



COMMUNITY HEALTH IMPROVEMENT PLAN 2023-2027



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DOH-Jefferson and Madison

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Acknowledgements

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Participating Agencies

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

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

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COMMUNITY HEALTH IMPROVEMENT PROCESS

The Department of Health in Madison County (DOH-Madison) and Madison County Memorial Hospital (MCMH) utilized the Mobilizing for Action Through Planning and Partnership Process (MAPP) to develop the Community Health Assessment (CHA) and provide partners the information needed to choose health priority areas to address through the Community Health Improvement Plan (CHIP).

A Community Health Summit was held on December 16, 2022, in Greenville, Florida. Participants were given a meeting package that included 238 information slides on population demographics, socioeconomic barriers to health, chronic diseases, injury and violence, maternal and child health, reportable diseases, and social and behavioral health. A Community Themes and Strengths assessment to ascertain health priorities from residents was performed in 2022. Data slides from this assessment were also distributed to participants. A copy of meeting package with the slides is available in the Appendix.

The MAPP Forces of Change and Local Public Health Assessments were performed during the Community Health Summit. All of these data points were considered by participants during the breakout sessions. Participants broke out into groups by priority area to identify the issue(s) under the priority area, the barriers, the socioeconomic barriers, the definition of a successful outcome, next steps and the agencies involved.

After the break-out groups presented their findings, participants voted on the three priority areas to address in the next three to five years. The areas chosen to address were Chronic Disease, Maternal and Child Health, and Social and Mental Health. Listed below is the information from the break-out groups for all of the priority areas.

PRIORITY HEALTH ISSUES IDENTIFIED BY STAKEHOLDERS

Reportable Infectious Diseases

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

Chronic Diseases

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

Maternal and Child Health

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

Injury and Violence

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

Social and Behavioral Health

Issue	Vaping in Teens
Barriers	Funding, sustainability, expertise, stigma
Success	Decrease substance use in youth and increase mental health services
Socioeconomic Barriers	Access to Services, Education, Economic, Broadband Internet, Transportation

Next Steps	Education starting in elementary school, refer to CHIP committee for objectives and action plan
Agencies Involved	Madison County Memorial Hospital, Apalachee Center, Inc., DISC Village, Private clinicians, Big Bend AHEC

IDENTIFICATION OF COMMUNITY ASSETS AND RESOURCES

A more complete identification of community assets and resources will take place within each priority area subcommittee to avoid duplication of services and identify gaps in services. The DOH-Madison Minority Health Program will coordinate with 2-1-1 Big Bend to ensure that community resources are current and accurate. Below is an asset list that was generated during the Forces of Change Assessment

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

SETTING HEALTH PRIORITIES

Three CHIP subcommittees were formed to address Chronic Disease, Maternal and Child Health and Social and Behavioral Health. Each of the three subcommittees chose a chairperson from among community partners. DOH-Madison staff serve as support to the three chairpersons. The three CHIP subcommittees began meeting in March 2023 to develop goals, strategies, objectives, and action steps for each priority area. These were drafted during March through June 2023, and approved during June and July 2023. Initial meeting agendas and sign-in sheets are attached to this plan.

The Chronic Disease CHIP Subcommittee decided that it was important to generate an inventory of services provided for chronic diseases to prevent service duplication and identify gaps in services. After the inventory is completed, the next step would be to develop an interagency referral plan. At that point, the subcommittee can choose priority chronic diseases to address in an integrated manner.

Transportation and access to care barriers were resounding themes among all the subcommittee meetings, along with the need to have a comprehensive resource list. The DOH-Madison Minority Health Liaison and her staff will address these issues through an updated Minority Health Plan. Progress will be reported at quarterly meetings of each subcommittee.

All long-term goals, strategies, objectives and action steps are listed below by priority area.

CHRONIC DISEASE LONG-TERM GOAL 1

Reduce the incidence of chronic diseases by providing outreach, screening, and education services, as well as referrals to medical care.

STRATEGY 1

Prevent service duplication and identify service gaps in Jefferson and Madison Counties.

OBJECTIVE 1.1 AND ACTION STEPS

- Work with community partners to develop an inventory of chronic disease services provided in the area by March 31, 2024.
 - Develop a template that addresses outreach, screening, prevention education, self-management education, tobacco cessation and medical care for chronic diseases.
 - Identify service gaps and barriers to accessing services.
 - Work with 211 Big Bend to ensure that resource listing is correct.
- Method of measurement – Completed document is shared with partners and the community.
- Lead agency(ies) responsible for this objective – DOH-Jefferson and Madison

OBJECTIVE 1.2 AND ACTION STEPS

- Work with community partners to develop an interagency referral plan for chronic disease services provided in the area by June 30, 2024.
 - Develop a referral form template that can be used by all partners.
 - Include screening, prevention education, self-management education, tobacco cessation and medical care.
- Method of measurement – Completed document is shared with partners and the community.
- Lead agency(ies) responsible for this objective – DOH-Jefferson and Madison

MATERNAL AND CHILD HEALTH LONG-TERM GOAL

Decrease infant morbidity and mortality using maternal and child health data indicators and recommendations from FIMR reviews.

STRATEGY 1

Increase referrals to Healthy Start and wrap-around services by educating prenatal providers about resources available to Jefferson, Madison, and Taylor County patients.

OBJECTIVE 1.1 AND ACTION STEPS

- Increase prenatal referrals to Healthy Start by 10% from April 2023 baselines of 36 in Jefferson, 51 in Madison, and 16 in Taylor by January 31, 2025.
 - Collaborate with Leon County Healthy Start Coalition to host lunch and learn sessions with prenatal providers.
 - Plan schedule around the practices that see the majority of Jefferson, Madison, and Taylor patients, including TMH Family Residency.
 - Provide an overview of FIMR recommendations.
 - Discuss CONNECT.
 - Discuss the Healthy Start screening process and other methods of referrals.
 - Provide safe sleep materials and discuss safe sleep.
 - Provide referral information for mental health care and nutrition counseling.
 - Provide referral information for breastfeeding support.
 - Provide tobacco cessation referral materials and discuss the program.
- Method of measurement – annual count of Healthy Start clients in Well Family, sign-in sheets from lunch and learn sessions.
- Lead agency responsible for this objective – Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

OBJECTIVE 1.2 AND ACTION STEPS

- Incorporate education videos into OB practice waiting room video loops or alternative for at least five (5) OB providers by January 31, 2025.

- Work with providers to determine the best option for patients to see instructional videos.
- Prioritize subject matter if there are limits to the number of videos we can submit.
- Develop videos as needed.
- Submit videos to providers in the requested format.
- Upload videos to county health department loops.
- Check to make sure providers have the necessary equipment to play the videos.
- Check on the video availability- what is already available to us that we do not have to develop.
- Method of measurement – listing of videos to be distributed, agreement letters with private practices.
- Lead agency responsible for this objective – Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

STRATEGY 2

Reduce the number of Sudden Unexpected Infant Deaths and Suffocation/Strangulation deaths by educating new parents, extended family members and the community about safe sleep and the dangers of co-sleeping.

OBJECTIVE 2.1 AND ACTION STEPS

- Decrease the number of sudden unexpected infant deaths and unintentional suffocation in bed deaths by 25% by June 30, 2025.
(Baseline 2017-2021 SUID Deaths = 1+3+0, Unintentional suffocation/strangulation in bed = 0+2+0)
 - Assess any safe sleep initiatives performed in the community and identify gaps.
 - Create a safe sleep marketing campaign or identify an existing campaign and implement by January 31, 2025.
 - Print media includes brochures, posters, newspaper articles, grocery cart inserts.
 - Social media includes formatted graphics designed for social media posts.
 - Audio/visual media includes short video, radio advertisements.
 - Develop marketing campaign implementation strategy and timeline.
 - CADR
 - Utilize Buy Back Program
- Method of measurement – Florida CHARTS
- Lead agency responsible for this objective - Healthy Start Coalition of Jefferson, Madison, and Taylor, Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs, and Home Visiting Advisory Council

OBJECTIVE 2.2 AND ACTION STEPS

- Annually, 100% of Healthy Start and OB clients with inadequate infant sleeping arrangements receive counseling about the dangers of co-sleeping and receive assistance to create an adequate infant sleeping arrangement.
 - Healthy Start staff educate each client about safe sleep prior to delivery.
 - Healthy Start staff perform at least * home visit(s) after delivery for each client that includes an assessment of infant sleeping arrangements.
 - Healthy Start staff will counsel all clients who do not have adequate sleeping arrangements about the dangers of co-sleeping.
 - Healthy Start staff will provide assistance to the client that results in an adequate infant sleeping space.
- Method of measurement – Well Family, Healthy Start Program Spreadsheet
- Lead agency responsible for this objective- Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

STRATEGY 3

Improve birth outcomes by providing mental health counseling, nutrition counseling and tobacco cessation counseling to pregnant women.

OBJECTIVE 3.1 AND ACTION STEPS

- Increase the number of pregnant women attending prenatal classes in Jefferson, Madison, and Taylor from April 2023 baseline of seven (7) to fifteen (15) by June 30, 2024.
 - Host two prenatal class series that are held after business hours.
 - Advertise classes in the community and with private OB providers.
 - Provide incentives for attendees.
 - Have one session dedicated to mental health and have the counselor present.
 - Have one session dedicated to nutrition and have the nutritionist present.
 - Document referrals and utilize funding streams for women who cannot afford to pay.
- Method of measurement – sign-in sheets with total attendees
- Lead agency responsible for this objective - Florida Department of Health Jefferson and Madison

OBJECTIVE 3.2 AND ACTION STEPS

- Annually, 100% of county health department OB clients receive a depression assessment and referral to counseling if score indicates the need.
 - Healthy Start clients are referred using Healthy Start funding.
 - OB clients not enrolled in Healthy Start are referred using Healthy Babies funding.
 - Determine if telehealth is an option.
- Method of measurement – Well family and HMS
- Lead agency responsible for this objective- Florida Department of Health Jefferson and Madison

OBJECTIVE 3.3 AND ACTION STEPS

- Annually, 100% of county health department OB clients with a BMI of 30+ are referred to nutrition counseling.
 - Healthy Start clients are referred using Healthy Start funding.
 - OB clients not enrolled in Healthy Start are referred using Healthy Babies funding.
 - Determine if telehealth is an option.
- Method of measurement – Well family and HMS
- Lead agency responsible for this objective - Florida Department of Health Jefferson and Madison

OBJECTIVE 3.4 AND ACTION STEPS

- Annually, 100% of county health department OB clients who use tobacco products or have a household member who uses tobacco products are referred to tobacco cessation counseling.
 - Document referral to Big Bend AHEC
- Method of measurement – HMS
- Lead agency responsible for this objective – Florida Department of Health Jefferson and Madison

STRATEGY 4

Improve birth outcomes by increasing the percent of pregnant women who waited at least 18 months between pregnancies.

OBJECTIVE 4.1 AND ACTION STEPS

- Decrease the percent of pregnant women with an interpregnancy interval < 18 months by 10% using 2021 baselines of 33.3% for Jefferson County, 40.2% for Madison County and 46.5% for Taylor County by June 30, 2025.
 - Door to door campaigns twice annually
 - Develop post-partum bag for women with promotional items and education information. Distribute to private OB practices and direct distribution at CHDs.
 - Marketing campaign
- Method of measurement – Florida CHARTS
- Lead agency responsible for this objective - Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

OBJECTIVE 4.2 AND ACTION STEPS

- Annually, 100% of county health department OB clients receive family planning information and education during post-partum visit.
 - Choice of birth control is documented.

- Client is educated about the health benefits to baby spacing.
- Method of measurement – Well family and HMS
- Lead agency responsible for this objective – - Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

SOCIAL AND BEHAVIORAL HEALTH LONG-TERM GOAL 1

Reduce undiagnosed mental, behavioral and emotional health disorders, and substance use disorders in adults and children in Jefferson and Madison Counties.

STRATEGY 1A

Partner with Jefferson Community Partnership Schools, Jefferson County School District, Madison County School District, Department of Children and Families, public health departments, private clinicians and local behavioral health providers to address identified behavioral health and substance use disorder needs of children, and to address wrap-around services for the family unit.

OBJECTIVE 1.1 AND ACTION STEPS

- 100% of school district students identified with mental, behavioral or emotional health issues, as well as substance use disorders, are referred to direct care and wrap-around services during the 2023-2024 school year.
 - Host meetings with each school district individually to assess unmet needs and develop an action plan prior to the start of the school year.
 - Incorporate the use of CAT Teams
 - Promote student services through school and community social media, public service announcements and school parent meetings.
 - Utilize the developed resource list to provide referrals.
- Method of measurement – quarterly aggregate data reports (tracking and reporting)
- Lead agency(ies) responsible for this objective – school districts, local providers

OBJECTIVE 1.2 AND ACTION STEPS

- Establish a telehealth option for school district students and their parents/guardians to address mental, behavioral and emotional health, and substance use disorders during the 2023-2024 school year.
 - Develop a student telehealth plan with each school district individually that ensures parent/guardian consent and patient confidentiality.
 - The telehealth plan will incorporate parent/guardian telehealth appointments either at the school, at home or at a local telehealth kiosk (i.e., health department) to address family unit issues and access wrap-around services.
 - Obtain school district approval of the telehealth plan.
- Method of measurement – quarterly aggregate data reports summarizing the number of student and parent/guardian telehealth appointments. (tracking and reporting)

- Lead agency(ies) responsible for this objective – school districts, local behavioral health providers

STRATEGY 1B

Partner with law enforcement victim’s advocates, local veteran’s affairs offices, elder care services, private clinicians, local mental health and substance use disorder providers to address identified behavioral health and substance use disorder needs of adults, and to address wrap-around services for the family unit.

OBJECTIVE 1.3 AND ACTION STEPS

- Establish three sites within the county that can host a kiosk in a HIPAA compliant room so that individuals can obtain therapy services or complete intake assessments to access treatment by December 31, 2027.
 - Investigate venues that could host kiosks including health departments, libraries, faith-based organizations, Probation office or courthouse, etc.
 - Verify the number of providers that can utilize a kiosk.
 - Create scheduling protocols for agencies using the telehealth equipment.
- Method of measurement – quarterly reports in numbers of clients served per kiosk (tracking and reporting)
- Lead agency(ies) responsible for this objective – local providers, DOH-Madison

OBJECTIVE 1.4 AND ACTION STEPS

- Expand access for adult in-person services by establishing three locations in each county by December 31, 2027.
 - Query behavioral health and substance use disorder providers to get recommendations for locations.
 - Partner with faith-based facilities to establish a location for in-person services.
- Method of measurement – Listing of locations in social marketing campaigns.
- Lead agency(ies) responsible for this objective – local providers, partner churches, DOH-Madison

SOCIAL AND BEHAVIORAL HEALTH LONG-TERM GOAL 2

Increase public awareness of the issues pertaining to mental health and substance use disorders and how to access resources in these areas.

STRATEGY 2

Create a marketing campaign that includes public service announcements, resource fairs and education presentations to highlight mental health and substance use disorder awareness and resources.

OBJECTIVE 2.1 AND ACTION STEPS

- Create up to 3 public service announcements (PSAs) through print media, social networking platforms, radio, and billboards on the topics of mental health and/or substance use disorders by December 31, 2027.
 - Develop a list of each group member’s social media accounts to coordinate a social media campaign.
 - Work with an individual or agency to develop a marketing campaign or utilize an existing campaign.
 - Develop a presentation template for agencies to use to promote utilization of local resources.
- Method of measurement – verification of PSA materials presented at quarterly meetings.
- Lead individuals or agency(ies) responsible for this objective – CHIP members (specifically identified)

OBJECTIVE 2.2 AND ACTION STEPS

- Include mental health and substance use disorder resources as a component to an overall regional resource list by December 31, 2027.
 - Work with 2-1-1 Big Bend and other sites that maintain resource lists.
 - Survey CHIP members about resource needs that are commonly requested and/or not known to be available.
 - Resource listings available in print and/or online formats
 - Engagement with listed resource agencies to participate in the monthly Minority Health resource fairs.
- Method of measurement – tracking the number of resource events and the vendors that participate.
- Lead agency(ies) responsible for this objective – local providers, DOH-Madison Minority Health Liaison.

TRACKING PROGRESS

DOH-Madison will generate an action plan template to track all priority area objectives with input from partners. The action items will be reviewed and updated by each subcommittee during the quarter. DOH-Madison will provide quarterly updates through the PIMS reporting system. DOH-Madison will generate an annual progress report that incorporates any changes or additions to objectives in the CHIP. Annual progress reports will be posted on the DOH-Madison website and on partner websites.

ALIGNMENT WITH STATE HEALTH IMPROVEMENT PLAN AND HEALTHY PEOPLE 2020

The alignment is listed below by priority health area.

CHRONIC DISEASE

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Work with community partners to develop an inventory of chronic disease services provided in the area by March 31, 2024.	Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke and other related illnesses.	Increase the number of community organizations that provide prevention services — ECBP-D07
Work with community partners to develop an interagency referral plan for chronic disease services provided in the area by June 30, 2024.	Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke and other related illnesses.	Increase the number of community organizations that provide prevention services — ECBP-D07

MATERNAL AND CHILD HEALTH

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Increase prenatal referrals to Healthy Start by 10% from April 2023 baselines of 36 in Jefferson, 51 in Madison, and 16 in Taylor by January 31, 2025.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 Increase the health literacy of the population — HC/HIT-R01
Incorporate education videos into OB practice waiting room video loops or alternative for at least five (5) OB providers by January 31, 2025.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 Increase the health literacy of the population — HC/HIT-R01
Decrease the number of sudden unexpected infant deaths and unintentional suffocation in bed deaths by 25% by June 30, 2025.	Maternal and Child Health - Reduce infant morbidity and mortality.	Increase the proportion of infants who are put to sleep in a safe sleep environment — MICH-D03 Increase the proportion of infants who are put to sleep on their backs — MICH-14

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Annually, 100% of Healthy Start and OB clients with inadequate infant sleeping arrangements receive counseling about the dangers of co-sleeping and receive assistance to create an adequate infant sleeping arrangement.	Maternal and Child Health - Reduce infant morbidity and mortality.	Increase the proportion of infants who are put to sleep in a safe sleep environment — MICH-D03 Increase the proportion of infants who are put to sleep on their backs — MICH-14
Increase the number of pregnant women attending prenatal classes in Jefferson, Madison, and Taylor from April 2023 baseline of seven (7) to fifteen (15) by June 30, 2024.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the health literacy of the population — HC/HIT-R01
Annually, 100% of county health department OB clients receive a depression assessment and referral to counseling if score indicates the need.	Maternal and Child Health - Reduce maternal morbidity and mortality	Increase the proportion of women who get screened for postpartum depression — MICH-D01
Annually, 100% of county health department OB clients with a BMI of 30+ are referred to nutrition counseling.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the proportion of women who had a healthy weight before pregnancy — MICH-13
Annually, 100% of county health department OB clients who use tobacco products or have a household member who uses tobacco products are referred to tobacco cessation counseling.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase abstinence from cigarette smoking among pregnant women — MICH-10 Increase successful quit attempts in pregnant women who smoke — TU-15
Decrease the percent of pregnant women with an interpregnancy interval < 18 months by 10% using 2021 baselines of 33.3% for Jefferson County, 40.2% for Madison County and 46.5% for Taylor County by June 30, 2025.	Improve preconception and interconception health	Reduce the proportion of pregnancies conceived within 18 months of a previous birth — FP-02
Annually, 100% of county health department OB clients receive family planning information and education during post-partum visit.	Improve preconception and interconception health	Increase the proportion of adolescent females at risk for unintended pregnancy who use effective birth control — FP-11

SOCIAL AND BEHAVIORAL HEALTH

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
100% of school district students identified with mental, behavioral or emotional health issues, as well as substance use disorders, are referred to direct care and wrap-around services during the 2023-2024 school year.	Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of adolescents with depression who get treatment — MHMD-06 Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02
Establish a telehealth option for school district students and their parents/guardians to address mental, behavioral and emotional health, and substance use disorders during the 2023-2024 school year.	Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of adolescents with depression who get treatment — MHMD-06 Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02
Establish three sites within the county that can host a kiosk in a HIPAA compliant room so that individuals can obtain therapy services or complete intake assessments to access treatment by December 31, 2027.	Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07
Expand access for adult in-person services by establishing three locations in each county by December 31, 2027.	Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
<p>Create up to 3 public service announcements (PSAs) through print media, social networking platforms, radio, and billboards on the topics of mental health and/or substance use disorders by December 31, 2027.</p>	<p>Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.</p>	<p>Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07 Increase the number of state health departments that use social marketing in health promotion programs — HC/HIT-D01</p>
<p>Include mental health and substance use disorder resources as a component to an overall regional resource list by December 31, 2027.</p>	<p>Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.</p>	<p>Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07 Increase the number of state health departments that use social marketing in health promotion programs — HC/HIT-D01</p>



Appendices List

Committee Meeting Agendas and Sign-in Sheets

CHIP Partner List for Madison





Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Maternal and Child Health
Florida Department of Health Jefferson County
March 22, 2023, 10:00 a.m. to 11:00 a.m.

AGENDA

Purpose:

Community partners meet to discuss the Community Health Improvement Plan priority areas and plan activities to address the priority areas.

Topic	Lead
Welcome/Call to Order	Donna Hagan, Committee Chair
Sign In	Donna Hagan, Committee Chair
Data Review	Pam Beck
Overview of FIMR <ul style="list-style-type: none">History and PurposeCRT and CAG Overview of 2022 Recommendations Choosing 2023-2024 CAG Initiatives	Donna Hagan, Committee Chair
Develop Objectives	Donna Hagan, Committee Chair
Group Updates	Donna Hagan, Committee Chair
Next Meeting Date	Donna Hagan, Committee Chair
Meeting Evaluation	Donna Hagan, Committee Chair
Adjourn	Donna Hagan, Committee Chair



Maternal and Child Health Committee Meeting

March 22, 2023



Purpose: Community partners meet to discuss the Community Health Improvement Plan priority areas and plan activities to address the priority areas.

<u>Name</u>	<u>Organization</u>	<u>Email Address</u>
1. Brandi Turner	Healthy Families Seven Rivers	bturner@healthystartjmt.org
2. LAURA BLUE	HEALTHY START COALITION JMT	lblue@healthystartjmt.org
3. Anna Messick	Tobacco Prevention	anna.messick@flhealth.gov
4. Brenda Carlton	Taylor County School Bd	brenda.carlton@Taylor.k12.fl.us
5. Lavonte m Daniel	Appalachee Center - Primary Care	lavontem54@apalacheecenter.org
6. Pam Beck	DOH - Jefferson & Madison	pam.beck@flhealth.gov
7. Shanellha Mitchell	DOH - Jeff & Madison	shanelha.mitchell@flhealth.gov
8. Tonya Bell	HSCJMT	tbell@healthystartjmt.org
9. Kimberly Allbritton	DOH Jefferson / Madison	kumbury.allbritton@flhealth.gov
10. Chelsey McCoy	FDH Jefferson + Madison	Chelsey.mccoy@flhealth.gov
11. Debra Saenz		
12. Donna Hagan	HSCJMT	dhagan@healthystartjmt.org
13.		
14.		



Florida Department of Health in Jefferson & Madison County
Social and Behavioral Health Committee Meeting
Florida Department of Health in Jefferson County
April 25, 2023, 10:00 a.m.

AGENDA

Purpose:

Community partners meet to discuss the Community Health Improvement Plan priority areas and plan activities to address the priority areas.

Topic	Lead
Welcome/Call to Order	Lisa Sherry, Committee Chair
Sign In	Chelsey McCoy
Determine Member Roles (Co-Chair, Secretary)	Lisa Sherry, Committee Chair
Develop Goals and Objectives	Pam Beck
Group Updates	Group
Next Meeting Date	Lisa Sherry, Committee Chair
Meeting Evaluation	Chelsey McCoy
Adjourn	Lisa Sherry, Committee Chair



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Social and Behavioral Health
Florida Department of Health in Jefferson County
April 25, 2023, 10:00 a.m.

Sign in Sheet

Name	Organization	Email Address	Signature
1. Debbie Saenz	Children's Medical Services: Title V Program	debra.saenz@flhealth.gov	Online
* 2. Chelsea Vogtle	Big Bend AHEC	cvogtle@bigbendahec.org	
3. Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	
4. Shanetha Mitchell	FDOH	Shanetha.mitchell@flhealth.gov	
5. Dr. Jennifer Bellotti	Full Spectrum ABA	drbellottibcbad@fullspectrumaba.com	
6. Caroline Gibson	DOH in Jefferson and Madison	caroline.gibson@flhealth.gov	
7. Marie Rigdon	Jefferson County Sheriff's Office	marie.rigdon@jcso-fl.org	<i>Marie Rigdon</i>
8. Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	
9. Carissa Pepera	FDOH-Madison	carissa.pepera@flhealth.gov	Online
10. Kathy Barrett	Early Steps	kathy.barrett@chsfl.org	
11. Anna Messick	FDOH-Jefferson	anna.messick@flhealth.gov	Online
12. Tammy Wells Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	
13. Charles Allen Clayton	Madison County Fire Rescue	fireco@madisoncountyfl.com	
14. Karen Nazworth	Big Bend AHEC	knazworth@bigbendahec.org	Online
15. Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Social and Behavioral Health
Florida Department of Health in Jefferson County
April 25, 2023, 10:00 a.m.

Sign in Sheet

16. Lisa Sherry	DISC Village	lisa.sherry@discvillage.org	<i>Lisa Sherry</i>
17. Shanice Hayes	Early Steps	shanice.hayes@chsfl.org	
18. Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org	<i>online</i>
19. Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	
20. Sophia Whaley	NFW Health Network	sophia.whaley@nwfhealth.org	
21. Pam Beck	FDOH-Jefferson and Madison	pam.beck@flhealth.gov	<i>Pam Beck</i>
22. Chelsey McCoy	FDOH-Jefferson and Madison	chelsey.mccoy@flhealth.gov	<i>Chelsey McCoy</i>
23. Kimberly Allbritton	FDOH-Jefferson and Madison	kimberly.allbritton@flhealth.gov	
24. Kelli Mercer	HCA	kelli.mercer@hcahealthcare.com	<i>online</i>
25. Bibi Ramons	NFW Health Network	beatriz.ramos@nwfhealth.org	<i>online</i>
26. Jessica Brantley	Disc Village	jessica.brantley@discvillage.org	
27. Patricia Blair	Honey Lake Clinic	pblair@honeylakeclinic.com	<i>online</i>
28. Shalona Hearn	Department of Children and Families	shalona.hearns@myflfamilies.com	<i>Shalona Hearn</i>
29. Dr. Shamari Roberson	DSR Consultants	sroberson@dsrconsultant.com	
30. Patricia Hall	The Butterfly Effect Mentoring Program	butterflygirls1@yahoo.com	
31. Nicole Dempsey	VA	nicole.dempsey@va.gov	<i>Nicole M Dempsey</i>
32. Yolanda Gillette	Big Bend AHEC		
33. Allyn Howard	Jefferson County Schools	ahoward@jeffersonschools.net	



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Social and Behavioral Health
Florida Department of Health in Jefferson County
April 25, 2023, 10:00 a.m.

Sign in Sheet

34. See Singleton	Florida Therapy Services	SSingleton@flatherapy.com	
35.			
36.			
37.			
38.			
39.			
40.			

Microsoft Teams Attendees 4/25/2023

Saenz, Debra	Debra.Saenz@flhealth.gov
Beatriz Ramos	beatriz.ramos@NWFHealth.org
Emily Kohler	ekohler@bigbendahec.org
Allbritton, Kimberly	Kimberly.Allbritton@flhealth.gov
Lesley Fry	No email listed and do not have one on file.
Messick, Anna	Anna.Messick@flhealth.gov
Pepera, Carissa	Carissa.Pepera@flhealth.gov
Kelli Mercer (Guest)	kelli.mercer@hcahealthcare.com
Shamarial Roberson	sroberson@dsrconsultant.com
Patricia Blair	pblair@honeylakeclinic.com
Janice Hawkins	JHAWKINS@SunshineHealth.com
Tori R. Woods	Tori.Woods@sunshinehealth.com
Karen Nazworth	knazworth@bigbendahec.org



**Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Chronic Disease
Florida Department of Health Jefferson County Conference Room
May 23, 2023, 2:00 p.m. to 3:30 p.m.**

AGENDA

Purpose:

Community partners meet to discuss the Community Health Improvement Plan priority areas and plan activities to address the priority areas.

Topic	Lead
Welcome/Call to Order	Storm Goodlin, Committee Chair
Sign In	Storm Goodlin, Committee Chair
Data Review	Pam Beck
Develop Objectives	Group
Group Updates	Group
Next Meeting Date	Storm Goodlin, Committee Chair
Meeting Evaluation	Chelsey McCoy
Adjourn	Storm Goodlin, Committee Chair



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Chronic Disease
Florida Department of Health Jefferson County Conference Room
May 23, 2023, 2:00 p.m. to 3:30 p.m.

Sign in Sheet

<u>Name</u>	<u>Organization</u>	<u>Email Address</u>	<u>Signature</u>
1. Alisha Mughal	Bureau of Chronic Disease Prevention	alisha.mughal@flhealth.gov	Virtual
2. Anna Messick	FDOH Jefferson	anna.messick@flhealth.gov	
3. Betsy Rykard	FDOH Jefferson and Madison	leila.rykard@flhealth.gov	Betsy Rykard
4. Carissa Pepera	FDOH Madison	carissa.pepera@flhealth.gov	Virtual
5. Caroline Gibson	FDOH Jefferson and Madison	caroline.gibson@flhealth.gov	
6. Charles Allen Clayton	Madison County Fire Rescue	fireco@madisoncountyfl.com	
7. Chelsey McCoy	FDOH Jefferson and Madison	chelsey.mccoy@flhealth.gov	Chelsey McCoy
8. Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	
9. James Holland	North Florida College	hollandj@nfc.edu	
10. Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	
11. Kechia L Robinson	Madison County Board of County Commissioners	assistant@madisoncountyfl.com	Kechia Robinson
12. Kelly S Williams	Big Bend Hospice	kswilliams@bigbendhospice.org	KS Williams
13. Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	
14. Kimberly Allbritton	FDOH Jefferson and Madison	kimberly.allbritton@flhealth.gov	Virtual
15. Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	LA McDaniel



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Chronic Disease
Florida Department of Health Jefferson County Conference Room
May 23, 2023, 2:00 p.m. to 3:30 p.m.

Sign in Sheet

16. Pam Beck	FDOH Jefferson and Madison	pam.beck@flhealth.gov	<i>Pam Beck</i>
17. Shanetha Mitchell	FDOH Jefferson and Madison	Shanetha.mitchell@flhealth.gov	<i>Shanetha Mitchell</i>
18. Storm Goodlin	American Cancer Society	storm.goodlin@cancer.org	<i>Storm Goodlin</i>
19. Tammy Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	<i>Virtual</i>
20. Tristan Hope	FDOH Jefferson	tristan.hope@flhealth.gov	
21. <i>Tonya Bell</i>	<i>HSCJ MT</i>	<i>tbell@healthystartjmt.org</i>	<i>Tonya Bell</i>
22.			
23.			
24.			
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**Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Maternal and Child Health
Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
June 27, 2023, 2:00 p.m. to 3:30 p.m.**

AGENDA

Purpose:

Community partners meet to discuss the Community Health Improvement Plan priority areas and plan activities to address the priority areas.

Topic	Lead
Welcome/Call to Order	Donna Hagan, Committee Chair
Sign In	Donna Hagan, Committee Chair
Approve March Meeting Minutes	Group
Review Community Action Group Annual Action Plan	Donna Hagan, Committee Chair
Review Proposed Objectives	Group
Group Updates	Donna Hagan, Committee Chair
Next Meeting Date	Donna Hagan, Committee Chair
Meeting Evaluation	Donna Hagan, Committee Chair
Adjourn	Donna Hagan, Committee Chair



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Maternal and Child Health
Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
June 27, 2023, 2:00 p.m. to 3:30 p.m.

Sign in Sheet

<u>Name</u>	<u>Organization</u>	<u>Email Address</u>	<u>Signature</u>
Afaf Qasem	Tallahassee Memorial HealthCare	afaf.qasem@tmh.org	
Alisha Mughal	Bureau of Chronic Disease Prevention	alisha.mughal@flhealth.gov	
Anna Messick	FDOH Jefferson	anna.messick@flhealth.gov	
Carissa Pepera	FDOH Madison	carissa.pepera@flhealth.gov	
Chelsey McCoy	FDOH Jefferson and Madison	chelsey.mccoy@flhealth.gov	Chelsey McCoy
Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	
Cumi Allen	FDOH Jefferson and Madison	cumi.allen@flhealth.gov	
Debbie Saenz	Children's Medical Services: Title V Program	debra.saenz@flhealth.gov	TEAMS
Donna Hagan	Healthy Start Coalition	dhagan@healthystartjmt.org	
Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	
Janice Hawkins	Sunshine Health	jhawkins@sunshinehealth.com	
Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	
Kimberly Allbritton	FDOH Jefferson and Madison	kimberly.allbritton@flhealth.gov	ATTENDED
Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	TEAMS
Lorri G Swafford	FDLRS NEFEC	swaffordl@nefec.org	



Florida Department of Health in Jefferson & Madison County
Community Health Improvement Plan Meeting-Maternal and Child Health
Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
 June 27, 2023, 2:00 p.m. to 3:30 p.m.

Sign in Sheet

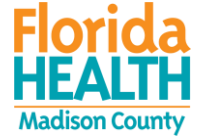
Margie Evans		576@gmail.com	
Pam Beck	FDOH Jefferson and Madison	pam.beck@flhealth.gov	
Shanetha Mitchell	FDOH Jefferson and Madison	Shanetha.mitchell@flhealth.gov	<i>Shanetha Mitchell</i>
Shanice Hayes	Early Steps	shanice.hayes@chsfl.org	
Sophia Whaley	NFW Health Network	sophia.whaley@nwfhealth.org	<i>TEAMS</i>
Tammy Wells Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	
Tonya Bell	HSC JMT	tbell@healthystartjmt.org	<i>Tonya Bell</i>
Tracy Melin	Big Bend Area Health Education Center	tmelin@bigbendahec.org	
Tristan Hope	FDOH Jefferson	tristan.hope@flhealth.gov	
<i>Shanae Prutchett</i>	<i>Disc Village</i>		<i>Shanae Prutchett</i>
<i>Laura Blue</i>	<i>HSC JMT</i>	<i>lblue@healthystartjmt.org</i>	<i>Laura Blue</i>
<i>Kimberly Albritton</i>	<i>DOH Jefferson + Madison</i>	<i>Kimberly.Albritton@flhealth.gov</i>	<i>Kimberly Albritton</i>
<i>Christina DeSilva</i>			<i>TEAMS</i>
<i>Catherine Brunson</i>			<i>TEAMS</i>

Lorraine Buffington

TEAMS



Florida Department of Health in Jefferson & Madison County
Social and Behavioral Health Committee Meeting
Florida Department of Health in Jefferson County
July 25, 2023, 10:00 a.m.



AGENDA

Purpose:

Community partners meet to discuss the Community Health Improvement Plan priority areas and plan activities to address the priority areas.

Topic	Lead
Welcome/Call to Order	Lisa Sherry, Committee Chair
Sign In	Chelsey McCoy
Approval of April Meeting Minutes	Group
Vote on Goal and Objectives	Lisa Sherry, Committee Chair
Form Work Groups	Pam Beck
Group Updates	Group
Next Meeting Date	Lisa Sherry, Committee Chair
Meeting Evaluation	Chelsey McCoy
Adjourn	Lisa Sherry, Committee Chair

Sign in Sheet

<u>Name</u>	<u>Organization</u>	<u>Email Address</u>	<u>Signature</u>
Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	
Murel Polee	Apalachee Center-Jefferson	murel.poleeiii@gmail.com	
Lisa Hill Boateright	Battlefront Therapy	LHill@battlefrontinc.com	Virtual
David Boatwright	Battlefront Therapy	dboatwright@battlefrontinc.com	Virtual
Chelsea Vogtle	Big Bend AHEC	cvogtle@bigbendahec.org	virtual
Karen Nazworth	Big Bend AHEC	knazworth@bigbendahec.org	
Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org	virtual
Alisha Mughal	Bureau of Chronic Disease Prevention	alisha.mughal@flhealth.gov	Virtual virtual
Debbie Saenz	Children's Medical Services: Title V Program	debra.saenz@flhealth.gov	virtual
Shalona Hearn	Department of Children and Families	shalona.hearns@myflfamilies.com	virtual
Lisa Sherry	DISC Village	lisa.sherry@discvillage.org	Lisa Sherry
Jessica Brantley	Disc Village	jessica.brantley@discvillage.org	J. Brantley
Sharika Craddock	DISC Village Madison Co. Outpatient Office	sharika.craddock@discvillage.org	
Caroline Gibson	DOH in Jefferson and Madison	caroline.gibson@flhealth.gov	virtual
Dr. Shamari Roberson	DSR Consultants	sroberson@dsrconsultant.com	

Sign in Sheet

Shanice Hayes	Early Steps	shanice.hayes@chsfl.org	
Kathy Barrett	Early Steps	kathy.barrett@chsfl.org	
Shanetha Mitchell	FDOH	Shanetha.mitchell@flhealth.gov	
Anna Messick	FDOH-Jefferson	anna.messick@flhealth.gov	<i>Anna Messick</i>
Pam Beck	FDOH-Jefferson and Madison	pam.beck@flhealth.gov	<i>Pam Beck</i>
Chelsey McCoy	FDOH-Jefferson and Madison	chelsey.mccoy@flhealth.gov	<i>Chelsey K. McCoy</i>
Kimberly Allbritton	FDOH-Jefferson and Madison	kimberly.allbritton@flhealth.gov	
Carissa Pepera	FDOH-Madison	carissa.pepera@flhealth.gov	<i>virtual</i>
Cheryl Twombly	Florida Department of Children and Families	cheryl.twombly@myflfamilies.com	
John Wisker	Florida Department of Children and Families	john.wisker@myfamilies.com	<i>virtual</i>
Sue Singleton	Florida Therapy Services	ssingleton@flatherapy.com	<i>Sue C. Singleton</i>
Dr. Jennifer Bellotti	Full Spectrum ABA	drbellottibcbad@fullspectrumaba.com	
Kelli Mercer	HCA	kelli.mercer@hcahealthcare.com	
Patricia Blair	Honey Lake Clinic	pblair@honeylakeclinic.com	
Allyn Howard	Jefferson County Schools	ahoward@jeffersonschools.net	
Marie Rigdon	Jefferson County Sheriff's Office	marie.rigdon@jcso-fl.org	
Charles Allen Clayton	Madison County Fire Rescue	fireco@madisoncountyfl.com	
Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	

Sign in Sheet

Tammy Wells Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	Virtual
Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	Virtual
Robin Hill	Madison County School Board	robin.hill@mcsbfl.us	Robin Hill
Melinda Richie	Madison County School Board	melinda.richie@mcsbfl.us	
Rod Williams	Madison County School Board	roderick.williams@mcsbfl.us	
Shirley Joesph	Madison County School Board-Superintendent	shirley.joseph@mcsbfl.us	
Sophia Whaley	NFW Health Network	sophia.whaley@nwfhealth.org	
Bibi Ramos	NFW Health Network	beatriz.ramos@nwfhealth.org	
Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	
Tori Woods	Sunshine Health	tori.woods@sunshinehealth.com	
Kamia Brown	Sunshine Health	kamia.brown@sunshinehealth.com	Virtual
Patricia Hall	The Butterfly Effect Mentoring Program	butterflygirls1@yahoo.com	
Nicole Dempsey	VA	nicole.dempsey@va.gov	Virtual

Mecayla Davis Jefferson Co. Sheriff's Office mecayla.davis@jcs0-fl.org Mecayla Davis
 Shanae Pritchett Disc Village, Inc shanae.pritchett@discvillage.org Shanae Pritchett

Michael Angeles Jefferson CHD Michael.Angelas2@flhealth.gov Michael Angeles
 Jack Fry UFL ja@ufl.edu j.fry@ufl.edu Jack Fry
 Catherine Brunson Catherine.brunson@nwfhealth.gov Catherine Brunson

COMMUNITY PARTNER LIST

<u>Name</u>	<u>Organization</u>	<u>Email</u>
Alfred Martin	District 4 County Commissioner	District4@madisoncountyfl.com
Allison Wiman	Big Bend AHEC	awiman@bigbendahec.org
Alston Kelley	District 1 County Commissioner	District1@madisoncountyfl.com
Alyssa Crawford	FDOH Minority AIDS Coordinator	alyssa.crawford@flhealth.gov
Amanda Frith	MCMH-Case Manager	afrith@mcmh.us
Analia Racioppi	Office of Child and Family Well-Being (MyFLFamilies)	analia.racioppi@myflfamilies.com
Andrew Pinkard	TCEC	apinkard@tcec.com
Angela Webster	Capital Area Community Action Agency	angela.webster@cacaainc.org
Annette Everett	Madison County Memorial Hospital	aeverett@mcmh.us
Annette Johnson		annette.johnson@jj-strong.com
Annie Pinello	FDLRS Gateway	annie.pinello@fdlrgateway.com
April Brooks	Madison Public Library	abrooks@neflin.org
Ashley Schermerhorn	Big Bend Community Based Care	ashley.schermerhorn@bigbendcbc.org
Barbara Dansey	City of Greenville Town Council, Group 3	seat3@mygreenvillefl.com
Barbara Herring	Florida Therapy	Herring.barbara@gmail.com
Ben Harris		kissedbygrace@centurylink.net
Beth Carey		madison@amcsapts.com
Beth Fuentes	ACI Program Supervisor	elizabethf@apalacheecenter.org
Beth Fulford	Honey Lake Clinic	
Betsy Wood	Florida State University School of Public Health	betsywood100@gmail.com
Billy Washington	Clerk of Court	bwashington@madisonclerk.com
Branton Treglown	Youth Minister	branton.treglown@gmail.com
Brent Couch	Simply Healthcare	bcouch@simplyhealthcareplans.com
Brian Williams	District 5 County Commissioner	District5@madisoncountyfl.com
Brigitte Robinson	Disc Village	brobinson@discvillage.com
Brittany Selph	Chief Nursing Officer MCMH	bselph@mcmh.us
Brittini Brown	City of Greenville Town Council, Group 4	seat4@mygreenvillefl.com
Brunilda Robles	USDA	brunilda.robles@usda.gov
Calvin Malone	City of Greenville Town Council, Group 2	seat2@mygreenvillefl.com
Camye Edwards	Big Bend Cares	cedwards@bigbendcares.org
Carl Livingston	City of Greenville Town Council, Group 5	seat5@mygreenvillefl.com
Carol Gibson	School Board District 2	carol.gibson@madison.k12.fl.us

COMMUNITY PARTNER LIST

Catherine Monismith		cmonismith@nfmc.org
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Chad Arnold	Early Head Start	carnold@kidsincorporated.org
Charlie Jackson	Whole Child Leon	charlie@wholechildleon.org
Cindi Burnett	Madison County Memorial Hospital	cburnett@mcmh.us
Cindy Coulter	Madison County Memorial Hospital	ccoulter@mcmh.us
Cindy Hutto	Healthy Start JMT	cjhutto@healthystartjmt.org
Crystal Singletary	Madison County Memorial Hospital	csingletary@mcmh.us
Dani Mays	NFCC	MaysD@nfcc.edu
David Harper	Sheriff	sheriff@mcso-fl.org
Debbie Saenz	Office of Children's Medical Services	debra.Saenz@flhealth.gov
Debbie Thomas	MCMH-Performance Improvement Director	dthomas@mcmh.us
Deborah Latson	Elder Care Services Inc.	latsond@ecsbigbend.org
Debra Brown	United Methodist Cooperative Ministries	umcooperative@nettally.com
Deputy Clerk for Town of Lee		dclerk1@gmail.com
Diane Head	Career Source	Diane.Head@careersourcenorthflorida.com
Donna Hagan	Healthy Start Coalition Director	dhagan@healthystartjmt.org
Donnie Waldrop	District 2 County Commissioner	district2@madisoncountyfl.com
Dr. Dulay		acdulay@embarqmail.com
Dr. Patacxil		frpatacxil@yahoo.com
Dr. Payne		blainepayne@aol.com
Dr. Perkins	MCMH-Chief Medical Officer	dperkins@mcmh.us
Dr. Schindler		drmomj@aol.com
Elizabeth Fuentes	Program Supervisor at Apalachee Center	elizabethf@apalacheecenter.org
Elizabeth Schmidt	Saint Leo Universty	Elizabeth.Schmidt02@saintleo.edu
Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org
Eric Schindler	Lake Park of Madison	lakmark@maximushq.com
Erika Littles	Bankers Life Insurance Agent	erika.littles@bankerslife.com
George Hinchliffe	Shephard's Hands Free Health Clinic	geohinchliffe@gmail.com
Gina Sapp, ARNP		gina_sapp@hotmail.com
Grace Garratt	211 Big Bend Mental Health Navigator	ggarratt@211bigbend.org
Greg Riherd	NCFRHN:	g.riherd@gmail.com
Heather Flynn	FSU College of Medicine	heather.flynn@med.fsu.edu

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Hitomi Izana	Apalachee Center	hitomii@apalacheecenter.org
Ina Thompson	City Commissioner District 2	inathompson@yahoo.com
Inez Nichols	MCMH-Hospitalist	
Jack Kramer	MCMH	jkramer@mcmh.us
Jackie Stubbs	WIC	
James Bell	Lee Mayor	leemanager@leeflorida.org
James Easton	FDOH Area 2B	james.easton@flhealth.gov
Jan Brown	North Florida Head Start Health Services Coordinator	jbrown@floridachildren.org
Janay	Sickle Cell Foundation	janay@sicklecellfoundation.org
Janie Register	FDLRS	reigisterj@leonschools.net
Janis Bunting	Friends of the Hospital, Inc.	janiswbunting@gmail.com
Janyah Glenn	DJJ	janyah.glenn@djj.state.fl.us
Jason Ishley	CCYS	jason@ccys.org
Jay Reeve	Apalachee Center	jayr@apalacheecenter.org
Jennifer Poore	Chamber of Commerce	jennifer@madisonfl.org
Jennifer Travieso	Disc Village Inc.	jennifer.travieso@discvillage.org
Jere Clark	Department of Children and Families	jere.clark@myflfamilies.com
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Jim Sale		jjshighpoint@gmail.com
John Grosskopf	NFCC President	GrosskopfJ@nfcc.edu
Joseph Cantin	Florida Department of Children and Families	joseph.cantin@myflfamilies.com
Joy Rhodes		joy.rhodes@myflfamilies.com
Judy Townsend	City Commissioner District 5	jrtownsend@embarqmail.com
Julie Townsend	NFCC	townsendj@nfcc.edu
Julie Walden	NFCC	waldenj@nfcc.edu
Julius Hackett	Tri County Electric	jhackett@tcec.com
Karen Kocan	MCMH-Marketing	kkocan@mcmh.us
Karen Kocan	MCMH	kkocan@mcmh.us
Karen Sofhner	Lak Park of Madison	ksoehner@maximushq.com
Kathleen Hamilton	Greenville City Vice Mayor	kleenhamilton@gmail.com
Kathleen Hamilton	Vice Mayor, City of Greenville Town Council, Group	seat1@mygreenvillefl.com
Kathy Barrett	Early Steps	Kathy.barrett@chsfl.org

COMMUNITY PARTNER LIST

Kechia Robinson		assistant@madisoncountyfl.com
Kellie Mercer	Capital Regional	kelli.mercer@hcahealthcare.com
Kevin Angel	MCMH-Mobile Wellness	kangel@mcmh.us
Kevin Ogden	Ability 1st	kevinogden@ability1st.info

MADISON COUNTY HEALTH SUMMIT

DECEMBER 16, 2022

10:00 a.m. to 3:00 p.m.

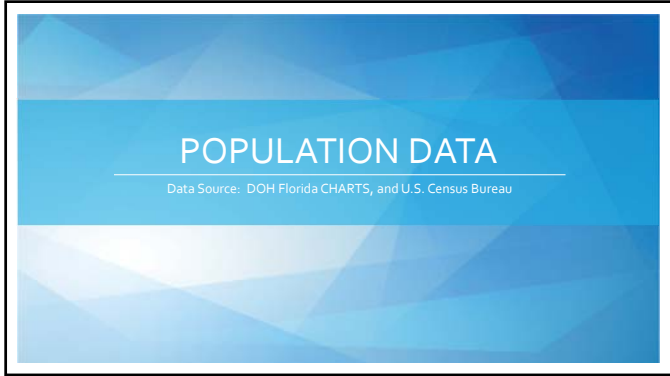


Florida
HEALTH
Madison County

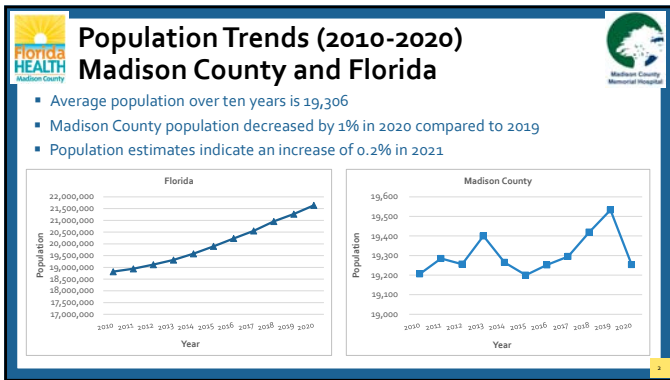


Madison County
Memorial Hospital

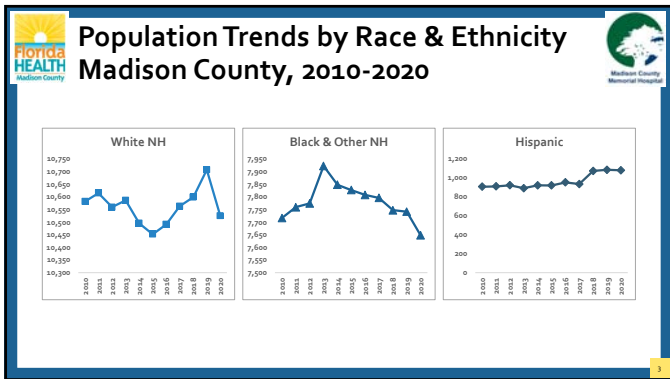
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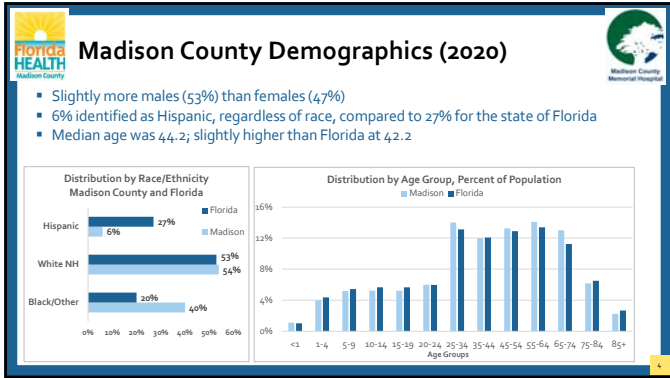
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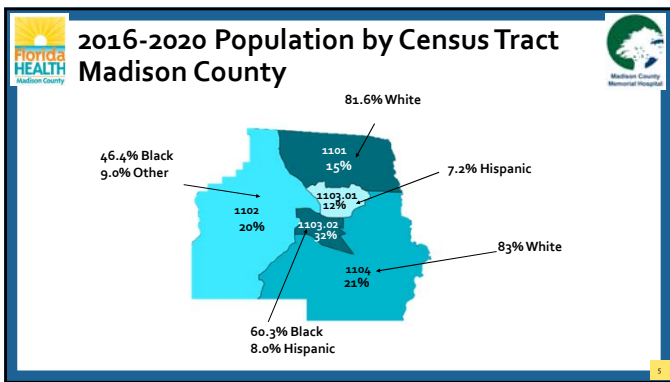
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6




Health Care Facilities (2020)




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

7




Health Care Providers (FY 2020-2021)




<ul style="list-style-type: none"> ▪ 5 Licensed, Active MDs <ul style="list-style-type: none"> ○ 1 Family Practice Physician ○ 2 Internal Medicine ○ 0 OB/GYN ○ 0 Pediatrician ○ 2 Other practice ▪ 17 EMTs/Paramedics ▪ 5 Licensed Dentists ▪ 10 Dental Hygienists 	<ul style="list-style-type: none"> ▪ 23 Full-Time Health Department employees ▪ 26 APRNs ▪ 166 Registered Nurses ▪ Licensed Mental/Behavioral Health Providers <ul style="list-style-type: none"> ○ 2 Clinical Social Workers ○ 0 Marriage and Family Therapists ○ 6 Mental Health Counselors ○ 1 Psychologist
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Madison County Memorial Hospital

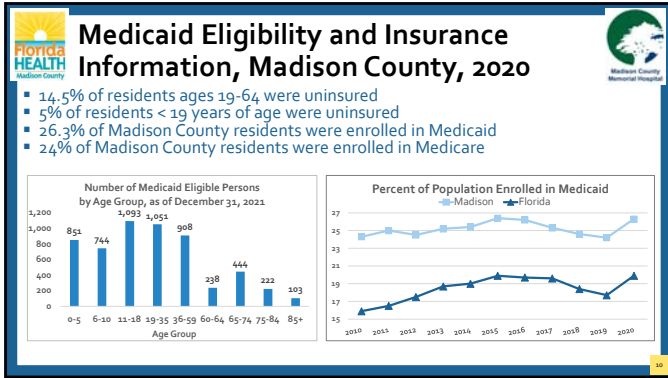


Services available are:

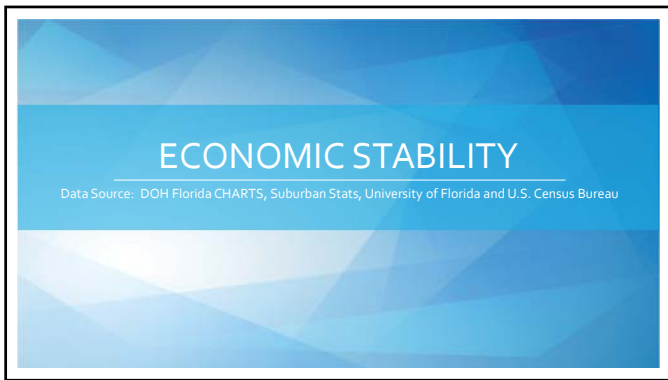
<ul style="list-style-type: none"> ○ General Surgery ○ CT Scan ○ Endoscopy ○ Emergency Department ○ Wellness and Coaching ○ Laboratory ○ Mammography ○ Respiratory/Cardiopulmonary 	<ul style="list-style-type: none"> ○ Rehabilitation (Inpatient and Outpatient) ○ Swing Bed – Extra time for healing ○ Telemedicine/TeleStroke Program ○ Inpatient TeleCardiology Consultations ○ Telebehavioral Health ○ Ultrasound ○ X-ray
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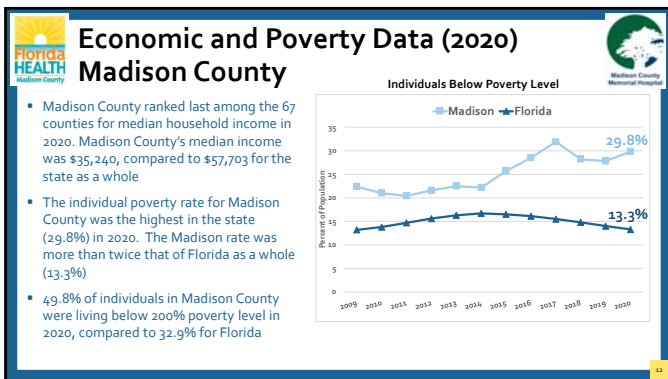
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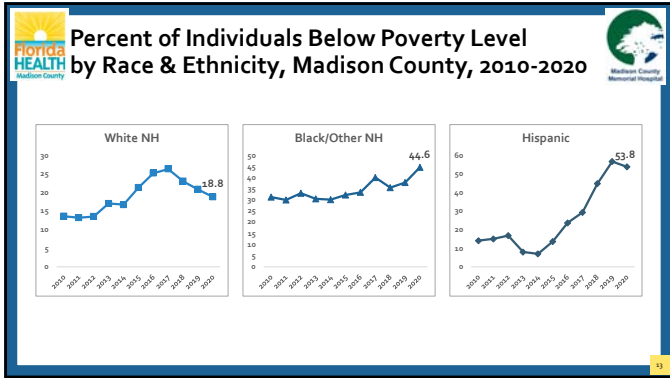
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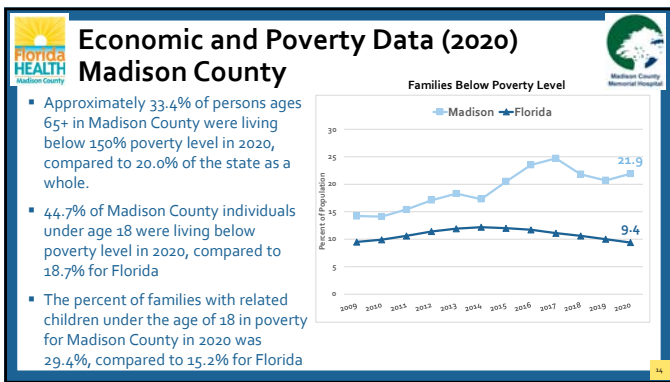
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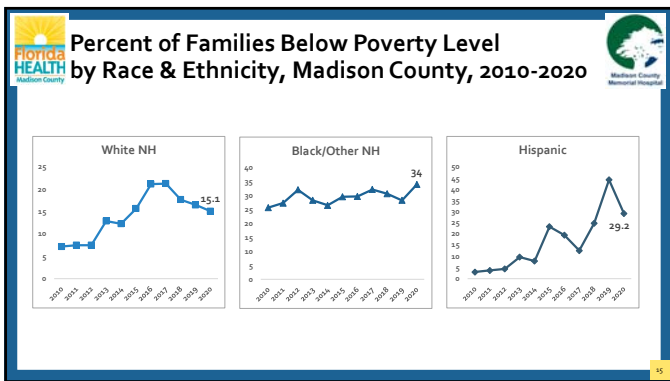
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Feeding America Food Insecurity Data for Madison County, Florida 2020

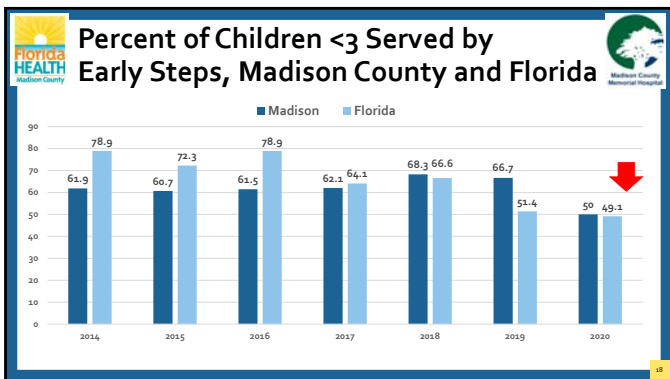
- Feeding America estimates that the overall food insecurity rate for Madison County was 16.5%, with 3,070 residents who were food insecure
- Madison County food insecurity rates by race and ethnicity for 2020 are
 - Black, all ethnicities = 25.0%
 - Hispanic = 22.0%
 - White, non-Hispanic = 9.0%
 - Other race or multiracial data not available
- When looking at ages <18, the food insecurity rate was 26.6%, with 900 residents who were food insecure

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EDUCATION DATA

Data Source: DOH Florida CHARTS, DOE Education Information and Accountability Services

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Florida HEALTH Madison County

Early Education Indicators

Madison County Memorial Hospital

- Data show that Madison County kindergarten children were more likely to be prepared upon entry than kindergarteners statewide
- The percent of Madison County elementary students not promoted was 7.5% in 2020, compared to 1.4% in Florida
- Madison County 3rd grade students were less likely to have a passing English and Math FSA score, compared to Florida in 2020
 - The percent of students with passing English scores were 44% Madison County and 56% for Florida
 - The percent of students with passing Math scores were 44% Madison County and 51% for Florida

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Florida HEALTH Madison County

Education Indicators

Madison County Memorial Hospital

- The percent of Madison County middle school students not promoted was 10.0% in 2020, compared to 1.2% in Florida
- The 2020 school year graduation rate for Madison County was 88.2%, compared to 90% for Florida
 - 85% for males and 90.7% for females
 - 92% for Black, non-Hispanic students and 83.3% for White, non-Hispanic students. Hispanic data not available
 - Refer to the full slide set for further data comparisons by Disadvantaged, and by students with disabilities

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Florida HEALTH Madison County

Percent of Population Ages 25+, With No Diploma by Race & Ethnicity, Madison County, 2010-2020

Madison County Memorial Hospital

- The overall percent of Madison County residents with no high school diploma was 20.1% in 2020, compared to 11.5% for Florida.

White NH

Year	Percent
2010	18.0
2011	18.0
2012	18.0
2013	18.0
2014	18.0
2015	17.0
2016	16.0
2017	15.0
2018	14.0
2019	13.0
2020	12.7

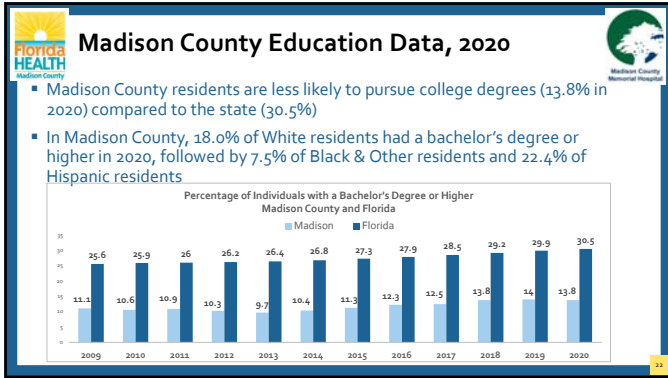
Black & Other NH

Year	Percent
2010	38.0
2011	36.0
2012	34.0
2013	32.0
2014	30.0
2015	28.0
2016	26.0
2017	25.0
2018	26.0
2019	28.0
2020	31.0

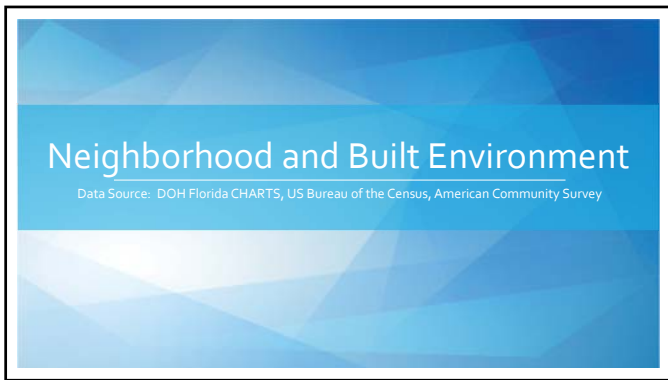
Hispanic

Year	Percent
2010	65.0
2011	68.0
2012	65.0
2013	62.0
2014	60.0
2015	55.0
2016	50.0
2017	45.0
2018	42.0
2019	40.0
2020	30.9

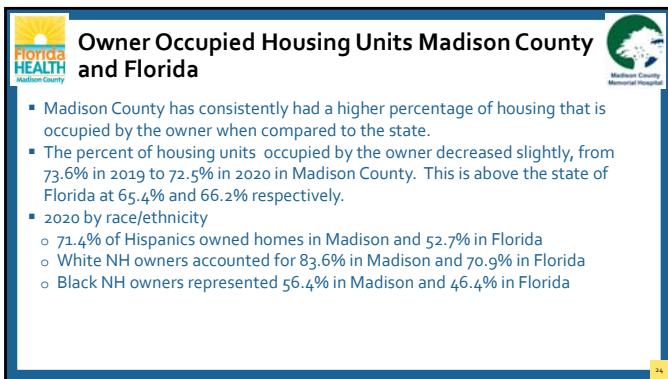
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Other Neighborhood and Built Environment Indicators, Madison County

Housing Quality, 2016-2020

- Housing quality indicators include plumbing, kitchen facilities, and home heating source
- Housing quality indicators do not show any issues for Madison County

Transportation to Work, Ages 16+, 2016-2020

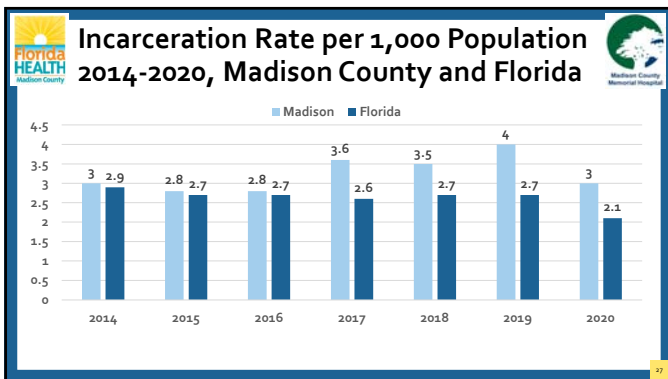
- 11% of Madison County residents ages 16+ carpoled to work during 2016-2020. Census tract 1102 had the highest percent of population that carpoled.
- Less than 1% used public transportation. Note that Big Bend Transit is the only source of public transportation.
- The average travel time to work was 28.6 minutes
- 7.4% of households in Madison County did not have a vehicle. Census tracts 1103.01 and 1103.02 had the highest percent of population with no vehicle

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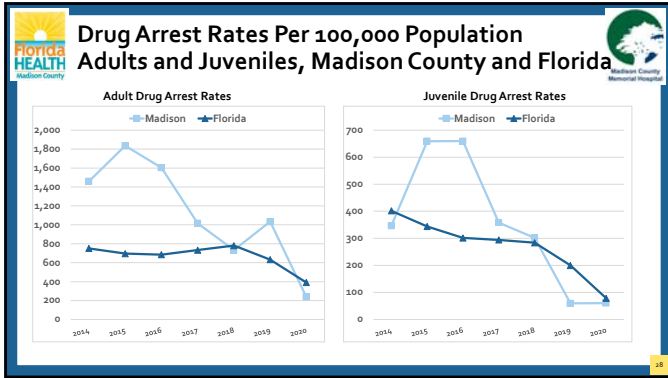
Social and Community Context

Data Source: DOH Florida CHARTS, Florida Department of Corrections, Florida Department of Juvenile Justice

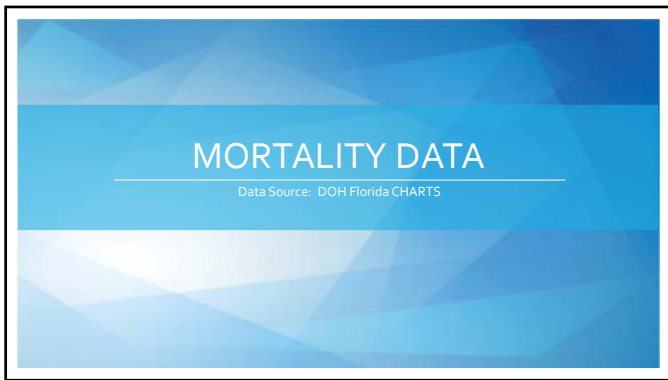
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**10 Leading Causes of Death, 2020
Madison County (N=306)**

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	67	22%
Heart Diseases	55	18%
Other Causes of Death	52	17%
COVID-19 (U07.1)	34	11%
Cerebrovascular Diseases	20	7%
Chronic Lower Respiratory Disease	18	6%
Unintentional Injury	14	5%
Diabetes Mellitus	9	3%
Essen Hypertension & Hypertensive Renal Disease	6	2%
Nephritis, Nephrotic Syndrome, Nephrosis	6	2%
Chronic Liver Disease & Cirrhosis	4	1%
Alzheimer's Disease	3	1%

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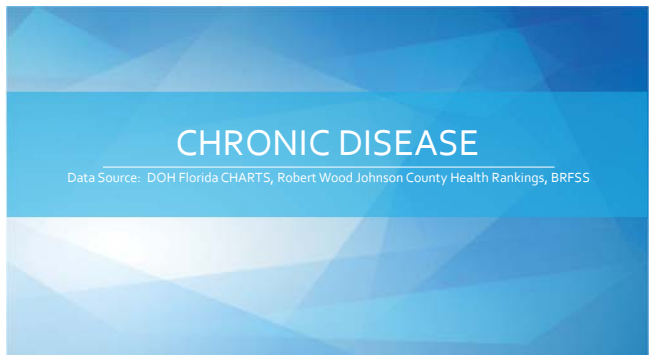


Minority Population Causes of Death Madison County 2020 (N=106)



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


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CHRONIC DISEASE

Data Source: DOH Florida CHARTS, Robert Wood Johnson County Health Rankings, BRFSS

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Causes of Death, Madison County, 2020



Cause of Death	Percent of Total
Malignant Neoplasm (Cancer)	22%
Heart Diseases	18%
COVID-19	11%
Cerebrovascular Diseases	7%
Chronic Lower Respiratory Disease	6%
Unintentional Injury	5%
Diabetes Mellitus	3%
Essen Hypertension & Hypertensive Renal Dis	2%
Nephritis, Nephrotic Syndrome, Nephrosis	2%
Chronic Liver Disease & Cirrhosis	1%

- These 10 leading causes of death equal 76% of the total 306 deaths
- Chronic disease deaths include four of the ten leading causes of death in Madison County and chronic diseases contribute to an additional two causes of death

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Cancer Death Rates (2000 – 2020) Madison County and Florida

- Madison County was in the fourth quartile for 2020 and ranked third highest in the state for death rate
- Of the 505 cancer deaths during 2010-2020:
 - 70% were White, non-Hispanic
 - 29% were Black & Other, non-Hispanic
 - 1% were Hispanic

Year	Madison County	Florida
2000	200	190
2001	200	190
2002	250	185
2003	200	185
2004	270	185
2005	265	185
2006	200	185
2007	230	185
2008	200	185
2009	150	185
2010	140	185
2011	140	185
2012	140	185
2013	140	185
2014	230	185
2015	190	185
2016	150	185
2017	150	185
2018	150	185
2019	150	185
2020	230	185

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Percent of Cancer Cases at Advanced Stage When Diagnosed (2005-2019)

- The average percent of advanced stage diagnoses over the entire time frame is 47.8% for Madison County

Year	Madison County	Florida
2005	45	42
2006	32	42
2007	48	42
2008	47	42
2009	49	42
2010	46	43
2011	46	43
2012	55	43
2013	54	43
2014	50	43
2015	38	43
2016	55	43
2017	47	43
2018	50	43
2019	52	43

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Cancer Deaths by Type of Cancer Madison County, 2020

Type of Cancer	Deaths
Colorectal	44
Breast	24
Lung	21
Esophagus	18
Unknown Behavior Neoplasms	14
Bladder	13
Brain & Central Nervous System	13
Prostate	5
Lymphoid & Related Tissue	4
Pancreatic	3
Stomach	3
Melanoma	3

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Death Rates Due to Diabetes, 2010 – 2020 Madison County and Florida

- Madison ranked 16th highest in the state for rate of diabetes deaths in 2020
- 2010-2020 diabetes death data by race/ethnicity and gender
 - 49% of deaths were White, non-Hispanic, 49% were Black & Other, non-Hispanic and 2% were Hispanic
 - 50% of deaths were male and 50% were female

Year	Madison County	Florida
2010	28	22
2011	25	22
2012	35	22
2013	12	22
2014	34	22
2015	33	22
2016	32	22
2017	32	22
2018	32	22
2019	33	22
2020	34	23

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Death Rates Due to Stroke, 2000-2020 Madison County and Florida

- Madison ranked 4th highest in the state for rate of stroke deaths in 2020
- The 2020 death rate per 100,000 population was 71.0, compared to 44.4 for Florida

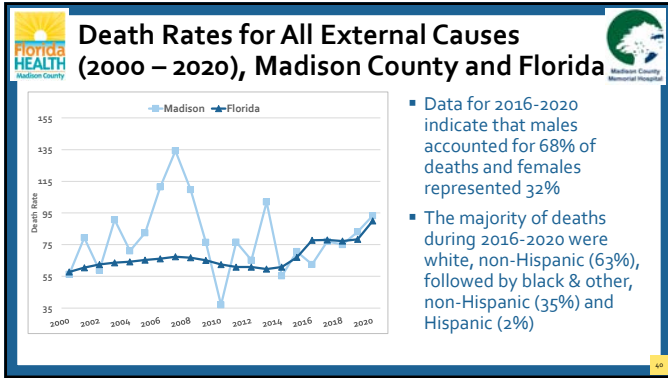
Year	Madison County	Florida
2000	45	48
2001	40	45
2002	58	42
2003	55	40
2004	65	38
2005	50	35
2006	78	32
2007	45	30
2008	42	28
2009	10	25
2010	40	22
2011	30	20
2012	58	20
2013	45	20
2014	58	20
2015	35	22
2016	48	22
2017	35	22
2018	58	22
2019	40	22
2020	71	44

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INJURY AND VIOLENCE

Data Source: DOH Florida CHARTS

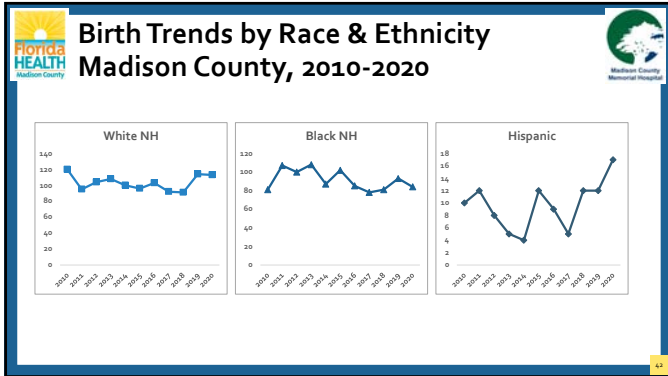
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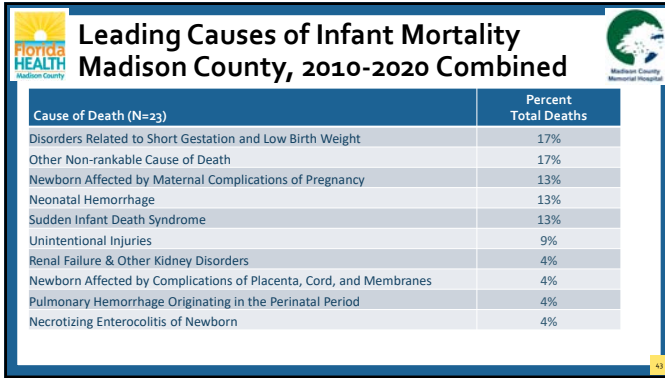
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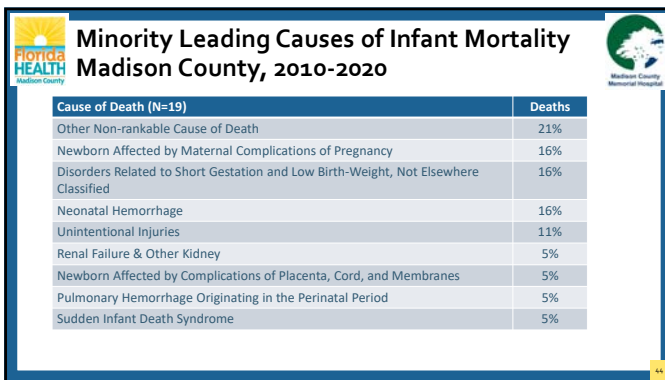
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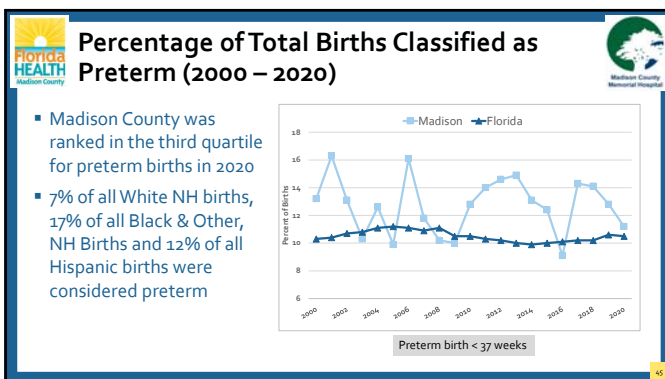
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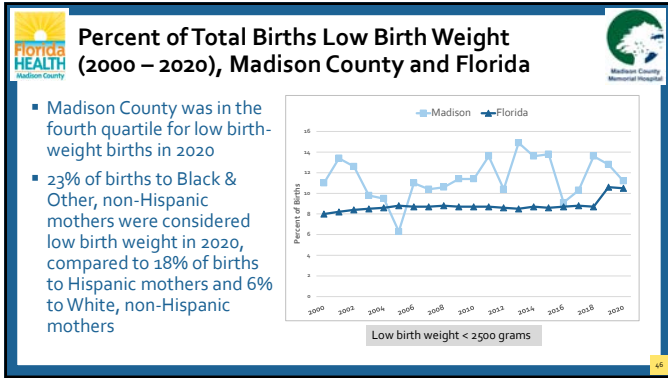
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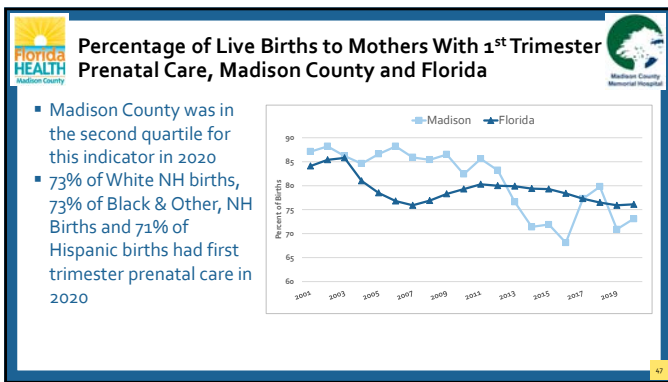
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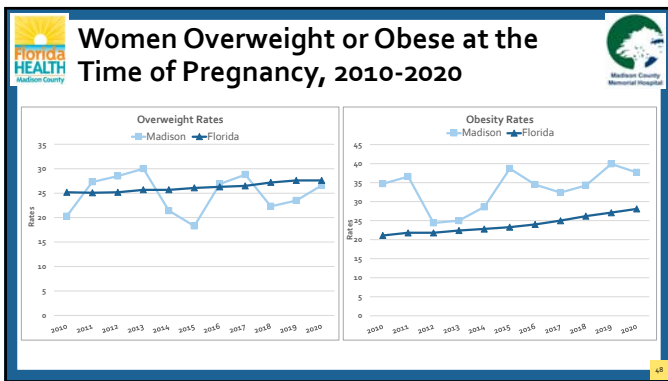
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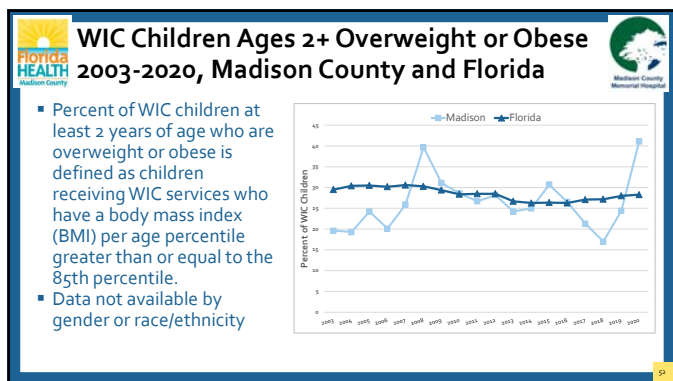
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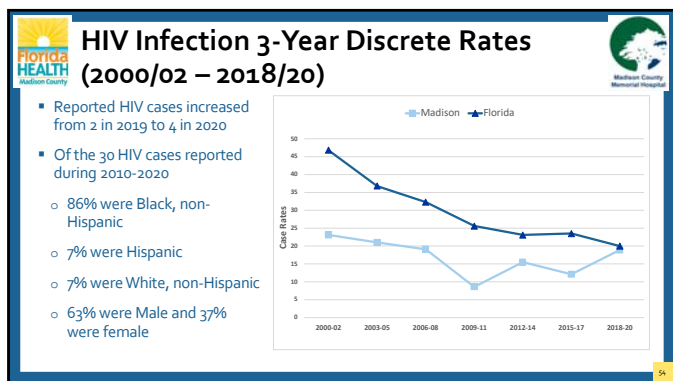
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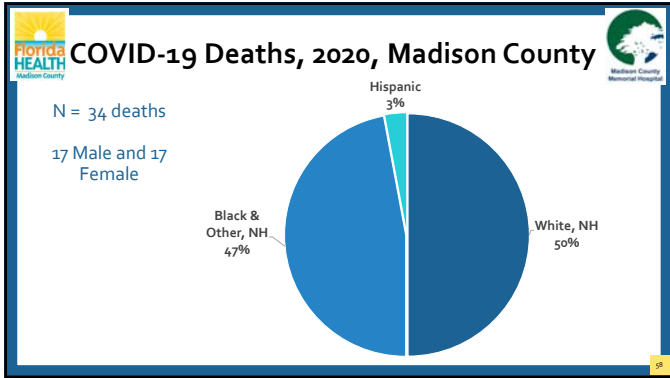
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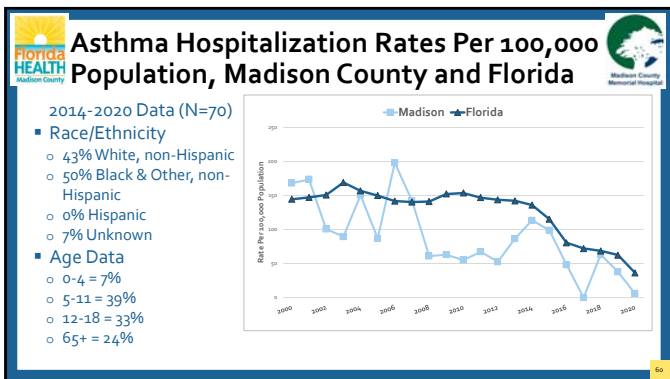
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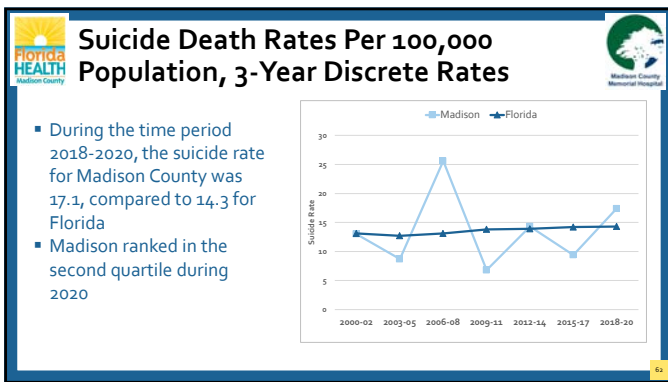
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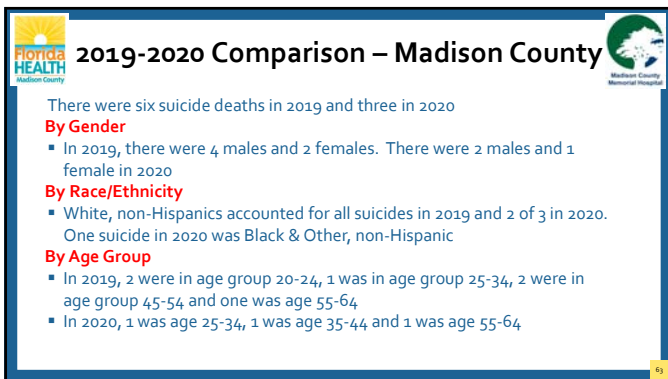
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2019-2020 Comparison – Madison County

By Method

- In 2019, 2 suicides occurred using a firearm, 2 occurred through suffocation and 2 occurred through non-drug poisoning
- In 2020, 2 occurred using a firearm and 1 occurred through suffocation

Non-Fatal Self-Harm Injuries

- There were a total of 21 reported in 2019, of which 5 were hospitalized and 16 were ER visits
- There were a total of 18 reported in 2020, of which 4 were hospitalized and 14 were ER visits

Estimated Seriously Mentally Ill

- There were an estimated 612 seriously mentally ill adults in 2020
- There were an estimated 166 seriously disturbed youth ages 9-17 in 2020

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Hospitalizations by Type of Mental Disorder, 2019-2020 Madison County

2019 = 141 Hospitalizations

Disorder	Percentage
Mood and Depressive Disorder	52%
Schizophrenic Disorder	40%
Drug and Alcohol Induced	4%
Eating Disorder	4%

2020 = 176 Hospitalizations

Disorder	Percentage
Mood and Depressive Disorder	53%
Schizophrenic Disorder	35%
Drug and Alcohol Induced	12%
Eating Disorder	6%

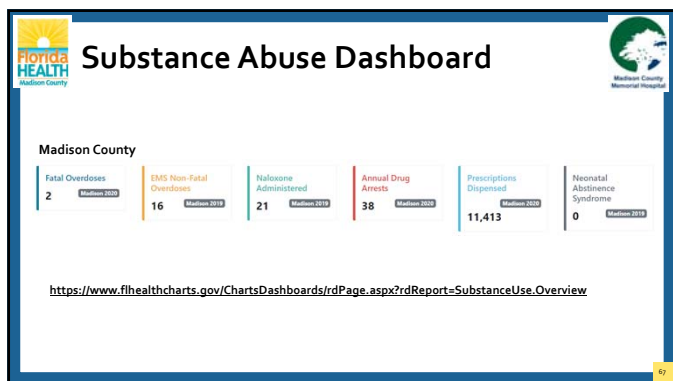
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Drug Poisoning Death Rates Per 100,000 Population, 3-Year Discrete Rates

- Madison County's rates are below the state's; however, they are increasing
- While the surrounding counties are in the 1st quartile, Madison County ranked in the 2nd quartile in 2020

Year Range	Madison County (per 100,000)	Florida (per 100,000)
2009-2011	~4	~15
2012-2014	~5	~12
2015-2017	~8	~20
2018-2020	~18	~28

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2020 Overdose Data, Madison County


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

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Prescriptions and Treatment Madison County

2021 Indicator	Madison County
Number of Opioid Prescriptions Dispensed	8,251
Number of Unique Patients	2,240
Prescriptions Dispensed Per Patient	3.7
Adult Substance Abuse Program Enrollees	16
Child Substance Abuse Program Enrollees	66

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Risk Behaviors, Madison County




Indicator	Madison County
% Adults Who Engage in Heavy or Binge Drinking - 2019	12.3%
% Students Who Rode in a Car Driven By Someone Who Had Been Drinking - 2018	12.8%
% Students Using Vape Products with Marijuana Oil - 2020	26.2%

Adult respondents to BRFSS survey and student respondents to YRSB survey

70



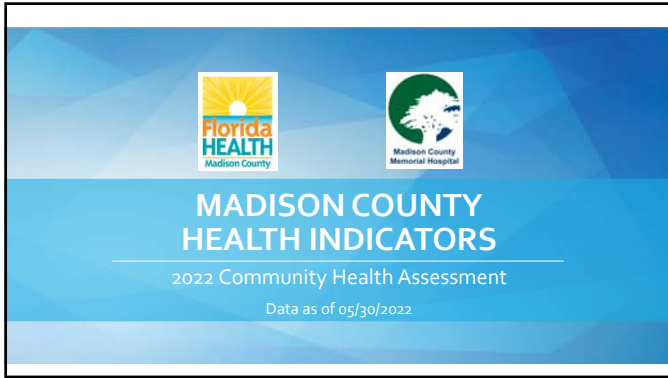
Consequences, Madison County



Indicator	Madison County
Drug Arrests – 2020	38 37 adult 1 child
Alcohol Confirmed Motor Vehicle Crashes – 2019	9 3 fatalities
Drug Confirmed Motor Vehicle Crashes - 2019	6 1 fatality
Neonatal Abstinence Syndrome – 2019	<5

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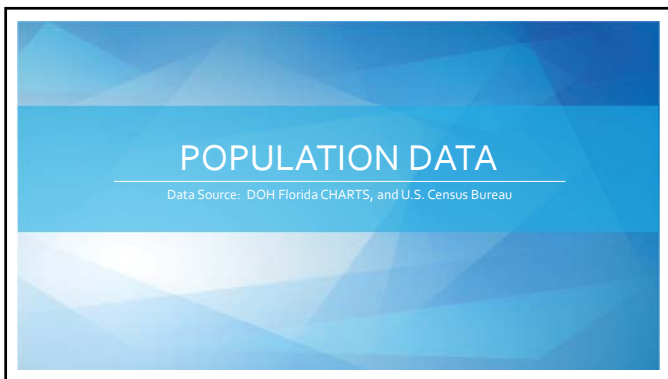
Madison County Health Indicators



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2016-2020 Minority Population by Census Tract, Madison County

- The highest percent of population who were Black, non-Hispanic resided in 1102 and 1103.02
- The highest percent of population who were Hispanic resided in 1103.01 and 1103.02
- The highest percent of population who were Other Race or Multiracial resided in 1102 and 1103.02

Census Tract	Black (B)	Hispanic (H)	Other (O)
1101	-	7.1%	-
1102	46.4%	-	9.1%
1103.01	-	9%	-
1103.02	60.3%	9%	1.8%
1104	-	-	-

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Madison County Demographics (2020)

- Slightly more males (53%) than females (47%)
- 6% identified as Hispanic, regardless of race, compared to 27% for the state of Florida
- Median age was 44.2; slightly higher than Florida at 42.2

Race/Ethnicity	Madison County	Florida
Hispanic	6%	27%
White NH	53%	54%
Black NH	20%	40%



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2016-2020 Demographics by Census Tract Percent of Total Population, Madison County

Race	1101	1102	1103.01	1103.02	1104
White	77.7	43.9	58.2	30.0	79.5
Black	15.6	46.4	33.0	60.3	11.7
Other	0.0	3.1	0.0	0.2	0.1
Multiracial	0.4	6.0	1.7	1.6	1.0
Hispanic (All Races)	6.3	0.5	7.2	8.0	7.1

Gender	1101	1102	1103.01	1103.02	1104
Males	51.3	46.0	47.5	66.2	47.7
Females	48.7	54.0	52.5	33.8	52.3

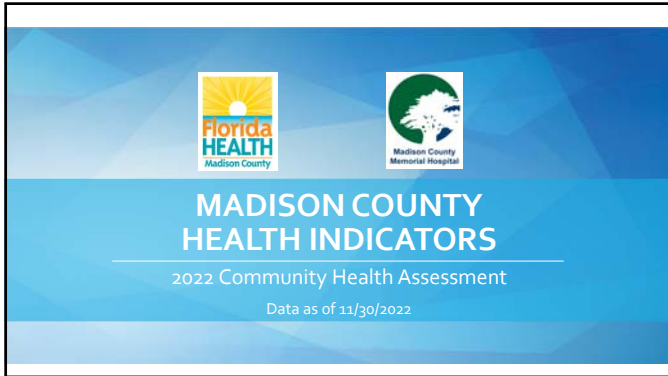
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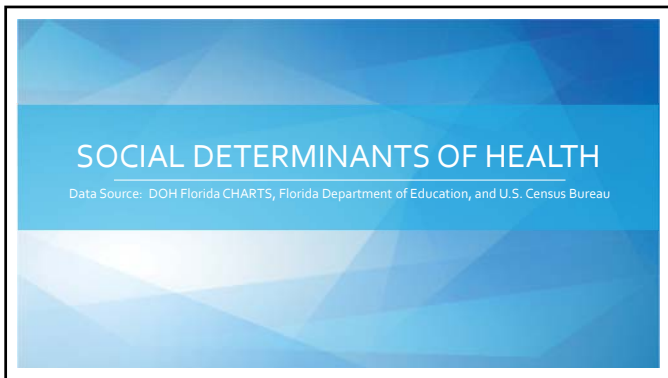
2016-2020 Demographics by Census Tract
Percent of Total Population, Madison County

Age Group	1101	1102	1103.01	1103.02	1104
<5	3.3	5.9	6.0	5.0	3.6
5-9	7.3	6.0	1.8	5.3	3.3
10-14	0.7	10.6	6.3	2.5	8.2
15-19	4.1	6.6	11.2	4.8	6.2
20-24	2.7	4.7	2.4	6.5	4.7
25-34	10.1	13.2	9.2	20.1	13.0
35-44	10.8	9.0	12.7	14.8	8.6
45-54	14.5	12.2	12.3	14.7	9.0
55-59	4.6	8.5	10.2	5.6	9.5
60-64	8.7	5.9	8.4	5.4	8.4
65-74	21.7	11.6	12.9	8.5	15.4
75+	11.4	5.9	6.6	6.9	10.1

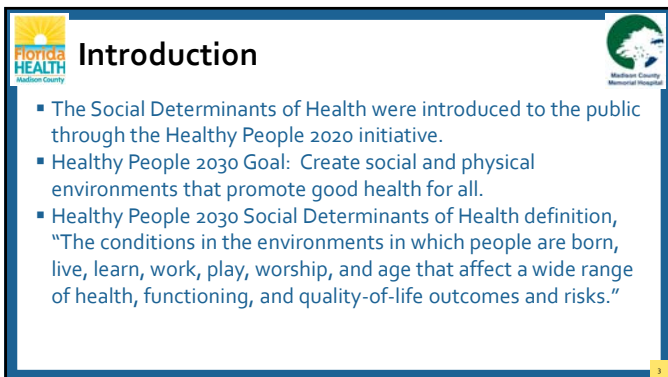
Social Determinants of Health




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Introduction

- According to the World Health Organization, “The social determinants of health have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.”
- National Academies of Sciences, Engineering and Medicine, “Nonprofit human service agencies are critical partners in efforts to bend the nation’s health care cost curve because they address vulnerable populations’ social and behavioral factors through the provision of a wide range of services, including access to safe, stable housing; nutritious food; counseling services; recreation programs; transportation; and advocacy.”




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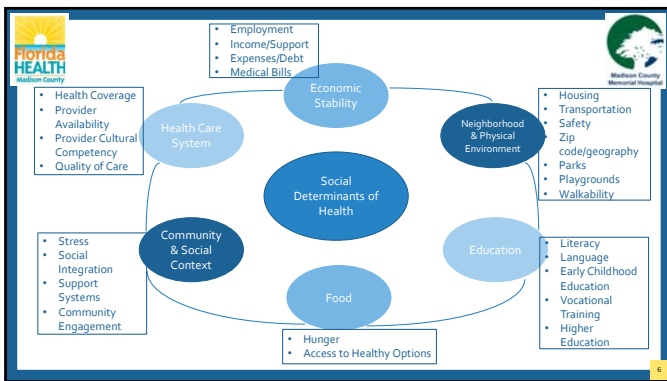


SDOH Categories

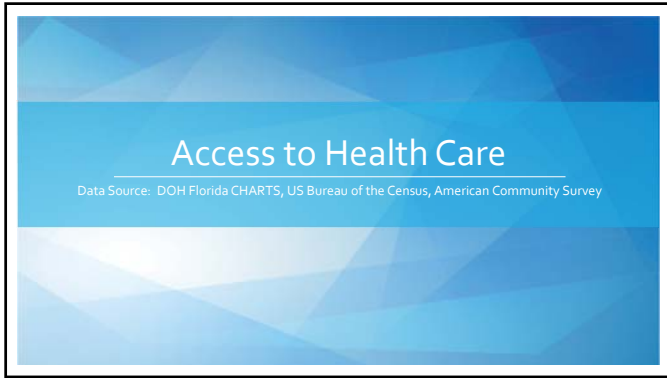
- The rationale is that in order to fix health care, you have to fix these items first
 - Education
 - Economic Stability
 - Food
 - Social and Community Context
 - Health & Health Care
 - Neighborhood and Built Environment



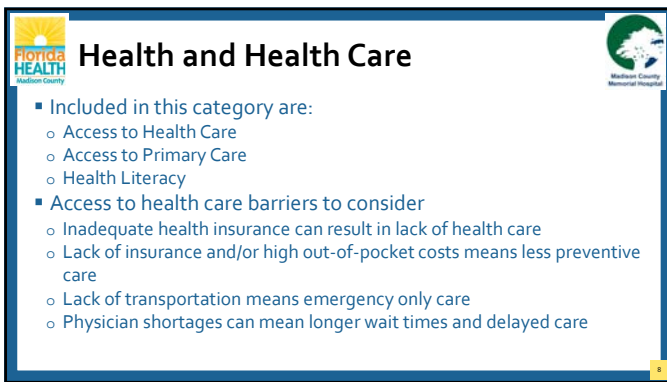
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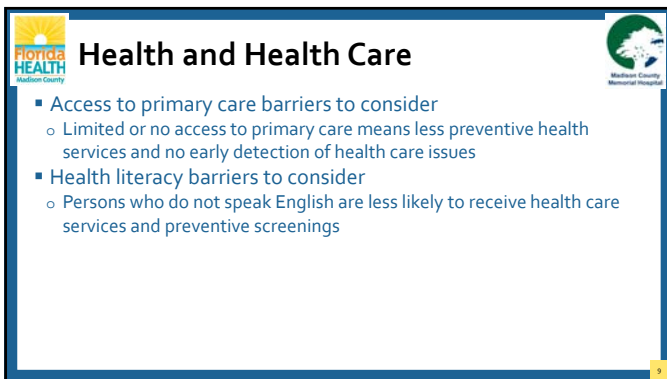
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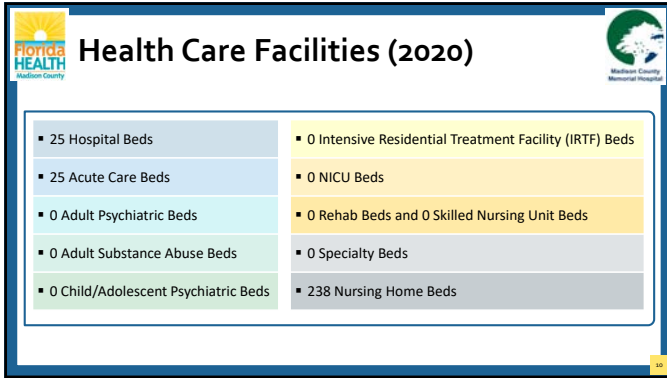
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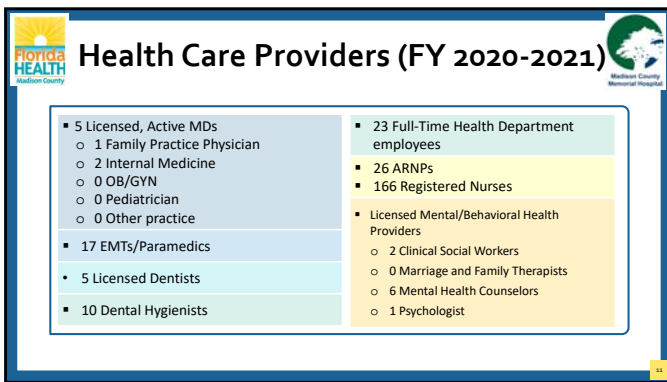
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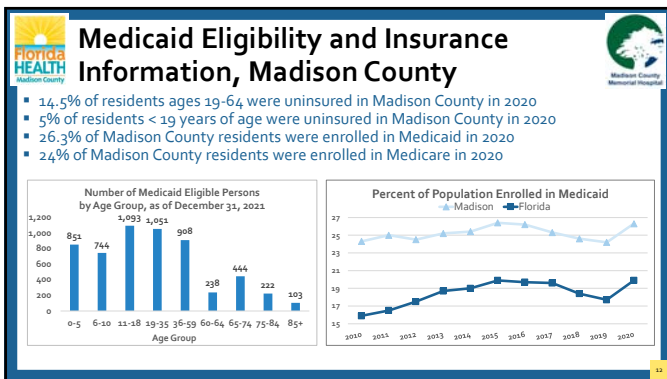
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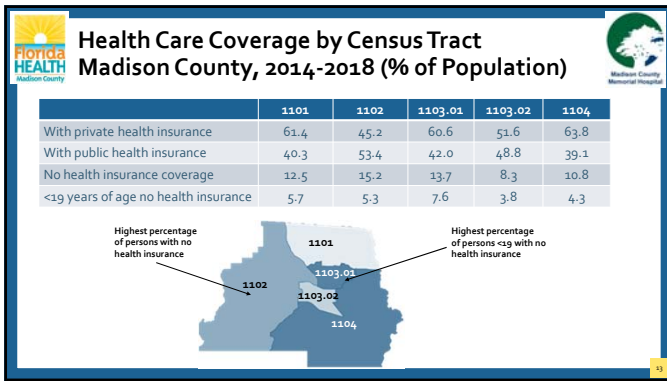
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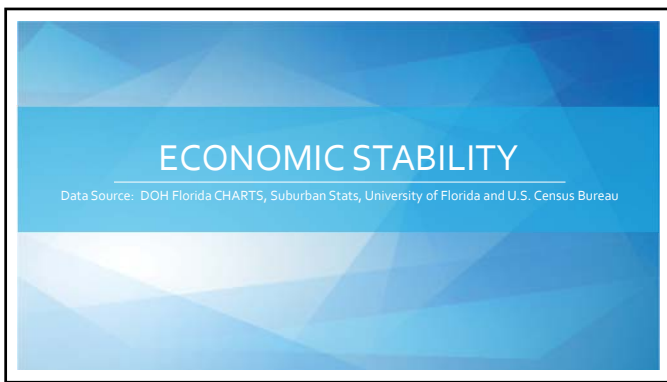
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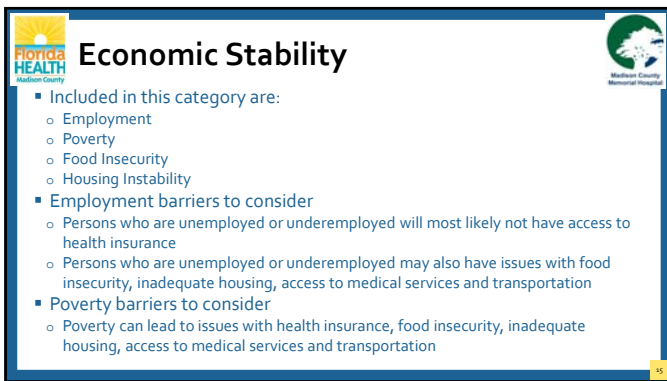
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Economic Stability




- Food insecurity barriers to consider
 - Adults who are food insecure are more likely to be obese and suffer from chronic diseases
 - Children who do not eat regularly or do not eat a variety of healthy foods are at risk for developmental and mental health issues, as well as obesity
- Housing instability barriers to consider
 - Families that pay too much for housing have less money for necessary expenses and health insurance
 - Pregnant women who are homeless are more likely to have low birth-weight and preterm births.
 - Home foreclosures and evictions can lead to suicides
 - Children who are moved frequently have more chronic conditions

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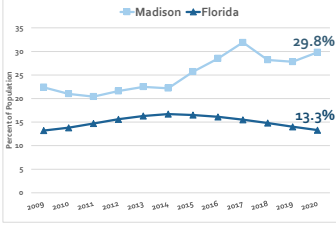


Economic and Poverty Data (2020) Madison County




- Madison County ranked last among the 67 counties for median household income in 2020. Madison County's median income was \$35,240, compared to \$57,703 for the state as a whole
- The individual poverty rate for Madison County was the highest in the state (29.8%) in 2020. The Madison rate was more than twice that of Florida as a whole (13.3%)
- 49.8% of individuals in Madison County were living below 200% poverty level in 2020, compared to 32.9% for Florida

Individuals Below Poverty Level




Year	Madison County (%)	Florida (%)
2009	23.0	13.0
2010	21.0	13.0
2011	20.0	13.0
2012	21.0	13.0
2013	22.0	13.0
2014	22.0	13.0
2015	25.0	13.0
2016	28.0	13.0
2017	32.0	13.0
2018	28.0	13.0
2019	28.0	13.0
2020	29.8	13.3

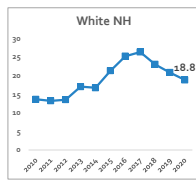
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Percent of Individuals Below Poverty Level by Race & Ethnicity, Madison County, 2010-2020

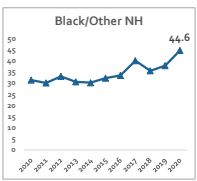


White NH



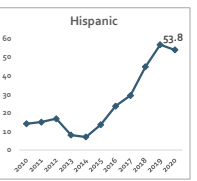
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Black/Other NH



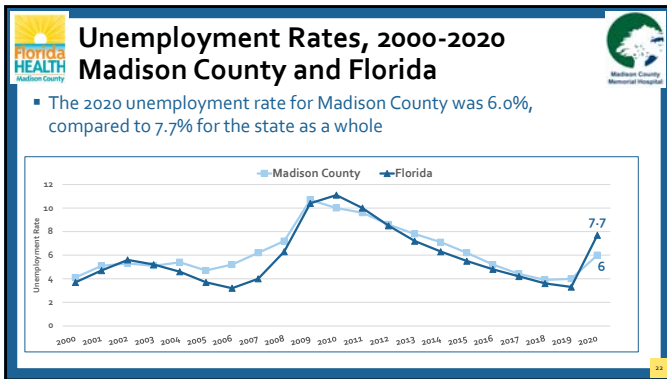
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Hispanic

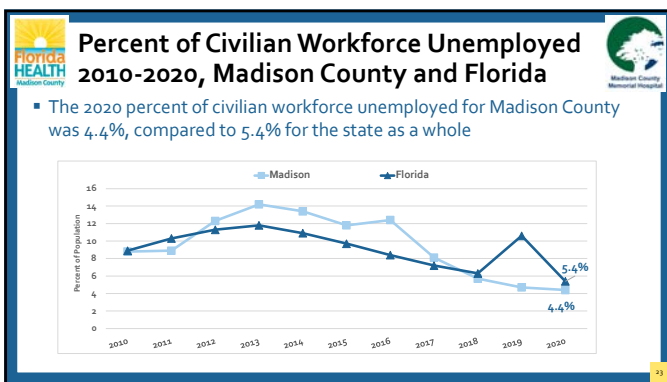


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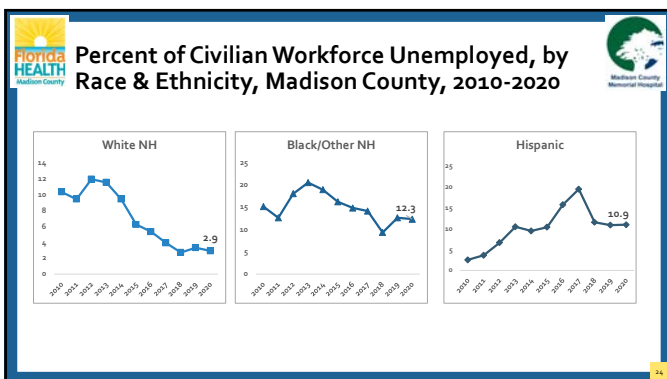
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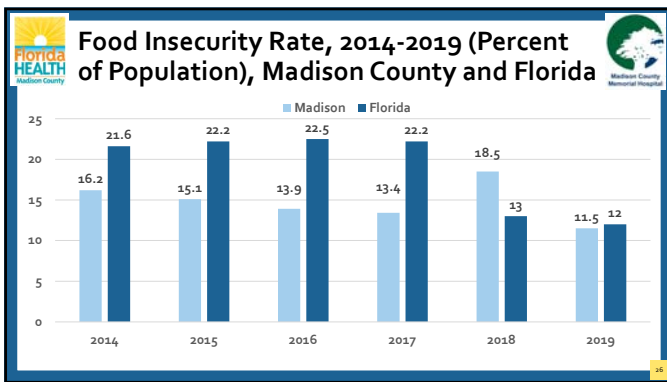
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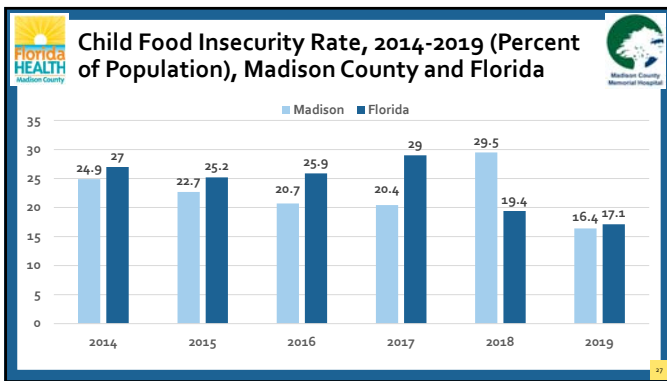
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Feeding America Food Insecurity Data for Madison County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Madison County was 16.5%, with 3,070 residents who were food insecure
- Madison County food insecurity rates by race and ethnicity for 2020 are
 - Black, all ethnicities = 25.0%
 - Hispanic = 22.0%
 - White, non-Hispanic = 9.0%
 - Other race or multiracial data not available
- When looking at ages <18, the food insecurity rate was 26.6%, with 900 residents who were food insecure

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Cash and Food Assistance, 2016-2020 by Census Tract, Madison County

	1101	1102	1103.01	1103.02	1104
% Population with Supplemental Security Income	11.9	13.7	19.1	8.5	5.5
% Population with Cash Public Assistance Income	0.0	3.5	0.0	0.0	0.7
% Population with Food Stamp/SNAP Benefits	8.5	20.2	21.0	35.5	8.8

Map callouts:

- 1101: Highest percent of population with Supplemental Security Income
- 1102: Highest percent of population with cash public assistance income
- 1103.01: Highest percent of population receiving food stamps/SNAP

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EDUCATION DATA

Data Source: DOH Florida CHARTS, DOE Education Information and Accountability Services

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Education




- Included in this category are:
 - Early Childhood Education and Development
 - Enrollment in Higher Education
 - High School Graduation
 - Language and Literacy
- Early childhood education and development barriers to consider
 - Children who do not receive early childhood education are less likely to read at grade level. This can lead to literacy and health literacy issues later in life.
- Enrollment in higher education barriers to consider
 - Lack of higher education can mean lesser-paying jobs with more safety hazards
 - Lack of higher education can result in lower quality housing
 - If literacy level is low, knowledge about health is also low
 - If parents did not attend college, it is less likely that the child will

31

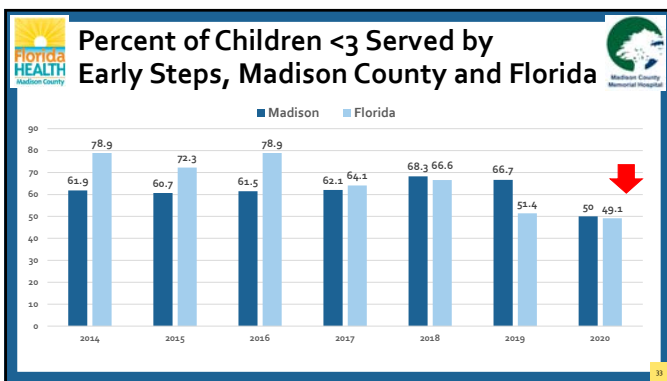


Education

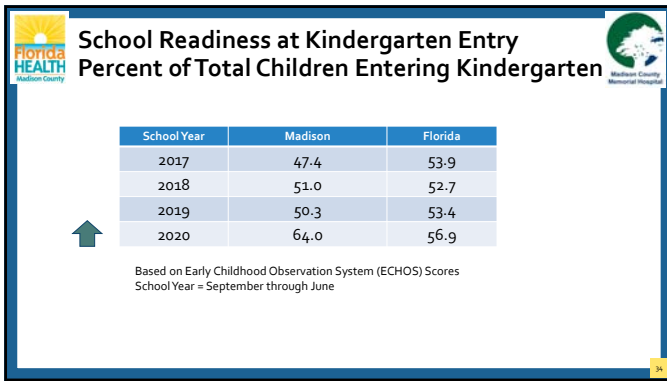


- High school graduation barriers to consider
 - Persons who do not graduate from high school are less likely to obtain employment that will support them and/or their families.
 - High schools with less funding rarely provide advanced or honors classes
- Language and literacy barriers to consider
 - Health literacy is linked to overall literacy

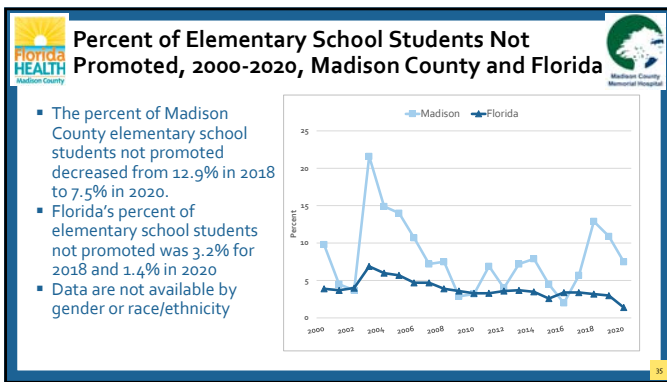
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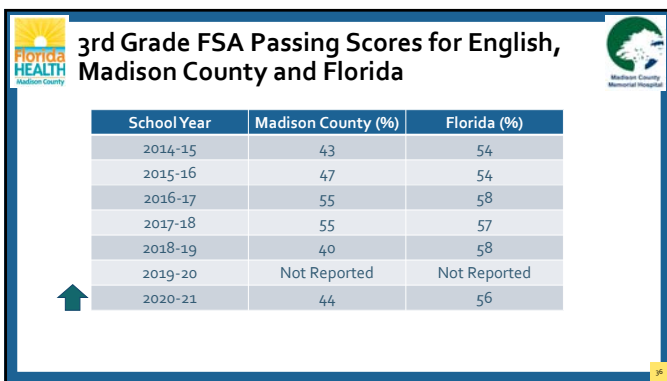
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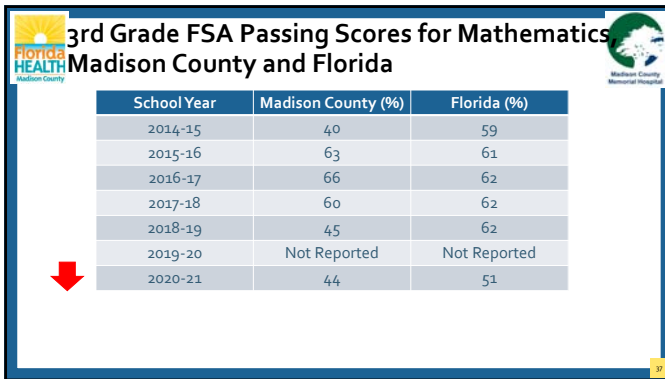
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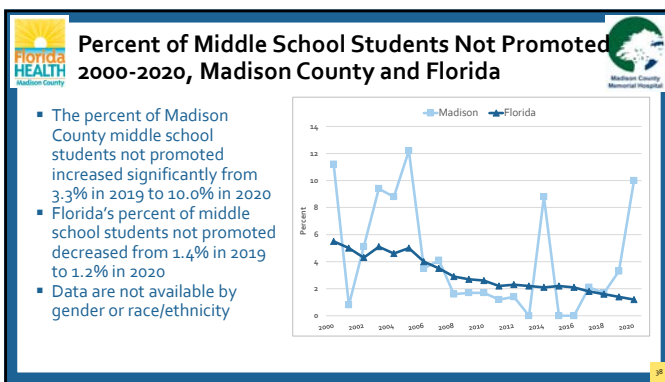
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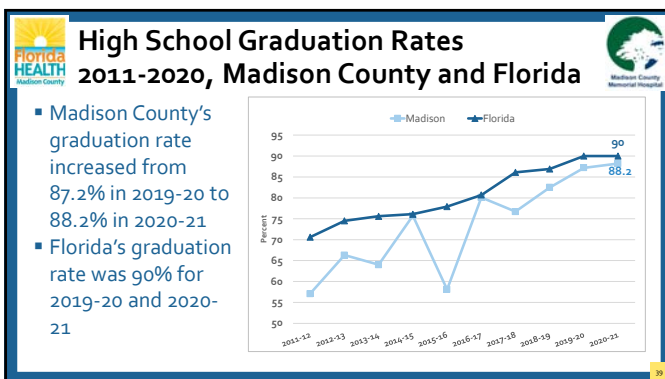
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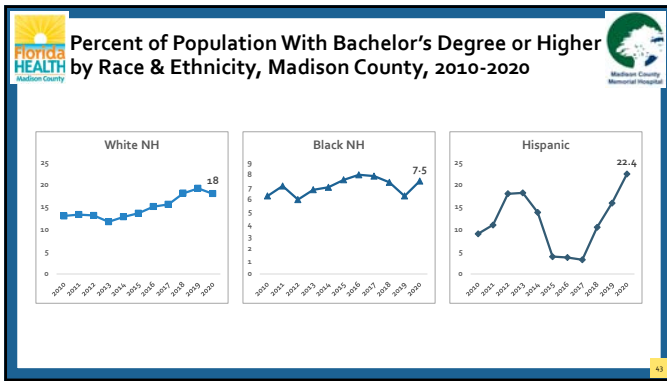
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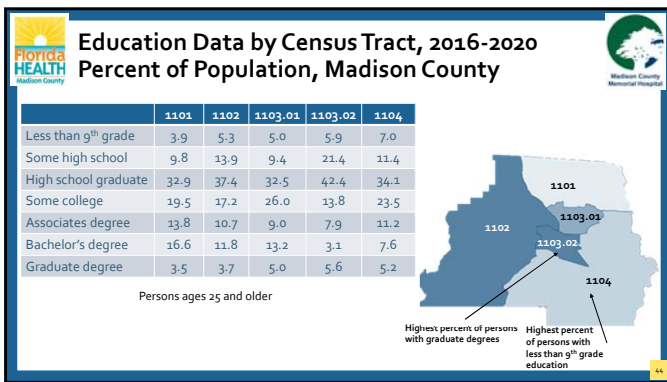
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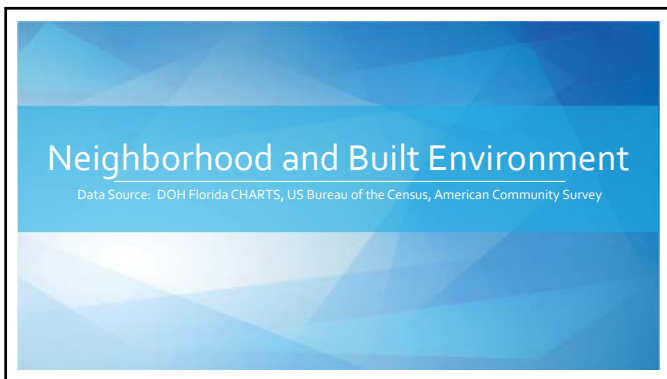
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45

Florida HEALTH
Madison County

Neighborhood and Built Environment

Madison County Memorial Hospital

- Included in this category is:
 - Crime and Violence
 - Environmental Conditions
 - Quality of Housing
- Crime and violence barriers to consider
 - Violence can lead to premature death, physical pain, mental distress and reduced quality of life
 - People who fear crime may not go out to exercise
 - Child and adolescent exposure to violence can result in greater risk for substance abuse, risky sexual behavior
 - Sexual partner violence can lead to physical injuries and mental health issues such as eating disorders, depression and suicide

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Florida HEALTH
Madison County

Neighborhood and Built Environment

Madison County Memorial Hospital

- Environmental conditions barriers to consider
 - Poor water quality can lead to illnesses such as Giardia
 - Poor air quality can lead to cardiovascular issues
 - Poor air quality can lead to issues with fetal and child development
 - Lack of air conditioning can lead to heat-related disease and death
- Quality of housing barriers to consider
 - Substandard housing may have health risks like vermin, water leaks, mold, heat and AC issues

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Florida HEALTH
Madison County

Individuals that Lived in a Different House 1 Year Earlier, 2009-2020, Madison County and Florida

Madison County Memorial Hospital

- The percent of persons living in a different house the year prior remained the same at 13.4% for 2019 and 2020 in Madison County.
- This is slightly below the state of Florida at 14.0% and 13.6% respectively.
- 2020 by race/ethnicity
 - Hispanics represented 17.5% in Madison and 13.1% in Florida
 - White NH accounted for 9.2% in Madison and 13.1% in Florida
 - Black NH represented 18.4% in Madison and 15.5% in Florida

Year	Madison County (%)	Florida (%)
2009	13.4	16.5
2010	12.5	16.0
2011	11.5	15.5
2012	9.2	15.0
2013	9.5	14.8
2014	9.5	14.5
2015	9.5	14.2
2016	11.5	14.0
2017	13.0	13.8
2018	13.4	13.6
2019	13.4	13.6
2020	13.4	13.6

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Florida HEALTH
Madison County

Neighborhood and Built Environment

Madison County Memorial Hospital

- Included in this category is:
 - Crime and Violence
 - Environmental Conditions
 - Quality of Housing
- Crime and violence barriers to consider
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Florida HEALTH
Madison County

Neighborhood and Built Environment

Madison County Memorial Hospital

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53

Florida HEALTH
Madison County


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Year	Madison County (%)	Florida (%)
2009	13.4	16.5
2010	12.5	16.0
2011	11.5	15.5
2012	10.5	15.0
2013	9.2	14.5
2014	9.5	14.2
2015	9.5	14.0
2016	11.5	13.8
2017	13.0	13.6
2018	13.4	13.5
2019	13.4	13.4
2020	13.4	13.6

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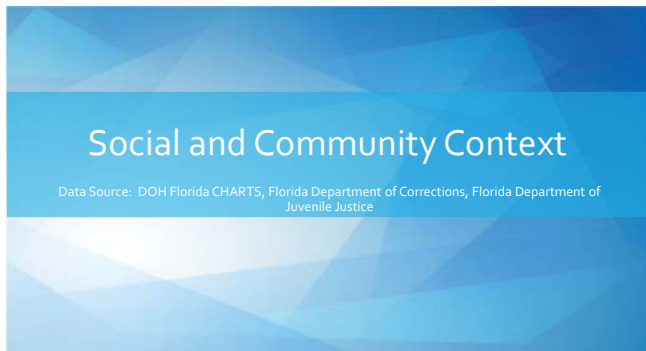


Transportation to Work, Ages 16+, 2020, Percent of Population by Census Tract, Madison County



Method	1101	1102	1103.01	1103.02	1104
Carpooled in Car, Truck or Van (10.7%)	9.2	16.5	7.2	7.6	13.0
Drove Alone in Car, Truck or Van (84.7%)	89.2	72.1	84.7	89.3	85.9
Used Public Transportation (0.7%)	0.0	3.8	0.0	0.0	0.0
Used Taxicab, Motorcycle, Bicycle or Other Means (1.5%)	1.6	4.3	0.0	1.3	0.8
Walked to Work (0.7%)	0.0	0.8	3.2	0.0	0
Worked at Home (1.7%)	0.0	2.5	4.8	1.7	0.1
Mean Travel Time to Work – Minutes (28.6)	30.3	35.7	19.9	26.9	29.5
No Vehicles in the Household (9.8%)	6.3	8.6	14.9	18.2	1.0
1 Vehicle Available in the Household (36.9%)	39.1	38.2	32.0	41.9	31.2
2 Vehicles Available in the Household (35%)	34.1	33.7	34.3	26.6	46.9
3 or More Vehicles Available in the Household (18.4%)	20.6	19.6	18.7	13.3	21.0


58




Social and Community Context

Data Source: DOH Florida CHARTS, Florida Department of Corrections, Florida Department of Juvenile Justice

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Social and Community Context




- Included in this category are:
 - Discrimination
 - Incarceration
 - Social Cohesion
- Discrimination barriers to consider
 - Discrimination can affect employment opportunities, access to care and access to adequate housing
 - Discrimination can result in toxic stress which leads to negative infant outcomes and cardiovascular issues

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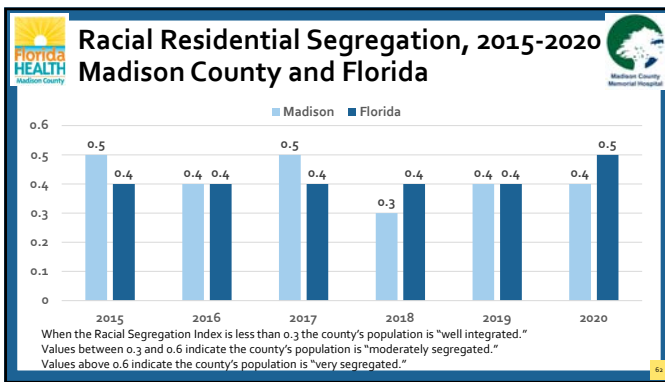


Social and Community Context

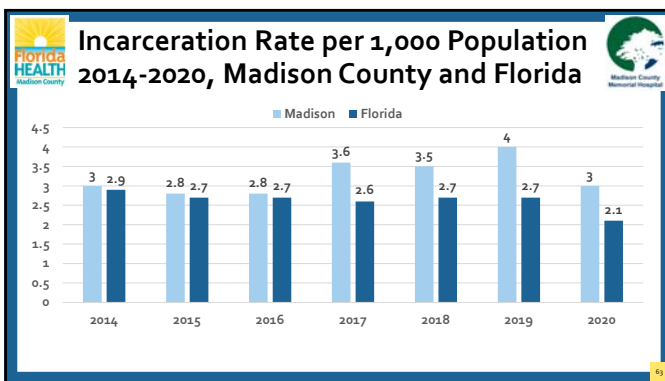


- Incarceration barriers to consider
 - Persons who were incarcerated have less chance of obtaining gainful employment
 - Persons who were incarcerated and have addictions issues may have health issues related to the addiction
 - Continuity of care for health conditions when incarcerated and released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

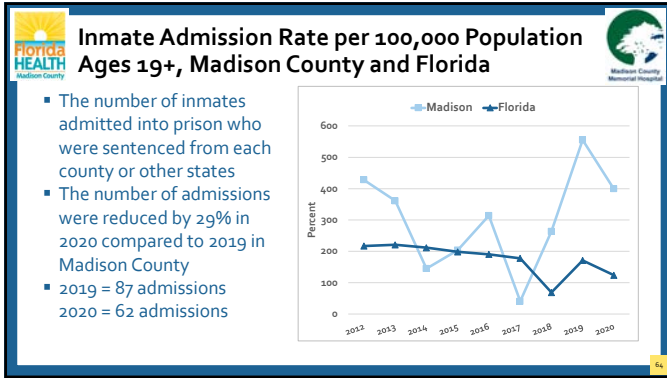
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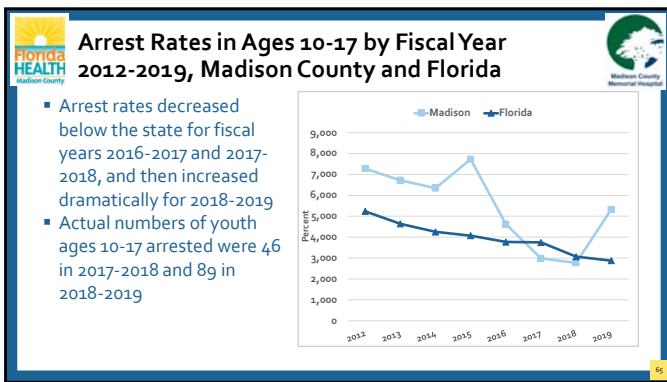
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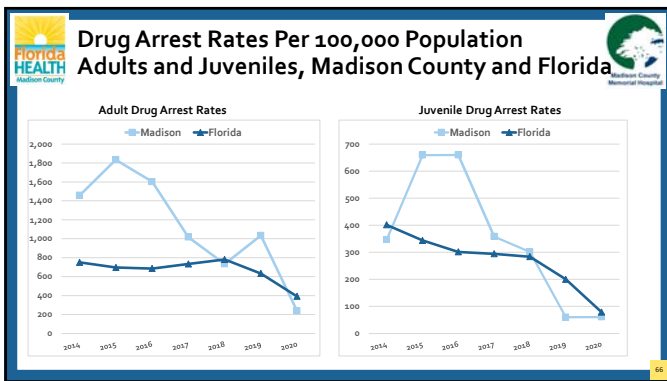
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66

Mortality and Reportable Diseases



1

**10 Leading Causes of Death, 2020
Madison County (N=306)**

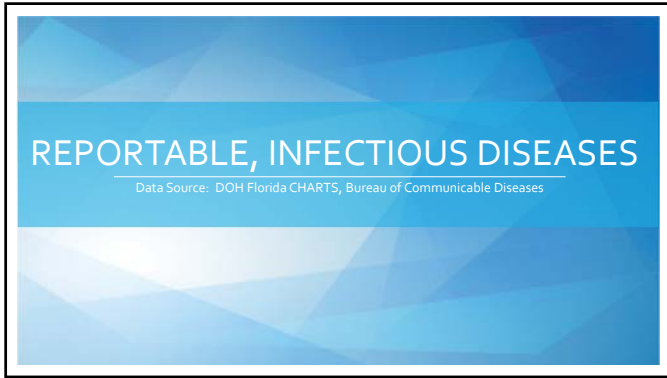
Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	67	22%
Heart Diseases	55	18%
Other Causes of Death	52	17%
COVID-19 (U07.1)	34	11%
Cerebrovascular Diseases	20	7%
Chronic Lower Respiratory Disease	18	6%
Unintentional Injury	14	5%
Diabetes Mellitus	9	3%
Essen Hypertension & Hypertensive Renal Disease	6	2%
Nephritis, Nephrotic Syndrome, Nephrosis	6	2%
Chronic Liver Disease & Cirrhosis	4	1%
Alzheimers Disease	3	1%

2

**Minority Population Causes of Death
Madison County 2020 (N=106)**

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

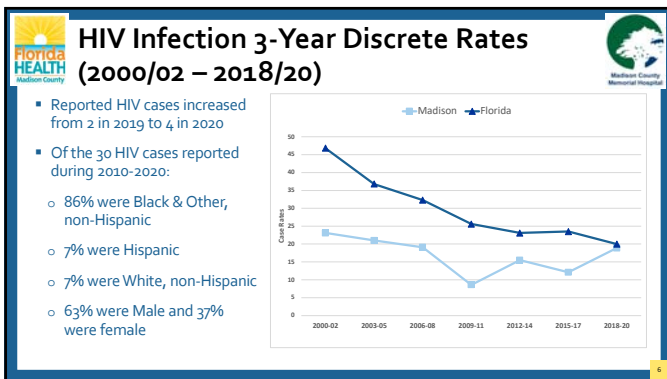
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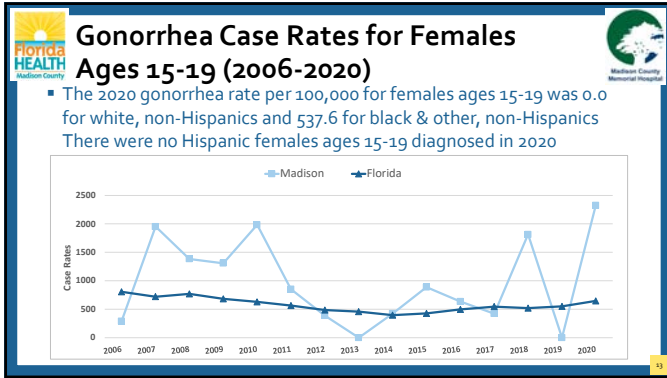
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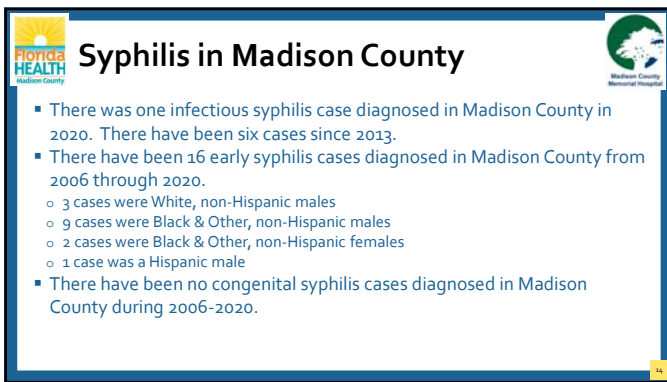
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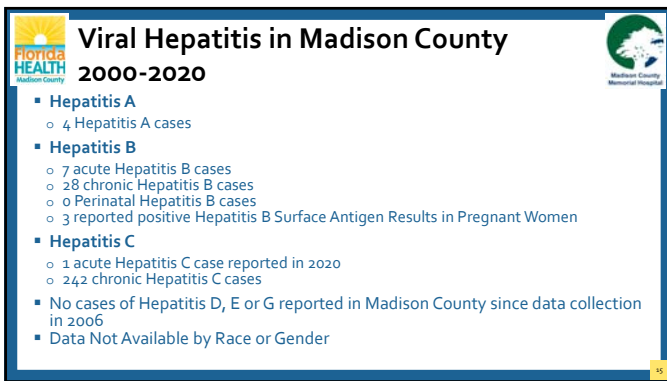
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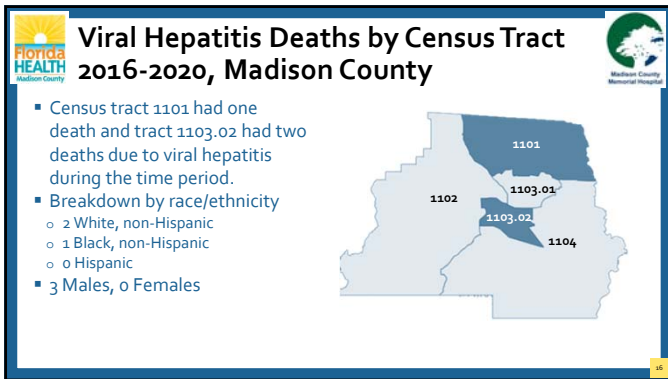
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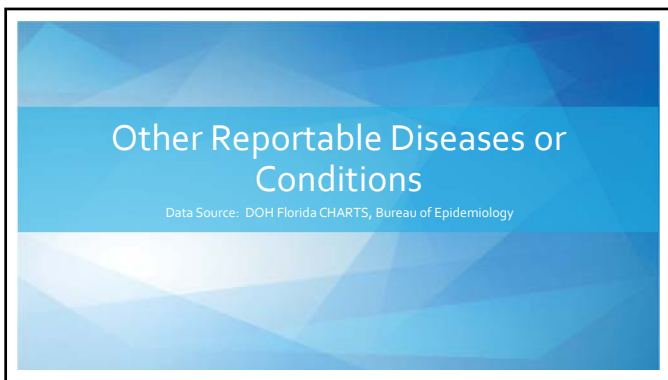
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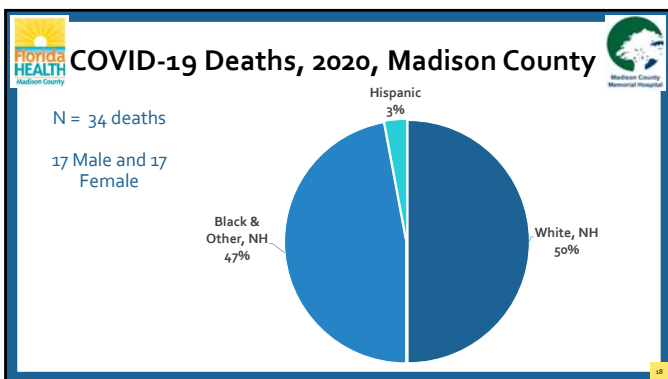
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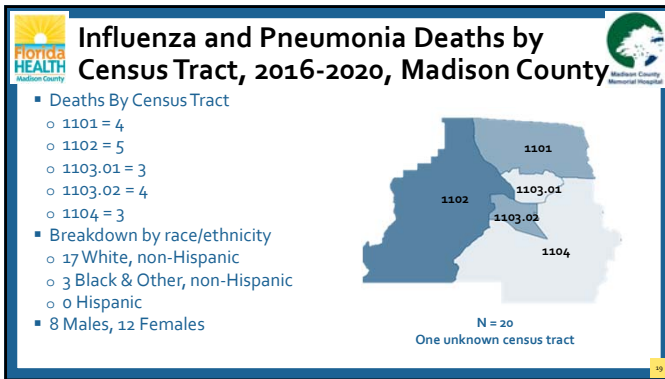
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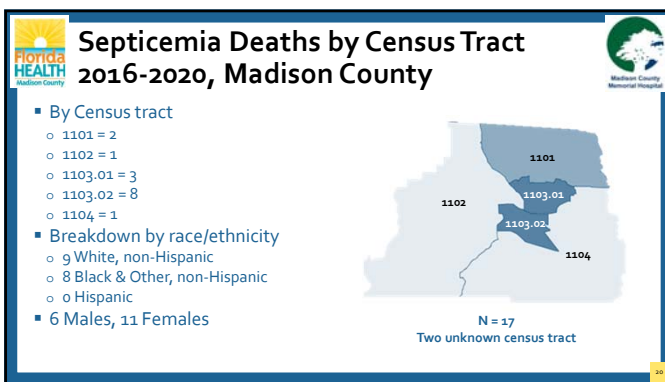
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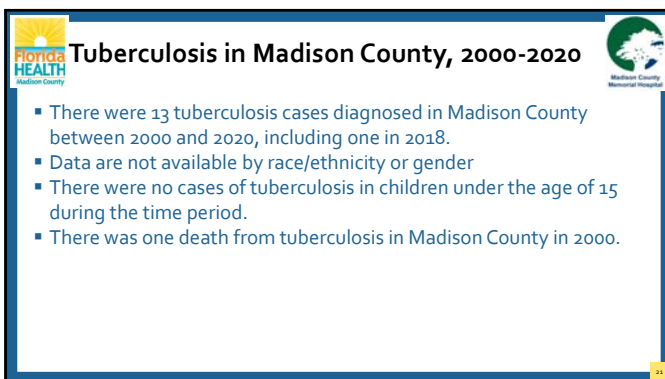
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21

Asthma Hospitalization Rates Per 100,000 Population, Madison County and Florida

2014-2020 Data (N=70)

- Race/Ethnicity
 - 43% White, non-Hispanic
 - 50% Black & Other, non-Hispanic
 - 0% Hispanic
 - 7% Unknown
- Age Data
 - 0-4 = 7%
 - 5-11 = 39%
 - 12-18 = 33%
 - 65+ = 24%

Year	Madison County	Florida
2008	100	100
2009	100	100
2010	100	100
2011	100	100
2012	100	100
2013	100	100
2014	100	100
2015	100	100
2016	100	100
2017	100	100
2018	100	100
2019	100	100
2020	100	100

28

Environmental Conditions, 2008-2020 Madison County

Disease or Condition	Cases
Arsenic Poisoning	0
Carbon Monoxide Poisoning	0
Lead Poisoning	6
Mercury Poisoning	0
Pesticide Related Illness and Injury	2
Ricin Toxin Poisoning	0

Data are not available by race/ethnicity or gender

29

Other Environmental Health Madison County, 2020

- Unsatisfactory Facilities Inspections
 - 0 of 13 biomedical waste facilities (0%)
 - 0 of 10 group care facilities (0%)
 - 5 of 23 institutional food service operations (21.7%)
 - 4 of 35 mobile home and RV parks (11.4%)
 - 0 of 10 swimming pool and spa facilities (0%)
 - 0 of 3 migrant labor camps (0%)
 - 0 of 1 tanning facilities (0%)
 - No body piercing facilities

30

Chronic Disease

CHRONIC DISEASE

Data Source: DOH Florida CHARTS, Robert Wood Johnson County Health Rankings, BRFSS

1

Causes of Death, Madison County, 2020

Cause of Death	Percent of Total
Malignant Neoplasm (Cancer)	22%
Heart Diseases	18%
COVID-19	11%
Cerebrovascular Diseases	7%
Chronic Lower Respiratory Disease	6%
Unintentional Injury	5%
Diabetes Mellitus	3%
Essen Hypertension & Hypertensive Renal Dis	2%
Nephritis, Nephrotic Syndrome, Nephrosis	2%
Chronic Liver Disease & Cirrhosis	1%

- These 10 leading causes of death equal 76% of the total 306 deaths
- Chronic disease deaths include four of the ten leading causes of death in Madison County and chronic diseases contribute to an additional two causes of death

2

Cancer Death Rates (2000 – 2020) Madison County and Florida

- Both Jefferson and Madison are in the fourth quartile for 2020
- Madison ranked third highest in the state for death rate in 2020.
- Of the 505 cancer deaths during 2010-2020:
 - 70% were White, non-Hispanic
 - 29% were Black & Other, non-Hispanic
 - 1% were Hispanic

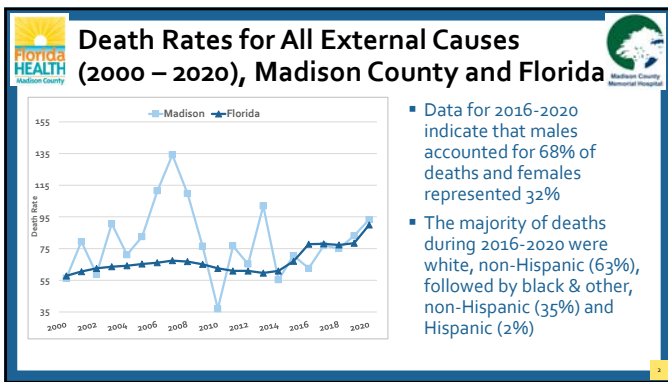
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Injury and Violence

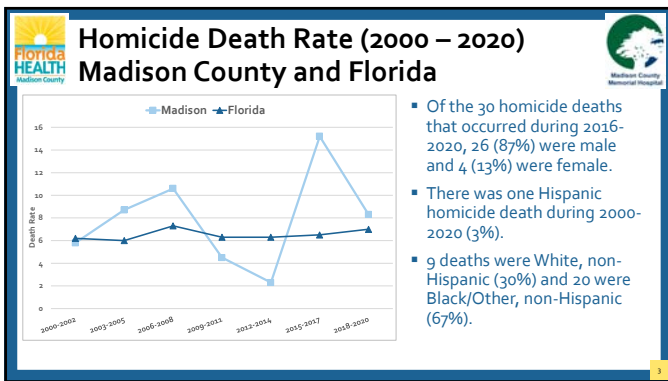
INJURY AND VIOLENCE

Data Source: DOH Florida CHARTS

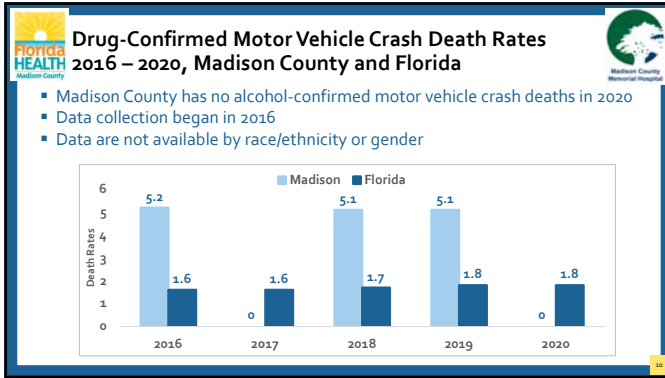
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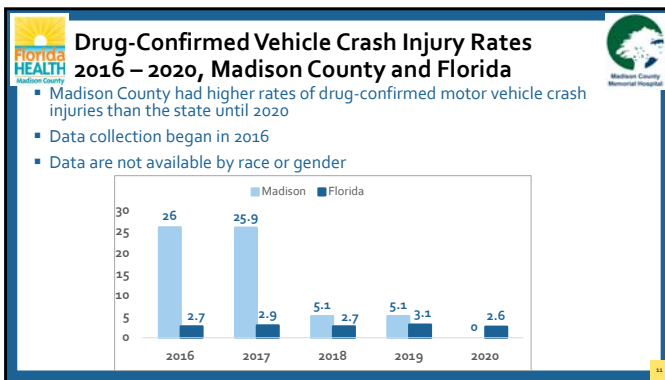
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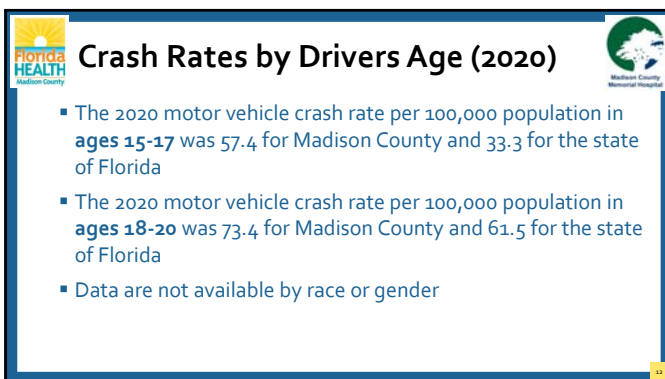
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Death Rates Due to Firearm Discharge (2000 – 2020), Madison County and Florida

- There were 59 deaths due to firearms discharge in Madison County from 2000 until 2020
- 39 (66%) of the deaths were white, non-Hispanic and 20 (34%) were black & other, non-Hispanic
- No Hispanic deaths were reported
- 5 deaths occurred in 2020 alone

Year	Madison County	Florida
2000	5	10
2001	34	10
2002	8	10
2003	15	10
2004	1	10
2005	28	10
2006	29	10
2007	24	10
2008	29	10
2009	10	10
2010	5	10
2011	1	10
2012	8	10
2013	14	10
2014	10	10
2015	21	10
2016	10	10
2017	18	10
2018	5	10
2019	18	10
2020	29	10

13

Drowning Deaths in Madison County (2000 – 2020)



- There were 15 deaths due to drowning in Madison County during 2000-2020
- 47% were white, non-Hispanic and 53% were black & other, non-Hispanic. There were no Hispanic deaths during the time frame
- 87% were male and 13% female
- Data by age are not available

14

Deaths from Falls (2000 – 2020) Madison County

- There were 36 deaths from falls during the time period
- 81% of these deaths were white, non-Hispanic, 17% were black & Other, non-Hispanic and 3% were Hispanic
- 42% of these deaths were male and 58% female
- Data were not available by age



15

 **Deaths from Unintentional Fires (2000 – 2020), Madison County** 

- There were 8 deaths from unintentional fires during the time period
- 49% of these deaths were white, non-Hispanic, 13% were black & other, non-Hispanic and 38% were Hispanic
- 62% of these deaths were male and 38% female
- Data were not available by age

16



16

 **Deaths from Surgical and Medical Complications (2000 – 2020), Madison County** 

- There were 11 deaths from surgical and medical complications during the time period
- 82% of these deaths were white, non-Hispanic, and 18% were black & other, non-Hispanic
- 36% of these deaths were male and 64% female
- Data were not available by age

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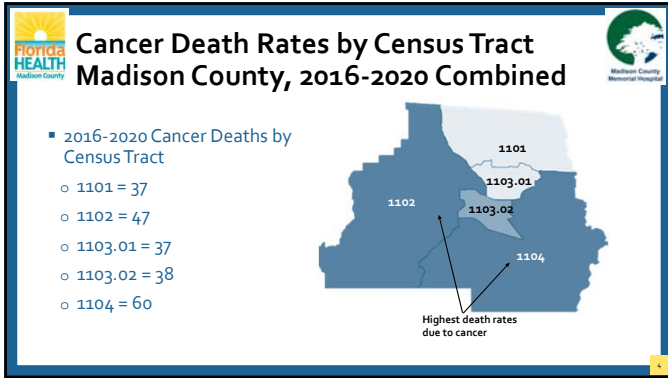
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 **Deaths from Unintentional Poisoning (2000 – 2018), Madison County** 

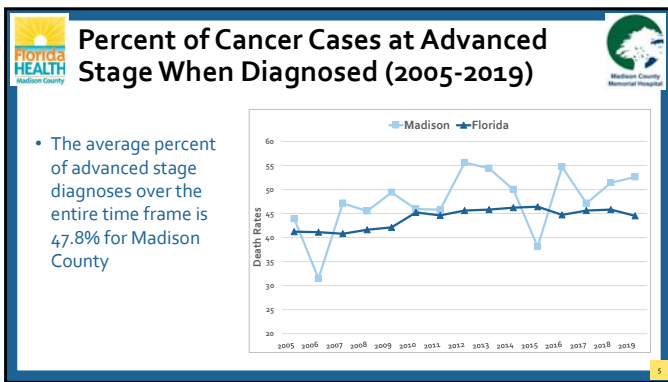
- There were 23 deaths from unintentional poisoning during the time period
- 61% of these deaths were white, non-Hispanic, and 33% were black & other, non-Hispanic
- 65% of these deaths were male and 35% female
- Data were not available by age

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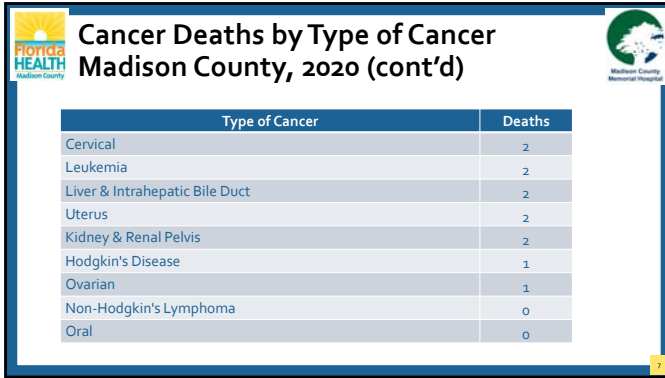


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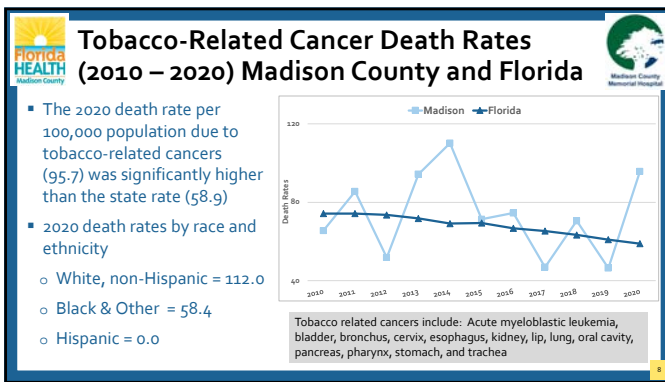
Cancer Deaths by Type of Cancer Madison County, 2020

Type of Cancer	Deaths
Colorectal	44
Breast	24
Lung	21
Esophagus	18
Unknown Behavior Neoplasms	14
Bladder	13
Brain & Central Nervous System	13
Prostate	5
Lymphoid & Related Tissue	4
Pancreatic	3
Stomach	3
Melanoma	3

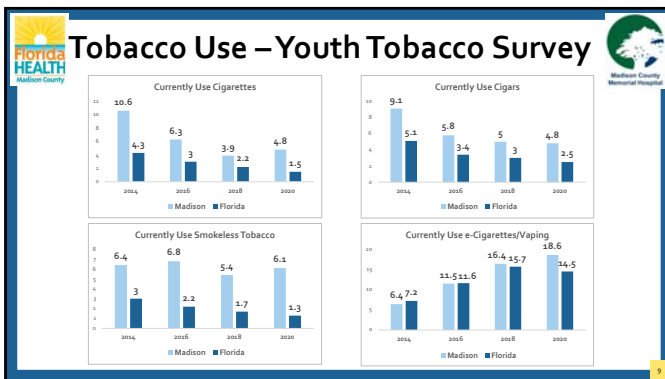
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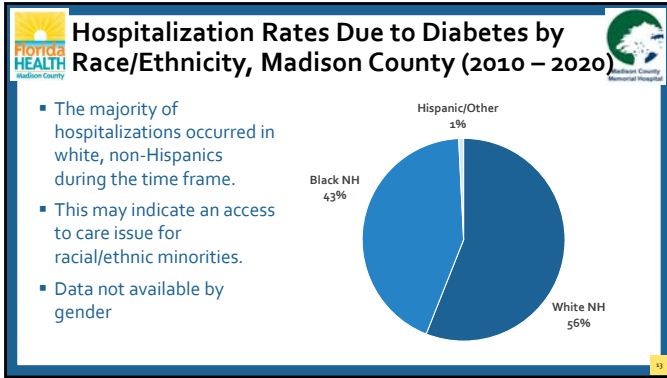
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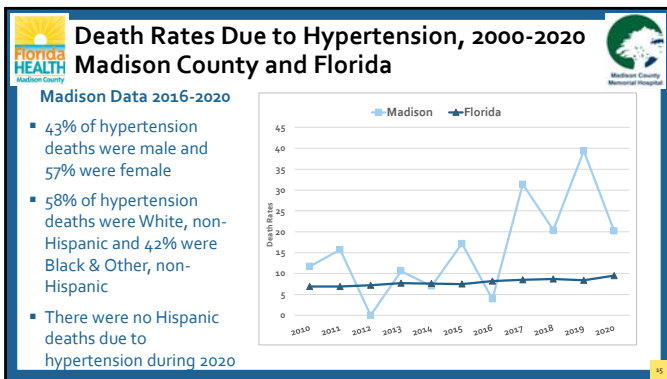
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Risk Factors for Diabetes, Madison County and Florida

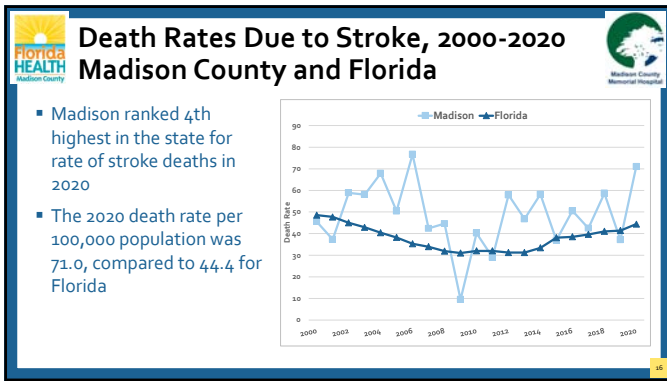
2022 Robert Wood Johnson County Health Rankings Data

Risk Factors	Madison County	Florida
Diabetic	14%	9%
Adult Obesity	37%	26%
Physically inactive	36%	26%
Access to exercise opportunities	46%	87%
Food environment index	6.4	7.0

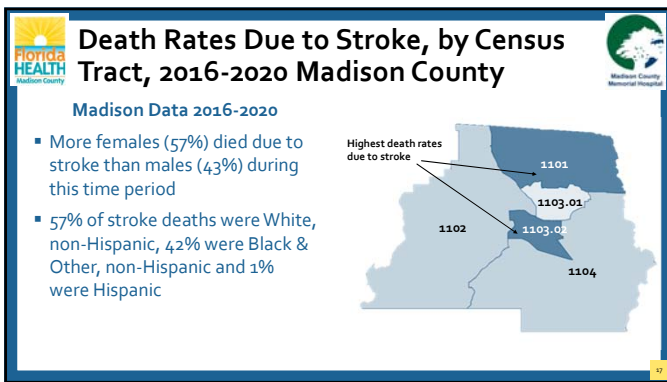
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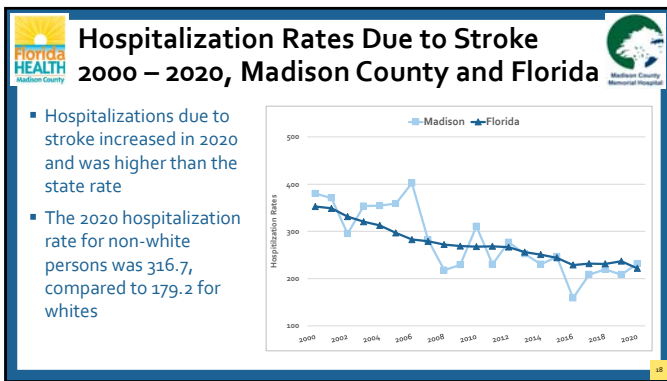
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Risk Factors for Cardiovascular Disease and Stroke, 2019 BRFSS



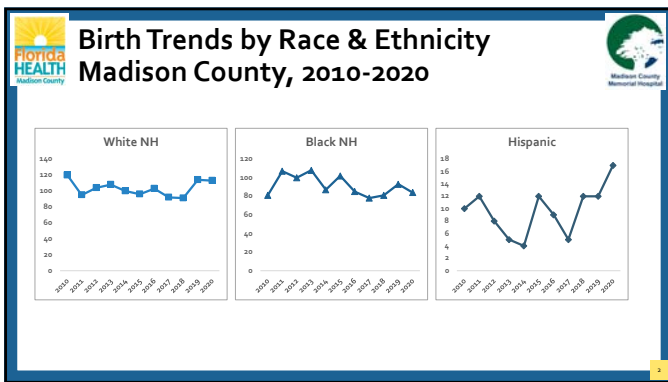
	Madison County	Florida
Adults who are current smokers	16.9%	14.8%
Adults who are obese	44.5%	27.0%
Adults who are overweight	30.5%	37.6%
Physical Inactivity	36.0%	26.0%

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Maternal and Child Health



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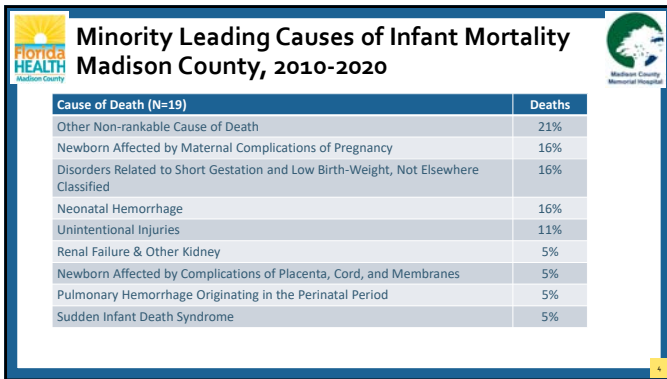


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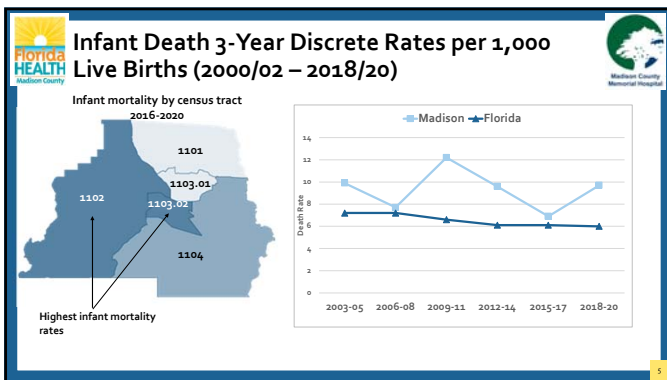
**Leading Causes of Infant Mortality
Madison County, 2010-2020 Combined**

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

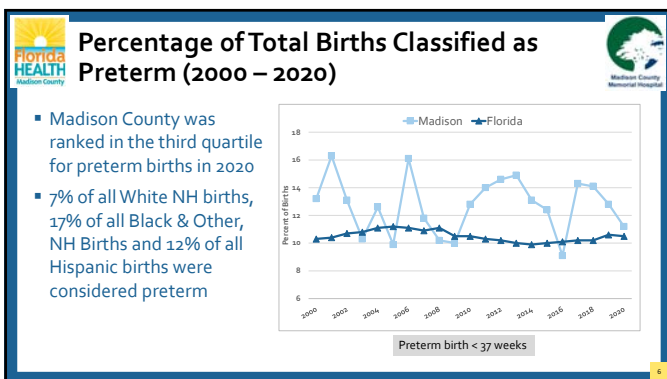
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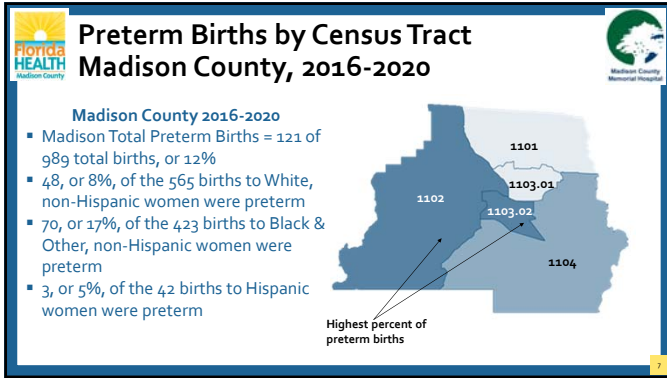
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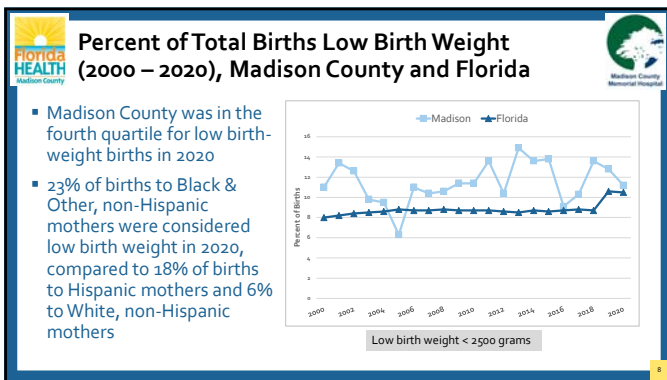
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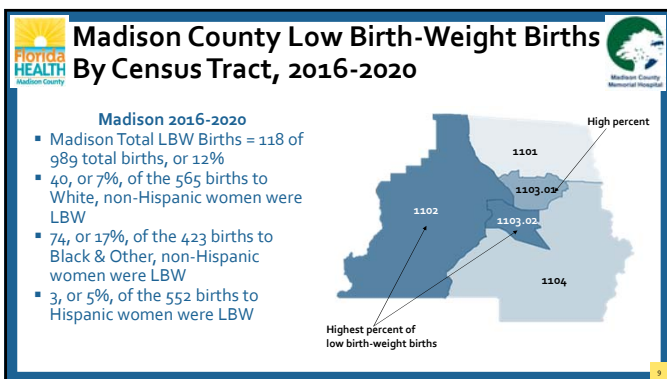
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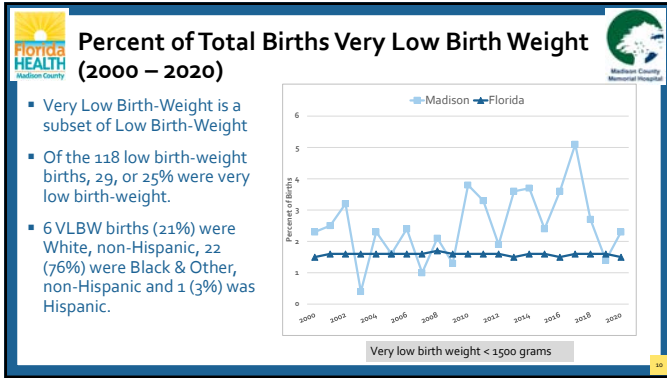
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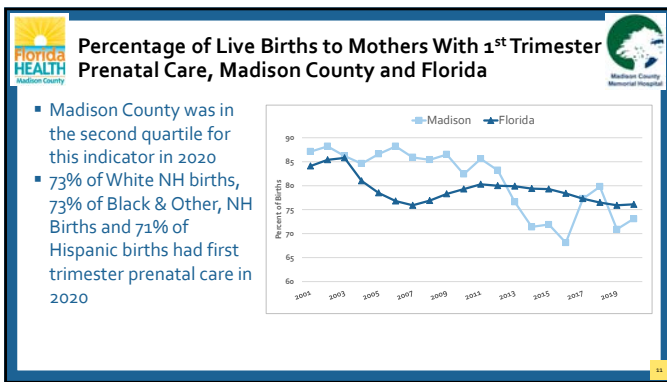
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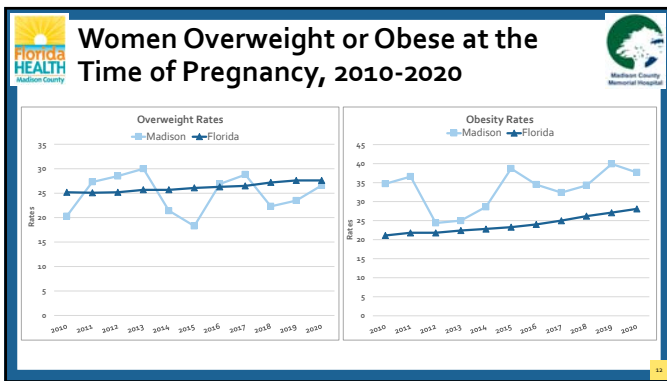
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Women Overweight or Obese at the Time of Pregnancy, Madison County

2010-2020 Combined Data

- Obesity at the Time of Pregnancy by Race/Ethnicity
 - 29% of White, Non-Hispanic women
 - 42% of Black & Other, Non-Hispanic women
 - 7% of Hispanic women
- Overweight at the Time of Pregnancy by Race/Ethnicity
 - 53% of White, Non-Hispanic women
 - 39% of Black & Other, Non-Hispanic women
 - 8% of Hispanic women

13

Births to Mothers Ages <=19 (2010 – 2020)

Year	<=14	15-17	18-19
2010	0	6	15
2011	0	5	15
2012	0	10	18
2013	2	1	16
2014	0	1	9
2015	1	5	10
2016	0	2	15
2017	0	3	8
2018	0	3	8
2019	0	3	4
2020	0	1	9

- There were 7 births in 2019 and 10 in 2020 to mothers ages 15-19
- There were no births to mothers under the age of 15 since 2015
- The majority of births were to mothers ages 18-19 for both years, at 57% for 2019 and 90% for 2020

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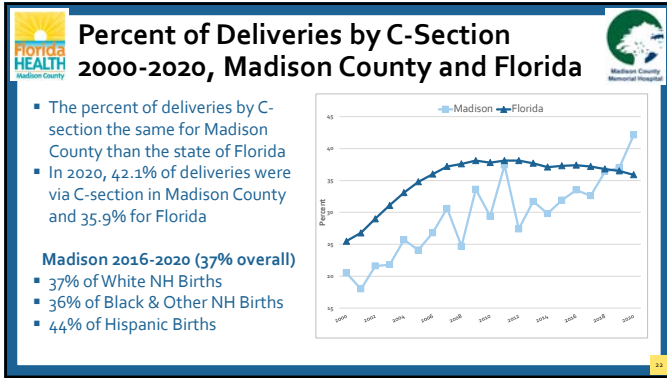
Births to Mothers Less Than Age 20 2016-2020, Madison County Census Tracts

2016-2020 Madison County

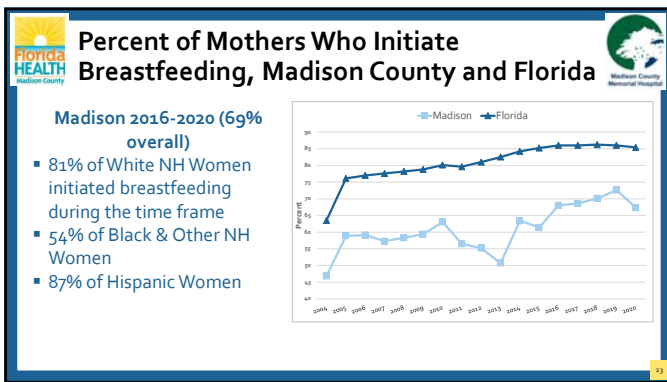
- There were 56 births to mothers ages <20 during this time frame
- 46% were White, non-Hispanic
- 52% were Black & Other, non-Hispanic
- 2% were Hispanic

Highest percent of births to mothers < 20

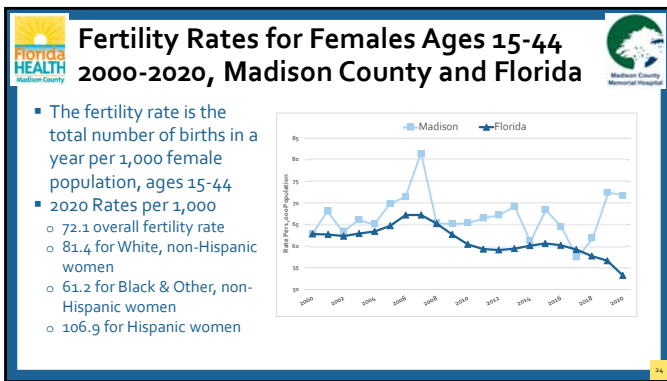
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WIC Eligibles Served, 2000-2020 Madison County and Florida

- Madison County's percent of WIC eligible women served in 2020 was 57.6%, compared to 64.8% for Florida.
- The percent for Madison County increased in 2021 to 69.1%, compared to 63.0% for Florida
- The highest percentage attained was 95% in 2010.

Year	Madison County	Florida
2000	70	65
2001	65	60
2002	68	62
2003	72	64
2004	65	63
2005	70	65
2006	68	64
2007	75	66
2008	80	68
2009	85	70
2010	95	72
2011	70	70
2012	65	68
2013	60	65
2014	62	63
2015	65	64
2016	60	62
2017	58	60
2018	55	58
2019	58	60
2020	57.6	64.8
2021	69.1	63.0

25

WIC Children Ages 2+ Overweight or Obese 2003-2020, Madison County and Florida

- Percent of WIC children at least 2 years of age who are overweight or obese is defined as children receiving WIC services who have a body mass index (BMI) per age percentile greater than or equal to the 85th percentile.
- Data not available by gender or race/ethnicity

Year	Madison County	Florida
2003	25	28
2004	25	28
2005	28	28
2006	25	28
2007	28	28
2008	35	28
2009	30	28
2010	28	28
2011	25	28
2012	28	28
2013	25	28
2014	28	28
2015	30	28
2016	28	28
2017	25	28
2018	20	28
2019	45	28
2020	30	28

26

Immunization Levels in Kindergarten 2000-2020, Madison County and Florida

Immunized at 2 years old

- The state standard for fully immunized 2-year old children is 95%.
- Madison is one of the counties that are not evaluated on this element due to small numbers.

Year	Madison County	Florida
2000	95	95
2001	95	95
2002	95	95
2003	95	95
2004	95	95
2005	95	95
2006	95	95
2007	95	95
2008	95	95
2009	95	95
2010	95	95
2011	95	95
2012	95	95
2013	95	95
2014	95	95
2015	95	95
2016	95	95
2017	95	95
2018	95	95
2019	95	95
2020	95	95

27

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

Madison 2016-2020

- Total of 15 deaths due to breast cancer
- 12, or 80% were White, non-Hispanic and 3, or 20% were Black & Other, non-Hispanic

Year	Madison County	Florida
2000	20	20
2001	45	20
2002	20	20
2003	15	20
2004	20	20
2005	25	20
2006	15	20
2007	20	20
2008	65	20
2009	10	20
2010	15	20
2011	5	20
2012	20	20
2013	15	20
2014	25	20
2015	10	20
2016	20	20
2017	15	20
2018	10	20
2019	20	20
2020	25	20

28

Cervical and Ovarian Cancer Deaths Madison County, 2000-2020

Ovarian Cancer

- Total of 20 deaths due to ovarian cancer
- 13, or 65% were White, non-Hispanic and 7, or 35% were Black & Other, non-Hispanic
- There were no Hispanic deaths during the time frame

Cervical Cancer

- Total of 5 deaths due to cervical cancer
- 4, or 80% were White, non-Hispanic, and 1, 20%, was Black & Other, non-Hispanic.
- There were no Hispanic deaths due to cervical cancer during this time frame

29

Other Maternal, Birth and Young Child Risk Factors, Madison County

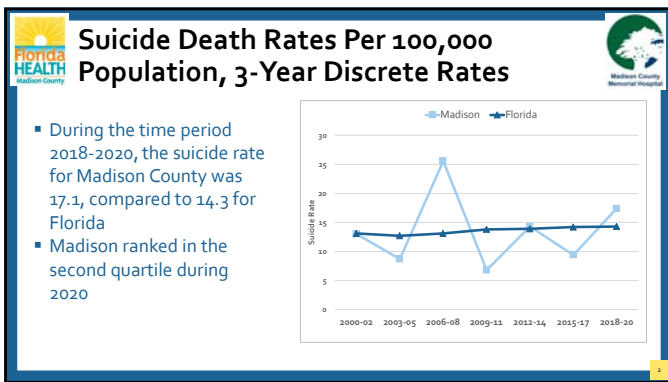
- Madison County ranked in the 4th quartile in the 2020 Pregnancy and Young Child Profile for the following:
 - Births among unwed teen mothers ages 15-44
 - Women ages 15-34 with bacterial STIs
 - Births to obese mothers
 - Multiple births
 - Critical congenital heart defects
 - Severe Maternal Morbidity – 10 of 177 births in 2020 alone. Seven of the 10 were Black & Other, non-Hispanic
 - Non-fatal intentional poisonings ages 1-5
 - Children under age 5 covered by KidCare
- 14 Birth defects reported for Madison County during 2014-2018

30

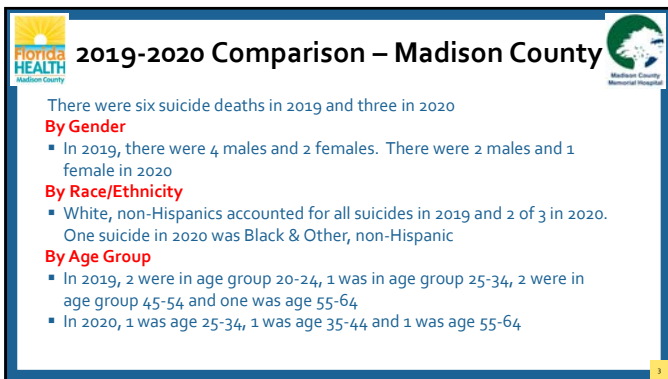
Social and Behavioral Health



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2019-2020 Comparison – Madison County

By Method

- In 2019, 2 suicides occurred using a firearm, 2 occurred through suffocation and 2 occurred through non-drug poisoning
- In 2020, 2 occurred using a firearm and 1 occurred through suffocation

Non-Fatal Self-Harm Injuries

- There were a total of 21 reported in 2019, of which 5 were hospitalized and 16 were ER visits
- There were a total of 18 reported in 2020, of which 4 were hospitalized and 14 were ER visits

Estimated Seriously Mentally Ill

- There were an estimated 612 seriously mentally ill adults in 2020
- There were an estimated 166 seriously disturbed youth ages 9-17 in 2020

4

Hospitalization Rates per 100,000 Population for Mental Disorders, 2000-2020

- Madison County's hospitalization rate was slightly below Florida's in 2020.
- Some residents may be choosing to seek care in Valdosta

Year	Madison County	Florida
2000	~300	~300
2001	~250	~300
2002	~300	~300
2003	~300	~300
2004	~300	~300
2005	~300	~300
2006	~300	~300
2007	~300	~300
2008	~300	~300
2009	~300	~300
2010	~350	~350
2011	~350	~350
2012	~350	~350
2013	~350	~350
2014	~350	~350
2015	~350	~350
2016	~350	~350
2017	~350	~350
2018	~350	~350
2019	~350	~350
2020	~350	~350

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Hospitalizations by Type of Mental Disorder, 2019-2020 Madison County

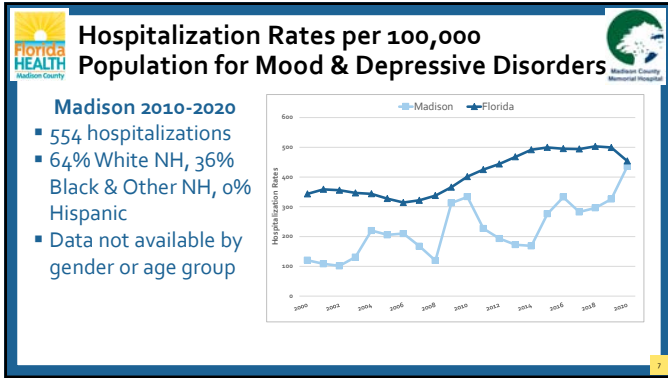
2019 = 141 Hospitalizations

Disorder	Percentage
Mood and Depressive Disorder	52%
Schizophrenic Disorder	42%
Drug and Alcohol Induced	4%
Eating Disorder	4%

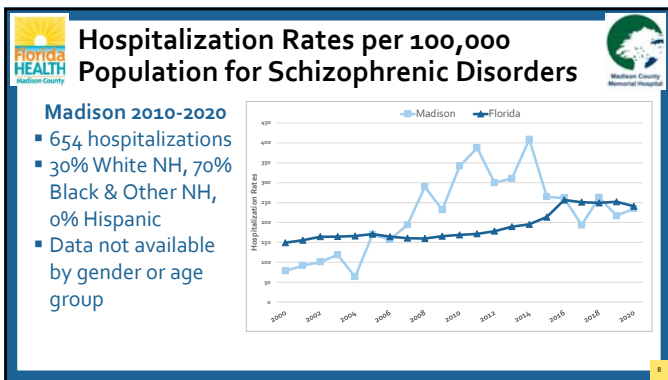
2020 = 176 Hospitalizations

Disorder	Percentage
Mood and Depressive Disorder	53%
Schizophrenic Disorder	35%
Drug and Alcohol Induced	12%
Eating Disorder	0%

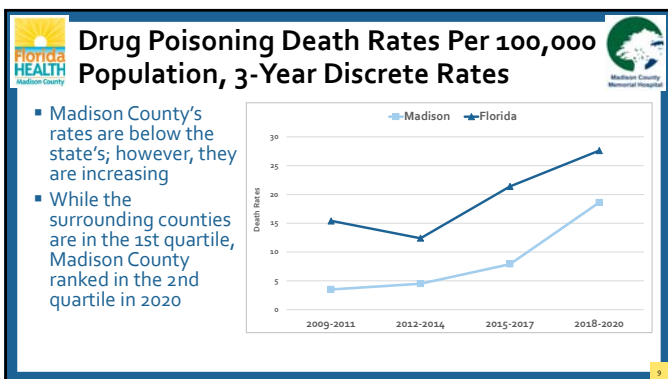
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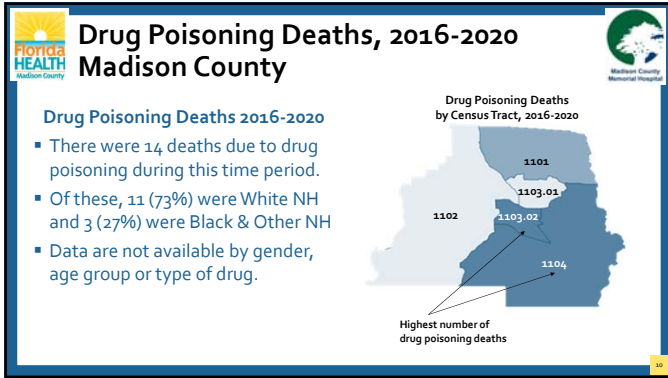
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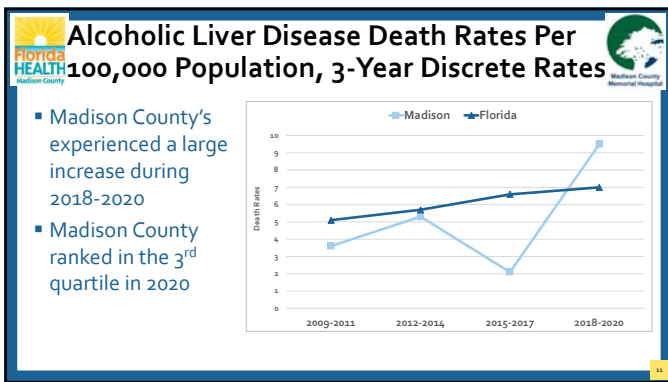
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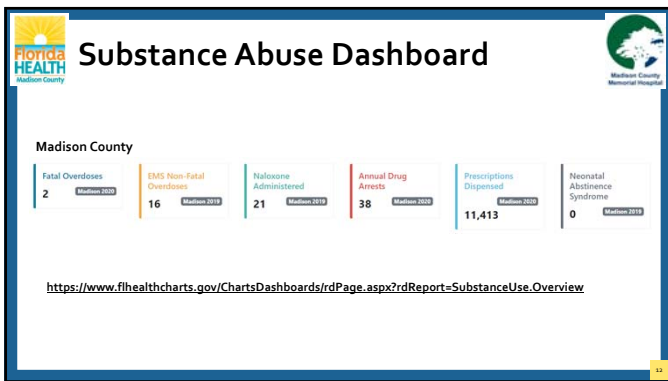
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2020 Overdose Data, Madison County




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

13




Prescriptions and Treatment Madison County




2021 Indicator	Madison County
Number of Opioid Prescriptions Dispensed	8,251
Number of Unique Patients	2,240
Prescriptions Dispensed Per Patient	3.7
Adult Substance Abuse Program Enrollees	16
Child Substance Abuse Program Enrollees	66

14




Risk Behaviors, Madison County




Indicator	Madison County
% Adults Who Engage in Heavy or Binge Drinking - 2019	12.3%
% Students Who Rode in a Car Driven By Someone Who Had Been Drinking - 2018	12.8%
% Students Using Vape Products with Marijuana Oil - 2020	26.2%

Adult respondents to BRFSS survey and student respondents to YRSB survey


15



Consequences, Madison County



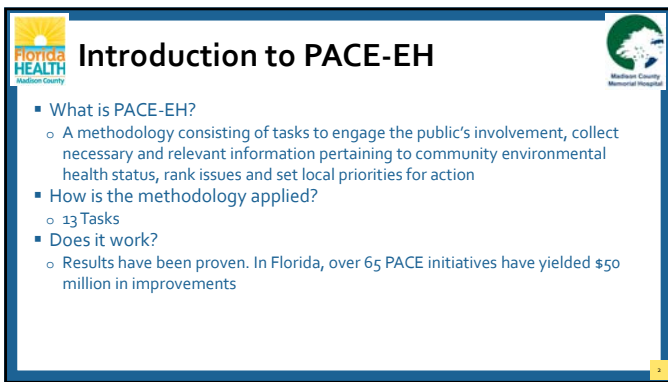
Indicator	Madison County
Drug Arrests – 2020	38 37 adult 1 child
Alcohol Confirmed Motor Vehicle Crashes – 2019	9 3 fatalities
Drug Confirmed Motor Vehicle Crashes - 2019	6 1 fatality
Neonatal Abstinence Syndrome – 2019	<5



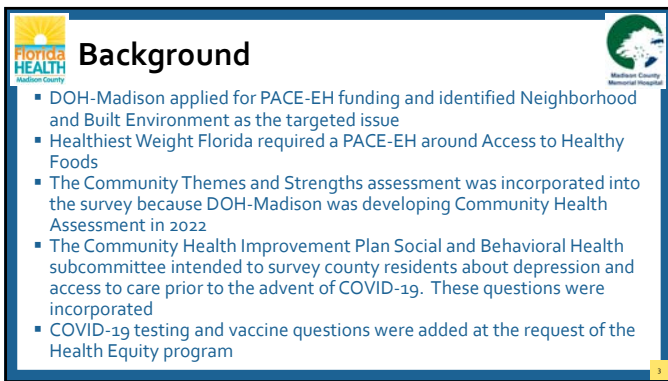
Community Themes and Strengths



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Florida HEALTH Madison County

PACE-EH: Madison County

Madison County Memorial Hospital

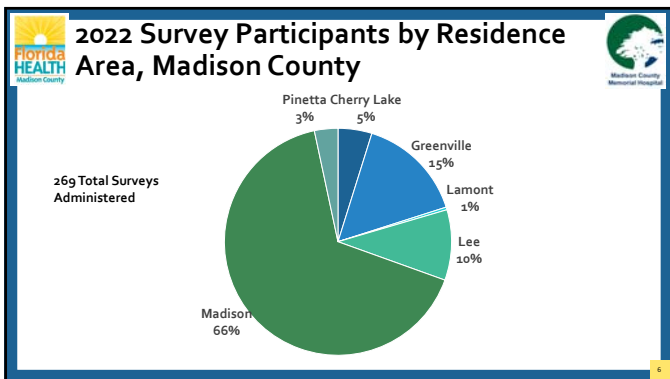
- The highest poverty rate in the state
- Cut off geographically from metropolitan areas
- Many residents obtain services in Valdosta, GA
- Most eastern county in the Capital Consortium so regional providers do not regularly come to the county

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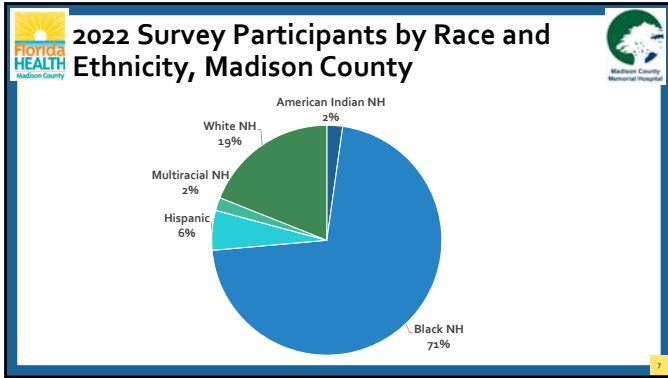
DEMOGRAPHICS

Data Source: PACE-EH Surveys

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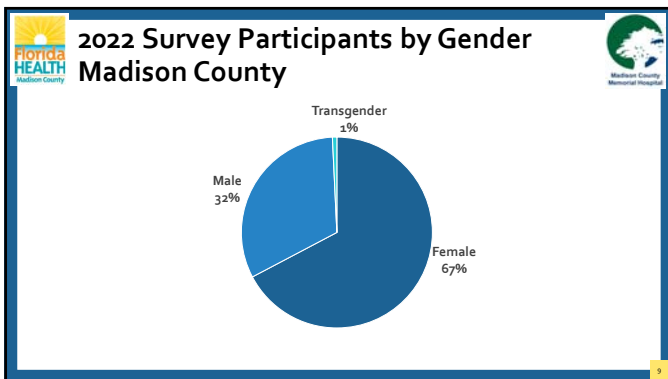
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2022 Survey Participants by Area, Race and Ethnicity, Madison County


Area	American Indian	Black	Multiracial	White
Cherry Lake - 13	0%	31%	8%	53%
Greenville-41	0%	80%	0%	12%
Lee - 27	0%	26%	0%	67%
Madison - 178	3%	79%	2%	10%
Pinetta & Lamont - 10	0%	70%	0%	30%

Area	Hispanic
Cherry Lake	8%
Greenville	7%
Lee	7%
Madison	5%
Pinetta & Lamont	0%


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2022 Survey Participants by Email and Internet Access, Madison County



Area	Access = Yes	Percent of Area Participants
Cherry Lake	10	77%
Greenville	25	61%
Lee	24	89%
Madison	131	74%
Lamont & Pinetta	6	60%
Total	196	73%


13




COMMUNITY VALUES

Data Source: PACE-EH Surveys

14




Important for a great community (Choose 3)




Provider	Percent of Responses
Religious or spiritual values	59%
Clean water, air, etc.	44%
Good schools	39%
Good employment opportunities	29%
Affordable housing	26%
Good public transportation	22%
Low crime and safe neighborhoods	19%
Good race relations	18%
Active lifestyle/outdoor activities	12%
Good place to raise children	12%

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Activities (check all that apply)



Provider	Percent of Responses
Attend church regularly	54%
Register to vote	44%
Visit the library	36%
Visit local parks	33%
Read books or magazines regularly	30%
Exercise three times a week	29%
Volunteer with local groups	27%
Garden as a hobby	14%
Attend local government meetings	14%
Use local rivers or lakes to swim, boat or fish	13%


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ACCESS TO CARE

Data Source: PACE-EH Surveys

17




Most Important Health Issues Percent chosen by 269 Participants




Provider	Percent of Responses
Cancer	48%
Infectious Diseases (hepatitis, TB, COVID, etc.)	47%
Diabetes	45%
Obesity, overweight	43%
Dental issues	16%
Sexually transmitted diseases and HIV/AIDS	15%
Heart disease and stroke	15%
Tobacco use	11%
Drug use (prescribed and other)	11%
Mental health issues	9%

Note that respondents could choose up to three issues

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Most Difficult Health Care Services to Get in Madison County




Provider	Percent of Responses
Dental care including dentures	38%
Primary medical care	38%
Specialty medical care	34%
Mental health care	21%
Hospital care	21%
Vision care	15%
Prenatal/OB/Labor and delivery	13%
Emergency medical care	10%
X-rays or mammograms	9%
Physical therapy	8%

Note that respondents could choose all that apply

22




Type of Health Insurance



Type of Insurance	Number Yes Responses	Percent
Insurance from an employer	72	27%
Medicaid or Medicaid HMO	68	25%
Medicare	64	24%
I do not have any health insurance	32	12%
Other	27	10%
Insurance you pay for yourself like "Obama Care" or Affordable Care Act	15	6%
TRICARE, military or VA benefits	13	5%


Note that respondents could choose all types of insurance that applied to them

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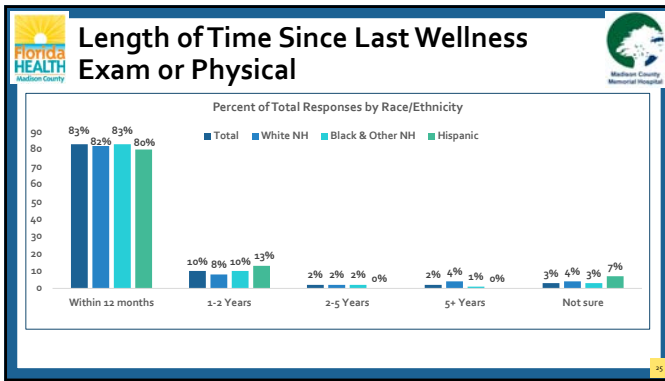
Medical Care Provider

Question: When you are sick, where do you go for health care? (Choose all that apply)



Provider	Percent of Responses
My family doctor	72%
Hospital emergency room	31%
Any available doctor	5%
Urgent care clinic	5%
Other	3%
VA/Military	3%
Community health center	2%
No medical care	2%
Free clinic	2%
Health department	1%

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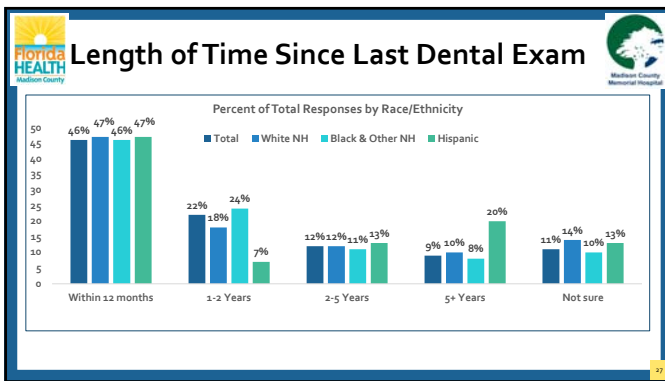
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Reasons for Delay in Seeking Medical Care

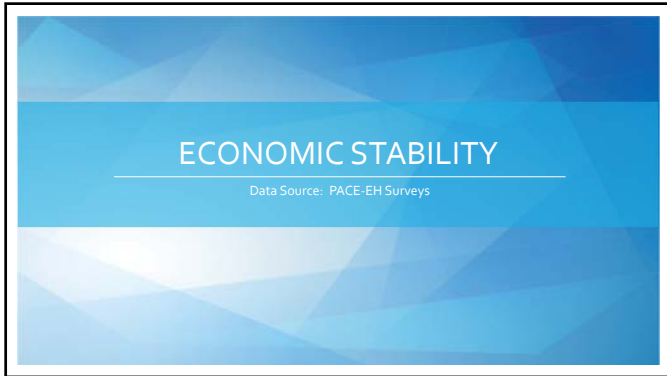
Type of Insurance	Number Yes Responses	Percent
Lack of transportation	24	9%
Could not get an appointment soon enough	23	9%
Provider did not take my insurance	21	8%
No insurance	21	8%
Could not afford care	20	7%
Could not get an evening or weekend appointment	11	4%
Provider was not taking new patients	6	2%
Language barriers/could not communicate	3	1%
Had medical care within 12 months	170	63%

Note that respondents could choose all reasons that applied to them

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Receive Any Public Assistance

Type of Assistance	Percent of Yes Responses
Food assistance	31%
Rent and Utilities	5%
Workforce Assistance	4%
Temporary Cash Assistance	2%

The majority of respondents indicated they did not receive any public assistance. Note that survey participants could choose all responses that applied

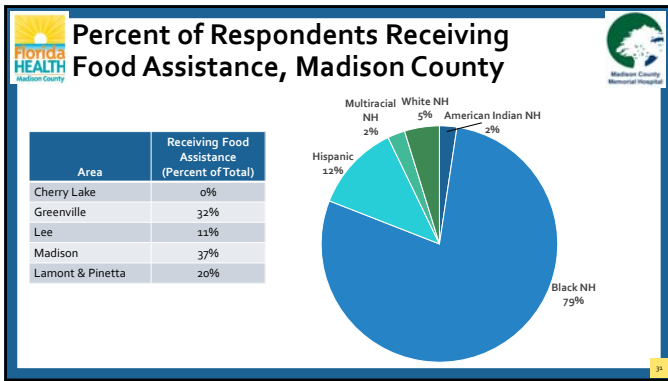
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Difficulty Paying For Any of the Following

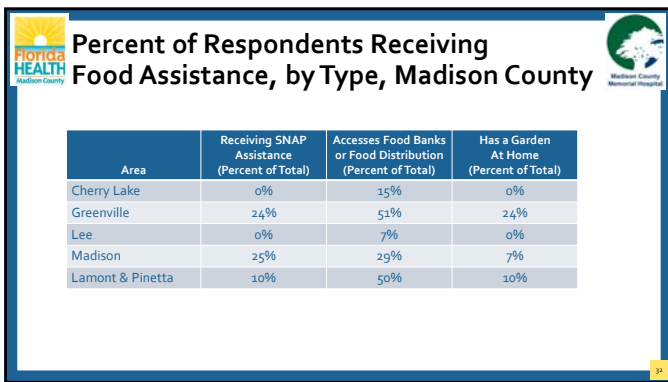
	Percent of Yes Responses
Utility bills	27%
Food for yourself and/or family	25%
Home repairs	20%
Rent or mortgage	16%
Medical bills and prescription drugs	15%
Transportation costs	14%
Clothing	8%
Childcare	6%
Elder care	6%

Note that survey participants could choose all responses that applied

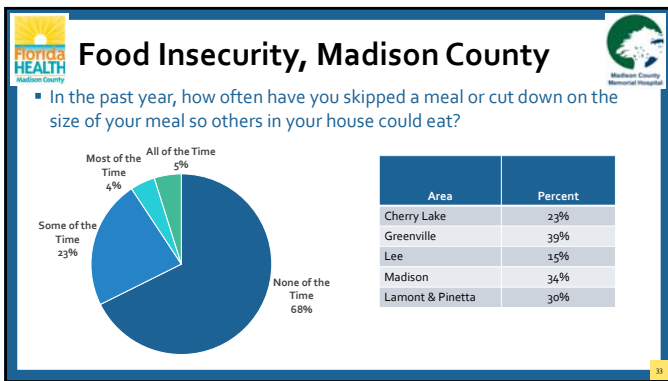
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Food Indicators




- 16% of respondents answered that they went hungry because there was not enough money to buy food in the past year
- 63% of respondents indicated that the cost of food stops them from buying healthy food at least some of the time
- 80% of respondents stated it was very important to eat healthy
- 56% of respondents stated they ate fast food at least once a week or more

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What would make healthier food choices easier (choose 3)



	Percent of Yes Responses
Less Expensive	84%
More time to prepare/cook meals	32%
Community garden where I can learn to grow food	31%
More farmers markets or farm stand	28%
Knowing how to prepare fruits, vegetables & lean protein	26%
More convenience stores that sell healthy food	25%
Knowing how to grow food/having space to grow food	23%
Having healthy items at food bank/pantry	20%
More grocery stores where I live/work	19%
Public transportation to healthy food markets	12%

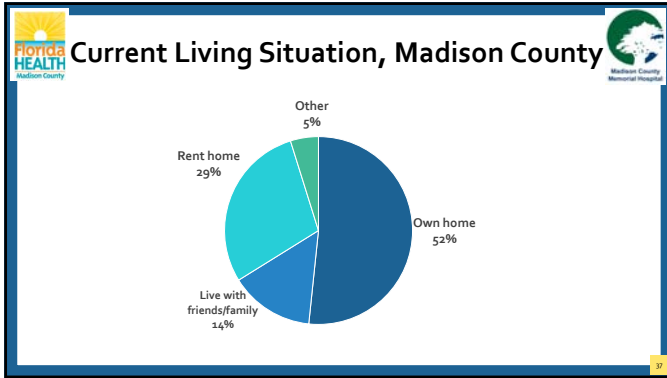
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HOUSING AND NEIGHBORHOOD

Data Source: PACE-EH Surveys

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Current Living Situation, by Area Percent of Respondents

Area	Own Home	Live with friends/family	Rent Home	Other
Cherry Lake - 13	62%	15%	15%	8%
Greenville - 41	51%	15%	22%	12%
Lee - 27	59%	15%	26%	0%
Madison - 178	49%	13%	34%	3%
Lamont & Pinetta - 10	60%	20%	10%	10%

- Of the 79 respondents who were renting their home, 25% stated they were getting rental assistance from the federal government or other source.
- 41% of respondents who were renting their home stated they had difficulty getting the landlord to make repairs

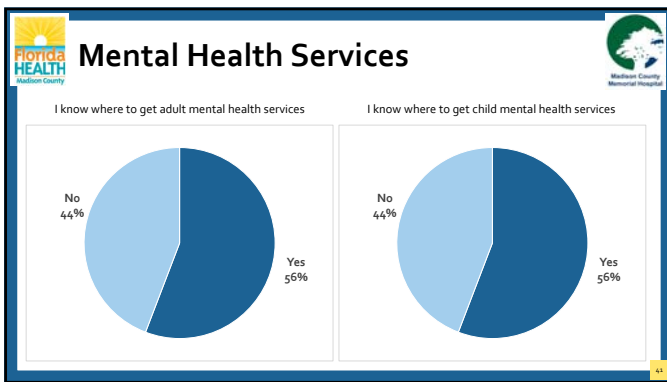
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- ### Housing Indicators
- 88% of respondents felt safe in their home and 91% of respondents felt safe in their neighborhood
 - 63% said their neighborhood had adequate street lighting
 - 15% of respondents had no smoke detector, carbon monoxide detector or fire extinguisher in their home
 - 53% of respondents said they drank bottled water at home, rather than tap water
 - 22% of respondents said they were concerned about bugs in their home

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-
- ### Mental Health Indicators
- 74% of respondents stated they could tell when someone was depressed
 - 52% of respondents said they knew someone with bipolar disorder
 - 34% said they knew someone with schizophrenic disorder
 - 46% of respondents said they would not tell anyone if they were diagnosed with a mental illness
 - 50% stated they would look for mental health, alcohol or substance use services in a different county

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Mental health assessment (Past 2 weeks)




Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than 1/2 the days	Severe, nearly every day
Little interest or pleasure in doing things?	66%	12%	10%	9%	3%
Feeling down, depressed or hopeless?	72%	11%	8%	6%	3%
Feeling more irritated, grouchy or angry than usual?	71%	13%	9%	4%	3%
Sleeping less than usual, but still have a lot of energy?	65%	13%	12%	7%	3%
Starting lots more projects than usual or doing more risky things than usual?	78%	12%	6%	3%	1%
Feeling nervous, anxious, frightened, worried or on edge?	74%	11%	5%	6%	4%

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Mental health assessment (Past 2 weeks)




Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than 1/2 the days	Severe, nearly every day
Feeling panic or being frightened?	81%	10%	4%	3%	2%
Avoiding situations that make you anxious?	66%	16%	4%	7%	7%
Unexplained aches and pains in your head, back, joints, abdomen or legs?	60%	17%	9%	9%	6%
Feeling that your illnesses are not being taken seriously enough?	79%	8%	6%	4%	4%
Thoughts of actually hurting yourself?	91%	2%	3%	2%	1%
Hearing things other people can't hear, such as voices even when no one was around?	91%	3%	2%	3%	1%

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Mental health assessment (Past 2 weeks)




Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than 1/2 the days	Severe, nearly every day
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	89%	3%	3%	4%	1%
Problems with sleep that affected your sleep quality over all?	72%	12%	6%	7%	3%
Unpleasant thoughts, urges or images that repeatedly enter your mind?	87%	6%	3%	3%	1%
Feeling driven to perform certain behaviors or mental acts over and over again?	91%	4%	3%	2%	1%
Feeling detached or distant from yourself, your body, your physical surroundings or your memories?	86%	7%	4%	2%	1%

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Mental health assessment



Indicator	Not at all	Slight, less than a day or two	Mild, several days	Moderate, more than 1/2 the days	Severe, nearly every day
Not knowing who you really are or what you want out of life?	87%	4%	3%	3%	3%
Not feeling close to other people or enjoying your relationships with them?	82%	9%	3%	3%	3%
Drinking at least 4 drinks of any kind of alcohol in a single day?	88%	5%	3%	2%	2%
Using any tobacco products?	82%	6%	2%	4%	6%
Using any recreational drugs or prescription medicine that you do not have a prescription for?	93%	5%	1%	1%	1%

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We are grateful for your attendance and your unwavering commitment to improving the health of Madison County.

THANK YOU FOR JOINING US!



**Madison County
Memorial Hospital**