County residents have less education than Florida residents, with 13.4 percent of those 25+ years of age not holding a high school diploma versus 11.5 percent for the state and 63.4 percent only having a high school diploma versus 48.0 percent for the state. This results in approximately 23.2 percent of the county holding a college degree, just over half of Florida’s rate at 40.5 percent of the population (Table 49, 2022 Technical Appendix).

The Florida Department of Education reported that from the school years 2016-2017 through 2019-2020, Gilchrist County has showed consistently higher high school graduation rates when compared to the state. However, between the drop from a graduation rate of 90.1 percent in 2019-2020 to a rate of 86.7 percent in 2020-2021, and the fact that Florida rates have been gradually increasing during this time, Gilchrist County’s graduation rate was less than the states of 90.1 percent for the 2020-2021 school year. Similarly, Gilchrist County’s dropout rate for the 2019-2020 academic year of 4.2 percent was slightly greater than the state during that school year at 3.1 percent (Table 50, 2022 Technical Appendix).

TABLE 2-4: HIGH SCHOOL GRADUATION RATES, DROPOUT RATES, AND HIGHEST LEVEL OF SCHOOL COMPLETED FOR SELECTED YEARS, GILCHRIST COUNTY AND FLORIDA

HIGH SCHOOL GRADUATION RATES			HIGH SCHOOL DROPOUT RATES			HIGHEST LEVEL OF SCHOOL COMPLETED, BY PERCENT OF POPULATION 25+ YEARS, 2016-2020		
Year	Gilchrist County	Florida	Year	Gilchrist County	Florida		Gilchrist County	Florida
2016-17	93.4	82.3	2015-16	0.0	4.0			
2017-18	87.3	86.1	2016-17	2.4	3.5	No high school diploma	13.4	11.5
2018-19	89.4	86.9	2017-18	5.6	3.4	High school diploma	63.4	48.0
2019-20	90.1	90.0	2018-19	5.3	3.1	College degree	23.2	40.5
2020-21	86.7	90.1	2019-20	4.2	3.2			

Source: Tables 49 and 50, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Food Insecurity

According to FL HealthCHARTS data, in 2021 Gilchrist County had lower rates of eligibility for free or reduced lunches compared to the state for every grade level from pre-kindergarten through middle school except among kindergarten students. To elaborate, those eligible made up:

- 41.6 percent of Gilchrist County pre-kindergarten students, 61.0 percent of Florida
- 57.0 percent of Gilchrist County kindergarten students, 53.4 percent of Florida
- 53.8 percent of Gilchrist County elementary school students, 56.6 percent of Florida
- 46.7 percent of Gilchrist County middle school students, 55.1 percent of Florida

In the past three (3) years, rates of eligibility have been rising among elementary and middle school students, but not for pre-kindergarten nor kindergarten students (Tables 53 and 54, 2022 Technical Appendix).

As of December 2021, the Florida Department of Children and Families reports that 2,938 food stamp clients reside in Gilchrist County, as well as 1,452 food stamp households, 58 Temporary Assistance for Needy Families (TANF) clients, and 34 TANF families. These numbers shift substantially from year to year (Tables 55 and 56, 2022 Technical Appendix). Furthermore, an estimated 777 individuals are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a rate of 4,150.6 per 100,000 population, greater than the state’s rate of 2,890.5. Despite this larger burden within Gilchrist County, a greater percentage of WIC eligible are being reached and served: 78.9 percent in the county versus 63.0 percent in the state. However, this coverage has been decreasing within Gilchrist County since 2017. It is also noteworthy that 27.8 percent of WIC children 2 years and older are overweight or obese in Gilchrist County, as compared to 29.7 percent of WIC children in Florida (Tables 57 and 58, 2022 Technical Appendix).

Housing Data

Within Gilchrist County, only 15.4 percent of occupied households handle housing costs of 30 percent or more of household income, a number overshadowed by the state rate of 34.7 percent. Similarly, only 36.2 percent of renter-occupied households have gross rent costs at or exceeding 30 percent of household income; for Florida, this number is 56.4 percent. Only 11.4 percent of the population suffers severe housing problems, compared to 19.2 percent of Florida. All these housing statistics are with respect to the 2016-2020 ACS (Table 63, 2022 Technical Appendix).

Incarceration Rates

Gilchrist County presents a rate of incarceration within FL HealthCHARTS that is approximately equal to that of the state: 2.4 incarcerations per 1,000 population as compared to 2.5, respectively. Nevertheless, the rate of inmate admissions for the 19+ population is 171.3 per 100,000 in Gilchrist County, higher than the state at 104.0 per 100,000 (Tables 59 and 60, 2022 Technical Appendix).

Voter Registration

Gilchrist County contains 11,826 registered voters as of May 31st, 2022, according to the Florida Department of State, of which 62.9 percent cast a ballot in the 2018 general election (Tables 61 and 62, 2022 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. Gilchrist County demonstrates poor outcomes across a variety of these measures and statistics, including the University of Washington Population Institute's County Health Rankings.

With respect to Table 5, counties are ranked relative to the health of other counties in the same state on the following summary measures:

- I. Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- II. Health Factors – rankings are based on weighted scores of four types of factors:
 - a. Health Behaviors (9 measures)
 - b. Clinical Care (7 measures)
 - c. Social and Economic (8 measures)
 - d. Physical Environment (5 measures)

For more detailed information please check <http://www.countyhealthrankings.org/ranking-methods>.

TABLE 5: COUNTY HEALTH RANKINGS BY CATEGORY FOR GILCHRIST COUNTY, 2017-2022

Area/Category	2017	2018	2019	2020	2021	2022
HEALTH OUTCOMES	49	51	35	42	44	42
<i>Mortality/Length of Life</i>	57	51	25	38	42	38
<i>Morbidity/Quality of Life</i>	21	39	38	42	46	49
HEALTH FACTORS	37	37	42	43	45	42
<i>Health Behavior</i>	39	42	48	51	57	49
<i>Clinical Care</i>	51	50	58	51	57	46
<i>Social & Economic Factors</i>	28	25	25	35	39	29
<i>Physical Environment</i>	18	23	5	4	7	8

Source: Table 2, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

As demonstrated in Table 5 above, Gilchrist County ranks in the bottom half of all Florida counties in mortality, morbidity, health behavior, and clinical care. Contrarily, as 8th in the state for physical environment, Gilchrist lands in the upper quartile (the top 25 percent) of counties in Florida for physical environment (Table 2, 2022 Technical Appendix).

When broken down into the finer components contributing to these rankings, we still see that Gilchrist County has measures in all health outcomes, behaviors, clinical care, and social and economic factors that are worse than the state in 2022, with the exceptions of: low birthweight births, Sexually Transmitted Infections (STIs), unemployment rate, and violent crime. According to these County Ranking estimates, when compared to Florida, Gilchrist County has higher rates of poor or fair health days (24.9 percent), adult obesity (33.8 percent), physical inactivity (32.0 percent), and injury deaths (104.8 deaths per 100,000 population). Gilchrist County also has worse measures of rates of primary care physicians (2,655 population:1 physician), dentists (3,777:1), and mental health providers (858:1). Furthermore, alcohol-impaired driving deaths account for a very large portion of driving deaths – 46.9 percent, more than double the state rate of 22.0 percent (Table 3, 2022 Technical Appendix).

Causes of Death

Age-adjusted mortality rates are much higher for Gilchrist County than for the state, reaching 837.4 deaths per 100,000 population as compared to Florida’s rate of 698.4 for 2018-2020 according to the Florida Bureau of Vital Statistics. The number one (1) cause of death in Gilchrist County from 2018-2020 was cancer; the 2nd, heart disease; the 3rd, chronic lower respiratory disease (CLRD). Table 6 shows the top 10 causes of death for Dixie, Gilchrist, and Levy counties, as well as Florida (Tables 64 and 66, 2022 Technical Appendix).

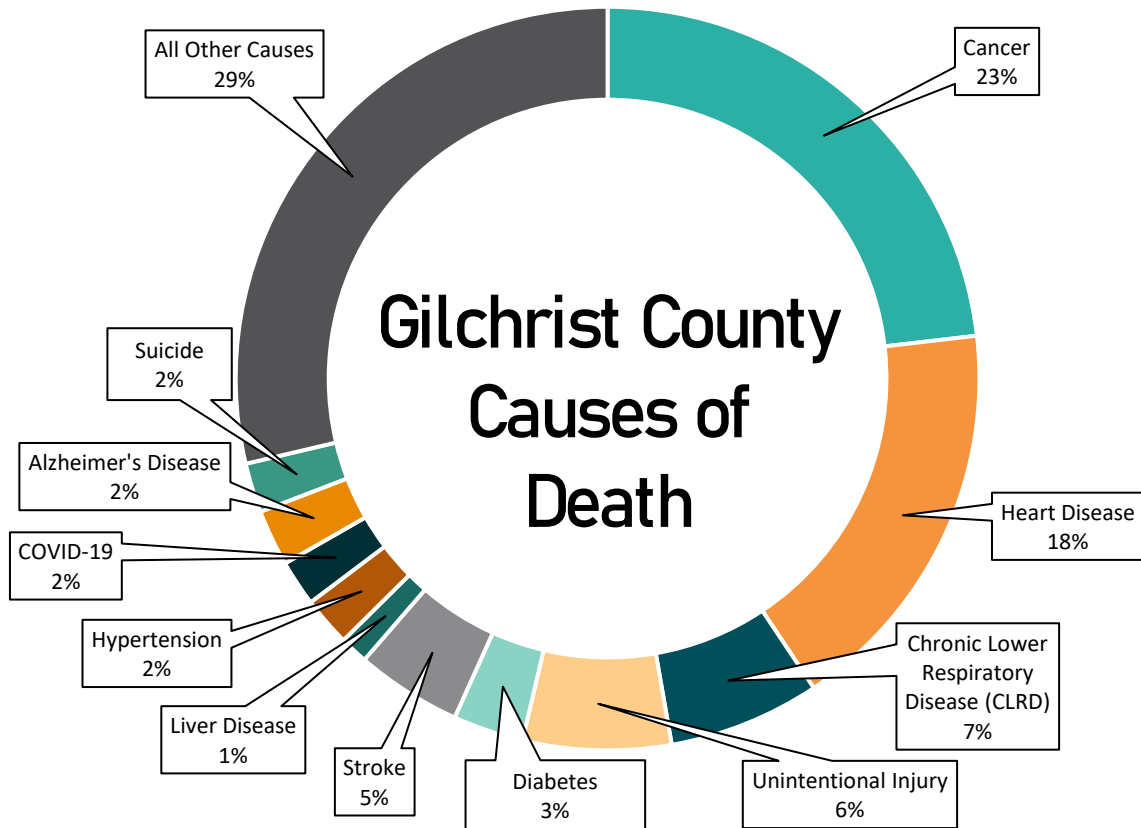
TABLE 6: TOP 10 CAUSES OF DEATH FOR DIXIE, GILCHRIST, LEVY COUNTIES AND FLORIDA, BY RANK, 2018-2020

Cause of Death	Dixie County	Gilchrist County	Levy County	Florida
Malignant Neoplasm (Cancer)	1	1	1	2
Heart Disease	2	2	2	1
Chronic Lower Respiratory Disease (CLRD)	3	3	3	5
Unintentional Injury	4	4	4	4
Diabetes Mellitus (Diabetes)	5	6	6	7
Cerebrovascular Diseases (Stroke)	6	5	5	3
Chronic Liver Disease & Cirrhosis (Liver Disease)	7T	12T	7	9
Hypertension	7T	8T	8T	13
COVID-19	9	10	8T	8
Alzheimer's Disease	10	7	10	6
Suicide	11	8T	14T	10

Source: Table 64, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

This table clearly illustrates that CLRD is a much greater issue in Gilchrist County than Florida as the 3rd leading cause of death, in contrast to the 5th, as is Hypertension as the 8th leading cause of death in contrast to the 13th. Stroke is less of a priority (5th leading cause of death as compared to 3rd), as is liver disease (12th leading cause of death as compared to 9th). However, it is useful to further consider these rankings in the context of the number of deaths they are causing.

FIGURE 12: GILCHRIST COUNTY CAUSES OF DEATH BY PERCENTAGE OF DEATHS CAUSES, 2018-2020



Source: Table 65, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Cancer, the leading cause of death in Gilchrist County, accounts for 23.2 percent of all deaths in the county, somewhat higher than the state at 20.9 percent, with a much higher mortality rate of 186.8 per 100,000 population in Gilchrist County as compared to 142.5 in Florida. Heart disease accounts for 17.5 percent of all deaths in Gilchrist County and 22.0 percent of Florida deaths at approximately 141.3 deaths per 100,000 population in the county and 145.7 deaths per 100,000 in the state. Gilchrist County leads the state in CLRD deaths by a respectable margin: 6.6 percent of deaths at 52.0 deaths per 100,000, as compared to 5.5 percent of Florida deaths at 36.2 deaths per 100,000. Gilchrist County also depicts higher rates of death compared to the state due to unintentional injury (69.7 deaths versus 59.0), diabetes (24.7 versus 21.1), liver disease (12.9 versus 12.1), hypertension (17.2 versus 8.9), and, in a particular way, suicide (23.5 versus 14.3). On the other hand, Gilchrist County is doing favorably compared to the state in the areas of mortality due to stroke (37.5 deaths per 100,000 versus 42.3), COVID-19 (14.6 versus 19.7), and Alzheimer’s Disease (18.5 versus 19.7) (Tables 65 and 67, 2022 Technical Appendix).

COVID-19

Focusing on 2020, COVID-19 caused 13 deaths at a rate of 43.2 age-adjusted deaths per 100,000 persons in Gilchrist County, as well as 57.4 age-adjusted deaths per 100,000 persons in Florida. By race, White Gilchrist County residents experienced lower death rates due to COVID-19 than the state at age-adjusted rates of 45.1 deaths per 100,000 persons and 51.1, respectively. There were zero (0) deaths due to COVID-19 among Black Gilchrist County residents in 2020. Clearly, these counts are very small and should be interpreted with caution (Table 91, 2022 Technical Appendix).

Despite small numbers, the largest and most undeniable discrepancy exists between the sexes, with males in Gilchrist County recording an age-adjusted death rate of 71.5 deaths per 100,000 population (due to the death of 9 individuals) compared to only 22.0 deaths per 100,000 females (due to the death of 4 individuals). This difference is much more profound than that found at the state level: 73.5 deaths per 100,000 population for males and 43.8 deaths per 100,000 population for females (Table 91, 2022 Technical Appendix).

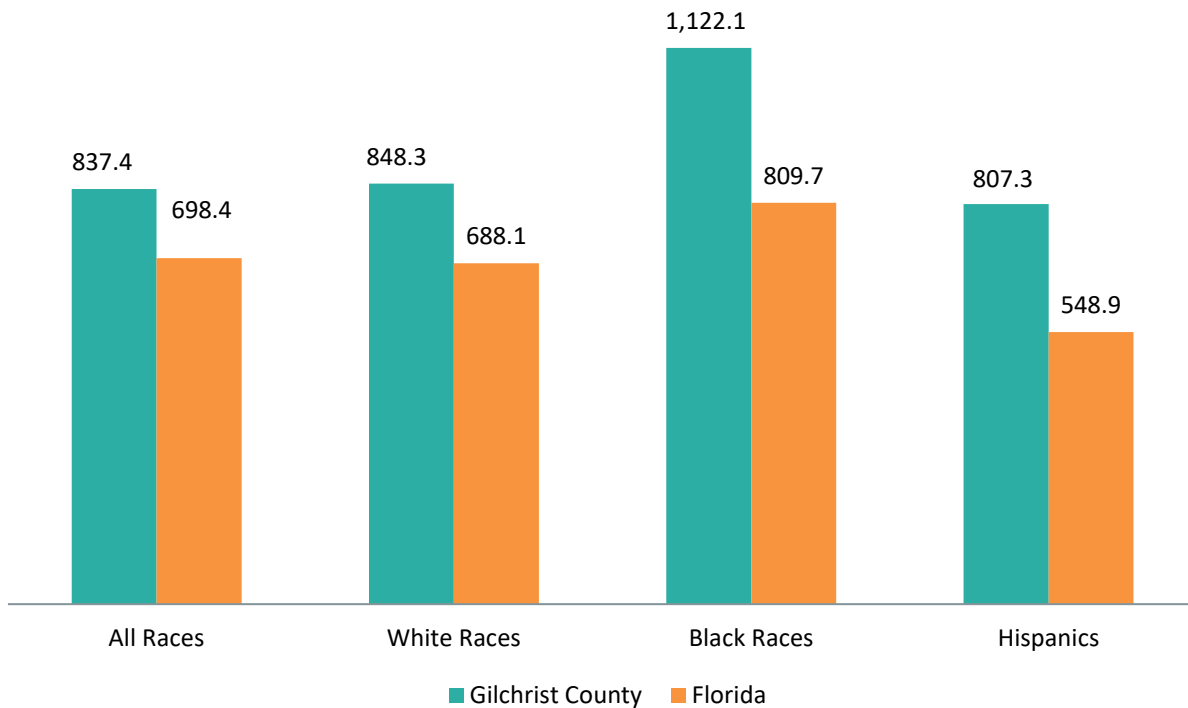
Differences in Mortality by Zip Code

When looking at Gilchrist County by zip code using Florida Department of Health Bureau of Vital Statistics 2018-2020 reports, it is evident that 32619 Bell has an astounding difference in age-adjusted mortality rates, witnessing approximately 1,005.3 deaths per 100,000 population compared to just 565.0 deaths in 32693 Trenton. 32619 Bell leads in all of the top 10 causes of death – cancer, heart disease, CLRD, unintentional injury, diabetes, stroke, liver disease, Alzheimer’s, and suicide – except hypertension, where 32693 Trenton has a slight lead of 15.4 deaths per 100,000 population compared to 14.3 deaths per 100,000 in 32619 Bell. In particular, 32619 Bell has more than double the rates of mortality due to CLRD, unintentional injury, diabetes, and liver disease, as well as nearly double the rate of deaths due to cancer and stroke (Tables 69 – 79, 2022 Technical Appendix).

Differences In Mortality by Race and Ethnicity

All racial and ethnic categories reported by Gilchrist County in the 2018-2020 ACS estimates have mortality rates higher than that of the state. As mentioned earlier, the overall age-adjusted mortality rate for Gilchrist County is 837.4 deaths per 100,000 population and Florida is 698.4 deaths per 100,000 population. Among the White population, this rate rises to 848.3 deaths per 100,000 for the county and drops to 688.1 for the state, widening the disparity. There also exists a distinct racial disparity, with an age-adjusted mortality of 1,122.1 for Black Gilchrist County residents and 809.7 for the state. Hispanics have the lowest age-adjusted mortality rate among all groups, coming in at 807.3 per 100,000 for Gilchrist County and, likewise, 548.9 for the state (Table 66, 2022 Technical Appendix).

FIGURE 13: AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION BY RACE AND ETHNICITY, GILCHRIST COUNTY AND FLORIDA, 2018-2020



Source: Table 66, 2022 Technical Appendix, Prepared by WellFlorida Council, 2022

When considering race, Gilchrist County displays clear disparities skewed towards both the Black and White populations. Black Gilchrist County residents have higher rates of mortality per 100,000 population due to heart disease (214.6 Black deaths versus 141.5 White deaths), CLRD (76.0 Black deaths versus 42.9 White deaths), diabetes (162.2 Black deaths versus 23.3 White deaths), and hypertension (118.4 Black deaths versus 15.4 White deaths). White Gilchrist County residents suffer higher rates of death due to cancer (189.9 White deaths per 100,000 population versus 42.4 Black deaths) and unintentional injury (71.8 White deaths versus 55.1 Black deaths). Please note that all these numbers are taken from very small incidences within the Black population and should therefore be interpreted with great caution (Table 68, 2022 Technical Appendix).

When looking at ethnicity, it is evident that Gilchrist County Hispanics experience higher rates of age-adjusted mortality than the county overall due to unintentional injury (88.8 deaths per 100,000 population compared to 69.7), diabetes (28.1 compared to 24.7), stroke (86.9 compared to 37.5), COVID-19 (86.9 compared to 14.6), and hypertension (125.1 as compared to 17.2). On the other hand, Hispanics in Gilchrist County experience lesser rates of death than all races and their state counterparts from cancer and heart disease. Please note that all these numbers are taken from very small incidences and should therefore be interpreted with great caution (Table 67, 2022 Technical Appendix).

Differences in Mortality by Age

Among adults aged 18-44 in Gilchrist County, the Florida Department of Health Bureau of Vital Statistics estimates a crude death rate of 166.6 per 100,000 population from 2018-2020, a rate roughly equal to the state's

estimate of 168.6. The leading cause of death for both is unintentional injury, with Gilchrist County at 59.5 deaths per 100,000 population trailing the state rate of 69.9. Cancer is the second leading cause of death in this age category in Gilchrist County and is higher than the state (23.8 versus 14.3 deaths per 100,000 population), as is the third leading cause of death, homicide (17.9 versus 13.0), and the fourth leading cause of death, suicide (17.9 versus 16.0) (Table 83, 2022 Technical Appendix).

The difference in mortality rates between the county and the state begins to become evident in the 45-64 years of age demographic, where the same estimates place the crude death rate at 849.3 deaths per 100,000 population, pulling ahead of the state rate of 687.2. The top six (6) causes of death in this age category – cancer, heart disease, unintentional injury, CLRD, suicide, and diabetes – are all greater for Gilchrist County than Florida, except unintentional injury. These numbers are found in Table 84 of the 2022 Technical Appendix and are salient by:

- Cancer mortality, which is 1.5 times the state rate at 280.8 deaths per 100,000 population versus 185.9
- CLRD, which is 1.7 times the state rate at 49.1 deaths per 100,000 population versus 28.5
- Suicide, which Gilchrist County places in the top five (5) causes of death in this age group, at 42.1 deaths per 100,000 population

The greatest deviation in mortality rates that Gilchrist County reports from the state is found among the population 65-84 years of age, within which Gilchrist County sees 3,492.67 deaths per 100,000 population as compared to 2,543.82. All top seven (7) causes of death in this age category – cancer, heart disease, CLRD, stroke, unintentional injury, diabetes, and COVID-19 – have higher rates for Gilchrist County than Florida, especially:

- CLRD, which is about 1.4 times the state rate at 242.69 deaths per 100,000 population versus 179.38
- Unintentional injury at 158.28 deaths per 100,000 population, which does not place in the top six (6) for Florida

These rates are taken from Table 85 of the 2022 Technical Appendix.

Suicide

As previously mentioned, Gilchrist County has higher rates of suicide as compared to Florida as a whole. The Florida Department of Health Bureau of Vital Statistics estimates for 2018-2020 place these age-adjusted rates at 22.6 deaths per 100,000 population for the county and 14.4 for the state. In particular, 32619 Bell is estimated to have an age-adjusted death rate of 22.6 per 100,000 population, as compared to 16.9 in 32693 Trenton. The crude death rate also increases in each age category within which it is reported:

- Less than 9.0 deaths per 100,000 among children
- 17.9 deaths per 100,000 among ages 18-44
- 42.1 deaths per 100,000 among ages 45-64

This data is taken from Tables 79 and 82-84 of the 2022 Technical Appendix.

Childhood Mortality

According to the Florida Department of Health Bureau of Vital Statistics, the average childhood mortality rate for Gilchrist County from 2018-2020 was 99.0 deaths per 100,000 population, roughly twice the state rate of 49.9.

The leading cause of death among children in Gilchrist County is perinatal conditions, yielding a crude death rate of 36.0 deaths per 100,000 population (resulting from four (4) individual deaths), more than twice the state rate of 16.0. The 2nd leading cause of death for children, unintentional injury, is also twice that state rate at 18.0 deaths per 100,000 population (resulting from two (2) individual deaths) as compared to 9.0. However, these fatalities are highly unusual and, given the very limited number of occurrences, ought to be interpreted with great caution (Table 82, 2022 Technical Appendix).

Cancer Mortality

Gilchrist County cancer mortality is noticeably more common than at the state level, with average age-adjusted mortality rates for 2018-2020 measuring up to 186.8 deaths per 100,000 population for the county and 142.5 deaths per 100,000 for the state. When broken down by cancer type, it is difficult to make powerful comparisons given the minute number of fatalities from each cancer type in Gilchrist County. However, a few mortality rates do stand out:

- Mortality due to meninges, brain, and other central nervous system cancers accounts for 8.4 deaths per 100,000 population as compared to 4.3 deaths for the state.
- Skin cancer mortality causes 5.5 deaths per 100,000 population in Gilchrist County compared to 2.2 deaths for the state
- Trachea, bronchus, and lung cancer is double the state rate at 66.6 deaths per 100,000 compared to 33.6

The most common cause of cancer mortality in Gilchrist County is trachea, bronchus, and lung cancer, accounting for 35.7 percent of all cancer deaths (Table 112, 2022 Technical Appendix).

Cancer Mortality by Race and Ethnicity

Examining cancer mortality by race or ethnicity again invites careful discretion in interpretation of the data given small population size. Overall, cancer mortality among White Gilchrist County residents (189.9 deaths per 100,000 population) is higher than the state (142.6) as well as Black Gilchrist County residents, among which a singular cancer death yielded a rate of 42.4 deaths per 100,000 population. The two (2) recorded Hispanic cancer deaths in Gilchrist County produced an age-adjusted rate of 91.7 deaths per 100,000 population, less than the state rate of 109.1 (Tables 113-115, 2022 Technical Appendix).

Cancer Mortality by Sex

Age-adjusted cancer mortality rates for Gilchrist County males are much greater than those for females. Specifically, Gilchrist County males experience 246.3 deaths per 100,000 population, notably higher than the state rate (167.6), and Gilchrist County females experience 145.4 deaths per 100,000 population, also marginally higher than the state rate (122.4).

Females in Gilchrist County appear to have higher mortality rates than the state specifically among trachea, bronchus, and lung cancer outcomes at a rate of 53.2 deaths per 100,000 population compared to 28.3 for the state. Several forms of cancer yield higher age-adjusted mortality rate among males in Gilchrist County than among males in the state, including meninges, brain, and other central nervous system cancers (14.4 deaths per 100,000 versus 5.2 for the state), prostate cancer (25.9 versus 16.5), and trachea, bronchus, and lung cancers (83.4 versus 40.1). This rate of trachea, bronchus, and lung cancer mortality is also higher among males (83.4) than females (53.2) in Gilchrist County (Tables 116-117, 2022 Technical Appendix).

Cancer Incidence

Given the aforementioned higher rates of cancer mortality throughout the county, it comes as no surprise that Gilchrist County also has higher rates of cancer incidence than the state. To elaborate, according to 2017-2019 FL HealthCHARTS estimates, Gilchrist County sees an age-adjusted cancer incidence rate of 518.1 cases per 100,000 population, while the state sees a lower rate of 450.2 per 100,000. When comparing the county to Florida, Gilchrist County holds higher incidence rates of:

- Colorectal cancer (56.6 versus 35.5)
- Kidney, renal, and pelvis cancers (26.5 versus 15.0)
- Lung cancer (90.5 versus 55.8)
- Oral cancer (25.1 versus 13.6)
- Ovarian cancer (20.8 versus 10.8)
- Stomach cancer (14.6 versus 5.7)

On the other hand, Gilchrist County possesses notable advantages in lower incidence rates of:

- Bladder cancer (11.7 versus 18.0)
- Non-Hodgkin's Lymphoma (17.5 versus 21.5)

All these statistics can be found in Table 118 of the 2022 Technical Appendix.

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that 9,100.9 years of potential life lost (YPLL) under 75 per 100,000 population occurred in Gilchrist County in 2020, compared to a rate of only 8,651.1 for the state. By race, White Gilchrist County residents portray a rate of YPLL at 9,848.8 years lost per 100,000 population that is higher than both White Florida residents (8,417.4) and their Black Gilchrist County counterparts who experience a rate of 1,004.0 YPLL per 100,000 population. However, due to small counts, the rates for Black Gilchrist County residents vary considerably from year to year. Rates for Hispanic Gilchrist County residents also oscillate wildly, given the small population, but it can be said that in the past three years Gilchrist County Hispanics have had consistently higher rates of YPLL than Hispanic Floridians in general (Tables 87 and 88, 2022 Technical Appendix).

Unlike the state, females experience a higher rate of YPLL than males in Gilchrist County. Specifically, females are estimated to have an average of 9,261.4 years of life lost per 100,000 population compared to 8,956.8 for males. The rate for females in Gilchrist County (9,261.4) is also higher than the estimate for females in the state (6,263.6), while the estimate for males in Gilchrist County (8,956.8) is less than the estimate for males in the state (11,097.5). This disparity is with respect to the most recent data collected by the Florida Department of Health Bureau of Vital Statistics in 2020 (Table 89, 2022 Technical Appendix).

The primary cause of death contributing the most YPLL to Gilchrist County from 2018-2020 is cancer at 2,093.2 YPLL per 100,000 (compared to 1,498.5 for the state), followed by unintentional injury (1,638.3 YPLL per 100,000 in Gilchrist as compared to 1,657.0 for the state) and heart diseases (1,335.9 YPLL per 100,000 in Gilchrist as compared to 1,079.0 for the state). Among the lesser contributors, stroke, CLRD, diabetes, and suicide all have greater rates of YPLL than the state while chronic liver disease and cirrhosis, Alzheimer's disease, COVID-19, and

hypertension all contribute lesser rates of YPLL to the county compared to the state (Table 90, 2022 Technical Appendix).

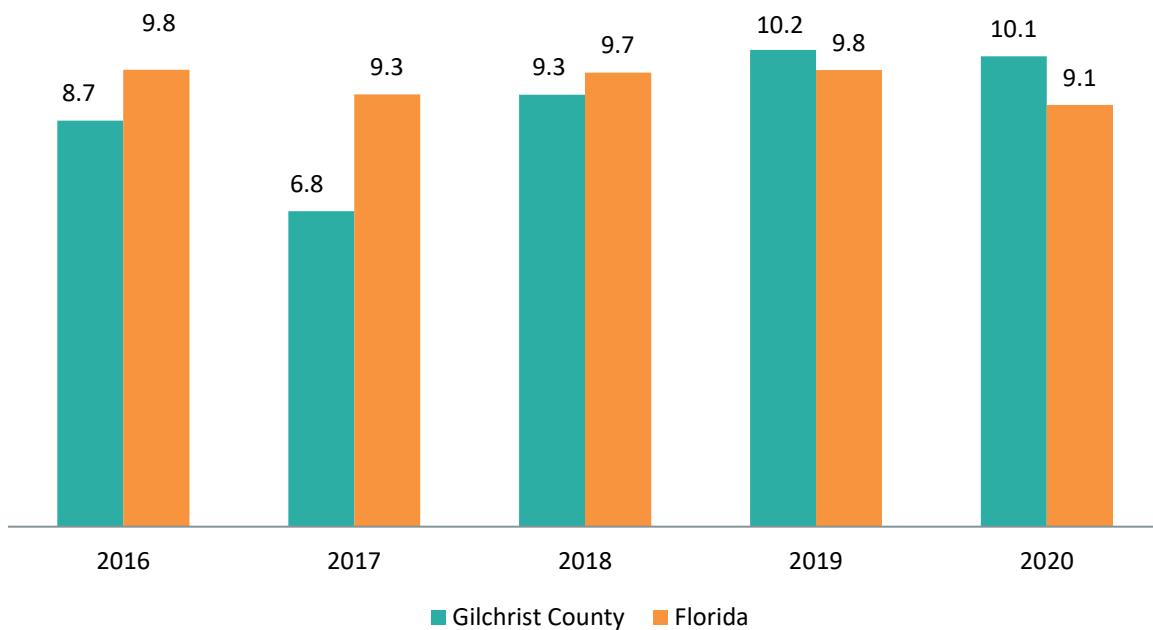
Mental Health

Hospital discharge and emergency data may yield useful insights into the mental health status of a community. The National Institute of Mental Health estimates that nearly one in five (5) U.S. adults' lives 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

Although hospitalization rates for mental health reasons have varied substantially in Gilchrist County in recent years, 2020 saw Gilchrist County rates as higher than the state for all ages (10.1 hospitalizations per 1,000 population versus 9.1), children (8.9 hospitalizations per 1,000 population versus 5.9), and adults (10.4 visits per 1,000 population versus 9.8) (Table 93, 2022 Technical Appendix).

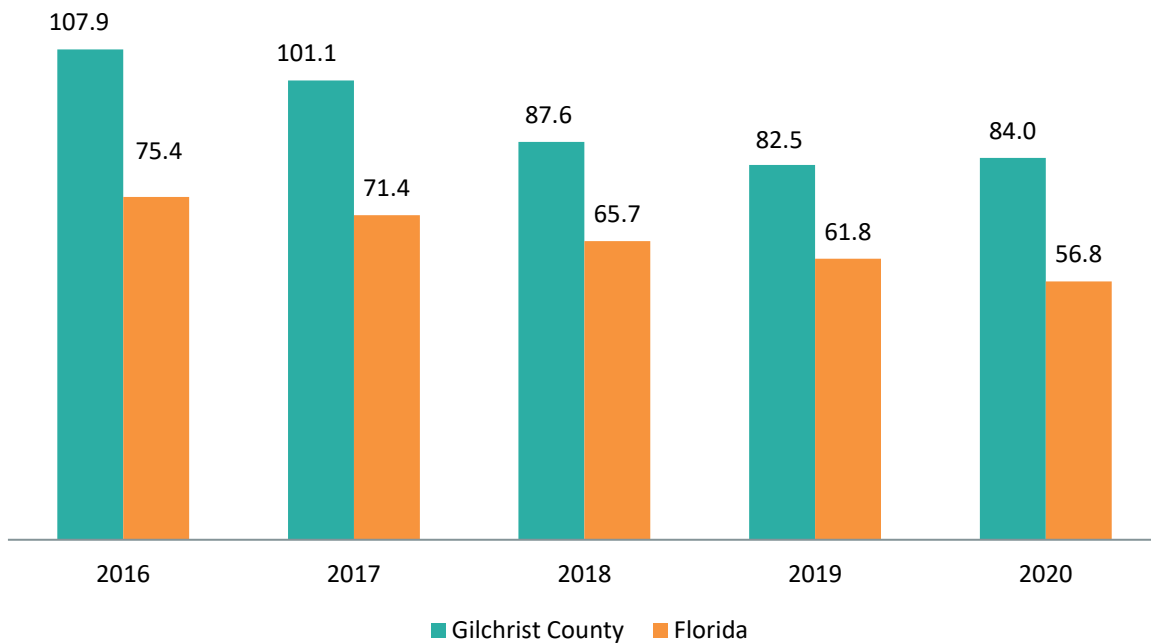
FIGURE 14: MENTAL HEALTH HOSPITALIZATIONS, GILCHRIST COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



Source: Table 93, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

2020 data for mental health ED visits among all ages in Gilchrist County is also higher than the state at 84.0 ED Visits per 1,000 population in contrast to 46.8 for the state. These rates remain higher for Gilchrist County than the state when broken down into children (20.0 versus 10.7) and adults (100.6 versus 68.2) (Table 93, 2022 Technical Appendix).

FIGURE 15: MENTAL HEALTH ED VISITS, GILCHRIST COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



Source: Table 93, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Hospitalizations and ED Visits for Mental Health Reasons by Zip Code

By zip code, hospitalization rates for mental health reasons are more common in 32619 Bell at 11.1 hospitalizations per 1,000 population versus 9.4 in 32693 Trenton. These estimates, made by detailed discharge data and US Census ESRI population numbers, place Gilchrist County rates of hospitalization for mental health reasons at just above the state rate, 9.6 hospitalizations per 1,000 versus 9.1 for Florida. These estimates also designate Gilchrist County as having higher rates of ED Visits for mental health reasons than the state, coming in at a rate of 79.7 per 1,000 compared to 57.0 for the state. The zip code with the higher rate was 32693 Trenton by a respectable margin at 87.1 ED visits per 1,000 as compared to 70.0 ED visits per 1,000 in 32619 Bell (Table 94, 2022 Technical Appendix).

Involuntary Exam Initiations (Baker Acts)

Involuntary exam initiations, informally known as Baker Acts, are a significant reflection of the status of care and resources for those who may be a harm to themselves or others. The rates of involuntary exam initiations in Gilchrist County are less than the state among all ages at 671.0 involuntary exam initiations per 100,000 persons

as compared to 1,007.0 for Florida. However, among children in Gilchrist County the rate is higher than the state: 1,360.0 involuntary exam initiations per 100,000 persons versus 1,240.0 (Table 95, 2022 Technical Appendix).

In Florida, involuntary exams are primarily initiated by law enforcement (51.3 percent of cases), followed by professional certificates (46.5 percent of cases). In Gilchrist County, this order is flipped, with professional certificates being the primary source of initiation (53.4 percent of cases) and law enforcement the secondary source (43.2 percent of cases). For both the state and the county, but especially for Gilchrist County, most professional certificates are written by a non-psychiatric physician, constituting 74.6 percent of professional certificates in Gilchrist County and 65.5 percent in Florida (Table 96, 2022 Technical Appendix).

Substance Abuse

The percentage of adults who report engaging in heavy or binge drinking in Gilchrist County in 2019 was less than in the state, coming in at 13.9 percent of adults compared to 18.0 percent of Floridian adults. However, age-adjusted rates of alcoholic liver disease deaths and chronic liver disease and cirrhosis deaths are generally greater than the state, with a rate of 14.8 alcoholic liver disease deaths per 100,000 population in Gilchrist County, 2020, compared to 7.8 for Florida, as well as a rate of 14.8 chronic liver disease and cirrhosis deaths per 100,000 population in Gilchrist County compared to 13.0 for Florida in the same year (Tables 97-98, 2022 Technical Appendix).

Despite having lower rates of traffic accidents than the state (1,348.0 crashes per 100,000 population in Gilchrist County compared to 1,577.6 for Florida), Gilchrist County has higher rates of alcohol related traffic incidents in all the following categories:

- Alcohol-confirmed motor vehicle crashes at 72.1 crashes per 100,000 population for the county and 21.0 for the state
- Alcohol-confirmed motor vehicle injuries 27.7 injuries per 100,000 population for the county and 12.0 for the state
- Alcohol-confirmed motor vehicle deaths at 5.5 deaths per 100,000 population for the county and 1.8 for the state

The traffic crash data above is taken from Table 99 of the 2022 Technical Appendix. All the numbers for this section refer to data collected by FL HealthCHARTS.

Domestic Violence

Domestic violence offenses are less prevalent in Gilchrist County than the state in general. Gilchrist County reported only 74 instances of domestic violence in 2020, yielding a rate per 100,000 population of 410.5. Florida's rate for the same year came to 492.2 cases per 100,000 (Table 100, 2022 Technical Appendix).

According to the Florida Department of Law Enforcement's 2019 Annual Report, depicted in Table 7, simple assault was the primary form of domestic violence seen in Gilchrist County, followed by aggravated assault, then rape, which was nearly double the state's rate (Table 101, 2022 Technical Appendix).

TABLE 7: TOTAL NUMBER OF AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES BY TYPE, DIXIE COUNTY AND FLORIDA, 2019

Type of Offense	Gilchrist County Population (17,766)		Florida Population (21,208,589)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	0	0.0	200	0.9
Manslaughter	0	0.0	21	0.1
Rape	3	16.9	1,891	8.9
Fondling	1	5.6	922	4.3
Aggravated Assault	11	61.9	15,946	75.2
Aggravated Stalking	0	0.0	97	0.5
Simple Assault	54	304.0	84,260	397.3
Threat/Intimidation	2	11.3	1,618	7.6
Stalking	0	0.0	343	1.6
Total	71	399.6	105,298	496.5

Source: Table 101, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

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 Gilchrist County and the state of Florida.

Birth Rates

Gilchrist County on average has similar birth rates when compared to Florida as a whole, with FL HealthCHARTS estimates placing this number at 10.4 per 1,000 total population for Gilchrist County and 10.2 for Florida with 2018-2020 estimates. These birth rates vary considerably when broken down by race. White Gilchrist County residents have a higher birth rate than the state at large with 10.7 births per 1,000 population compared to 10.0 for Florida, while Black Gilchrist County residents have a lower birth rate than their state counterparts with 9.4 births per 1,000 population compared to 13.6 for Florida. Black Gilchrist County residents also have a lower birth rate (9.4) when compared to White Gilchrist County residents (10.7). When examining ethnicity, Gilchrist County Hispanics have a higher birth rate than any of the previous categories, estimated at 18.3 births per 1,000 population for the county and only 11.7 for the state. The rate of teen births in Gilchrist County is 1.4 percent of all county births; the state rate is 1.0 percent (Tables 101, 102, and 106, 2022 Technical Appendix).

Infant Deaths

Infant deaths are rare occurrences consisting of very small sample sizes. Within a county as small as Gilchrist 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, and overall post neonatal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county. The only outcome of note was that

from 2016-2020, Gilchrist County did witness higher neonatal death rates than Florida more years than not (Tables 80 and 81, 2022 Technical Appendix).

Overall, FL HealthCHARTS reports that Gilchrist County had a rate of 8.7 infant deaths per 1,000 total live births on average between 2018-2020. This rate is greater than the state’s estimate for the same period (6.0 infant deaths per 1,000 live births). These infant death rates were also higher for 32619 Bell than 32693 Trenton (Table 103, 2022 Technical Appendix).

Low Birthweight Births

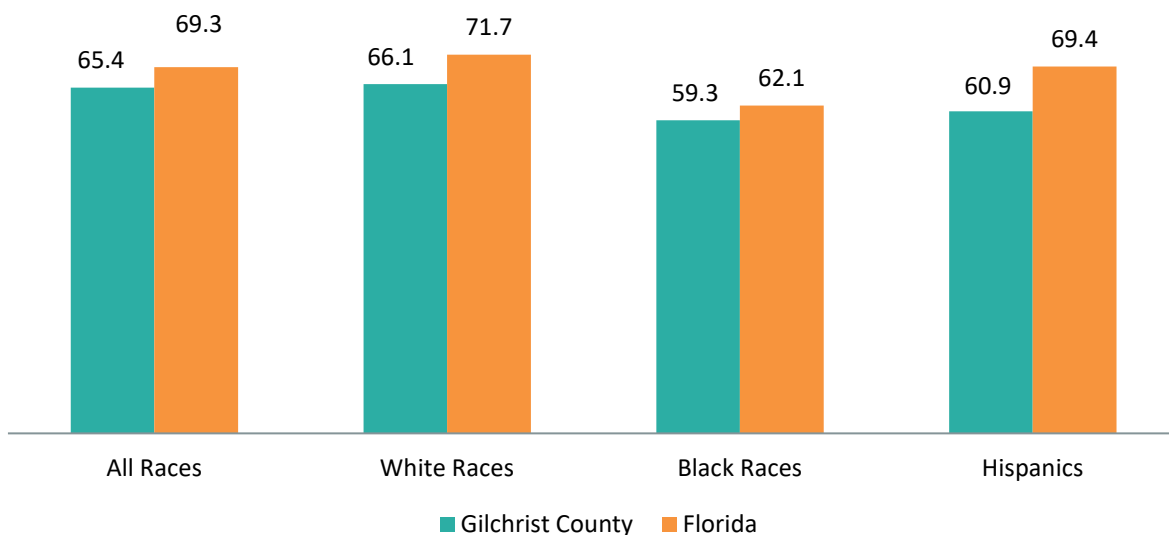
Gilchrist County has a slightly lower rate of low birthweight births than Florida according to FL HealthCHARTS data. On average from 2018-2020, 7.9 percent of Gilchrist County births were low birthweight, contrasting with only 8.7 percent of Florida births. The highest rate of low birthweight births was specifically found in 32619 Bell at 11.4 percent of all births (Table 104, 2022 Technical Appendix).

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. Between 2018-2020, FL HealthCHARTS reports that 65.4 percent of births on average received first trimester care in Gilchrist County, just below the state rate of 69.3 percent. This number has been dropping for Gilchrist County in recent years, but slowly (Table 105, 2022 Technical Appendix).

By race, Black births clearly held lesser rates of receiving first trimester care, accounting for only 59.3 percent of Black Gilchrist County births compared to 66.1 percent of White Gilchrist County births. By ethnicity, Hispanic rates of first trimester care were marginally lower compared to all races in Gilchrist County (60.9 percent and 65.4 percent, respectively). All these population subgroups had lower rates than their state counterparts (Table 105, 2022 Technical Appendix).

FIGURE 16: PERCENT OF BIRTH THAT RECEIVED FIRST TRIMESTER CARE, BY RACE AND ETHNICITY, GILCHRIST COUNTY AND FLORIDA, 2018-2020



Source: Table 105, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Governmental Program Supports

According to FL HealthCHARTS 2018-2020 estimates, 55.5 percent of all births in Gilchrist County have Medicaid as the payor; Florida compares at 47.2 percent. Overall, and like the state, Black births have considerably higher rates of being covered by Medicaid, accounting for 81.5 percent of Gilchrist County Black births and only 54.4 percent of Gilchrist County White births. Hispanics have a lower rate of Medicaid-covered births compared to the rest of Gilchrist County, accounting for only 42.2 percent of births (Table 107, 2022 Technical Appendix).

Rates of births where the mother participated in WIC are also slightly higher in Gilchrist County than the state for the same period: 44.5 percent compared to 41.4 percent, respectively. This rate is highest again in 32693 Trenton, comprising 47.3 percent of all births. Similar trends are seen by race: 43.0 percent of White births participating in WIC in Gilchrist County and 66.7 percent of Black births. Both rates are higher than their state counterparts. Hispanic Gilchrist County births also have a higher rate of participation in WIC at 57.8 percent of all Gilchrist County Hispanic births and 51.1 percent of state Hispanic births (Table 108, 2022 Technical Appendix).

Health Behaviors

Sexually Transmitted Diseases (STDs)

All STDs reported by FL HealthCHARTS are less prevalent in Gilchrist County than the state: syphilis at 16.6 cases per 100,000 population of the county as opposed to 57.0 cases per 100,000 population of the state; gonorrhea at 105.4 as opposed to 187.1; chlamydia at 310.6 in contrast to 458.5; and all bacterial STDs, at 432.7 in contrast to 702.7 (Table 120, 2022 Technical Appendix). HIV rates are also lower for Gilchrist County, with a rate of 149.8 persons with HIV (PWH) per 100,000 population in Gilchrist County as compared to 542.9 persons per 100,000 in the state of Florida (Table 121, 2022 Technical Appendix).

COVID-19

As of March 1st, 2020, Gilchrist County has seen a percent case positivity rate of COVID-19 of 34.0 percent; higher than the state rate of 26.8 percent. Between May 27th, 2022 – June 2nd, 2022, Gilchrist County had a much lower case rate than the state: 228.1 cases per 100,000 population, as opposed to 326.7 cases per 100,000 Florida population. Approximately 44.0 percent of the Gilchrist County population is vaccinated; in Florida as a whole, 74.0 percent are vaccinated (Tables 122 and 123, 2022 Technical Appendix).

Immunizations

According to the 2017-2019 Behavioral Risk Factor Surveillance System estimates, in Gilchrist County only 27.9 percent of adults and 48.3 percent of adults aged 65 and older received a flu shot in the past year; in Florida, the rates were 36.9 percent and 58.3 percent, respectively. The county had similar rates to the state of pneumococcal vaccinations (Table 119, 2022 Technical Appendix).

In 2021, FL HealthCHARTS reported that 96.8 percent of kindergartners and 96.4 percent of 7th graders had their recommended immunizations in Gilchrist County. These rates are just above Florida's rates of 93.3 percent and 94.5 percent, respectively (Table 124, 2022 Technical Appendix).

FL HealthCHARTS also collects information on human papillomavirus (HPV) vaccine initiation and completion for those 9-17 years of age at the county and state level. Compared to the state, Gilchrist County had similar levels of HPV vaccine initiation (11.6 percent of population versus 10.7 percent) and HPV vaccine completion (35.0 percent versus 33.3 percent) in 2020 (Table 125, 2022 Technical Appendix).

Obesity and Overweight

Over three-quarters (3/4), or 77.7 percent, of the Gilchrist County population is overweight or obese according to 2017-2019 BRFSS estimates. This rate surpasses the state rate of 64.6 percent, and most of these individuals are obese. Additionally, 27.8 percent of WIC children 2 and older are overweight or obese in Gilchrist County (29.7 percent in the state) (Tables 58 and 119, 2022 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 2019 data in Table 119 in the 2022 Technical Appendix.

Within Gilchrist County and compared to Florida, substantially more individuals have been told that they have arthritis (36.9 percent versus 25.1 percent), currently have asthma (10.4 versus 7.4 percent), have ever been told they had skin cancer (17.4 versus 10.4 percent), have ever been told they had a heart attack (6.7 versus 4.7 percent), have ever been told they had angina or coronary heart disease (8.0 versus 4.7 percent), and have ever had a stroke (5.5 versus 3.6 percent). Not only do more adults have high blood cholesterol among those who have had their cholesterol checked in the past five (5) years (38.0 percent versus 34.2 percent in the state), but also fewer have recently had their cholesterol checked in that time span (82.6 percent versus 89.1 percent). Furthermore, Gilchrist County has higher rates of COPD (10.3 versus 7.7 percent), depression (23.8 versus 17.7 percent), pre-diabetes (9.8 versus 9.1 percent), and diabetes (19.0 versus 11.7 percent), along with lower rates of self-management education (48.1 versus 66.3 percent).

Nearly half (44.5 percent) of the Gilchrist County population report some form of disability – the state rate being only 31.0 percent – with every recorded disability being higher in Gilchrist County than the state: blind or serious difficult seeing (10.4 percent versus 5.3 percent), deaf or serious difficulty hearing (12.6 versus 6.6 percent), serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional conditions (16.3 percent versus 12.9 percent), serious difficulty walking or climbing stairs (29.3 percent versus 16.2 percent), difficulty dressing or bathing (9.9 percent versus 4.0 percent), and difficulty doing errands alone (16.2 percent versus 7.6 percent).

With respect to health care access and coverage, Gilchrist County residents had lower rates than the state on average of having a personal doctor (67.7 percent versus 72.0 percent), having health care insurance (79.1 versus 84.2 percent), and having had a medical check-up in the past year (63.2 versus 78.8 percent). It is also of note that 17.3 percent of Gilchrist County residents could not see a doctor at least once in the past year due to cost.

With respect to health status and quality of life, Gilchrist County presented worse rates than the state for nearly every measure on the BRFSS, especially among indicators of physical health. For example, Gilchrist County had a lower percentage of adults with good to excellent overall health (66.9 versus 80.3), a higher percentage of adults who had poor physical health on 14 or more of the past 30 days (23.6 versus 13.8), and a greater percentage of

adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (30.6 versus 18.3). HIV/AIDS screening rates are also less than the state (45.6 percent of adults ever tested versus 50.7 percent). 40.3 percent of Gilchrist County residents have been told that they have hypertension (compared to 33.5 percent of Floridians); 75.0 percent of those with hypertension currently take high blood pressure medicine (compared to 77.8 percent of Floridians).

A possible contributor to Gilchrist County's high obesity rates is a lack of physical activity. 34.5 percent of adults are sedentary (compared to 26.5 percent of the state), and only 24.8 percent meet muscle strengthening recommendations (compared to 38.1 percent of the state).

Tobacco use and exposure is also extraordinarily high in Gilchrist County. 19.3 percent of adults are current smokers, exceeding the state rate of 14.8 percent, and 24.4 percent are former smokers. The percentage of adults using chewing tobacco, snuff, or snus some days or every day also far surpasses the state rate – 9.2 percent as compared to 2.2 percent. However, Gilchrist County does depict lower percentages of adults who are current or former e-cigarette users than the state.

Cancer Screening

With respect to colorectal cancer screening indicators, very few Gilchrist County residents over the age of 50 have ever had a blood stool test (29.0 percent versus 36.0 percent for Florida), with even fewer having had one in the past year (9.4 percent versus 16.0 percent for Florida). A high percentage of residents over the age of 50 have had a sigmoidoscopy or colonoscopy – 80.0 percent, compared to only 69.2 percent for the state – although fewer have had one in the past five years – 53.7 percent versus 53.9 percent for Florida. Overall, approximately 61.2 percent of adults aged 50-75 in Gilchrist County had colorectal screenings based on the most recent clinical guidelines, as compared to 67.3 percent of the state. Rates of prostate cancer screening are also markedly lower in Gilchrist County than in the state. These estimates are all based on 2016 FL HealthCHARTS data (Tables 109 and 110, 2022 Technical Appendix).

Many women's health cancer screening indicators vary across the board for Gilchrist County. For example, in 2016 approximately 86.4 percent of women aged 21-65 reported receiving a Pap test in the past three (3) years, more than the state rate of 78.8 percent. However, only 40.0 percent reported receiving a Pap test in the past year, less than the state rate of 48.4 percent. This may indicate a lack of consistent care and repeated screenings. Gilchrist County also has an extremely high percentage of women who have had a hysterectomy – 41.0 percent as of 2016 (Table 111, 2022 Technical Appendix).

Health Care Access and Utilization

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.

Gilchrist County has one (1) dental, one (1) mental health, and one (1) primary care location designed as HPSA high priority shortage areas, as illustrated in Table 8 (Table 127, 2022 Technical Appendix).

TABLE 8: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, GILCHRIST COUNTY, 2022

Gilchrist County			
Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
Correctional Facility	Lancaster Correctional Institution	04/15/2022	6
Federally Qualified Health Center	Trenton Medical Center	09/10/2021	24
Mental Health			
Correctional Facility	Lancaster Correctional Institution	04/19/2022	6
Federally Qualified Health Center	Trenton Medical Center	09/10/2021	18
Low Income Population HPSA	LI - Gilchrist County	09/10/2021	16
Primary Medical Care			
Correctional Facility	Lancaster Correctional Institution	04/15/2022	6
Federally Qualified Health Center	Trenton Medical Center Inc	09/10/2021	22
Low Income Population HPSA	LI - Gilchrist County	07/05/2021	9
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Low-Income Migrant Farmworker Population - Gilchrist	11/22/2000	58.4

Source: Table 127, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Environmental Health

Gilchrist County has extremely limited community water supplies as compared to the state at large. According to 2019 FL HealthCHARTS estimates, only 14.6 percent of the county population has access to community water supplies in contrast to 95.0 percent of the state, and 0.0 percent of the population is provided with fluoridated water supplies, compared to 78.1 percent of the state (Table 126, 2022 Technical Appendix).

Medicaid Data

From 2012-2014 and 2017-2021, Gilchrist County has demonstrated consistently higher rates of those that are eligible for Medicaid than Florida, and these numbers have been steadily rising. Those that are Medicaid eligible are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid. From 2019-2021, the percentage of the Gilchrist County population enrolled in Medicaid rose from 21.2 percent to 26.6 percent, a notable difference from the state rate of 23.0 percent. These numbers become even more striking when broken down by age; in particular, 59.1 percent of those 0-18 years of age in Gilchrist County are Medicaid eligible, compared to 55.1 percent of Florida. Only seniors in Gilchrist County do not have a substantially higher rate of Medicaid eligibility as compared to the state (Table 129, 2022 Technical Appendix).

Given the larger number of eligible individuals in Gilchrist County, it is not surprising that the county also has a higher rate of median monthly Medicaid enrollees (23.1 enrollees per 100,000 populations versus 19.9 for Florida in 2020). Gilchrist County has remained consistently higher than the state since 2011 (Table 130, 2022 Technical Appendix).

Facilities

Correlating with the aforementioned shortage of medical clinicians in Gilchrist County is the corresponding shortage of health care service facilities in Gilchrist County. This community completely lacks adult family care homes, rehabilitation agencies, residential treatment facilities, and rural health clinics, and many of the remaining facility types are only represented by one (1) or two (2) options in the area. However, despite having only two (20 nursing homes in the county, the small population of the region does result in Gilchrist County having a higher rate of nursing homes than the state, at 10.6 facilities per 100,000 population compared to just 3.2 for Florida. The resulting 201 nursing home beds yields a rate of 1,115.0 beds per 100,000, far outstripping the state rate of 386.5 (Tables 131 and 132, Technical Appendix).

Providers

As of fiscal year 2020-21, Gilchrist County recorded a rate of only 22.2 physicians per 100,000 population, including zero (0) internal medicine doctors, OB/GYNs, pediatricians, and only two (2) dentists. The only recorded physicians present were family practice physicians at a rate of 16.6 per 100,000 population. These numbers are far less than the state rates of 314.0 physicians and 19.2 family practice physicians per 100,000 population (Tables 133 and 134, 2022 Technical Appendix).

Dental Hospitalizations and Emergencies

A lack of adequate dental care in a community can often manifest as an abundance of avoidable dental hospitalizations and emergencies. In Gilchrist County, there certainly exists a higher rate of preventable ED visits (7.2 visits per 1,000 population) as compared to Florida (5.8 visits per 1,000 population). In 2020, the most recent year of data, it is also notable that 97.8 percent of all oral health ED visits were preventable, like the state rate of 94.7 percent. Trenton presented the higher preventable ED visit rate at 8.1 visits per 1,000 population (Table 135, 2022 Technical Appendix).

Gilchrist County residents also reported a higher rate of preventable dental hospitalizations per 1,000 population (1.2) as compared to Florida (0.8) in 2020. This rate has also been consistently higher than the state since 2018 and has been gradually increasing over the time span. Furthermore, in 2020 the percentage of Gilchrist County

preventable dental hospitalizations out of total dental hospitalizations was 92.0 percent, substantially higher than Florida's 82.9 percent (Table 136, 2022 Technical Appendix).

Hospitalizations and Emergency Department Usage

Compared to the state and according to 2020 discharge data from the Agency for Health Care Administration, Gilchrist County has a higher discharge rate per 1,000 population (139.2 versus 118.7) but a similar average length of stay, or ALOS (5.0 days versus 5.2 days). This Gilchrist County discharge rate has been persistently higher than the state since 2018, but slowly declining (Table 139, 2022 Technical Appendix).

The largest component of discharges was paid by Medicare in Gilchrist County in 2020, accounting for 47.7 percent of all discharges and 52.5 percent of patient days. These are like rates seen in Florida (45.4 percent and 51.4 percent, respectively). However, Medicaid comprises a greater percentage of discharges (21.7 percent) and patient days (24.7 percent) as compared to the state (18.6 and 18.2 percent, respectively). On the flip side, private insurance comprises a larger percentage of state discharges (23.6 percent) and patient days (20.1 percent) as compared to Gilchrist County (19.9 percent and 13.3 percent, respectively). These patterns have been fairly consistent since 2018 (Table 140, 2022 Technical Appendix).

When looking at Medicare Severity Diagnosis-Related Groups – categories of inpatient hospital stays – Gilchrist County has consistently shown septicemia and psychoses as part of the top three (3) causes of discharges at 4.7 percent and 4.2 percent of discharges for 2020, respectively (Table 141, 2022 Technical Appendix).

Avoidable Discharges

Among Gilchrist County residents under the age of 65, the avoidable discharge rate per 1,000 population was 15.6 in 2020, compared to 11.5 for Florida. Avoidable discharge rates for Gilchrist County have been regularly higher than the state since 2018. Despite this higher discharge rate, the county's avoidable ALOS in 2020 was slightly lower than the state at 5.1 days as compared to 5.9 days (Table 142, 2022 Technical Appendix).

Medicaid was the most common payor source for these avoidable discharges and patient days, accounting for 31.9 percent of the former and 35.6 percent of the latter, with an ALOS of 5.6 days. In contrast, Medicaid only covered 25.6 percent of Florida avoidable discharges and 29.6 percent of avoidable patient days with an ALOS of 6.8 days. Medicare also pays for comparable rates of avoidable discharges in Gilchrist County and the state (20.0 percent versus 21.1 percent), as well as avoidable patient days (20.3 percent versus 23.1 percent). Likewise, private insurance covers similar rates of avoidable discharges in Gilchrist County and the state (31.5 percent versus 30.6 percent) and less patient days (22.1 percent versus 29.9 percent) (Table 143, 2022 Technical Appendix).

The top leading cause of avoidable discharges among those under the age of 65 was dehydration by an obvious margin, comprising 47.7 percent in 2020, as compared to nutritional deficiencies at 16.6 percent and epileptic convulsions at 6.0 percent. For the past three years of data, 2018-2020, dehydration consistently came in as the number one reason for avoidable discharges. Nutritional deficiencies have been accounting for a greater percentage of avoidable discharges every year while COPD has been steadily dropping (Table 144, 2022 Technical Appendix).

Avoidable ED Visits

As of 2019, the Broward Regional Health Planning Council reported an ED visit rate of 281.0 ED visits per 1,000 population for Gilchrist County – much lower than the state rate of 412.8 – and an avoidable ED visit rate of 155.7 per 1,000 population, also lower than the state rate of 190.7 (Table 145, 2022 Technical Appendix).

The most common payor sources for ED visits by Gilchrist County residents in 2020 was Medicaid at 29.5 percent of ED Visits, private insurance at 25.4 percent, and Medicare at 21.4 percent. Within Florida as a whole, private insurance covers the greatest percentage of ED visits at 28.0 percent, followed by Medicaid at 27.0 percent, then Medicare at 20.7 percent. The main reason recorded for these visits was unspecified abdominal pain (5.1 percent of ED visits) and cough (4.6 percent of ED visits) in 2020 and have respectively remained the top two (2) main reasons for ED visits in Gilchrist County since 2018 (Tables 146 and 147, 2022 Technical Appendix).

Community Resources and Assets for Improving Health

Gilchrist County contains several resources and assets at hand for improving and protecting the health of its population. This capital may be organized into three (3) broad categories: healthcare resources, community assets, and informational resources.

With respect to healthcare resources, many Gilchrist County residents utilize Medicaid and Medicare. 26.6 percent of the Gilchrist County population is Medicaid eligible, and the median monthly number of Medicaid enrollees is 23.1 per 100,000 population; both rates are higher than the state. Among county residents, Medicaid covers 55.5 percent of births, 21.7 percent of hospital discharges, 24.7 percent of patient days, 31.9 percent of avoidable hospital discharges, 35.6 percent of avoidable patient days, and is the most common payor source for ED visits by Gilchrist County residents, covering 29.5 percent of all ED Visits. Medicare covered the largest component of hospital discharges in the county at 47.7 percent of all discharges and 52.5 percent of patient days, as well as 20.0 percent of avoidable discharges, 20.3 percent of avoidable patient days, and 21.4 percent of ED visits. There are also a number of individuals in Gilchrist County that receive food stamps – approximately 2,938 clients, to be precise – and a high rate of women eligible for WIC at 4,150.6 individuals per 100,000 population, of which approximately 78.9 percent are being reached. Finally, Gilchrist County has a handful of medical facilities locally available, including two (2) nursing homes, eleven (11) clinical laboratories, and one (1) each of health care clinics, home health agencies, homemaker & companion services, and nurse registries (Tables 55, 57, 107, 129, 130, 131, 140, 143, 146, and 147, 2022 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components, such as strong, collaborate partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, Gilchrist County ranks in the top 25 percent of counties in Florida for physical environment, not surprising given the county's abundance of natural habitats and springs. The county also presents a lower rate of severe housing problems than the state, with only 11.4 percent of the population experiencing at least one severe housing issue compared to 19.2 percent of the state. With respect to social components, Appendix C lists the Steering Committee members involved in this Community Health Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the quality of life of Gilchrist County. Gilchrist also has the advantage of lower unemployment rates and behavioral trends such as lower reported rates of heavy and binge drinking and lower rates of avoidable ED visits as compared to the state (Tables 2, 3, 45, 119, and 145, 2022 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 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 Gilchrist County and are detailed below.

Life Expectancy

Gilchrist County ranks as 38th out of 67 counties in Florida for length of life with a life expectancy of 76.5 years for all residents based on the 2018-2020 Florida HealthCHARTS estimate, contrasting with the expected 79.4 years for the state as a whole. This number has shown no improvement since 2014. Furthermore, like the state, there are differences by sex observed; namely, that females on average live 7.5 years longer than males in Gilchrist County with a female life expectancy of 80.5 years compared to 73.0 years for males, while within Florida life expectancy is 82.3 years for females and 76.5 years for males (Tables 3 and 4, 2022 Technical Appendix).

Mortality and Morbidity

Age-adjusted mortality rates are much higher for Gilchrist County than for the state, reaching 837.4 deaths per 100,000 population as compared to Florida’s rate of 698.4. The number one (1) cause of death in Gilchrist County from 2018-2020 was cancer; the 2nd, heart disease; the 3rd, chronic lower respiratory disease (CLRD). (Tables 64 and 66, 2022 Technical Appendix).

When examining causes of death by sex, there is an evident disparity in COVID-19 deaths, with males in Gilchrist County recording more than three (3) times the death rate of females. Specifically, males suffer an age-adjusted death rate of 71.5 deaths per 100,000 population compared to only 22.0 deaths among females. This difference is much more profound than that found at the state level: 73.5 deaths per 100,000 population for males and 43.8 deaths per 100,000 population for females (Table 91, 2022 Technical Appendix). Additionally, age-adjusted cancer mortality rates for Gilchrist County males are much greater than those for females. Specifically, Gilchrist County males experience 246.3 deaths per 100,000 population, notably higher than the state rate (167.6), and Gilchrist County females experience 145.4 deaths per 100,000 population, also marginally higher than the state rate (122.4). When examining rates of YPLL, females experience a higher rate of YPLL than males in Gilchrist County, unlike the state. Specifically, females are estimated to have an average of 9,261.4 years of life lost per 100,000 population compared to 8,956.8 for males. The rate for females in Gilchrist County (9,261.4) is also higher than the estimate for females in the state (6,263.6), while the estimate for males in Gilchrist County

(8,956.8) is less than the estimate for males in the state (11,097.5) (Tables 89, 116, and 117, 2022 Technical Appendix).

All racial and ethnic categories reported by Gilchrist County in the 2018-2020 ACS estimates have mortality rates higher than that of the state. As mentioned earlier, the overall age-adjusted mortality rate for Gilchrist County is 837.4 deaths per 100,000 population and Florida is 698.4 deaths per 100,000 population. Among the White population, this rate rises to 848.3 deaths per 100,000 for the county and drops to 688.1 for the state, widening the disparity. There also exists a distinct racial disparity, with an age-adjusted mortality of 1,122.1 for Black Gilchrist County residents and 809.7 for the state. Hispanics have the lowest age-adjusted mortality rate among all groups, coming in at 807.3 per 100,000 for Gilchrist County and, likewise, 548.9 for the state (Table 66, 2022 Technical Appendix).

When considering race, Gilchrist County displays clear disparities skewed towards both the Black and White populations. Black Gilchrist County residents have higher rates of mortality per 100,000 population due to heart disease (214.6 Black deaths versus 141.5 White deaths), CLRD (76.0 Black deaths versus 42.9 White deaths), diabetes (162.2 Black deaths versus 23.3 White deaths), and hypertension (118.4 Black deaths versus 15.4 White deaths). White Gilchrist County residents have higher mortality rates than their Black counterparts due to cancer (189.9 White deaths per 100,000 population versus 42.4 Black deaths) and unintentional injury (71.8 White deaths versus 55.1 Black deaths). Please note that all these numbers are taken from very small incidences within the Black population and should therefore be interpreted with great caution (Table 68, 2022 Technical Appendix).

When looking at ethnicity, it is evident that Gilchrist County Hispanics suffer higher age-adjusted death rates than the county overall due to unintentional injury (88.8 deaths per 100,000 population compared to 69.7), diabetes (28.1 compared to 24.7), stroke (86.9 compared to 37.5), COVID-19 (86.9 compared to 14.6), and hypertension (125.1 compared to 17.2). On the other hand, Gilchrist County Hispanics have lesser rates than all races and their state counterparts of death due to cancer and heart disease. Please note that all these numbers are taken from very small incidences and should therefore be interpreted with great caution (Table 67, 2022 Technical Appendix).

Maternal and Infant Health

Gilchrist County on average has similar birth rates when compared to Florida as a whole, with estimates placing this number at 10.4 per 1,000 total population for Gilchrist County and 10.2 for Florida. These birth rates vary considerably when broken down by race. White Gilchrist County residents have a higher birth rate than the state at large with 10.7 births per 1,000 population compared to 10.0 for Florida, while Black Gilchrist County residents have a lower birth rate than their state counterparts with 9.4 births per 1,000 population compared to 13.6 for Florida. Black Gilchrist County residents also have a lower birth rate (9.4) when compared to White Gilchrist County residents (10.7). When examining ethnicity, Gilchrist County Hispanics have a higher birth rate than any of the previous categories, estimated at 18.3 births per 1,000 population for the county compared to 11.7 for the state. The rate of teen births in Gilchrist County is 1.4 percent of all county births; the state rate is 1.0 percent (Tables 101, 102, and 106, 2022 Technical Appendix).

Gilchrist County has slightly lower rates of low birthweight births than Florida, but also slightly lower rates of first trimester care and marginally higher rates of mothers participating in WIC. By race, Black births portrayed clearly lower rates of receiving first trimester care, accounting for only 59.3 percent of Black Gilchrist County births compared to 66.1 percent of White Gilchrist County births, and Black mothers had higher rates of participation in WIC than White mothers. By ethnicity, Hispanic rates of first trimester care were marginally lower compared to all races in Gilchrist County (60.9 percent and 65.4 percent, respectively), and rates of participating in WIC were higher than the county overall (57.8 percent versus 44.5 percent) (Tables 104 and 105, 2022 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

According to data from the ACS 2016-2020 estimates, the poverty rates for Gilchrist County residents are like those of the state at 13.0 percent of all residents and 16.6 percent of children, compared to 12.4 percent and 17.2 percent of Florida, respectively. Alongside recent improvements in the state, Gilchrist County has also seen a drop in overall poverty rates for all ages from 2018-2020. ACS estimates state that Gilchrist County sees a larger percentage of persons living just above the poverty level as compared to the state. 16.7 percent of Gilchrist County lives between 100 – 149% of the poverty level – compared to only 9.5 percent of the state. ALICE estimates also posit that approximately 34.0 percent of households in Gilchrist County are living above poverty but struggling to make ends meet; Florida estimates are at about 32.0 percent (Tables 23, 25, 26, and 36, 2022 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Gilchrist County. Females experience higher rates of poverty than males both in the county and in the state according to the 2016-2020 ACS estimates. Specifically, about 13.7 percent of females and 12.3 percent of males in Gilchrist County are in poverty (Table 27, 2022 Technical Appendix).

Gilchrist County displays staggering disparities in poverty by race and ethnicity. Only 11.8 percent of the White population is in poverty and 13.0 percent of the overall population. However, Black poverty rates are more than 4.5 times that of their White counterparts, with 54.6 percent living in poverty compared to a rate of 20.7 percent in the state. Similarly, Hispanic Gilchrist County residents have a higher percentage of individuals in poverty than in the Gilchrist County population as a whole, with 23.8 percent living in poverty; this number also overshadows the state rate of 16.4 percent of Hispanics within the state of Florida (Table 28, 2022 Technical Appendix).

Income

Median household income among Gilchrist County residents is less than the state for all races (47,381 dollars versus 57,703 dollars), Whites (47,829 dollars versus 61,065 dollars), Blacks (26,711 dollars versus 43,418 dollars), and Hispanics (31,220 dollars versus 52,092 dollars) according to the most recent ACS data. When contrasting White income and Black income, it is also notable that White Gilchrist County households on average make about 79 percent more than Black Gilchrist County households at 47,829 dollars compared to 26,711 dollars, respectively (Table 31, 2022 Technical Appendix).

Per capita income is also dramatically lower for Gilchrist County than for the state, with an average per capita income of 22,775 dollars in the county and 32,848 dollars in the state. Per capita income in Gilchrist County demonstrates pronounced racial and ethnic disparities. On average, per capita income for Black residents is approximately a quarter of that for White residents in Gilchrist County at 6,243 dollars and 24,251 dollars, respectively. Although the trend of lesser incomes for Black residents is evident throughout Florida, the difference is much less pronounced on the state scale, with the per capita income for Black Floridians coming in at 21,120 dollars compared to 36,601 dollars for White Floridians. Moreover, Hispanic Gilchrist County residents have a per capita income of only 12,151 dollars, while Hispanics throughout the state have an average per capita income of 24,498 dollars. The lowest per capita income category by area, race, and ethnicity is found among Black residents of 32693 Trenton at a mere 6,237 dollars per person (Table 33, 2022 Technical Appendix).

Food Insecurity

According to FL HealthCHARTS data, in 2021 Gilchrist County had lower rates of eligibility for free or reduced lunches compared to the state for every grade level from pre-kindergarten through middle school except among kindergarten students. In the past three (3) years, rates of eligibility have been rising among elementary and middle school students, but not for pre-kindergarten nor kindergarten students (Tables 53 and 54, 2022 Technical Appendix).

As of December 2021, the Florida Department of Children and Families reports that 2,938 food stamp clients reside in Gilchrist County, as well as 1,452 food stamp households, 58 Temporary Assistance for Needy Families (TANF) clients and 34 TANF families. These numbers shift substantially from year to year (Tables 55 and 56, 2022 Technical Appendix). Furthermore, 777 individuals are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a rate of 4,150.6 per 100,000 population, greater than the state's rate of 2,890.5. Despite this larger burden within Gilchrist County, a greater percentage of WIC eligible are being reached and served: 78.9 percent in the county versus 63.0 percent in the state. However, this coverage has been decreasing within Gilchrist County since 2017 (Tables 57 and 58, 2022 Technical Appendix).

Community Determinants – Education

On average, Gilchrist County residents have less education than Florida residents, with 13.4 percent of those 25+ years of age not holding a high school diploma, versus 11.5 percent for the state, and 63.4 percent only having a high school diploma, versus 48.0 percent for the state. This results in approximately 23.2 percent of the county holding a college degree, just over half of Florida's rate at 40.5 percent of the population (Table 49, 2022 Technical Appendix).

The Florida Department of Education reported that from the school years 2016-2017 through 2019-2020, Gilchrist County has showed consistently higher high school graduation rates when compared to the state. However, given the drop from a graduation rate of 90.1 percent in 2019-2020 to a rate of 86.7 percent in 2020-2021, and the fact that Florida rates have been gradually increasing during this period, Gilchrist County's graduation rate was less than the state's rate of 90.1 percent for the 2020-2021 school year. Similarly, Gilchrist County's dropout rate for the 2019-2020 academic year of 4.2 percent was slightly greater than the state during that school year at 3.1 percent (Table 50, 2022 Technical Appendix).

Quality Healthcare Services

Differential access to health care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, lower prenatal care by race and/or ethnicity, and other disease outcome differences. The rate of every recorded type of physician was lower in Gilchrist County than in the state, with a total estimate of only 22.2 physicians per 100,000 population in the

county. This pales in comparison to the state rate of 314.0 physicians per 100,000 population. Lesser access to this first line of care can manifest in high rates of hospitalizations, such as those seen in Gilchrist County at a rate of 139.2 per 1,000 population, compared to the state rate of 118.7, as well as high rates of avoidable hospitalizations, such as those seen in Gilchrist County at a rate of 15.6 discharges per 1,000 population, compared to the state rate of 11.5 (Tables 133, 139, and 142, 2022 Technical Appendix).

Similar trends may be noted in dental care. Gilchrist County has only two (2) recorded dentists present, while the state rate of dentists is 56.7 dentists per 100,000 population. It logically follows that Gilchrist County witnesses a high rate of preventable dental ED visits (7.2 visits per 1,000 population) as compared to Florida (5.8 visits per 1,000 population). Gilchrist County residents also report higher rates of preventable dental hospitalizations than the state at 1.2 discharges per 1,000 population as compared to 0.8 (Tables 134-136, 2022 Technical Appendix).

Priority Populations

The analysis above of health disparities found throughout Gilchrist County as well as this Community Health Assessment 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 Gilchrist County community, and their needs should be supported by secondary and primary data. These groups, in no particular order, include:

- Racial minorities, especially the Black population
- Ethnic minorities, especially the Hispanic population
- Children, especially those in poverty
- Women, especially those in poverty

Summary

In summary, the Gilchrist County Community Health Assessment and accompanying *2022 Dixie, Gilchrist and Levy Counties Community Health Assessment Technical Appendix* contain a wealth of information and insight into the social, environmental, behavioral, and healthcare factors associated with health status and health outcomes in Gilchrist 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 Gilchrist County residents.

Gilchrist County faces many challenges typical of a rural and poor community, including low income, few resources, and limited access to healthcare providers and other social services. The number of physicians, facilities, and other resources in this county is extremely low, and transportation to and from more distant clinicians and specialty care is both scarce and expensive. This may lead to individuals avoiding or delaying to seek care, which can manifest in high rates of avoidable hospitalizations, such as those seen in Gilchrist County. Although uptake of certain healthy behaviors has been encouraging throughout the community, with low rates of reported binge drinking and high rates of childhood recommended vaccinations and pneumococcal vaccinations among adults, several other health outcomes associated with individual behaviors demand improvement, especially high rates of tobacco use, obesity, and suicide. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, 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 needs assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Gilchrist 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.

Community Health Surveys

Methodology

A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents in Dixie, Gilchrist, and Levy Counties. Survey respondents selected their county of residence and survey responses were analyzed by county. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in the county selected. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included 16 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.

A similar survey was developed to collect input specifically from healthcare and community partners who provide healthcare and social services in the Tri-County region of Dixie, Gilchrist, and Levy Counties. Healthcare providers included professionals such as physicians, dentists, nurses, and advanced registered nurse practitioners; community partners included social service workers, counselors, and others who provide community-based services. The electronic survey had 13 questions and five (5) demographic items and was available in both English and Spanish.

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 June 8, 2022 and was available through August 19, 2022. 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, for Gilchrist County there were 109 completed, eligible surveys. There were five (5) surveys completed in Spanish; the remaining 104 were completed in English. The overall survey completion rate was calculated at 76.1 percent; note that the ten (10) surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Gilchrist County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together. The general demographic factors collected on respondents who completed surveys are presented in Table 9 below. Tabulated results from survey items are presented in the following Tables 10 – 19 and Figures 17 – 22.

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 Gilchrist 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 2022 Technical Appendix.

Community Survey Participant Profile

TABLE 9: DEMOGRAPHICS OF GILCHRIST COUNTY COMMUNITY HEALTH SURVEY RESPONDENTS, 2022

Demographics	Gilchrist n = 109	
	Number	Percent
Age Group		
18-24	9	8.3
25-29	9	8.3
30-39	24	22.0
40-49	17	15.6
50-59	8	7.3
60-64	9	8.3
65-69	10	9.2
70-79	13	11.9
80 or older	10	9.2
Prefer not to answer	0	0
Gender Identity		
Man	32	29.4
Woman	67	61.5
Non-binary	0	0
Other	0	0
Prefer not to answer	10	9.2
Racial Identity		
American Indian/Alaskan Native	5	4.6
Asian	2	1.8
Black or African American	2	1.8
Native Hawaiian and Other Pacific Islander	0	0

Two or more races	1	0.9
White	81	74.3
Other	1	0.9
Prefer not to answer	17	15.6
Ethnicity		
Not of Hispanic, Latino or Spanish origin	78	71.6
Mexican, Mexican-American, or Chicano	5	4.6
Puerto Rican	2	1.8
Cuban	0	0
Other (9 – El Salvador, 1 – Ecuador)	10	9.2
Prefer not to answer	14	12.8
Highest Level of Education Completed		
Elementary/Middle School	7	6.4
High school diploma or GED	34	31.2
Technical, community college, 2-yr college or Associate's degree	23	21.1
4-yr college/Bachelor's degree	17	15.6
Graduate/Advanced degree	10	9.2
Some college	14	12.8
Other	0	0
Prefer not to answer	4	3.4
Current Employment Status (may choose all that apply)		
Employed (full-time)	46	42.2
Employed (part-time)	16	14.7
Full-time student	0	0
Part-time student	2	1.8
Homemaker	4	3.7
Retired	36	33.0
Self-employed	4	3.7
Unemployed	2	1.8
Work two or more jobs	1	0.9
Prefer not to answer	3	0.9
Other (3 disabled, 1 caregiver)	4	3.7
Methods of Healthcare Payment (may choose all that apply)		
Health insurance offered through job or family member's job	38	39.4
Health insurance that you pay on your own	23	21.1
Medicaid	18	16.5
Medicare	38	34.9

Military coverage/Tricare or VA	8	7.3
Pay cash	22	20.2
Do not have health insurance	6	5.5
Other (3 combination of plans)	3	2.8
Combined Annual Household Income		
Less than \$10,000	6	5.5
\$10,000 - \$19,999	15	13.8
\$20,000 - \$29,999	13	11.9
\$30,000 - \$49,999	20	18.3
\$50,000 - \$74,999	17	15.6
\$75,000 - \$99,999	5	4.6
\$100,000 - \$124,999	7	6.4
\$125,000 - \$149,999	2	1.8
\$150,000 - \$174,999	0	0
\$175,000 - \$199,999	0	0
\$200,000 or more	1	0.9
Prefer not to answer	23	21.1
Zip Code of Residence		
32648 Horseshoe Beach	1	0.9
32619 Bell	33	30.3
32693 Trenton	67	61.5
32625 Cedar Key	1	0.9
32683 Otter Creek	1	0.9
Other, please specify (3 each – 32269 Newberry, 32008 Branford)	6	5.5

Source: Dixie, Gilchrist, and Levy Community Health Survey, 2022. Prepared by WellFlorida Council, 2022

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 in the community to be addressed
- Behaviors with the greatest negative impact on overall health
- Access to healthcare services
- Barriers to receiving dental, primary, and mental health care services

The tables and figures below show the percentage of respondents who completed the survey who indicated the given response to a question accompanied by a ranking, if appropriate. The number of surveys completed by Gilchrist County residents included in the analysis was 109. Please note that small survey numbers prohibited the analysis by certain sub-categories such as race, ethnicity, and income.

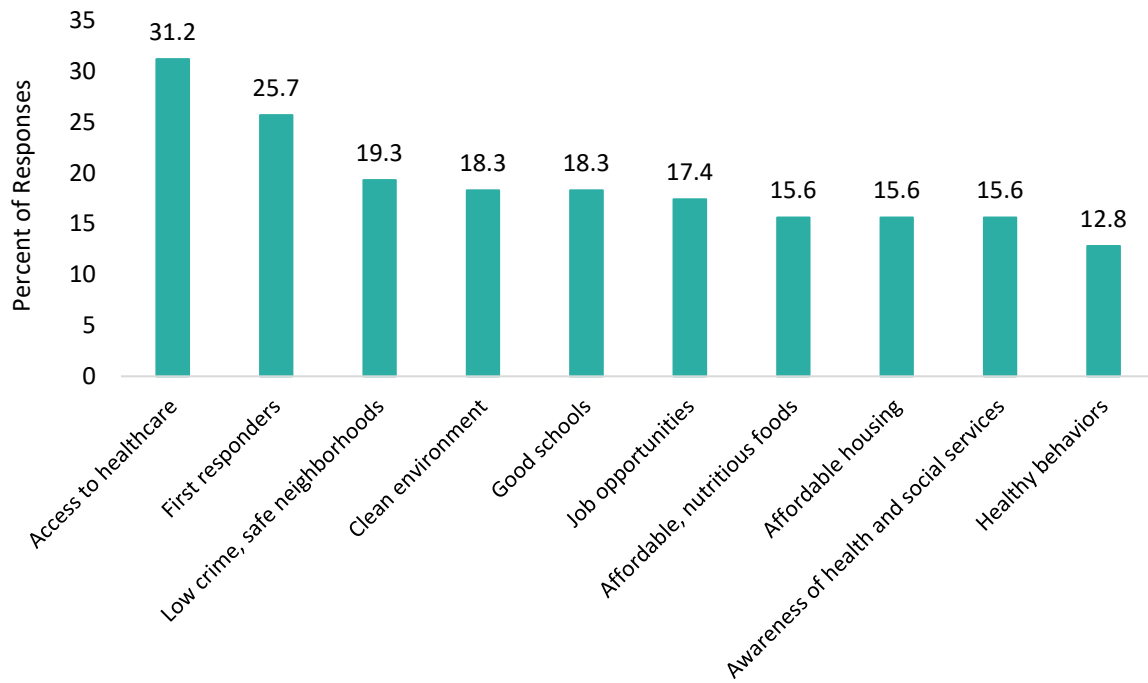
What do you think contributes most to a healthy community? Choose 3.

TABLE 10: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTH COMMUNITY, GILCHRIST COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental and mental health care (31.2 percent)
2	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (25.7 percent)
3	Low crime/safe neighborhoods (19.3 percent)
4, 5 tie	Clean environment (18.3 percent)
	Good schools (18.3 percent)
6	Job opportunities for all levels of education (17.4 percent)
7,8,9 tie	Access to convenient, affordable, and nutritious foods (15.6 percent)
	Affordable housing (15.6 percent)
	Awareness of health care and social services (15.6 percent)
10	Residents engaging in healthy behaviors (12.8 percent)
11	Choices of places of worship (11.9 percent)
12,	Affordable goods and services (11.0 percent)
13,	Good place to raise children (11.0 percent)
14 tie	Good race/ethnic relations (11.0 percent)
15	Affordable utilities (10.1 percent)
16	Public transportation system (9.2 percent)
17,	Practice of religious or spiritual values (8.3 percent)
18,19 tie	Strong economy (8.3 percent)
	Strong family ties (8.3 percent)
20	Availability of parks and recreational opportunities (6.4 percent)
21	Low preventable death and disease rates (5.5 percent)
22	Low level of domestic violence (3.7 percent)
23	Availability of arts and cultural events (2.8 percent)
24	Other (1 each – cancer services and in-patient hospital) (1.8 percent)
25	Low level of child abuse (0.9 percent)
26	Low rates of infant and child deaths (0 percent)

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 17: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

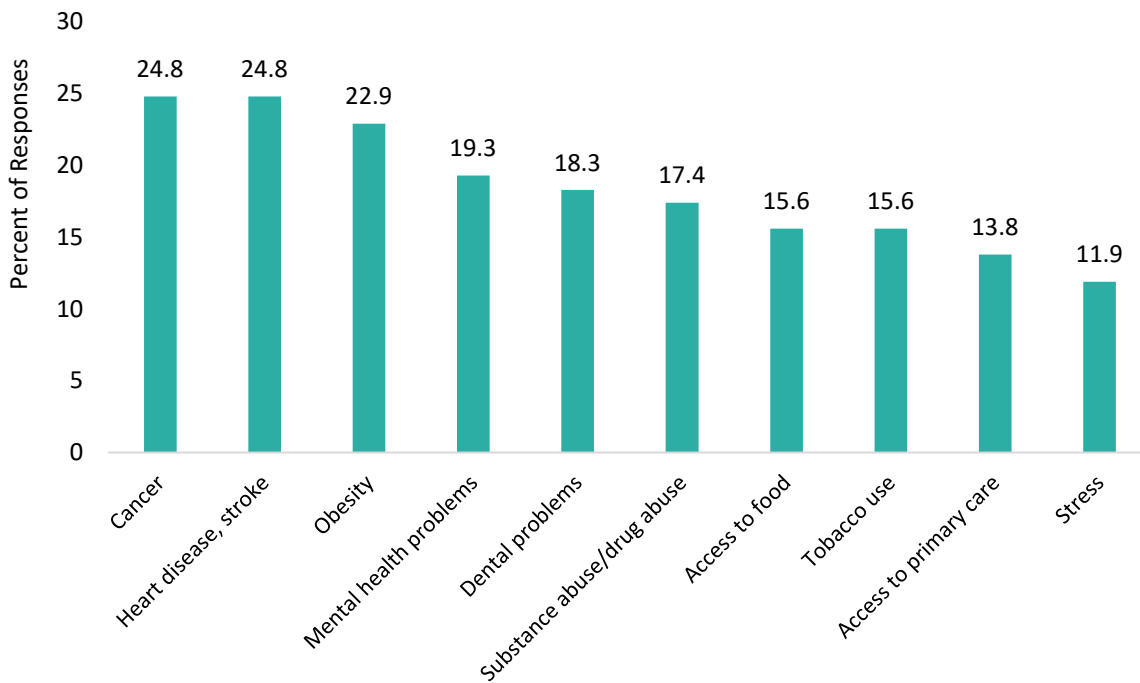
TABLE 11: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN GILCHRIST COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Issues (Percent of Responses)
1, 2 tie	Cancer (24.8 percent)
	Heart disease and stroke (24.8 percent)
3	Obesity (22.9 percent)
4	Mental health problems (19.3 percent)
5	Dental problems (18.3 percent)
6	Substance abuse/drug abuse (17.4 percent)
7, 8 tie	Access to sufficient and nutritious food (15.6 percent)
	Tobacco use (15.6 percent)
9	Access to primary/family care (13.8 percent)
10	Stress (11.9 percent)
11	Elderly caregiving (10.1 percent)
12	High blood pressure (9.2 percent)
13, 14, 15 tie	Affordable assisted living facilities (7.3 percent)
	Diabetes (7.3 percent)
	Teenage pregnancy (7.3 percent)
16, 17 tie	Access to long-term care (6.4 percent)
	Exposure to excessive and/or negative media and advertising (6.4 percent)
18	Child abuse/neglect (5.5 percent)
19, 20, 21, 22 tie	Age-related issues (e.g., arthritis, hearing loss) (4.6 percent)
	Dementia (4.6 percent)
	Pollution (e.g., water, air, soil) (4.6 percent)
	Suicide (4.6 percent)
23, 24, 25, 26 tie	Disability (3.7 percent)
	Domestic violence (3.7 percent)
	Rape/sexual assault (3.7 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (3.7 percent)
27, 28, 29 tie	Firearm-related injuries (2.6 percent)
	HIV/AIDS (2.6 percent)
	Infant death (2.6 percent)

Rank	Health Issues (Percent of Responses)
30, 31 tie	Homelessness (1.8 percent)
	Homicide (1.8 percent)
32, 33, 34 tie	Respiratory/lung disease (0.9 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (0.9 percent)
	Other (1 - no written response) (0.9 percent)
35	Motor vehicle crash injuries (0 percent)

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 18: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

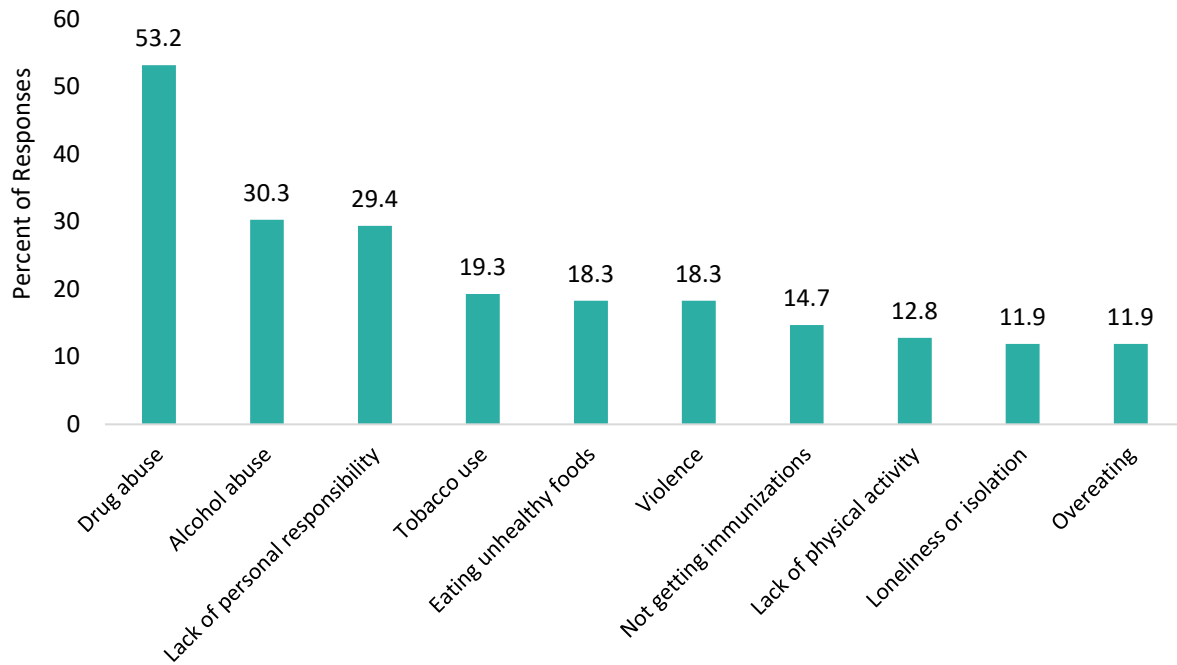
What has the greatest negative impact on the health of people in your county? Choose THREE (3).

TABLE 12: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, GILCHRIST COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (53.2 percent)
2	Alcohol abuse (30.3 percent)
3	Lack of personal responsibility (29.4 percent)
4	Tobacco use, vaping, chewing tobacco (19.3 percent)
5, 6 tie	Eating unhealthy foods/drinking sugar sweetened beverages (18.3 percent)
	Violence (18.3 percent)
7	Not getting immunizations to prevent disease (e.g., flu shots) (14.7 percent)
8	Lack of physical activity (12.8 percent)
9, 10 tie	Loneliness or isolation (11.9 percent)
	Overeating (11.9 percent)
11	Dropping out of school (11.0 percent)
12	Not using healthcare services appropriately (10.1 percent)
13,	Lack of stress management (9.2 percent)
14 tie	Unsecured firearms (9.2 percent)
15,	Distracted driving (such as texting while driving) (8.3 percent)
16 tie	Poor race/ethnic relations (8.3 percent)
17	Not using seat belts/child safety seats (6.4 percent)
18	Not using birth control (4.6 percent)
19,	Starting prenatal care late in pregnancy (3.7 percent)
20,	Unsafe sex (3.7 percent)
21 tie	Other (1 each – no jobs, high poverty, use of chemicals and effluent in agriculture, general behavior) (3.7 percent total or 0.9 percent each)
22	Lack of sleep (1.8 percent)

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 19: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, GILCHRIST COUNTY, RANKED BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Overall, how healthy are the people in your county? AND how do you rate your health?

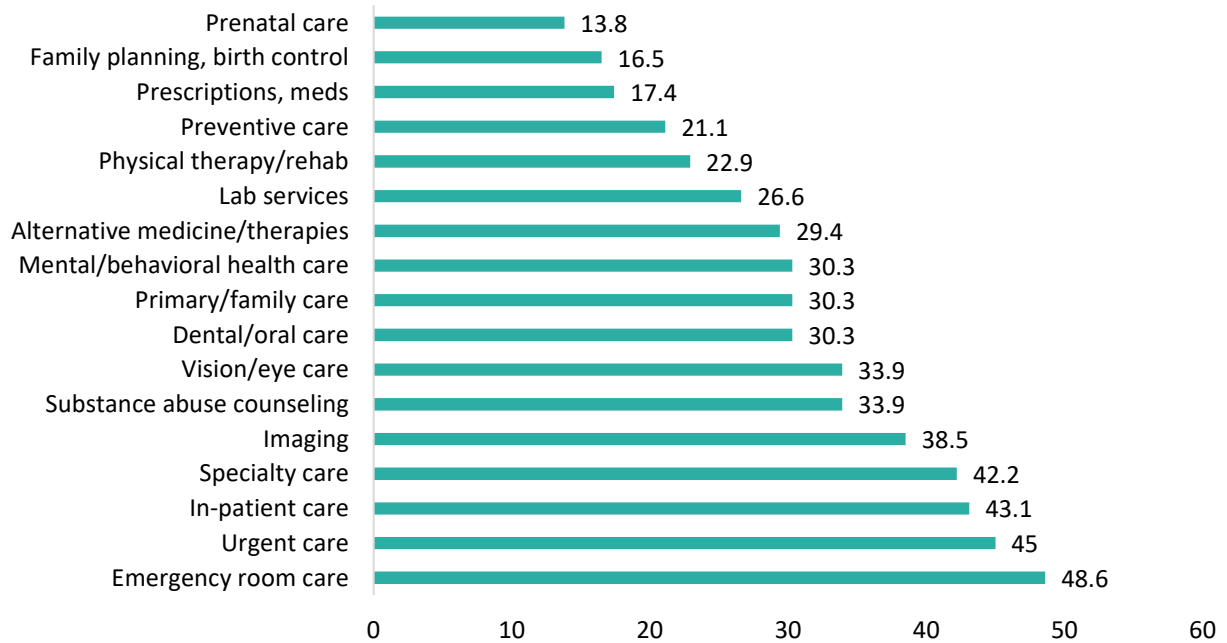
TABLE 13: OVERALL RATING OF PERSONAL HEALTH AND HEALTH OF GILCHRIST COUNTY RESIDENTS, BY PERCENT OF RESPONSES, 2022

Rating	Overall	Personal
Very healthy	0.9 percent	4.6 percent
Healthy	23.9 percent	43.1 percent
Somewhat healthy	52.3 percent	40.4 percent
Unhealthy	16.5 percent	8.3 percent
Very unhealthy	6.4 percent	3.7 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

FIGURE 20: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

TABLE 14: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022

Dental Care	Response
Received needed care or didn't need care	44.0 percent
Did not receive needed care	56.0 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	78.7 percent
No appointments available or long waits for appointments	26.2 percent
No dentists available	13.1 percent
Service not covered by insurance or have no insurance	36.0 percent
Transportation, couldn't get there	3.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.2 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	4.9 percent
Other: 1 (no insurance)	1.6 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

TABLE 15: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022

Primary/Family Care	Response
Received needed care or didn't need care	60.6 percent
Did not receive needed care	39.4 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	76.7 percent
No appointments available or long waits for appointments	32.6 percent
No primary care providers (doctors, nurses) available	11.6 percent
Service not covered by insurance or have no insurance	18.6 percent
Transportation, couldn't get there	7.0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	4.7 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	2.3 percent
Other: (1 each – no insurance, need to see MD not ARNP or RN)	4.7 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

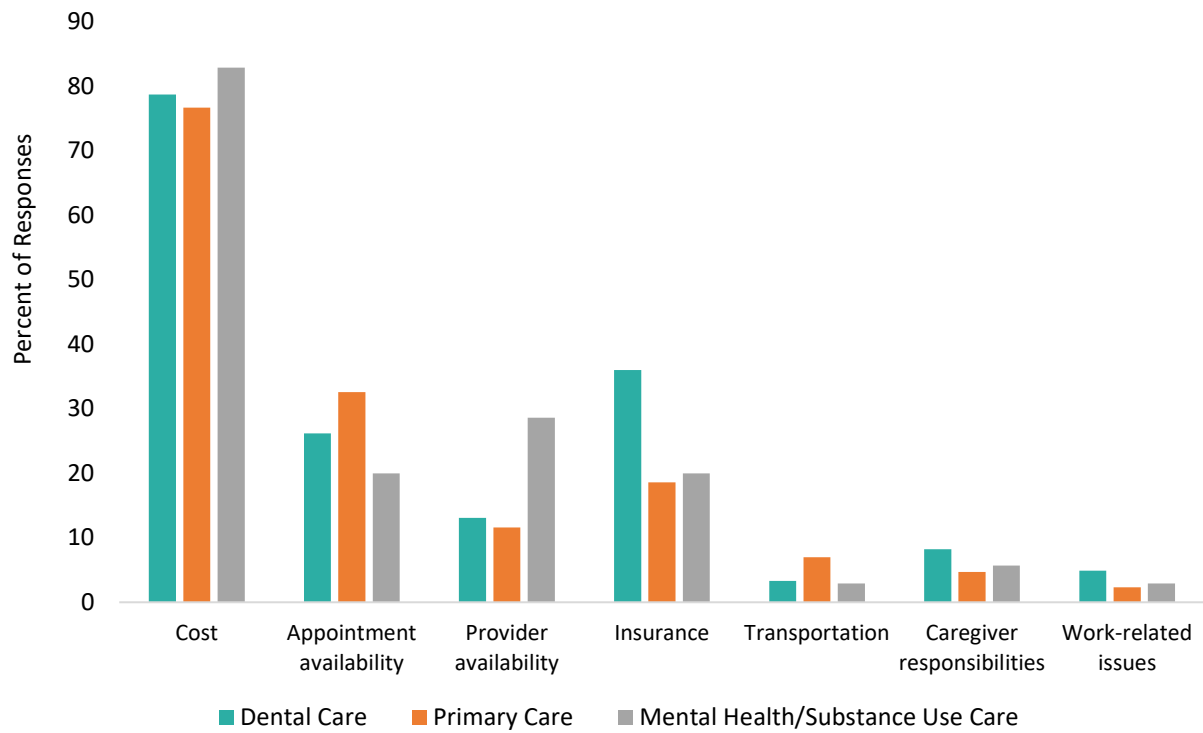
During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.

TABLE 16: THERAPIST OR COUNSELOR SEEN FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, GILCHRIST 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	67.9 percent
Did not receive needed care	32.1 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	82.9 percent
No appointments available or long waits for appointments	20.0 percent
No mental health care providers or no substance use therapists or counselors available	28.6 percent
Service not covered by insurance or have no insurance	20.0 percent
Transportation, couldn't get there	2.9 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	5.7 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	2.9 percent
Other: (1 each – no insurance, had to go to Miami to find provider who accepted insurance)	5.7 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 21: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCE BY SURVEY RESPONDENTS, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

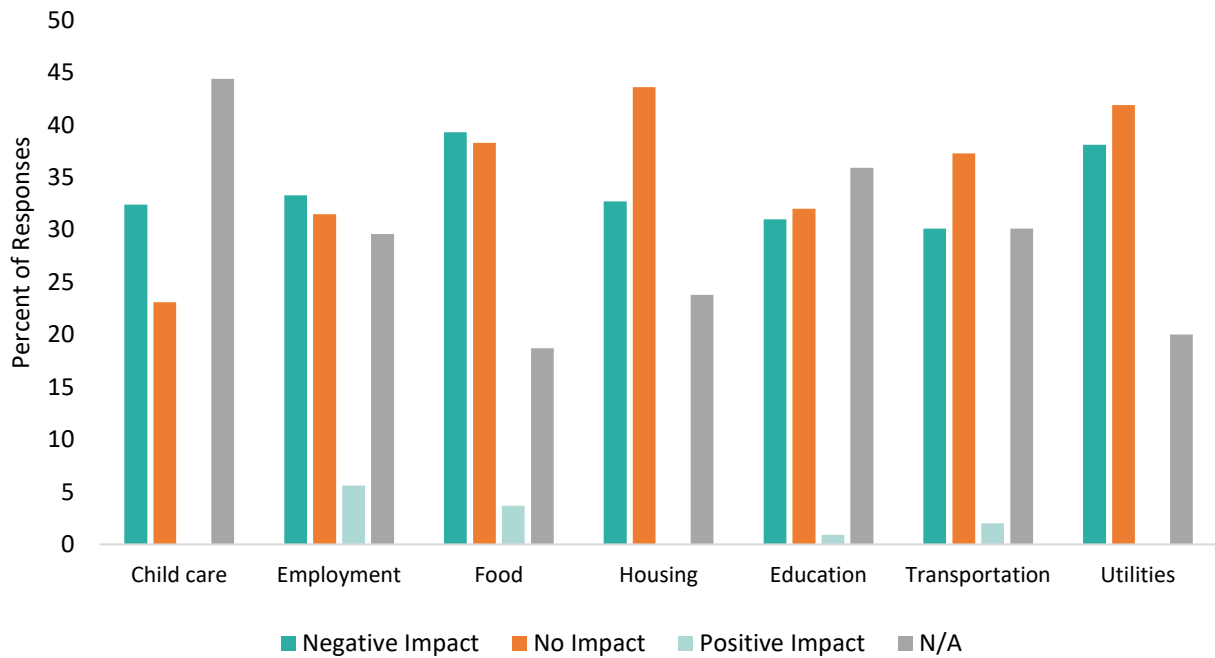
How has the Coronavirus (COVID-19) pandemic impacted your household? Please select one (1) response for each area listed.

TABLE 17: IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Childcare (ability to get care for child/children)	34.2	23.1	0	44.4
Employment (ability to keep job, have steady income)	33.3	31.5	5.6	29.6
Food (have enough food to feed you and your family)	39.3	38.3	3.7	18.7
Housing (ability to find housing, pay rent or mortgage)	32.7	43.6	0	23.8
Schooling, education (ability to complete school-related assignments and programs)	31.0	32.0	0.9	35.9
Transportation (ability to use public transportation, shared ride services)	30.1	37.3	2.0	30.1
Utilities (ability to get and pay for electricity, gas, water, internet services)	38.1	41.9	0	20.0

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

TABLE 18: COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022

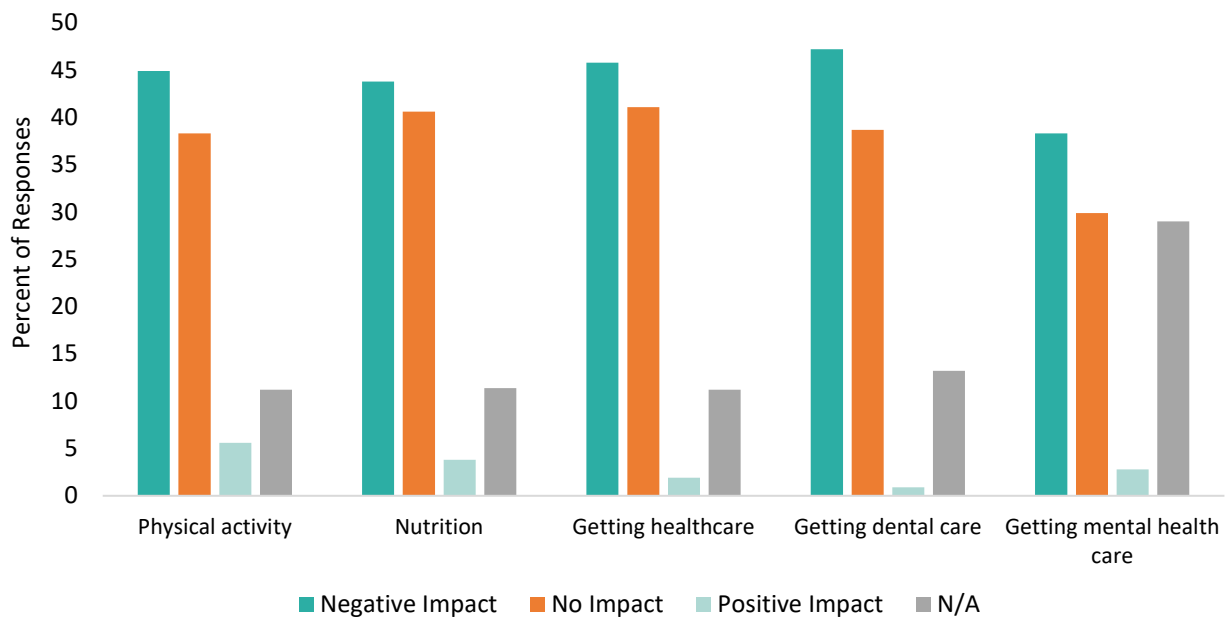
**How has the Coronavirus (COVID-19) pandemic impacted your health-related activities?
Please select one (1) response for each activity listed.**

TABLE 19: IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HEALTH-RELATED ACTIVITIES, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Physical activity, exercise	44.9	38.3	5.6	11.2
Nutrition, eating habits	43.8	40.6	3.8	11.4
Getting routine or needed healthcare services	45.8	41.1	1.9	11.2
Getting routine or needed dental care	47.2	38.7	0.9	13.2
Getting routine or needed mental health care	38.3	29.9	2.8	29.0

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 22: IMPACT OF COVID-19 PANDEMIC ON HEALTH-RELATED ACTIVITIES, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Did you or a member of your household delay getting healthcare services because of the pandemic? AND does your household have an emergency plan (a plan of action for when a disaster or emergency such as a hurricane threatens)?

TABLE 20: PANDEMIC-RELATED DELAYED HEALTH CARE AND EMERGENCY PREPAREDNESS, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022

Response	Delayed Getting Health Care Because of Pandemic	Household has an Emergency Plan
Yes	54.1 percent	62.0 percent
No	44.1 percent	32.4 percent
Don't know, not sure	1.8 percent	5.6 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Gilchrist County residents who completed the survey considered access to health care, including primary care, specialty care, dental care, and mental health care as the top factor that contributes to a healthy community. However, notable percentages of respondents reported that they had not received needed care in the last 12

months, including primary care (39.4 percent), dental care (56.0 percent), or mental health/substance use care (32.1 percent). Cost, insurance issues, and appointment availability were often cited as barriers. When asked about specific services lacking in Gilchrist County, those most mentioned were related to tertiary care centers. Emergency room care, urgent care, inpatient hospital care, specialty care, and imaging were reported as the most difficult services to obtain. At the other end of the access spectrum, those services that were easier to obtain included prenatal care, family planning services, preventive care, and prescription medication. As a rural area, Gilchrist County faces common challenges related to scarcity of facilities, providers, and specialists, as well as the need to travel outside of the area for 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 as the fourth (by 19.3 percent of survey respondents) most important health issue to be addressed, closely followed by substance and drug abuse in sixth place (17.4 percent). Substance misuse is often interlinked with mental or behavioral health, and access to mental health and substance use services frequently go together. Gilchrist County survey respondents ranked drug abuse and alcohol abuse as the top and second place behaviors with greatest negative impact on overall health, respectively, at 53.2 and 30.3 percent of respondents. More than a third (33.9 percent) of survey respondents felt substance abuse counseling is a service that is difficult to obtain in Gilchrist County and about 30 percent indicated mental and behavioral healthcare services are also problematic to access. To further illustrate this theme, almost a third (32.1 percent) of Gilchrist 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. Cost was a common barrier cited by 82.9 percent of survey respondents who did not get needed care.

Health Behaviors and Health Outcomes

Gilchrist County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol are problematic. However, chronic disease-related behaviors and outcomes surfaced as the most important health issues for Gilchrist County residents. Cancer (identified by 24.8 percent of respondents) and heart disease and stroke (24.8 percent) tied for the top issue. These were followed closely by the related issue of obesity (22.9 percent) in fourth place, and in seventh and eighth place were access to food and tobacco use (15.6 percent each). Gilchrist County survey respondents underscored their concern for health behaviors by noting tobacco use, unhealthy eating habits and overeating, not getting immunizations, and lack of physical activity among the top ten behaviors with greatest negative impact on overall health. Dental problems were the fifth ranked issue (by 18.3 percent of respondents), and it is noteworthy that more than half of respondents did not get needed oral health care in the past year. More than half (52.3 percent) of survey respondents rated the health of Gilchrist County residents as somewhat healthy, with 23.9 percent rating it as healthy, leaving more than a fifth (22.9 percent) to rate county residents as unhealthy or very unhealthy.

Social Determinants of Health

Gilchrist County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to healthcare services (chosen by 31.2 percent of survey respondents), availability of first responders (25.7 percent) and safe neighborhoods (19.3 percent), clean environment (18.3 percent), good schools (18.3 percent), job opportunities (17.4 percent), access to food (15.6 percent), and affordable housing (15.6 percent).

Impact of COVID-19

Although the height of the Coronavirus (COVID-19) pandemic was behind the United States and Florida at the time of survey, it continues to impact lives. Gilchrist County survey participants reported that in the past year approximately a third (39.3 percent) felt negative impacts on food sufficiency, housing (32.7 percent), and affordability of utilities (38.1 percent). Personal health-related activities also suffered as reported in the community survey. More than 40 percent of survey participants said their physical activity, eating habits, and healthcare seeking efforts suffered negative impacts. Notably, more than half (54.1 percent) of Gilchrist County survey respondents said they had delayed getting health care because of the pandemic. On the bright side, 62 percent of households of survey respondents report having an emergency plan in place for natural and man-made disasters.

Healthcare and Social Service Provider and Community Partner Community Health Survey

Healthcare and Social Service Provider and Community Partner Survey Participant Profile

TABLE 21: DEMOGRAPHICS OF DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE, SOCIAL SERVICE PROVIDER, AND COMMUNITY PARTNER RESPONDENTS, 2022

Demographics	Providers and Partners n = 58	
	Number	Percent
Age		
Less than 30	11	19.0
30-39	11	19.0
40-49	16	27.6
50-59	12	20.7
60-64	6	10.3
65-69	2	3.4
70-79	0	0
80 or older	0	0
Prefer not to answer	0	0
Gender Identity		
Man	11	19.0
Woman	46	79.3
Non-binary	0	0
Transgender	0	0
Other	0	0
Prefer not to answer	1	1.7
Ethnic Identity		
Hispanic or Latino/a/x	11	19.0
Non-Hispanic or Latino/a/x	41	70.7
Prefer not to answer	6	10.3
Racial Identity		
American Indian or Alaska Native	0	0
Asian	1	1.7
Black or African American	2	3.4
Native Hawaiian or other Pacific Islander	1	1.7

Two or more races	3	5.2
White	44	75.9
Other	0	0
Prefer not to answer	7	12.1
Length of Time in Profession		
Less than 5 years	17	29.3
5-9 years	9	15.5
10-14 years	8	13.8
15-19 years	9	15.5
More than 20 years	15	25.9
Prefer not to answer	0	0
Type of Provider/Partner		
ARNP (all specialties and certifications)	1	1.7
Dentist	0	0
Dietitian/Nutritionist	0	0
Mental Health/Substance Use Counselor	1	1.7
Nurse	13	22.4
Occupational Therapist	1	1.7
Pharmacist	1	1.7
Physician: Family Practice	1	1.7
Physician Assistant	1	1.7
Physical Therapist	0	0
Social or Community Services	15	25.9
Speech/Language Pathologist	1	1.7
Other: (4 – Pharmacy Techs, 3 – Outreach/Education, 2 each – Environmental Health, Public Health Preparedness, Admissions, Certified Nursing Assistant, 1 each – Pharmacist, Nurse, Dental Hygienist, Administrator, Substance Abuse Counselor, COVID tracer)	23	39.7

Source: Dixie, Gilchrist and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Observations from Provider Survey

The tables and figures below summarize the responses to the overarching questions that were asked of healthcare providers and community partners serving the residents of Dixie, Gilchrist, and Levy Counties. There were 58 eligible, completed surveys included in the analysis. In general, the top ranked responses for each question are presented. Each figure shows the percentage of providers and partners who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Health issues most important to address to improve health in Dixie, Gilchrist, and Levy Counties
- Behaviors with the greatest negative impact on overall health
- Healthcare resources that are difficult to obtain in Dixie, Gilchrist, and Levy Counties
- Barriers to self-management of chronic diseases and conditions
- Rating of overall community health and accessibility of health care
- COVID-19 pandemic-related issues in seeking healthcare

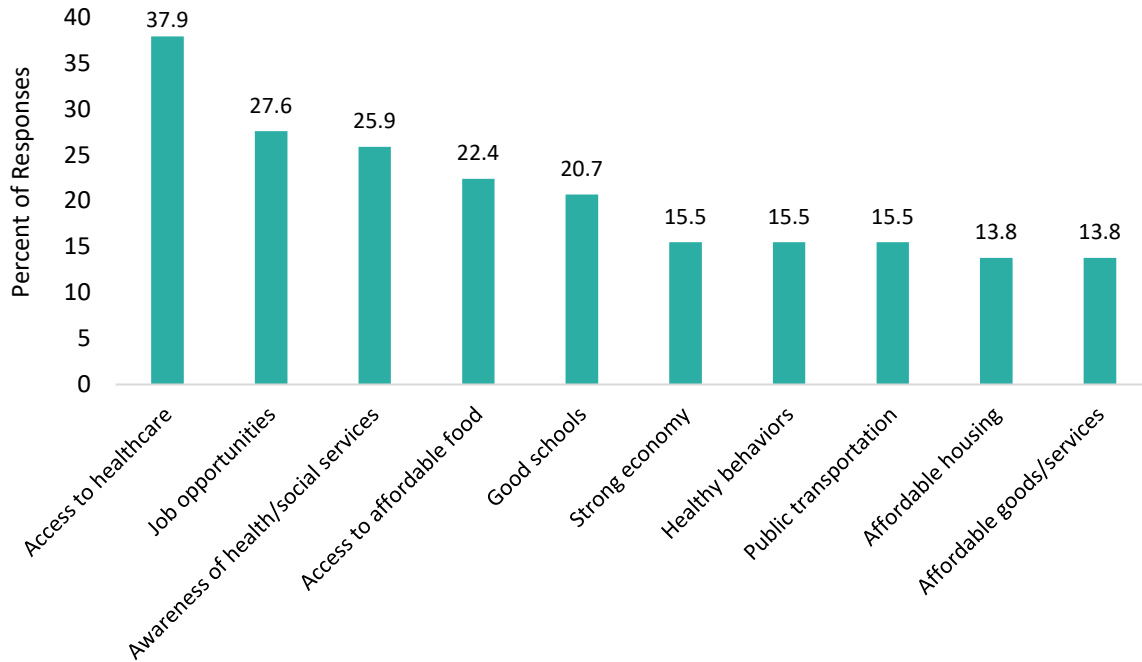
**Which factors or attributes do you think contribute most to having a healthy community?
Please select three (3) choices.**

TABLE 22: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental care, and mental health care (37.9 percent)
2	Job opportunities for all levels of education (27.6 percent)
3	Awareness of healthcare and social services (25.9 percent)
4	Access to convenient, affordable, and nutritious foods (22.4 percent)
5	Good schools (20.7 percent)
6, 7, 8 tie	Strong economy (15.5 percent)
	Residents engaging in healthy behaviors (15.5 percent)
	Public transportation (15.5 percent)
9, 10 tie	Affordable housing (13.8 percent)
	Affordable goods/services (13.8 percent)
11, 12 tie	Strong family ties (12.1 percent)
	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (12.1 percent)
13	Good race/ethnic relations (10.3 percent)
14,	Low rates of infant and childhood deaths (8.6 percent)
15,	Good place to raise children (8.6 percent)
16 tie	Affordable utilities (8.6 percent)
17	Low crime/safe neighborhoods (6.9 percent)
18,	Practice of religious or spiritual values (5.2 percent)
19 tie	Low preventable death and disease rates (5.2 percent)
20,	Clean environment (3.4 percent)
21 tie	Other (2 – blanks, 1 each – cancer services, hospital) (1.7 each)
22,	Low level of domestic violence (1.7 percent)
23,	Low level of child abuse (1.7 percent)
24,	Availability of parks and recreational opportunities (1.7 percent)
25 tie	Availability of arts and cultural events (1.7 percent)

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 23: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Which three (3) health issues are the most important to address to improve the health of people in Dixie, Gilchrist, and Levy Counties? Please choose up to three (3).

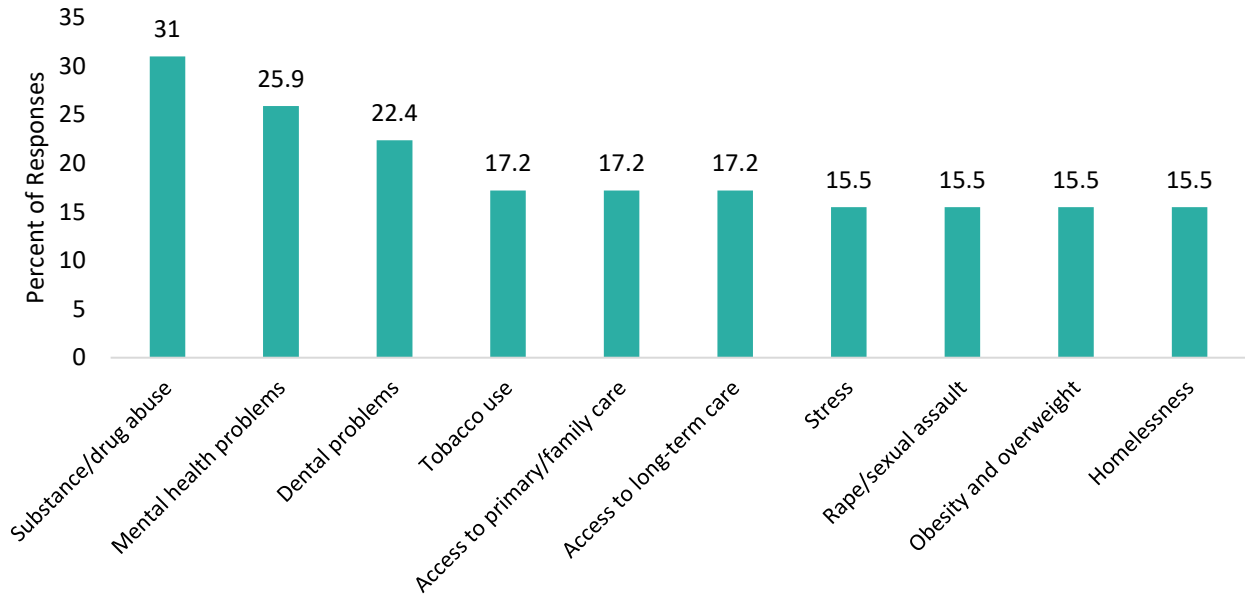
TABLE 23: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (31.0 percent)
2	Mental health problems (25.9 percent)
3	Dental problems (18.3 percent)
4, 5, 6 tie	Tobacco use (17.2 percent)
	Access to primary/family care (17.2 percent)
	Access to long-term care (17.2 percent)

Rank	Health Issues (Percent of Responses)
7, 8, 9, 10 tie	Stress (15.5 percent)
	Rape/sexual assault (15.5 percent)
	Obesity and overweight (15.5 percent)
	Homelessness (15.5 percent)
11	Suicide (12.1 percent)
12, 13 tie	High blood pressure (10.3 percent)
	Diabetes (10.3 percent)
14, 15 tie	Domestic violence (8.6 percent)
	Disability (8.6 percent)
16, 17, 18 tie	Affordable assisted living facilities (6.9 percent)
	Heart disease and stroke (6.9 percent)
	Age-related issues (e.g., arthritis, hearing loss) (6.9 percent)
19, 20, 21, 22 tie	Access to sufficient and nutritious food (5.2 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (5.2 percent)
	Dementia (5.2 percent)
	Cancer (5.2 percent)
23, 24 tie	Child abuse/neglect (3.4 percent)
	Teenage pregnancy (3.4 percent)
25, 26, 27, 28, 29 tie	Respiratory/lung disease (1.7 percent)
	Exposure to excessive and/or negative media and advertising (1.7 percent)
	Motor vehicle crash injuries (1.7 percent)
	Firearm-related injuries (1.7 percent)
	Pollution (e.g., water, air, soil) (1.7 percent)
30, 31, 32, 33, 34, 35 tie	Homicide (0 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (0 percent)
	Elderly caregiving (0 percent)
	Infant death (0 percent)
	HIV/AIDS (0 percent)
	Other (0 percent)

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 24: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

What has the greatest negative impact on the overall health of people in Dixie, Gilchrist, and Levy Counties? Choose three (3).

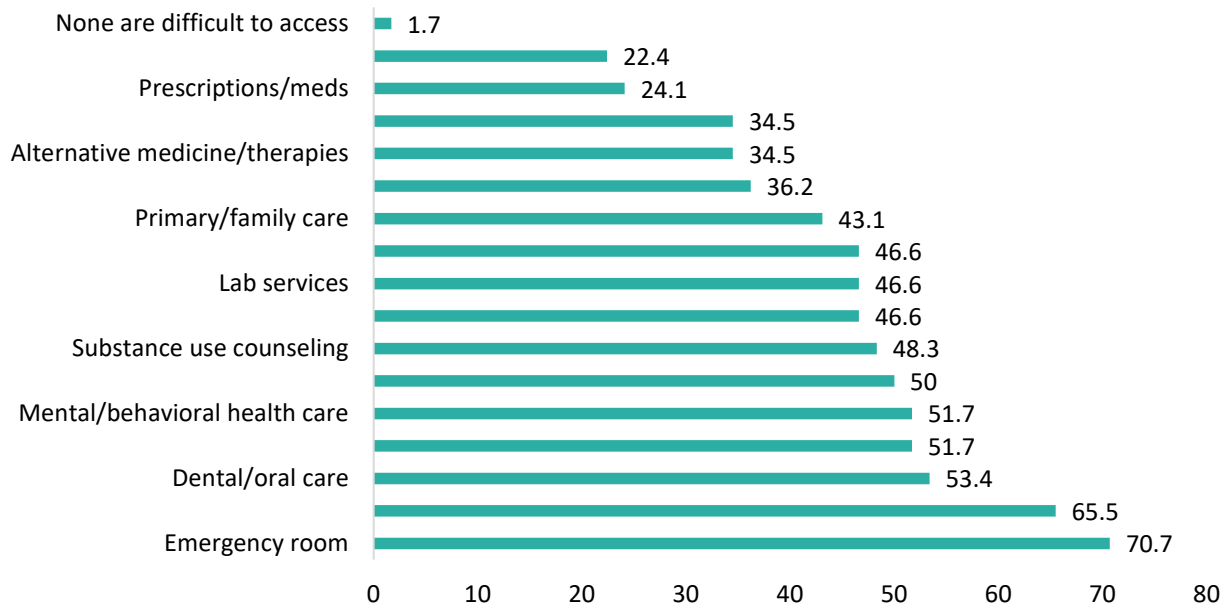
TABLE 24: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH OF DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

	Behaviors (Percent of Responses)
Rank	
1	Alcohol abuse (55.2 percent)
2	Dropping out of school (31.0 percent)
3	Drug abuse (29.3 percent)
4	Eating unhealthy foods/drinking sugar sweetened beverages (24.1 percent)
5	Lack of physical activity (22.4 percent)
6	Not getting immunizations to prevent disease (e.g., flu shots) (17.2 percent)
7	Not using birth control (15.5 percent)
8	Not using healthcare services appropriately (13.8 percent)
9	Overeating (13.8 percent)
10	Poor race/ethnic relations (12.1 percent)
11	Tobacco use, vaping, chewing tobacco (10.3 percent)
12,	Unsecured firearms (8.6 percent)
13 tie	Violence (8.6 percent)
	Distracted driving (such as texting while driving) (6.9 percent)
14,	Lack of stress management (6.9 percent)
15,	Lack of sleep (6.9 percent)
16,	Lack of sleep (6.9 percent)
17 tie	Other (1 each – language access, knowledge of services, poor mental health, immaturity) (1.7 percent each)
18,	Loneliness or isolation (5.2 percent)
19 tie	Lack of personal responsibility (5.2 percent)
20,	Starting prenatal care late in pregnancy (0 percent)
21,	Unsafe sex (0 percent)
22 tie	Not using seat belts/child safety seats (0 percent)

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

What healthcare services are difficult to obtain in Dixie, Gilchrist, and Levy Counties? Please select all that apply.

FIGURE 25: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

How do you rate the overall accessibility to health care for residents of Dixie, Gilchrist, and Levy Counties? Please select one (1) choice.

TABLE 25: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating	Percentage
Poor	29.3
Fair	50.0
Good	20.7
Very Good	0
Excellent	0

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Overall, how healthy are the people in Dixie, Gilchrist, and Levy Counties? Please select one (1) response.

TABLE 26: RATING OF HEALTH OF DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating	Percent
Very unhealthy	12.1
Unhealthy	31.0
Somewhat healthy	53.5
Healthy	3.4
Very healthy	0

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

For your clients in Dixie, Gilchrist, and Levy Counties with chronic diseases or conditions, what do you feel are the biggest barriers to the client being able to manage his or her own chronic disease or condition? Please select up to two (2) responses.

TABLE 27: BIGGEST BARRIERS TO CLIENTS MANAGING THEIR OWN CHRONIC DISEASES OR CONDITIONS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Barriers	Percent
Cost	60.3
Lack of access to sufficient time with a healthcare provider	32.8
Lack of knowledge	27.6
Inability to use technology effectively	20.7
Self-discipline/motivation	19.0
Lack of coverage by insurance company	13.8
Other (2 each – language barriers, no social support, 1 each – transportation, lack of culturally competent providers) (1.7 percent each)	10.3

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Have you found that some clients delay getting needed care during the pandemic? AND have you found that some clients delay getting routine care (e.g., screenings, check-ups) during the pandemic? AND have you observed any harmful or negative outcomes in patients' health that can be linked to this delay in care?

TABLE 28: RATING OF DIXIE, GILCHRIST, AND LEVY COUNTY CLIENTS' PANDEMIC-RELATED DELAYS IN GETTING CARE, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating of Clients' Pandemic-Related Delays in Care	Percent
Client's delay getting needed care during pandemic	
Yes	91.4
No	6.9
Unsure	1.7
Client's delay getting routine care (e.g., screenings, check-ups) during pandemic	
Yes	89.7
No	6.9
Unsure	3.4
Observed negative impacts or outcomes linked to delayed care	
Yes	81.0
No	8.6
Unsure	10.3

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

In your opinion, what impacts might pandemic-related delayed care have on access to healthcare services? Select all that apply.

TABLE 29: RANKING OF EFFECTS OF PANDEMIC-RELATED DELAYED CARE ON HEALTHCARE ACCESS IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rank	Potential Impacts (Percent of Responses)
1	Longer waits for services and appointments (65.5 percent)
2	Significant impact to access (48.3 percent)
3	Increased need for routine and specialty healthcare services (44.8 percent)
4	Increased use of Emergency Department services (41.4 percent)
5	Increased use of urgent care facilities (37.9 percent)
6, 7 tie	Higher costs to clients (24.1 percent)
	Higher costs to providers (24.1 percent)
8	Continued use or expanded use of telemedicine technology (13.8 percent)
9	Minimal impact to access (6.8 percent)
10, 11 tie	No impact to access (3.4 percent)
	Curtailed use of telemedicine technology (3.4 percent)
12, 13 tie	Decreased need for routine and specialty healthcare services (1.7 percent)
	Other (1 – no written response) (1.7 percent)
14	Shorter waits for services and appointments (0 percent)

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

What can leaders in Dixie, Gilchrist, and Levy Counties do to help improve the health of your clients and other in the community? Please check all that apply.

TABLE 30: WHAT DIXIE, GILCHRIST, AND LEVY COUNTY LEADERS CAN DO TO HELP IMPROVE THE HEALTH OF CLIENTS AND OTHERS IN THE COMMUNITY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Actions (Percent of Responses)
1	Increase access to dental services (62.0 percent)
2	Provide education on appropriate use of available services (55.2 percent)
3, 4, 5 tie	Increase access to mental health services (53.4 percent)
	Provide education on services available (53.4 percent)
	Increase access to primary medical services (53.4 percent)
6	Establish community partnerships to address issues collectively (51.7 percent)
7	Establish more community clinics (46.6 percent)
8	Increase outreach/health education programs (44.8 percent)
9	Initiate efforts to bring more physicians to the community (39.7 percent)
10, 11 tie	Focus on issues of the indigent and uninsured (37.9 percent)
	Create city/county ordinances to promote community health improvement (37.9 percent)
12	Establish or enhance a community health information exchange (32.8 percent)
13	Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure, and confidential environment) (13.8 percent)
14	Other (1 each – improve transportation, food, and other assistance to the elderly; model healthy mental and physical behaviors; reestablish primary and prenatal care at local health departments; expand tele practice) (1.7 percent each)

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

How did you hear about this survey? Please select one (1) response.

TABLE 31: HOW SURVEY RESPONDENT HEARD ABOUT SURVEY, HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Options	Percent
Through a family member, friend, or co-worker	38.0
Other (13 – health department (22.4 percent), 4 – work (6.9 percent), 2 – email (3.4 percent), 1- networking meeting (1.7 percent))	34.4
Flyer	15.5
Facebook	6.9
Website, please specify (2: WellFlorida Council)	3.4
Newspaper advertisement or article	1.7
Poster	0
Twitter post	0

Source: Dixie, Gilchrist, and Levy County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Key Findings from Provider Survey

Survey Demographics

An array of healthcare and social service providers and community partners responded to the survey. The largest single group of survey respondents, representing 25.9 percent of the total, were from social and/or community services. This was closely followed by nurses at 22.4 percent. The occupations of others who participated in the survey included pharmacy technicians, public health preparedness and environmental health specialists, social workers, administrators, case managers, and certified nursing assistants to name a few; see the table above for the complete list. Survey participants represented a range of ages and length of time in their profession. At both ends of the career spectrum, about 29 percent had been in their profession for less than five years while about a quarter (25.9 percent) reported having more than 20 years of experience.

Health Behaviors and Priorities

More than half (53.5 percent) of the providers and partners who took the survey rated the overall health of Dixie, Gilchrist, and Levy County residents as somewhat healthy with another 31.0 percent giving overall health a rating of unhealthy. Providers and partners ranked the most important health issues that need to be addressed as substance/drug abuse, mental health problems, dental problems, tobacco use, and access to primary care. These survey respondents identified the five behaviors with greatest negative impact on overall health as alcohol abuse, dropping out of school, drug abuse, unhealthy eating and drinking, and lack of physical activity.

While there was some agreement between the providers and partners and Gilchrist County survey respondents on the most important health issues such as mental health and dental problems, community members ranked cancer, heart disease and stroke, and obesity as their top three concerns. Behaviors with negative impacts on health were also somewhat in alignment between community and provider and partner survey respondents. Drug and alcohol abuse as well as unhealthy eating and drinking practices made the top of both lists. Providers

and partners spotlighted education (i.e., dropping out of school) as very impactful whereas community members focused on general lack of personal responsibility, tobacco use, and violence.

Healthcare Service Access and Barriers to Care

As did the community at large, providers and partners ranked access to healthcare services as the most important factor that contributes to a healthy community (37.9 percent of responses). Providers also highly ranked (third at 25.9 percent of responses) the awareness of healthcare and social services as a contributing attribute. Providers and partners elevated access to primary care as the fifth most important issue to be addressed (17.2 percent) along with access to long-term care at the same ranking. Healthcare providers and community partners ranked several access-related behaviors among those with greatest negative impact on overall health in the region. These included not getting immunizations (17.2 percent), not using birth control (15.5 percent), and not using healthcare services appropriately (13.8 percent).

Overall accessibility to health care for Dixie, Gilchrist, and Levy County residents was deemed by responding providers and partners as fair (50.0 percent) to poor (29.3 percent) with another 20.7 percent ranking it as good. For providers and partners the healthcare services most difficult to obtain in the Tri-County area were emergency room, specialty, dental, in-patient, and mental/behavioral health care. According to the providers and partners who took the survey, the most common barriers for their clients in self-management of chronic diseases and conditions were cost (60.3 percent), lack of sufficient time with the healthcare provider (32.8 percent), lack of knowledge (27.6 percent), and inability to use technology effectively (20.7 percent).

Strategies ranked highest by providers and partners to improve health outcomes included increasing access to dental services (62.0 percent), increasing access to mental health and primary care services (53.4 percent), and providing education on available services (also 53.4 percent). Further, more than half (51.7 percent) of healthcare and social service providers and partners cited establishing community partnerships to address issues collectively as a key strategy to improving individual and population health.

COVID-19

An overwhelming majority of provider and partner survey respondents reported pandemic-related delays by clients in getting needed care (e.g., for an immediate illness or condition) (91.4 percent) and routine care (e.g., screenings and check-ups) (89.7 percent). More than 80 percent of providers and partners cited they had observed negative impacts or outcomes linked to this delayed care. When asked their opinion on potential impacts that pandemic-related delayed care might have on access to healthcare services, 65.5 percent of survey respondents felt there would be longer waits for services and appointments, that there would be significant impacts on access overall (48.3 percent), and there would be increased need for routine and specialty services (44.8 percent), along with an increased use of Emergency Department services (41.4 percent). Notably, about a quarter of providers and partners opined that higher costs to clients and providers would also result.

Taken together, the survey data shows that providers and partners share similar concerns with the community about important health issues, contributing causes and behaviors, and gaps in resources. The survey data provides valuable insights into the health concerns faced by Gilchrist County residents, healthcare and social service providers, and community partners.

FORCES OF CHANGE ASSESSMENT

Methods

One of the three MAPP assessments in the needs 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 Gilchrist 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 U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On September 14, 2022, the Gilchrist County Community Health Assessment Steering Committee convened a group of community leaders to participate in this Forces of Change Assessment. 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 Gilchrist County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The *Forces of Change for Gilchrist County* tables on the following pages summarize the forces of change identified for Gilchrist County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

Please note: *The Forces of Change for Gilchrist 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 Gilchrist County - TRENDS

(Prepared by WellFlorida Council – 2022)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Increasing Lack of Access to Dental Care	Long-term impacts on maternal and infant health, cardiovascular health; difficult to access quality, affordable care, especially for adults; overuse of EMS and EMS transport; no specialty care services available to refer to.	Bringing together resources, opening conversation for opportunities, solutions, collaboration; sealant teams in schools; increase participation and data collection, especially with permission slip packets for parents; look for grant opportunities and other funds to expand services; fluoride treatment for kids.
	Younger Children in Schools	High childcare costs.	Able to target important age of 8 weeks – 3 years old for learning and socialization skills.
	Increasing Number of Children in Families with Substance Abuse Issues	Physical and mental health issues among children starting very young; strain on social services, especially the foster care system	Improving/returning previous quality of foster care system; mobile response teams to divert Baker Acts; education/awareness, especially towards how to handle young children.
	Population Growth	Strain on healthcare services, lack of access to care and other resources, particularly for older adults	Seniors tend to be insured by Medicare; increasing services offered through Haven Hospice, increasing awareness of services, especially for palliative care and advanced care planning; reducing isolation
Social/ Economic	Increasing Unemployment	People have increased need with less resources, can't pay bills; avoid healthcare services, which become increasingly difficult to afford; less ability to do healthy things; buy less healthy foods, consume cheaper and low-quality foods; increased mental health problems, especially due to isolation.	Increasing self-sufficiency by exploring personal gardening, producing food, raising chickens, exploring alternative incomes
	Increasing Inability to Use Insurance and Find Providers Who Accept Insurance,	Delayed or no health care and poorer health outcomes due to long turn-around time for referrals, must travel long distances for care, reduced access to quality care; high deductibles, copayments, and	Legislative action, especially towards prescription drug costs; educate individuals on using insurance and lower-cost alternatives; open communication between health professionals and

Forces Of Change for Gilchrist County - TRENDS

(Prepared by WellFlorida Council – 2022)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
	Especially for Specialty Care	prescription costs; high deductibles and expensive copays often present barriers to needed care.	clients, work with doctors to prescribe cheaper alternatives, collaborate to communicate these options to clients.

Forces Of Change for Gilchrist County - FACTORS

(Prepared by WellFlorida Council – 2022)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Lack of Awareness of Resources	Individuals miss out on benefits, partially due to lack of awareness in the community and the lack of sharing of resources. Communication via technology difficult given poor internet access common to the area.	Increase people’s desire to get help; use of technology, social media, broadband initiative, more work-at-home jobs, Wi-Fi-accessing phones used by children to access educational resources; increase cost-efficiency. Promote collaboration between community partners.
	High Need for Mental Health Services	Lack of mental health services locally puts a strain on healthcare and social service systems in Gilchrist County.	Encourage more providers into community; provide incentives for providers to serve the local community.
Social/ Economic	Large Percentage of ALICE Households	Despite having an income, individuals and families cannot meet basic needs to house, feed, and get services for their families.	Increase communication and educate individuals on resources in the community for families on limited incomes.
	High Childcare Costs	Due to high cost of childcare, parents remain out of the workforce to care for the children at home.	Head Start services, school readiness programs, increased kindergarten-readiness, increased future school success, especially for low income and special needs families.
	One-Income Families	Generational poverty or poverty cycle that is difficult to break, contributed to by high childcare costs. Parents take on additional jobs resulting in reduced family time.	Head Start services, school readiness programs, increased kindergarten-readiness, increased future school success, especially for low income and special needs families.
	Transportation Disadvantage Program	Persistent transportation barriers particularly for seniors, persons with disabilities, and those with chronic illnesses; contributing factors include lack of drivers available for the one existing service, especially for Saturday availability, and low pay; stuck on bus or in parking lot for long time,	Prioritize doctor appointments, increase numbers of vans and drivers available, increase pay.

Forces Of Change for Gilchrist County - FACTORS

(Prepared by WellFlorida Council – 2022)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
		particularly difficult for chronic patients.	
	Poor Insurance Reimbursement Rates	Medicaid recipients are often denied services due to healthcare providers unwillingness to accept lower reimbursement rates.	Increase volunteers; provide incentives to providers to serve the community, advocate for change.

Forces Of Change for Gilchrist County - EVENTS

(Prepared by WellFlorida Council – 2022)

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Changes In Attitude Towards Employment	Decrease in available workforce, lower incomes, fewer employee benefits; results in many families not being able to afford childcare, one parent forced to stay home to take care of children.	Strengthening families, investing in children during critical learning period; providing more work-from-home opportunities.
	Community Events (To Advertise Resources)	Missed opportunities to communicate regarding events and local resources results in lower attendance and use of resources.	Socialization, education, outreach, collaboration, transition out of the used-to-being-home mindset, opportunity to reshape perspectives on health post-pandemic, rethinking how we do outreach.
Political	Advocate for Issues at County Commission Meetings	Important community health issues and challenges not widely understood and addressed	Present relevant and important issues to community leaders at County Commission meetings to bring awareness of health issues

INTERSECTING THEMES AND KEY CONSIDERATIONS



This section is divided into three parts. First, intersecting themes and key considerations are summarized to identify the most important health needs and issues in Gilchrist County. The second section describes the strategic issue areas that were identified as part of the assessment process and includes some key considerations for community health improvement planning in general, as well as specific structural recommendations regarding the community health improvement planning infrastructure in Gilchrist 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 Gilchrist County.

Intersecting Themes and Key Considerations

The intersecting themes, recurring issues, and major health needs in Gilchrist 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 Gilchrist County's MAPP process. That process included the health status assessment through a comprehensive secondary data review, the community themes and strengths assessment that generated primary data collected from the community at large and healthcare providers 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, healthcare access and 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 for children and among racial and ethnic groups
 - ▶ Limited employment opportunities
 - ▶ Income disparities by race, gender, and ethnicity
 - ▶ Lower educational attainment compared to Florida as a whole
 - ▶ School drop-out rates are improving
 - ▶ Uninsured population
 - ▶ Rising costs of housing and utility costs
 - ▶ Food insecurity
 - ▶ Violence and unsafe neighborhoods
 - ▶ Concern for a clean natural environment
- Health Outcomes, Conditions, and Behaviors

-
- ▶ Rising and persistently high rates of death and prevalence of
 - Cardiovascular Problems (heart disease)
 - Cancer
 - Diabetes
 - Lung ailments (Chronic Lower Respiratory Disease)
 - Alzheimer’s Disease
 - Suicide
 - Depression
 - Unintentional injuries
 - ▶ Overweight and obesity resulting from poor nutrition and physical inactivity
 - ▶ Mental and behavioral health problems
 - ▶ Substance abuse
 - Tobacco and nicotine-delivery system use, particularly among youth
 - Illegal drug and prescription drug abuse
 - Alcohol
 - Substance use while driving
 - ▶ Maternal, infant, and child health
 - Teen pregnancy
 - Poorer birth outcomes related to late prenatal care
 - Child abuse and neglect
 - ▶ Lower life expectancy
 - ▶ Disparities in health outcomes by race, ethnicity, income
 - Access to healthcare and social services
 - ▶ Healthcare provider shortages including physicians, dentists, mental health professionals and facilities
 - ▶ Health insurance issues
 - High uninsured rates
 - High costs for health insurance, including premiums and deductibles
 - Provider acceptance of plans and benefits such as Medicaid
 - ▶ Transportation to healthcare services
 - ▶ Inappropriate or non-use of existing resources
 - Use of Emergency Departments for routine care (primary, dental, and mental health care)
 - Low health literacy and challenges navigating the healthcare system
 - Delayed care due to the pandemic
 - ▶ Inequities in healthcare and social service access

At their November 15, 2022, meeting, Gilchrist County Community Health Needs Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process. Steering

Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Gilchrist County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

TABLE 32: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, GILCHRIST COUNTY, 2022

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> • Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity 	<ul style="list-style-type: none"> • Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress 	<ul style="list-style-type: none"> • Community capacity • Political will • Acceptability to the community 	<ul style="list-style-type: none"> • 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 November 10, 2022, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

A facilitated small-group process moved the discussion from creating the list of issues to identifying the common themes. Through the consensus process themes converged into five (5) broad topic areas of social determinants of health impacting access (specifically, poverty), primary healthcare and dental care access, mental and behavioral health, substance abuse, and health behaviors and lifestyle. After further debate and data review, the Steering Committee arrived at three (3) strategic priority issue areas. The Steering Committee checked for consensus and refined the issue labels to state the overarching theme of each more concisely along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

Strategic Priority Issue Areas Identified

- ▶ Access to Healthcare, including:
 - Dental care
 - Primary care (including screening and access to lab services)
 - Obstetric, prenatal, and family planning care
 - Chronic disease care
 - Barriers to care including insurance, transportation, high demand, culture and language, and community awareness
- ▶ Behavioral Health (mental health and substance misuse), including:
 - Substance misuse prevention, including:
 - Tobacco and nicotine delivery systems
 - Alcohol misuse
 - Illegal and prescription drug use and misuse
 - Local policy, ordinance, and enforcement related to substance use
 - Access to mental healthcare
 - Barriers to mental and behavioral healthcare, including lack of providers, demand, transportation, lack of internet access for telehealth, and awareness of available services

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- ▶ Healthy Lifestyles with emphasis on:
 - Chronic disease prevention, education, and management
 - Primary prevention and promotion of:
 - Screenings
 - Immunizations
 - Health literacy for appropriate use of resources and services

Thoughtful consideration was also given to issues that were ultimately set aside. Much discussion took place about personal responsibility, concerns related to parenting, availability of services and activities for children, and parental involvement. Concerns were raised about meeting the basic needs of Gilchrist County seniors. Related issues of job opportunities and lower incomes were also examined and debated. There was agreement on the importance of these issues and their impact on health and wellbeing. The Steering Committee also agreed that some groups are disproportionately impacted such as senior citizens, working families with children, and single parents. Weighing the importance of these issues and balancing feasibility and resources available for implementing strategies to address these concerns, the Steering Committee tabled population growth and its economic impact as priority issues. The Steering Committee also took the approach of identifying behavioral healthcare as a strategy separate from Access to Healthcare such that the emphasis on access to behavioral healthcare services would be clear.

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, several recommendations and considerations for planning and implementing a sustainable, successful health improvement plan emerged because of discussions among community partners. As Gilchrist County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

Key Considerations

- Promote a culture of community health as a system of many diverse partners and organizations
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor and improve the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services, and resources to address behaviors that lead to or exacerbate chronic disease conditions, including cardiovascular disease, cancer, mental health problems, substance abuse, and tobacco use
- Create opportunities for mobile healthcare services to address transportation barriers
- Enhance or create programs to manage oral health more effectively and efficiently
- Enhance or create policy, programs, and environmental change to address unintentional injuries and suicide
- 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, and examine social structures and institutions that contribute to health inequities

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 Gilchrist County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues 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 prioritization begins within the community. Presented below are five of the most frequently utilized 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 Toolbox – 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 component of utilizing these resources is to assess 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 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 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 Gilchrist County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Gilchrist 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 33: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Access 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.countyhalthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support
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 – Hypertension	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,	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841

	physical activities, and healthier and affordable food options.		
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
Dementia Care, including Alzheimer's	Process Evaluation of the NYU Caregiver Intervention-Adult Child A noted limitation of dementia caregiver intervention research is a lack of focus on the mechanisms of successful programs. The purpose of this study was to conduct a process evaluation of the New York University Caregiver Intervention-Adult Child (NYUCI-AC) to describe its delivery and determine which of its components were associated with key outcomes (caregiver stress and well-being; care recipient residential care admission).	Evidence-Based	https://academic.oup.com/gerontologist/article/58/2/e107/3798179?login=false
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	Evidence-Based	The Community Guide: https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-

	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).		sealant-delivery-programs.html
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>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.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation.html</p>
Housing	<p>Medicaid Accountable Care Organizations: A Case Study with Hennepin Health</p> <p>As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.</p>	Case Study	https://nhhc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf
Housing	<p>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</p> <p>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.</p>	Experimental 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	<p>Nurse-Family Partnership – Providing babies with the best start in life</p> <p>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</p>	Evidence-based	www.kingcounty.gov/nfp

	<p>mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.</p>		
<p>Infant Mortality and Maternal Child Health</p>	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>	<p>Systematic Review</p>	<p>Cochrane Library of Systematic Reviews: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>
<p>Mental Health</p>	<p>Depression and Suicide Risk in Children and Adolescents: Screening</p> <p>The U.S. Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents ages 12 to 18 years and who are not showing recognized signs or symptoms of depression. Depression is a leading cause of disability in the U.S. Children and adolescents with depression often have functional impairments in their performance at school or work, as well as in their interactions with their families and peers. Depression can negatively affect development in affected youth. USPSTF found insufficient evidence to assess whether the benefits outweigh the harms in screening for MDD in children aged 11 years and younger — and screening for suicide risk in children and adolescents.</p>	<p>Systematic Review</p>	<p>U.S. Preventive Services Task Force: https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/depression-and-suicide-risk-children-and-adolescents-screening</p>
<p>Mental Health</p>	<p>School-Based Programs to Reduce Violence</p> <p>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.</p>	<p>Systematic Review</p>	<p>The Community Guide: https://www.thecommunityguide.org/findings/violence-school-based-programs</p>

<p>Nutrition</p>	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.</p>	<p>Evidence-Based</p>	<p>SNAP-Ed Toolkit https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/</p>
<p>Nutrition</p>	<p>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.</p>	<p>Evidence-Based</p>	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826</p>
<p>Nutrition/ Physical Activity</p>	<p>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.</p>	<p>Evidence-Based (Moderate)</p>	<p>https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf</p>
<p>Nutrition/ Physical Activity</p>	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	<p>Evidence-Based (Moderate)</p>	<p>https://chronicdiseases.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/</p>
<p>Nutrition</p>	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p>	<p>Evidence-Based</p>	<p>https://pubmed.ncbi.nlm.nih.gov/17495210/</p>

	<p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.</p>		
Obesity	<p>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.</p>	Evidence-Based	https://cdc.thehcn.net/promiseppractice/index/view?pid=3490
Obesity	<p>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.</p>	Promising Practice/ Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	<p>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 to prevent the most long-term morbidity.</p>	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	<p>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</p>	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=Pro

	adults receive 24 episodes of a weight loss podcast based on social cognitive theory.		misePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change, including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/news/worksite-programs-help-employees-lose-weight.html
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 Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time, physical activity, or both.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=

	<p>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.</p>		<p>promisepractice&controller=index&action=view&pid=3616</p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide: https://www.thecommunityguide.org/findings/physical-activity-enhanced-school-based-physical-education.html</p>
Poverty	<p>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.</p>	Evidence-Based	<p>The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years</p>
Poverty	<p>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.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare</p>
Rural Health	<p>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.</p>	Non-systematic Review	<p>https://www.countyhealthrankings.org/reports/what-works-</p>

			strategies-improve-rural-health
Substance Abuse	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p>
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions</p> <p>Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</p>
Tobacco Use	<p>Mass Media Campaigns Against Tobacco Use</p> <p>Media campaigns use television, print, digital, social media, radio broadcasts, or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</p>

APPENDIX A – COMMUNITY HEALTH SURVEY

English ▼

Default Question Block

Dear Neighbor,

What are the most important health and health care issues in your community? The Florida Department of Health in Dixie, Gilchrist, and Levy Counties, 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 Wednesday, June 8 - Wednesday, August 3, 2022. Community leaders will use your answers to take action towards a healthier community.

This survey has 16 core questions with some additional items depending on your answers. It should take about 10-15 minutes to finish the survey. Your answers cannot be used to identify you. Please answer the survey only once.

To be eligible to complete this survey:

- You must be at least 18 years old to participate
- Be a Dixie, Gilchrist or Levy County resident.

If you would like to be entered into a drawing for a \$50 gift card, please provide your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential. You must answer all the questions on the survey. Taking the survey more than once will not increase your chances to win.

If you have questions about this survey or the survey process, you may contact Christine Abarca, Senior Planner at WellFlorida Council via phone at 352-727-3767 or via email address at cabarca@wellflorida.org.

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

Age Eligibility

What is your age?

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

Residency

Are you a resident of Dixie, Gilchrist or Levy County?

- Yes, I am a Dixie County resident.
- Yes, I am a Gilchrist County resident.
- Yes, I am a Levy County resident.
- No, I am not a resident of Dixie, Gilchrist or Levy County.

Community Health

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

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

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Infant death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Pollution (e.g., water, air, soil quality) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) | <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Obesity |

- Child abuse/neglect
- Motor vehicle crash injuries
- High blood pressure
- Respiratory/lung disease
- HIV/AIDS
- Substance abuse/drug abuse
- Homelessness
- Mental health problems
- Vaccine preventable diseases (e.g., flu, measles)
- Elderly caregiving
-
- Homicide
- Exposure to excessive and/or negative media and advertising
- Dementia
- Access to long-term care
- Diabetes
- Disability
- Access to primary/family care
- Age-related issues (e.g., arthritis, hearing loss)
- Suicide
- Affordable assisted living facilities
- Other, please tell us
-

Overall, how **healthy** are the people in your county?

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

How do you rate your **health**?

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

Access to Services

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

- | | |
|--|--|
| <input type="checkbox"/> Prenatal care (pregnancy care) | <input type="checkbox"/> Emergency room care |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Preventive care (e.g., check-ups) |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="checkbox"/> Mental/behavioral health care |
| <input type="checkbox"/> Physical therapy/rehabilitation therapy | <input type="checkbox"/> Primary/family care (e.g., family doctor) |
| <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="checkbox"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) |
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |

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

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

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

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

Other, please tell us

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

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

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

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

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

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

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

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

Pandemic Questions

How has the **Coronavirus (COVID-19) pandemic** impacted **your household**? Please select one (1) response for each area listed.

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Child care (ability to get care for child/children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment (ability to keep job, have steady income)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food (have enough food to feed you and your family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing (ability to find housing, pay rent or mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schooling, education (ability to complete school-related assignments and programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Transportation (ability to use public transportation, shared ride services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities (ability to get and pay for electricity, gas, water, internet services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has the **Coronavirus (COVID-19) pandemic** impacted **your health-related activities**? Please select one (1) response for each activity listed.

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to me
Physical activity, exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition, eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you or member of your household **delay getting healthcare services** because of the pandemic?

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

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

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

Demographics

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

What is your age?

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

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

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American or Chicano
- Yes, Puerto Rican
- Yes, Cuban
- I prefer not to answer
- Yes, another Hispanic, Latino or Spanish origin, please tell us

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
- 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 ONE.

- 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?

- | | |
|---|---|
| <input type="radio"/> 32628 Cross City | <input type="radio"/> 32626 Chiefland |
| <input type="radio"/> 32648 Horseshoe Beach | <input type="radio"/> 32639 Gulf Hammock |
| <input type="radio"/> 32680 Old Town | <input type="radio"/> 32668 Morriston |
| <input type="radio"/> 32692 Suwannee | <input type="radio"/> 32683 Otter Creek |
| <input type="radio"/> 32619 Bell | <input type="radio"/> 32696 Williston |
| <input type="radio"/> 32693 Trenton | <input type="radio"/> 34449 Inglis |
| <input type="radio"/> 32621 Bronson | <input type="radio"/> 34498 Yankeetown |
| <input type="radio"/> 32625 Cedar Key | <input type="radio"/> Other, please specify |
| <input type="radio"/> | <input type="text"/> |

Open Ended

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

If you would like to be entered into the drawing for a \$50 gift card, please provide your phone number or email address so that we can contact you if you are a winner. Your phone number or email address will remain confidential.

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APPENDIX B – PROVIDER SURVEY

English ▼

Block 1

Dear Health Care, Social Service Provider, and Community Partner,

The Florida Department of Health in Dixie, Gilchrist and Levy Counties, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by December 31, 2022. We request your input, as a health care/social service provider and/or community partner, on the most pressing health and health care issues facing our community now and beyond 2022. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 11 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Dixie, Gilchrist and Levy Counties. The survey will be available from June 8 through August 3, 2022.

Thank you very much for your willingness to help the community by completing this survey. If you have any questions about this survey or the survey process, you may contact Christine Abarca by phone at 352 727 3767 or by email at cabarca@wellflorida.org.

Do you provide health care, social services or community services to Dixie, Gilchrist or Levy County residents?

- Yes
- No

You are not eligible to take this survey. Thank you for your interest in improving health in the tri-county area.

Default Question Block

What is your health care profession?

- Advanced Registered Nurse Practitioner (including all specialties and certification types)
- Dentist
- Dietitian/Nutritionist
- Mental Health Counselor/Substance Abuse Counselor
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physician Assistant
- Physical Therapist
- Speech Language Pathologist
- I provide social or community services
- I do not provide health care services.
- Other (please specify)

What are your main specialties? Please select all that apply.

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> General Practice | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Physical
Medicine and
Rehabilitation |

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Cosmetic/Plastic Surgery | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Chiropractic Medicine | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> ENT/Otolaryngology | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Specialized Surgery |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Immunology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Other (please specify) |
| | | | <input type="text"/> |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pain Management | |

Which factors or attributes do you think contribute **most** to having a **healthy community**? Please select **three (3)** choices.

- | | |
|---|---|
| <input type="checkbox"/> Strong economy | <input type="checkbox"/> Availability of parks and recreation areas/centers |
| <input type="checkbox"/> Low preventable death and disease rates | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Low rates of infant and childhood deaths | <input type="checkbox"/> Access to convenient, affordable and nutritious foods |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Awareness of health care and social services |
| <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Good race/ethnic relations |
| <input type="checkbox"/> Places of worship | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Affordable goods/services | <input type="checkbox"/> Job opportunities for all education levels |
| <input type="checkbox"/> Residents engaging in healthy behaviors | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Availability of arts and cultural events | <input type="checkbox"/> Strong family ties |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Affordable utilities |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Practice of religious or spiritual values |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Access to health care including primary and specialty care, dental care and mental health care |
| <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) |

Availability of first responders,
Fire/Rescue/EMS, emergency
preparedness

What has the **greatest negative impact** on the overall health of people in Dixie, Gilchrist and Levy Counties? Choose **three (3)**.

- | | |
|---|--|
| <input type="checkbox"/> Eating unhealthy foods/drinking sweetened beverages | <input type="checkbox"/> Lack of personal responsibility |
| <input type="checkbox"/> Distracted driving (e.g., texting and driving) | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> No or insufficient physical activity | <input type="checkbox"/> Starting prenatal care late in pregnancy |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Unsecured firearms |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Poor race/ethnic relations, racism | <input type="checkbox"/> Loneliness or social isolation |
| <input type="checkbox"/> Not getting immunizations to prevent disease (e.g., flu shots) | <input type="checkbox"/> Unsafe sex practices |
| <input type="checkbox"/> Not using health care services appropriately | <input type="checkbox"/> Tobacco use including e-cigarettes, smokeless tobacco |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Lack of or poor stress management | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="text"/> |

Which **three (3) health issues** are the **most important to address** to improve the health of people in Dixie, Gilchrist, and Levy Counties? Please choose up to **three (3)**.

- | | |
|--|---|
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Age-related issues (e.g. arthritis, hearing loss) | <input type="checkbox"/> Pollution (e.g. water and air quality, soil, etc.) |
| <input type="checkbox"/> Access to long-term care | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> HIV/AIDS |

- | | |
|--|--|
| <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) | <input type="checkbox"/> Sexually transmitted diseases (STD's) (e.g., gonorrhea, chlamydia, hepatitis, etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity and overweight |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Tobacco use including e-cigarettes and smokeless tobacco | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Exposure to excessive and/or negative media and advertising | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Access to primary/family care | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Affordable assisted living facilities | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Substance abuse/Drug abuse |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |

Which **healthcare services** are difficult to obtain in Dixie, Gilchrist, and Levy Counties? Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Primary/family care (e.g., family doctor) | <input type="checkbox"/> Family planning/birth control |
| <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> Preventive care (e.g., check-ups) |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Prescriptions/medications or medical supplies |
| <input type="checkbox"/> Mental and behavioral health care/counseling | <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) |
| <input type="checkbox"/> Alternative medicine/alternative therapy | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Substance use services (e.g., alcohol and drug use counseling) | <input type="checkbox"/> Imaging (CT scan, X-rays and mammograms, etc.) |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> None of the above are difficult to obtain in Marion County |
| <input type="checkbox"/> Vision/eye care | <input type="checkbox"/> Other, please specify |

How do you rate the **overall accessibility to health care** for residents of Dixie, Gilchrist, and Levy Counties? Please select **one (1)** choice.

- Poor
- Fair
- Good
- Very Good
- Excellent

Overall, how healthy are the people in Dixie, Gilchrist, and Levy Counties? Please select one (1) response.

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

For your clients in Dixie, Gilchrist, and Levy Counties with chronic diseases or conditions, what do you feel are the **biggest barriers to the client being able to manage his or her own chronic disease or condition**? Please select up to **two (2)** responses.

- Cost
- Inability to use technology effectively
- Lack of access to sufficient time with a health care provider
- Lack of coverage by insurance company
- Lack of knowledge
- Self-discipline/motivation
- Other (please specify)

Have you found that some clients **delay getting needed care** during the pandemic?

- Yes
- No
- Unsure

Have you found that some clients **delay getting routine care** (e.g., screenings, check-ups) during the pandemic?

- Yes
- No
- Unsure

Have you observed any **harmful impacts or negative outcomes** in patients' health can be **linked to this delay in care**?

- Yes
- No
- Unsure

In your opinion, what **impacts** might **pandemic-related delayed care** have **on access** to healthcare services? Select all that apply.

- No impact to access
- Minimal impact to access
- Significant impact to access
- Longer waits for services and appointments
- Shorter waits for services and appointments
- Increased need for routine and specialty healthcare services
- Decreased need for routine and specialty healthcare services

-
- Higher costs to clients
 - Higher costs to providers
 - Continued use or expanded use of telemedicine technology
 - Curtailed use of telemedicine technology
 - Increased use of Emergency Department services
 - Increased use of urgent care facilities
 - Other, please specify

What can leaders in Dixie, Gilchrist, and Levy Counties do to help **improve the health of your clients and others in the community**? Please check all that apply.

- Create city/county ordinances to promote community health improvement
- Establish community partnerships to address issues collectively
- Establish more community clinics
- Establish or enhance a community health information exchange
- Focus on issues of the indigent and uninsured
- Increase access to dental services
- Increase access to mental health services
- Increase access to primary medical services
- Increase outreach/health education programs
- Initiate efforts to bring more physicians to the community
- Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure and confidential environment)
- Provide education on appropriate use of available services
- Provide education on services available
- Other (please specify)

The next items are general demographic questions.

What is your age?

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80 or older
- I prefer not to answer

What is your gender?

- Man
- Woman
- Non-binary
- Transgender
- I prefer not to answer
- Other (please specify)

Do you identify as Hispanic or Latino/a/x?

- No, I do not identify as Hispanic or Latino/a/x
- Yes, I identify as Hispanic or Latino/a/x
- I prefer not to answer

What racial group do you most identify with?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Two or more races
- White

-
- I prefer not to answer
 - Other (please specify)

How long have you practiced in your profession?

- Less than 5 years
- 5-9 years
- 10-14 years
- 15-19 years
- More than 20 years
- I prefer not to answer

How did you hear about this survey? Please select **one (1)** response.

- Facebook
- Flyer
- Newspaper advertisement or article
- Poster
- Twitter post
- Through a family member, friend or co-worker
- Web site, please specify the web site
- Other, please specify

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

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the community health needs assessment process, please contact Christine Abarca at cabarca@wellflorida.org or by phone at 352 727 3767.

Block 1

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APPENDIX C – STEERING COMMITTEE MEMBERS

Name	Agency	Title
Natalie McKellips	Florida Department of Health - Dixie, Gilchrist, and Levy	Administrator
Wesley Asbell	Florida Department of Health - Dixie, Gilchrist, and Levy	Environmental Health Manager
Elizabeth Powers	Florida Department of Health - Dixie, Gilchrist, and Levy	Executive Community Health Nursing Director
Rekeesha Duncan	Florida Department of Health - Dixie, Gilchrist, and Levy	Senior Human Services Program Manager
Jan Gonthier	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator Consultant
Kyle Roberts	Florida Department of Health - Dixie, Gilchrist, and Levy	Environmental Health Supervisor
Alex Santana	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Trinity Williams	Florida Department of Health - Dixie, Gilchrist, and Levy	Registered Nurse Consultant
Tiffany Owens	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Elizabeth Dean	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Christen Summers	Florida Department of Health - Dixie, Gilchrist, and Levy	Administrative Assistant
Crystal Rodgers	Florida Department of Health - Dixie, Gilchrist, and Levy	Registered Nurse Supervisor

Caleb Hardee	Florida Department of Health - Dixie, Gilchrist, and Levy	Preparedness Planner
Garrison Vandegrift	Florida Department of Health - Dixie, Gilchrist, and Levy	Preparedness Planner
Patricia Byrd	Episcopal Children Services	Family Advocate
Shawna Sewejkis	Episcopal Children Services	Health Specialist
Robert Wells	Gilchrist Prevention Coalition	Executive Director
Polly Smith	Episcopal Children Services	Home Base Support Specialist
Monique Bessette	Suwannee River Area Health Education Center	Tobacco Treatment Coordinator
Norm Conti	Suwannee River Economic Council	Director
Deanna Sheppard	Haven Hospice	Professional Liaison
William Martin	Chair	Board of County Commissioners
Erin Peterson	Well Florida/ Healthy Start NCFL Coalition	Community Liaison
Kim Carpenter Herring	Kim Carpenter Herring, LLC	MSW, LCSW
Beverly Goodman	Tri-County Resource Center	Resource Center Manager
Ingrid Rincon	Department of Veterans Affairs Gainesville Vet Center	Veteran Outreach Program Specialist
Daniel Murray	Quit Doc Tobacco Research and Education	Gilchrist County Tobacco Free Florida Provider
Holly Houghton	University of Florida Institute of Food and Agricultural Sciences (UF-IFAS) Extension Service	County Extension Director
Shelly Vickers	North Central Florida Healthy Start	Program Development Specialist

	Coalition/Well Florida Council	
Krishna Stemple	Palms Medical Group	Practice Management Specialist
Jane Hurst	Palms Medical Group	Vice President of Practice Management
Samantha Scott	Another Way Inc.	Domestic Violence Advocate
Terri Crawford	Gilchrist County School District	Director of Mental Health Services
Jeremy Mikell	Gilchrist County School District	Social Work Coordinator
Desiree Salter	Suwannee River Area Health Education Center	Navigator Program Coordinator
Sandra Woodard	Early Learning Coalition of the Nature Coast	Director of Communications