Florida HEALTH

WellFlorida Council

2020-23

UNION COUNTY

COMMUNITY HEALTH ASSESSMENT

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Contents

Executive Summary

UNION COUNTY COMMUNITY HEALTH ASSESSMENT PROCESS

In the summer of 2020, the Union County community health assessment process launched as another step in the tradition and commitment to better understanding the health status and health needs of the community. The purpose of the community health assessment is to uncover or substantiate the health needs and health issues in Union County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Union County has historically played the lead role in the development of the community health assessments. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Union County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. The Florida Department of Health in Union County and its peer in Bradford County share public health administrative leaders and are part of the integrated state agency. In addition, Bradford and Union Counties share many regional and area partners and resources. While both Union County and Bradford County have conducted independent assessment processes, for efficiency some aspects of the assessments were done jointly including the presentation of secondary data in the *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, the community health survey, and focus groups.

In the prior iteration of the Union County community health assessment in 2017, indicators across a spectrum were analyzed including the domains of demographics and socioeconomics, mortality and morbidity, and healthcare access, resources and utilization. As a product of the assessment process, strategic priority issues were established under four broad categories: prevention and management of chronic disease, including nutrition; equity in access and appropriate use of public benefit resources, including a focus on employment programs and food assistance; removal of transportation barriers; and promotion of health behaviors with a focus on substance use and mental health.

Directly linking to the identified 2017 strategic priority Issues, new metrics in the 2020 community health assessment process further explore public assistance utilization, homelessness, and substance abuse program enrollment. Other enhancements place emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives, examination of pertinent local data on health behaviors and outcomes, healthcare seeking practices, vulnerable populations, and environmental concerns along with direct involvement of key community partners and residents. The Union County Community Health Assessment Steering Committee members (Steering Committee) were recruited by the Department of Health in Union County and participated in all elements of the community health assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Union County. A list of Steering Committee members is included in the Appendix.

The Florida Department of Health in Union County engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Union County along with 15 other north central Florida counties. The mission of

WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

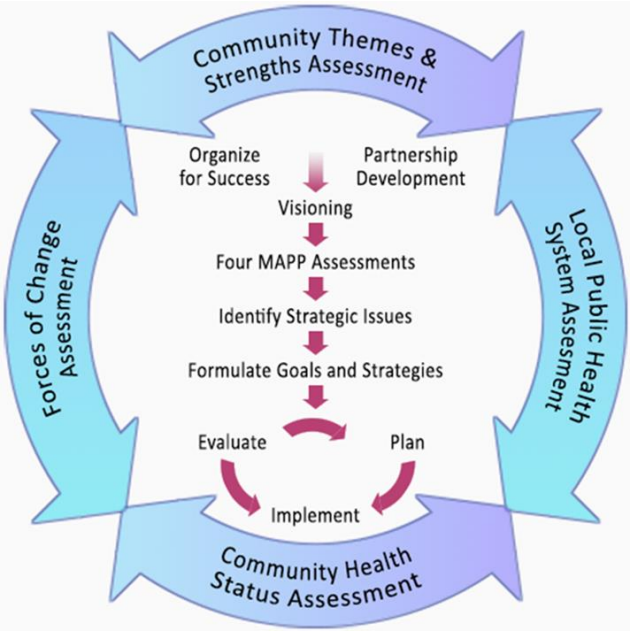
The 2020 Union County community health assessment process took place under unprecedented conditions; that is, assessment activities proceeded during the Coronavirus (COVID-19) pandemic. This required changes in tactics for community engagement from in-person gatherings to virtual formats, flexibility in scheduling while the Florida Department of Health in Union County and partners responded to and performed emergency duties, and incorporating pandemic-related health concerns into primary data collection efforts.

The comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and health improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Union County employed a modified MAPP process, tailored to community needs and capacity. Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Union County MAPP process. Use of the MAPP tools and process helped Union County assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.
The following core MAPP assessments, which lie at the heart of the MAPP process, were employed:

- Community Health Status Assessment
- Community Themes and Strengths Assessment

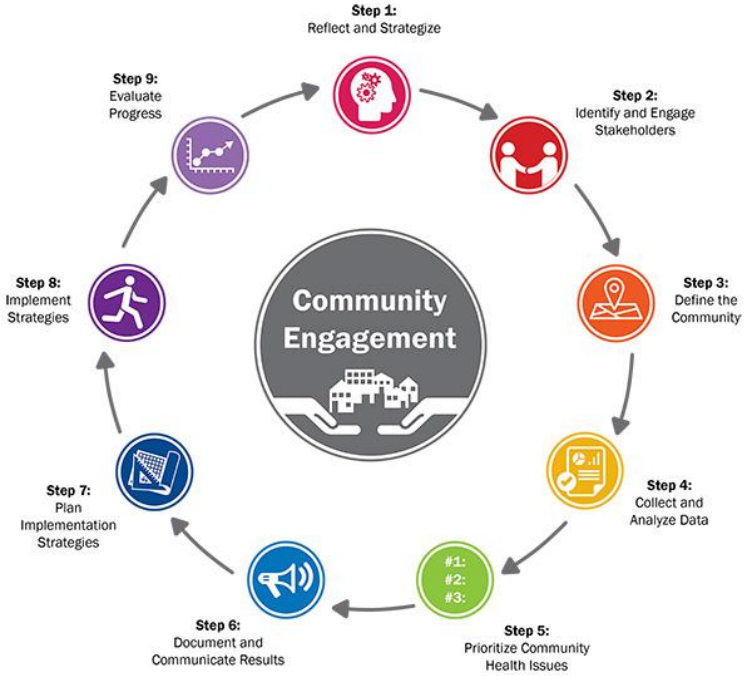
These MAPP assessments work in concert to reveal common themes and considerations in effort to hone in on the key community health needs. The findings from MAPP assessments are integrated into the 2020 Union County Community Health Assessment.

FIGURE 1: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP).



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved September 18, 2020, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



Source: Association for Community Health Improvement (N.D.). *Community Health Assessment toolkit.* Retrieved September 21, 2020, https://www.healthycommunities.org/resources/community-health-assessment-toolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHNA)%20process%20every%20three%20years.

The Union County Community Health Assessment Steering Committee took several actions to organize the 2020 MAPP process. At their kick-off meeting on June 11, the Steering Committee reviewed and approved the MAPP process timeline, inventoried a current list of community partner agencies and stakeholders to identify unrepresented or underrepresented groups or populations in the community health assessment process, and participated in a visioning exercise.

Through a facilitated process, Steering Committee members brainstormed several visioning questions:
1) What characteristics, factors and attributes are needed for a healthy Union County?
2) What does having a healthy community mean?
3) What are the policies, environments, actions and behaviors needed to support a healthy community?

Table 1 below lists the factors and attributes that Union County partners felt are the key determinants of health, healthy outcomes and a healthy community.

TABLE 1: VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTHY COMMUNITY, UNION COUNTY, 2020.

Vision for a Health Union Community	
Increased healthcare access with strong community buy-in toward this goal	Improved preventive care and continuity of care
Early education and increased investment in education overall	Clean and safe environment
Collaboration with school-systems, faith-based organizations, and healthcare organizations to work towards common health goals	High outdoor activity
Decreased rates of smoking	Improved access to social services
Improved community and community organization participation and cohesion	Expansion of community resources, particularly mental health services
Access to fresh, nutritious foods	Strong trust among the community and its organizations

Source: Union County Community Health Assessment Steering Committee Meeting notes, June 11, 2020

Social Determinants and Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
High quality education system that includes early education through university and career training	Culture of prevention and wellness
Access to sufficient, nutritious affordable foods	Trust
Access to and choice of healthcare services	Clean, safe environment to promote healthy, active living
Access to social services	Preserve rural environment while bridging service and communication gaps
Focus on continuity of care through life stages	Culture of collaboration
Communication networks, no silos	

Source: Union County Community Health Assessment Steering Committee Meeting notes, June 11, 2020

UNION COUNTY COMMUNITY HEALTH ASSESSMENT TIMELINE

UNION
COMMUNITY
HEALTH
ASSESSMENT

2020 Union County Community Health Assessment Planning Process Timeline

MAY - JUNE
ORGANIZE AND VISIONING

- Gather **resources**
- **Plan** assessment process
- Convene **steering committee**
- Conduct **visioning**

JULY - SEPTEMBER
DATA COLLECTION AND ANALYSIS

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

OCTOBER - NOVEMBER
REPORTING RESULTS

- Solicit **community input** on preliminary findings
- Review and discuss **key findings** to reach consensus on **priority health issues**
- Publish final **Community Health Assessment report**
- **Evaluate** CHA process

DECEMBER
CHIP Begins

ASSESSMENT METHODOLOGY

ORGANIZATION OF THE COMMUNITY HEALTH ASSESSMENT REPORT

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the community health assessment is driven by quantitative and qualitative data collection and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

USING THE COMMUNITY HEALTH ASSESSMENT

The Community Health Status Assessment provides a narrative summary of the data presented in the *2020 Bradford County and Union County Community Health Assessment Technical Appendix* and includes analysis of social determinants of health, community health status, and healthcare system resources and utilization. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey findings, and hospital utilization data. The healthcare system assessment includes data on insurance coverage (public and private), Medicaid eligibility, healthcare expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health, a survey was used to collect input from community members at large. Detailed descriptive analysis of

survey responses is included in the Community Themes and Strengths Assessment segment of this report. Two focus groups were held jointly with Union County. Board members from the regional Federally Qualified Health Center participated in one focus group that zeroed in on issues related to healthcare access. The second group convened community advocates from health and social service provider organizations to discuss the impact of social and economic issues on health.

INTERSECTING THEMES AND KEY CONSIDERATIONS

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

USING THE COMMUNITY HEALTH ASSESSMENT

The 2020 Union County Health Assessment is designed to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The identification of the global health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHA are the following:

- To accurately depict Union County's key health issues based on common themes from the core MAPP assessments;
- To identify strategic issues and some potential approaches to addressing those issues;
- To inform the next phase of the MAPP-based assessment and health improvement planning process; that is, the development of the Community Health Improvement Plan (CHIP);
- To provide the community with a rich data compendium not only for the creation of the CHIP but also as a resource for ongoing program, intervention, and policy development and implementation as well as evaluation of community health improvement efforts and outcomes.

TECHNICAL APPENDIX

While the 2020 Union County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with an accompanying Technical Appendix. Whereas the CHA presents data and issues at a higher, more global level for the community, all of the data in the CHA that has been used for identifying community health issues are addressed on a granular level of detail in the Technical Appendix. Thus, for most data that are addressed in the main CHA, the Technical Appendix presents these data in finer detail, breaking data sets down where appropriate and when available. The Technical Appendix is an invaluable companion resource to the CHA, as it will allow the community to dig deeper into the issues in order to more readily understand the contributing factors, causes, and wide range of effects on health and quality of life.

Community Health Status Assessment

INTRODUCTION

The Community Health Status Assessment highlights key findings from the *2020 Bradford County and Union County Community Health Assessment Technical Appendix.* The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Union County as a whole, as well as for specific demographic, socioeconomic, and geographic subsets of the population.

The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Healthcare Resources, Access and Utilization
- Health Disparities and Health Equity

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

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and healthcare needs of communities. It is important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *2020 Bradford and Union County Community Health Assessment Technical Appendix* includes data on current population numbers and distribution by age, gender, and racial and ethnic group by geographic region. It also provides statistics on education, income, and poverty status.

It is important to note that these demographic and socioeconomic indicators can considerably affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness.

Noted below are some of the key findings from the Union County demographic and socioeconomic profile.

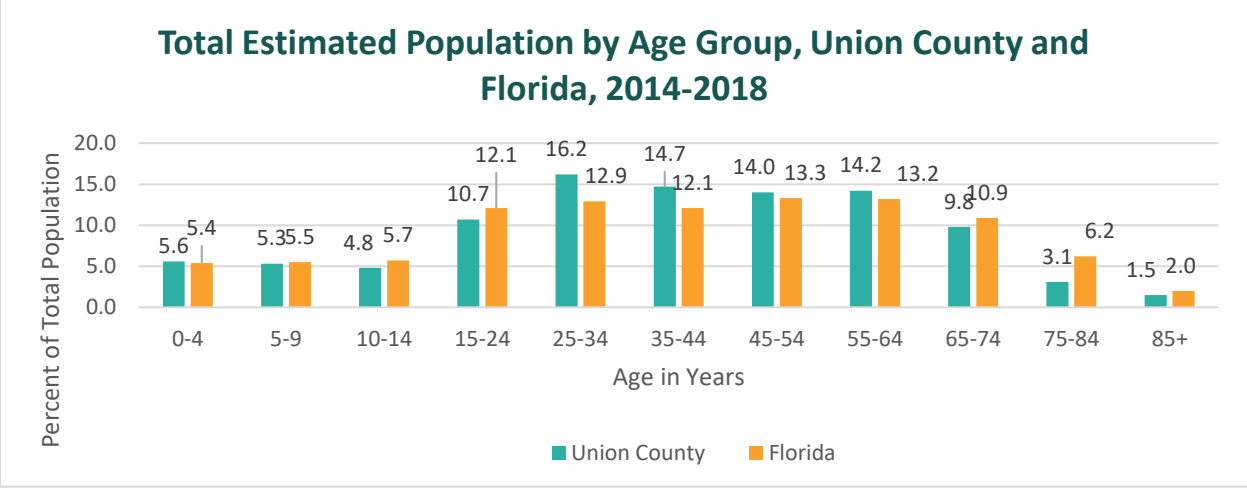
POPULATION OVERVIEW

According to the Bureau of Economic Business Research at the University of Florida, Union County's population numbered 15,505 as of April 1, 2019 (Table 4, Technical Appendix). Further population projections conducted by the Bureau of Economic Business Research divided by gender and age group through the year 2045 can be found in the Technical Appendix (Tables 5-6, Technical Appendix). According to the U.S. Census Bureau American Community Survey (ACS) 2014-2018 estimates, there is a much higher proportion of male residents compared to female residents in Union County. Males represent 65.1 percent of the population in Union County while females represent 34.9 percent (Table 9, Technical Appendix). With respect to race and ethnicity, 73.7 percent of Union County residents identified as White, 21.9 percent identified as Black, and 5.5 percent identified as Hispanic or Latino (Tables 7-8, Technical Appendix). Average household size was 2.5 individuals (Table 17 Technical Appendix). Veterans comprised 13.2 percent of the Union County population (Table 19, Technical Appendix). Union County includes a population dynamic that must be factored into the assessment. That is, about 36.2 percent of the population, or 5,515 individuals were housed in group quarters. Group quarters include correctional institutions, nursing and group homes, military quarter, and college dormitories. In Union County's case, this population is the incarcerated (Table 15, Technical Appendix).

AGE

Based on 2014-2018 ACS estimates, Union County had a higher proportion of middle-aged residents and a smaller proportion of residents aged 65 years and older relative to the state of Florida (Table 10, Technical Appendix). The largest age group was between 25 to 34 years and comprised 16.2 percent of the Union County population; this was high relative to the state proportion of 12.9 percent (Table 10, Technical Appendix). The figure below illustrates the age distribution of Union County residents compared to the state of Florida.

FIGURE 3: POPULATION BY AGE GROUPS, 2014-2018.

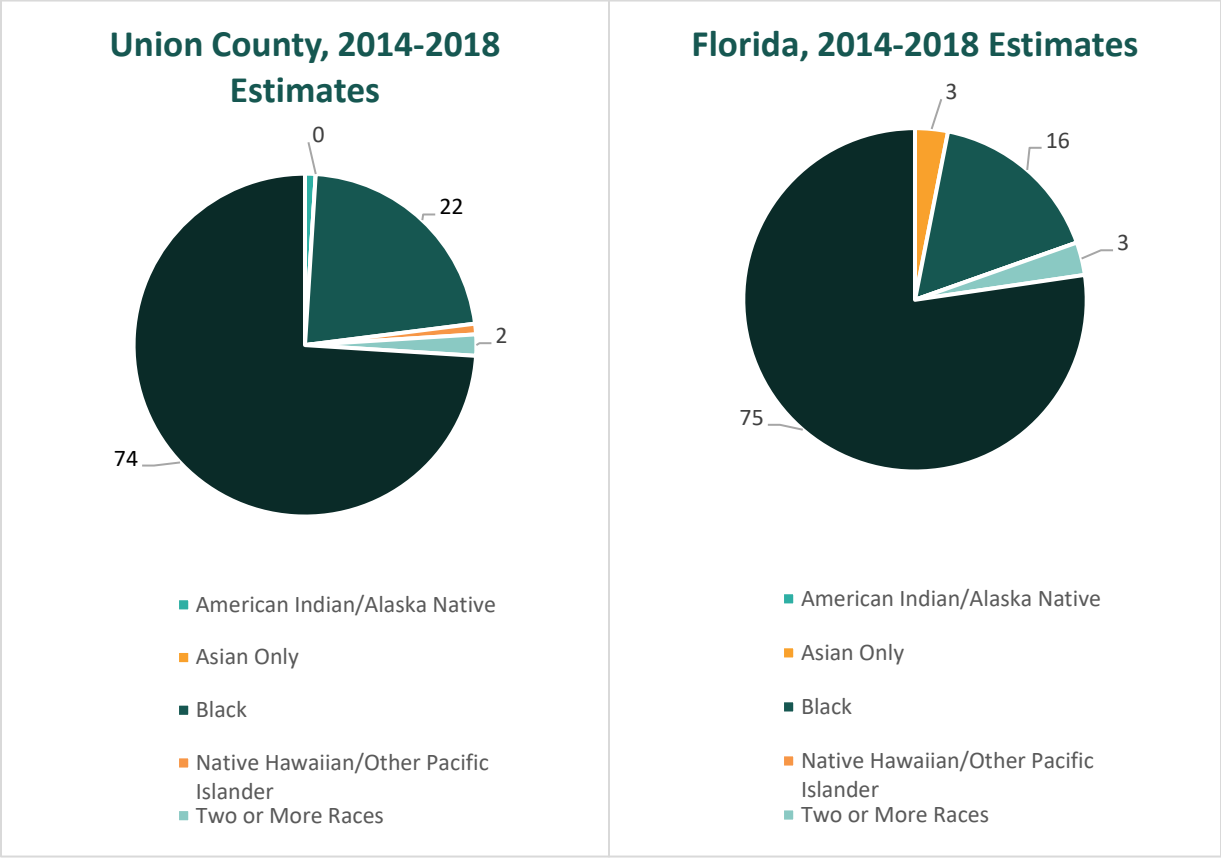


Source: Table 10, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

GENDER, RACE AND ETHNICITY

According to American Community Survey (ACS) 2014-2018 estimates, males represented 65.3 percent of the population, while females represented 34.9 percent (Table 9, Technical Appendix). With respect to race, 73.7 percent of Union County residents identified as White, 21.9 percent identified as Black, 1.8 percent identified as two or more races, 1.3 percent identified as some other race and the remainder at fractional percentages identified as Asian, American Indian and Alaska Native, or Native Hawaiian and other Pacific Islander (Table 7, Technical Appendix). About 5.5 percent of residents identified as Hispanic or Latino (Table 8, Technical Appendix). Estimates of Union County's racial makeup are shown in the figure below.

FIGURE 4: ESTIMATED POPULATION BY RACE, 2014-2018.



Source: Table 7, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

LANGUAGES SPOKEN

The U.S. Census Bureau ACS estimates for 2014-2018 indicated that 94.2 percent of Union County residents over the age of five (5) years speak only English, a rate notably higher than the state's 70.9 percent. In Union County, an additional 5.8 percent, or an estimated 840 individuals, speak other languages. About 83.6 percent of residents speak English "very well" (Table 45, Technical Appendix).

LIFE EXPECTANCY

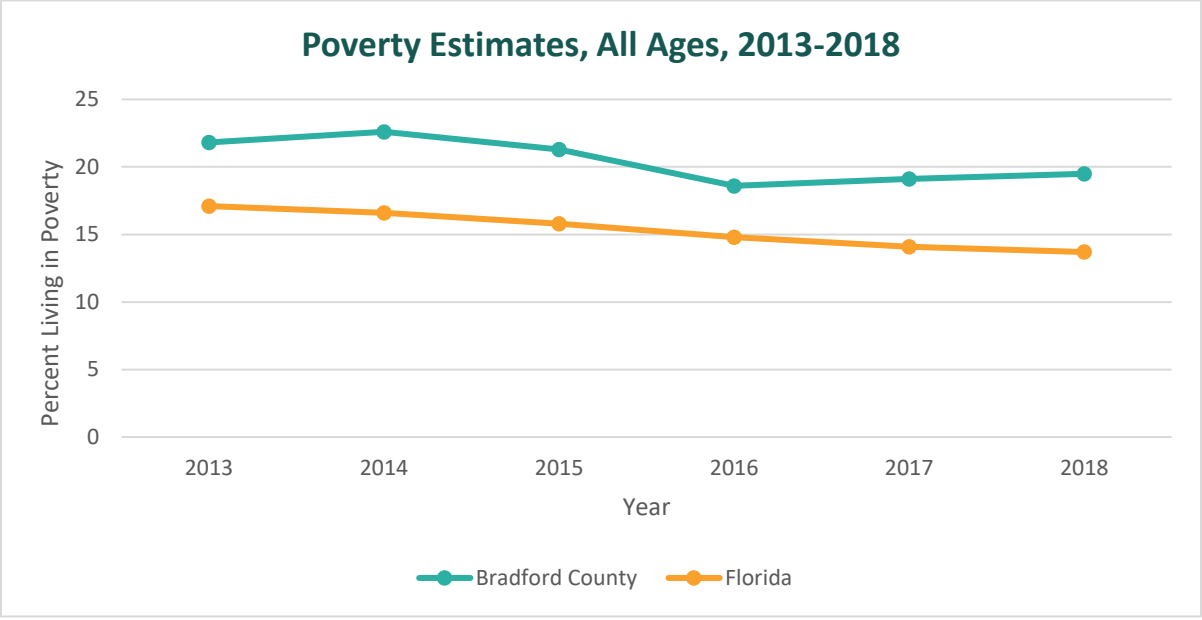
Data from the Florida Bureau of Vital Statistics for 2016-2018, showed that life expectancy in Union County was lower than state averages. Male Floridians, without regard for racial classification, had an average life expectancy of 76.9 years, whereas in Union County, the average life expectancy for males was 66.1 years. Life expectancy for female Floridians, without regard to racial classification, was estimated to be 82.5 years, whereas females in Union County had a life expectancy of 76.4 years (Table 3, Technical Appendix). Since 2010, life expectancy for both males and females has declined in Union County according to 3-year estimates. Life expectancy was 68.2 years for Union County males and 77.0 for females during the 2010-2012 time period (Table 3, Technical Appendix).

ECONOMIC CHARACTERISTICS

POVERTY According to data from the U. S. Census Bureau, Small Area Income and Poverty Estimates for 2013-2018, the poverty rate for individuals of all ages in Union County was 20.6 percent in 2018, higher than the poverty rate for individuals of all ages at the state level (13.7 percent). The figure below shows changes in poverty rates for Union County and Florida from 2013-2018 (Table 20, Technical Appendix). Trends over time show that the poverty rate in Union County has been consistently high relative to the state. Public assistance can represent another metric of poverty in a population. Data on public assistance from the ACS 2014-2018 showed that 20.6 percent of households in Union County accepted cash public assistance or food stamps (Tables 18 and 30, Technical Appendix).

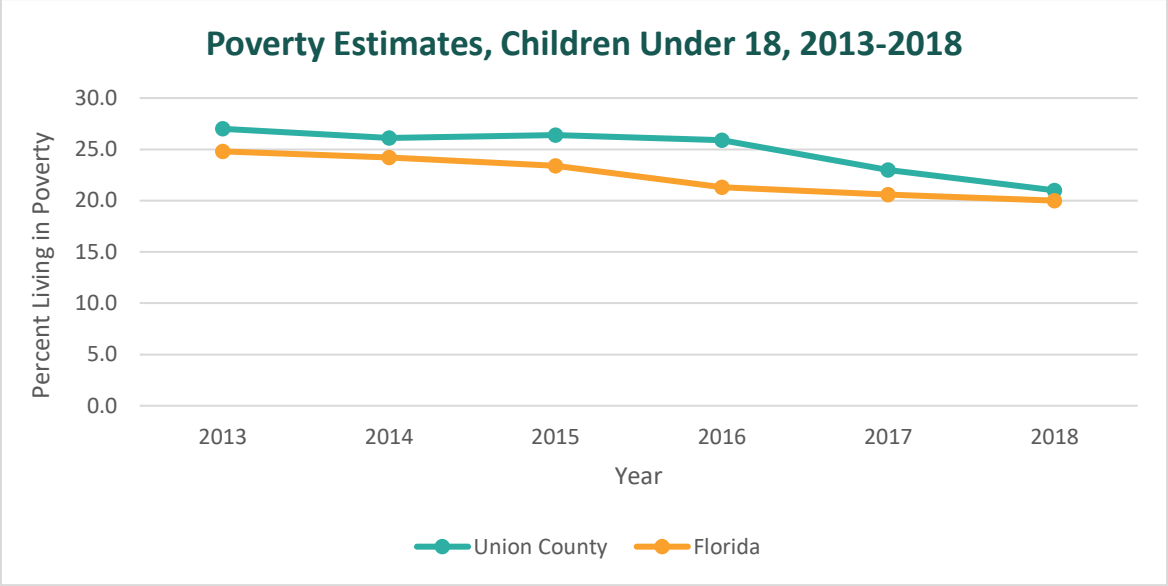
In regard to children under the age of 18 years living in poverty, the 2018 poverty rate for Union County was 21.0 percent, similar to the state rate of 20.0 percent. The following figure shows the poverty rate among children under the age of 18 years in Union County and Florida over time. Poverty rates among Union County children have progressively declined since 2013 (Table 20, Technical Appendix).

FIGURE 5: POVERTY ESTIMATES BY PERCENT, ALL AGES, 2013-2018.



Source: Table 20, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

FIGURE 6: POVERTY ESTIMATES BY PERCENT, CHILDREN UNDER 18 YEARS OF AGE, 2013-2018.



Source: Table 20, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

Poverty rates vary by geography in Union County. The *2020 Bradford County and Union County Community Health Assessment Technical Appendix* includes information about poverty by zip code tabulation areas (ZCTA; Table 21-25, 27), by levels of poverty (Table 22), select age groups (Table 23), gender (Table 24), race and ethnicity (Table 25), and household (Tables 26 and 27). According to data from the ACS for 2014-2018, the area with the highest poverty rate in Union County was ZCTA 32697, Worthington Springs. In this area, 42.8 percent of individuals and 33.3 percent of children were estimated to live in poverty during this time period (Table 21, Technical Appendix).

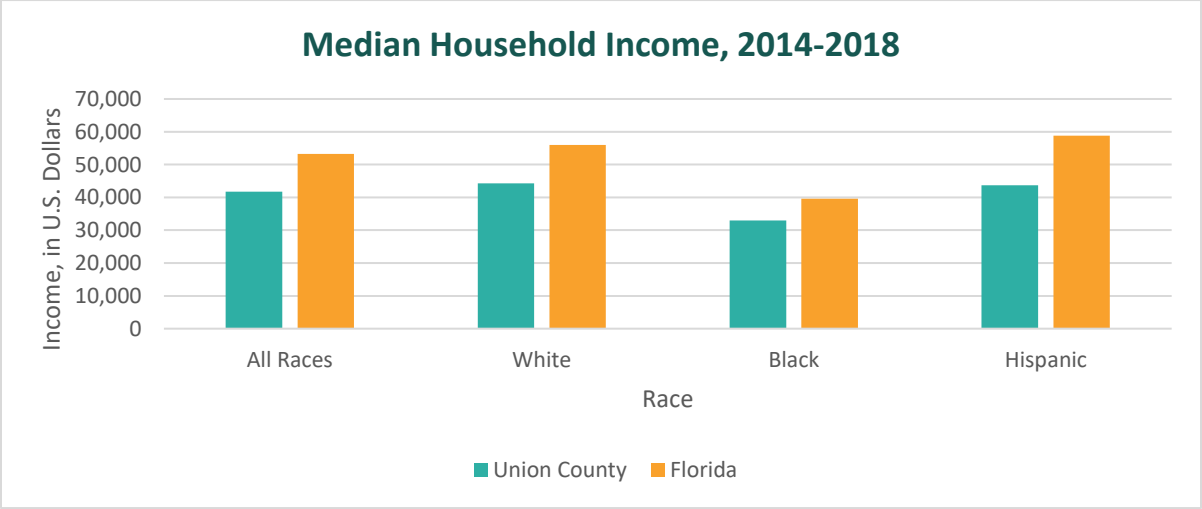
Disparities among gender, race, and ethnicity were evident. In 2014-2018, 23.2 percent of females in Union County were estimated to live in poverty compared to 20.4 percent of males. The disparity was present at the state level as well, with 15.8 percent of females in poverty compared to 13.7 percent of males in poverty in the state as a whole (Table 24, Technical Appendix). With respect to race, 33.1 percent of Black residents in Union County were estimated to live in poverty compared to 19.8 percent of White residents (Table 25, Technical Appendix). Similarly, 41.3 percent of Hispanic or Latino residents were estimated to live in poverty compared to 21.2 percent of non-Hispanic or non-Latinos (Table 25, Technical Appendix). Similar patterns of disparities were evident at the state level as well; however, the magnitude of disparity was greater for Union County residents. Overall, data suggest poverty affects females and people of color disproportionately throughout the state of Florida and in Union County.

United Way's Asset Limited, Income Constrained, Employed (ALICE) Report describes populations who are working, but due to day-to-day financial challenges such as childcare costs, transportation, and the high cost of living are existing paycheck to paycheck. The 2020 ALICE Report for Union County, which reflect data from 2018, showed that 31.0 percent of households in Union County were considered ALICE

Households, meaning they earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the county. Statewide, 33.0 percent of households fell into this category. In Union County, the percent of households living below the ALICE threshold, including those living below the FPL, ranged from 52.0 percent to 63.0 percent depending on zip code (Table 28, Technical Appendix). According to ALICE data, the survival budget for a family of two adults and two school-aged children in Union County required a full-time, hourly wage of 26.65 dollars to meet annual expenses of 53,292 dollars (Table 28, Technical Appendix).

INCOME Income levels in Union County were lower than for the state of Florida. According to the latest ACS data, the median annual household income for all races in Union County was estimated to be 41,770 dollars in comparison to Florida's 53,267 dollars. Notable differences in median household income were observed across racial groups at both the county and state level (see the figure below). In Union County, the White population had a median household income of 44,268 dollars compared to 32,981 dollars for the Black population. The median household income for the Hispanic population was on par with the White population in Union County at 43,735 dollars (Table 29, Technical Appendix). The disparity between White and Black populations was observed at the state level as well with a similar magnitude. The ratio of Black median household income to White median household income was 0.75 in Union County, slightly higher than the ratio of 0.71 at the state level (Table 29, Technical Appendix). By geography, the highest median household income was found in Lake Butler (ZCTA 32054) at 66,250 dollars. The lowest median household income was found in Worthington Springs (ZCTA 32697) at 25,357 dollars. For White residents, Lake Butler (ZCTA 32054) had the highest median household income at 45,408 dollars, and Worthington Springs (ZCTA 32697) had the lowest median household income at 24,875 dollars. For Black residents, Raiford (ZCTA 32083) had the highest median household income at 86,250 dollars, and Lake Butler (ZCTA 32054) had the lowest median household income at 26,280 dollars (Table 29, Technical Appendix).

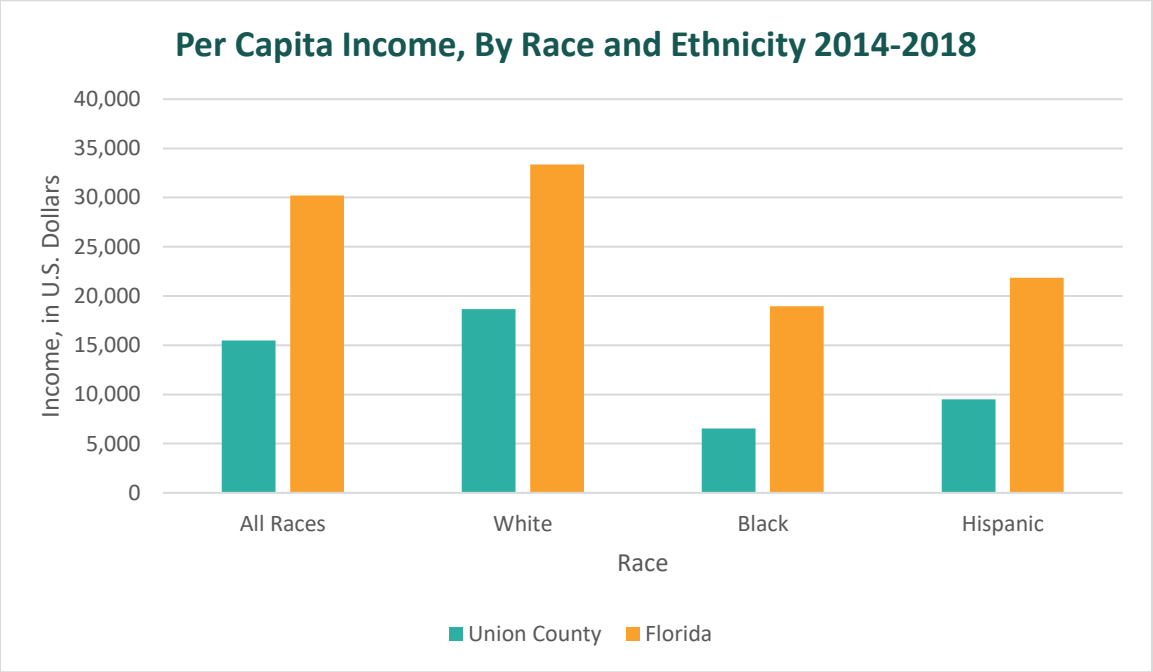
FIGURE 7: MEDIAN HOUSEHOLD INCOME, BY RACE AND ETHNICITY, 2014-2018.



Source: Table 31, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

The pattern in the distribution of per capita income for 2014-2018 in Union County and the state was similar to that of median household income for all races with the Union County estimate of 15,475 dollars in comparison to 30,197 dollars at the state level. Racial and ethnic differences existed in per capita income at the county and state levels as demonstrated in the figure below. Per capita incomes for White residents (18,670 dollars) was notably high compared to Black residents (6,527 dollars) and Hispanic residents (9,498 dollars). At the state level, per capita income was higher for all racial and ethnic groups (Table 31, Technical Appendix).

FIGURE 8: PER CAPITA INCOME, BY RACE AND ETHNICITY, 2014-2018.



Source: Table 31, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

HOMELESSNESS The Florida Council on Homelessness estimates prevalence of homelessness and homeless students. Estimates may not be stable from year to year due to the high level of mobility of this population and the difficulty of engaging with the population. Due to small population size, Union County did not have an overall count of the homeless population available. However, the 2019 annual report from the Florida Council on Homelessness reported 98 homeless students, or 4.2 percent of total students. This was higher than the state rate of 3.4 percent (Table 49, Technical Appendix).

FOOD SECURITY The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides services, including supplemental food, nutrition education, and healthcare referrals, for postpartum women, infants, and young children. In 2019, there were 322 residents eligible for WIC who received services from the program in Union County, amounting to 47.1 percent of overall residents eligible for the program (Table 47, Technical Appendix). Among Union County children two (2) years and

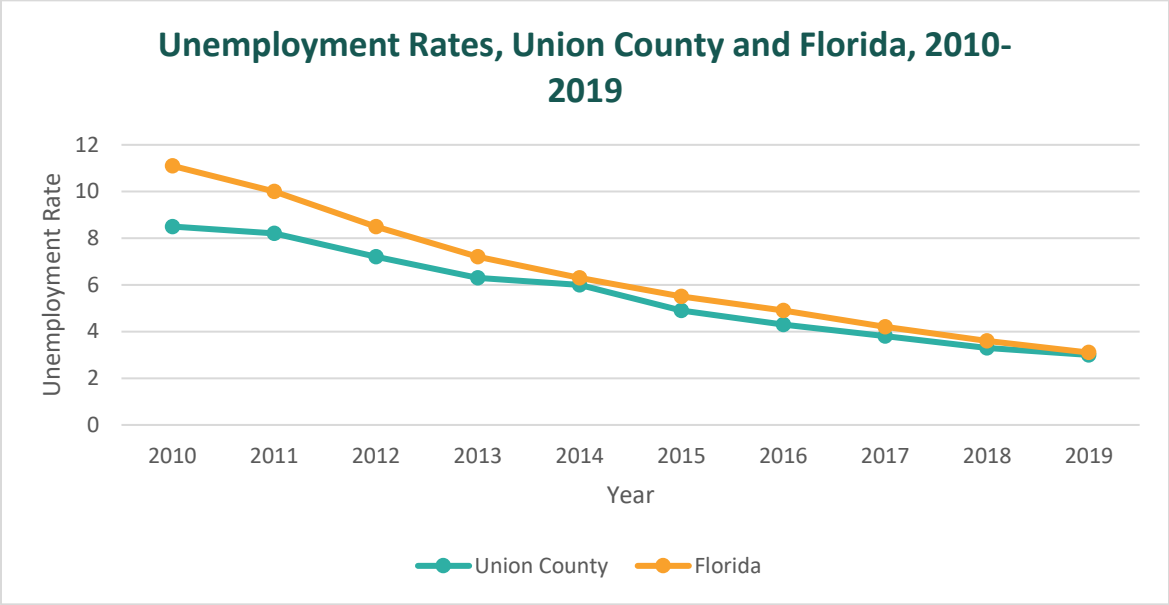
older who received WIC services, 30.6 percent of them were obese or overweight in 2019, which may serve as an indicator of the quality of the nutrition received (Table 48, Technical Appendix).

Union County had a food insecurity rate of 18 percent in 2020; this is higher than the state rate of 13 percent. The food insecurity rate for those aged 18 and under was even higher (24 percent) in Union County and again, superseded the state rate (20 percent) (Table 99, Technical Appendix). Data on food stamp services showed that 2,233 clients in Union County received food stamp services in 2019. This translates to 14.0 percent of the total population in Union County which was higher than the state rate of 13 percent (Table 104, Technical Appendix).

EMPLOYMENT

The Florida Department of Economic Opportunity, Bureau of Workforce Statistics and Economic Research report data on employment in Union County and the state of Florida. Recent estimates showed unemployment rates in Union County have been lower or on par with the state rate for the last decade. The unemployment rate for Union County in 2019 was estimated at 3.1 percent of the labor force, equivalent to the state rate. The next figure shows that through 2019, unemployment had been on a steady decline since 2010 (Table 40, Technical Appendix).

FIGURE 9: UNEMPLOYMENT RATES, UNION COUNTY AND FLORIDA, 2010-2019.



Source: Table 40, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

EDUCATION

Health outcomes are also influenced in part by access to social and economic resources, including the quality of educational opportunities. Estimates from the Florida Department of Education indicated that since the 2015-2016 school year, graduation rates in Union County have increased but remain slightly below the state rate. During the 2018-2019 school year, the graduation rate in Union County was 84.4

percent, compared to the state rate of 86.9 percent (Table 43, Technical Appendix). An increase in the dropout rate (4.8 percent) in Union County was observed in the 2018-2019 school year despite fairly low dropout rates in the prior years (range: 1.3 percent to 3.7 percent between 2014-2018 school years) (Table 43, Technical Appendix).

Most of Union County's population 25 years of age and older (59.5 percent) had a high school diploma, or some equivalence, as the highest completed level of education between 2014-2018.. About 23.1 percent did not receive a high school diploma and 17.4 percent had a college degree, including Associate's, Bachelor's, Master's, Doctorate or other professional school degrees. Collectively, this represents a lower level of education compared to the state of Florida as a whole, which reported only 12.0 percent of residents with no high school diploma, and 39.0 percent of residents with a college degree (Table 42, Technical Appendix).

DOMESTIC VIOLENCE

Data on the prevalence and types of domestic violence offenses are available in Tables 88-89 of the Technical Appendix. In 2018, there were 36 documented cases of domestic violence offenses in Union County, a rate of 225.5 per 100,000 population. The state rate by comparison was 500.6 per 100,000 population (Table 88, Technical Appendix).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Union County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Union County is similar to Florida in many health indicators, some differences exist. Noted below are some key facts and trends in Union County mortality and morbidity rates.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH), a collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest". Health is viewed as a multifactorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

II. Health Factors--rankings are based on weighted scores of four types of factors:

a. Health behaviors (9 measures)

b. Clinical care (7 measures)

c. Social and economic (9 measures)

d. Physical environment (5 measures)

Throughout the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The data are useful as an annual check on health outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2020. In the latest rankings, out of 67 counties in the state, Union County ranked 67th, or last place, for health outcomes and 47th for health factors. Union County's highest score was for the physical environment, in which it ranked 12th out of 67 counties. Factors considered in the physical environment included drinking water violations, severe housing problems and commuting alone to work. Union County's worst scores were in the areas of mortality and health behaviors, with rankings of 67th and 65th, respectively. Mortality is a reflection of lifespan while health behaviors include metrics such as physical activity, teen birth rates, and alcohol or nicotine use (Table 2, Technical Appendix).

TABLE 2: COUNTY HEALTH RANKING BY CATEGORY FOR UNION COUNTY, 2010-2020.

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Union County											
HEALTH OUTCOMES	67	67	67	67	67	67	66	67	67	67	67
Mortality/Length of Life	*67*	*67*	*67*	*67*	*67*	*67*	*67*	*67*	*67*	*67*	*67*
Morbidity/Quality of Life	*59*	*61*	*57*	*59*	*52*	*52*	*42*	*53*	*63*	*63*	*58*
HEALTH FACTORS	52	53	52	51	53	52	48	53	58	57	47
Health Behavior	*67*	*67*	*63*	*67*	*67*	*61*	*62*	*66*	*67*	*66*	*65*
Clinical Care	*30*	*54*	*58*	*58*	*65*	*60*	*57*	*55*	*53*	*51*	*43*
Social & Economic Factors	*21*	*15*	*23*	*16*	*20*	*25*	*34*	*36*	*40*	*37*	*39*
Physical Environment	*9*	*44*	*37*	*64*	*51*	*28*	*21*	*11*	*10*	*15*	*12*

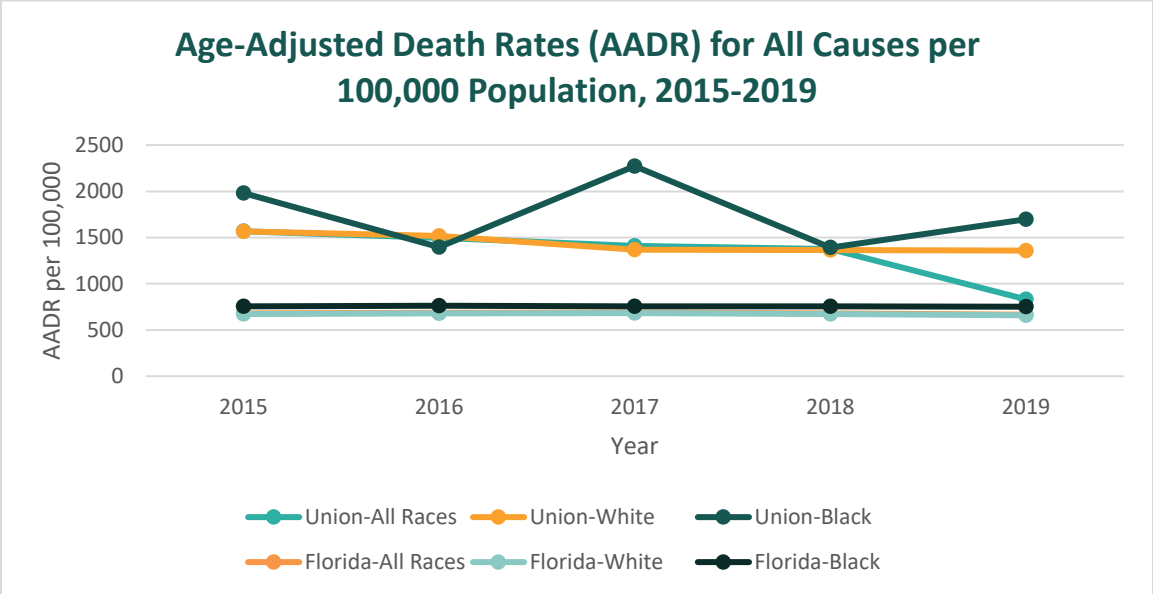
Source: Table 1, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

CAUSES OF DEATH

Mortality data in the *2020 Bradford County and Union County Community Health Assessment Technical Appendix* are reported in the form of both crude and age-adjusted rates. Crude rates are used to report the overall burden of disease in the population, whereas age-adjusted rates are a standardized form that is most commonly used for public health data reporting. More specifically, age-adjusted rates allow for cross comparisons between different populations and ensure that any observed disparities are not due to differences in age distribution of the population.

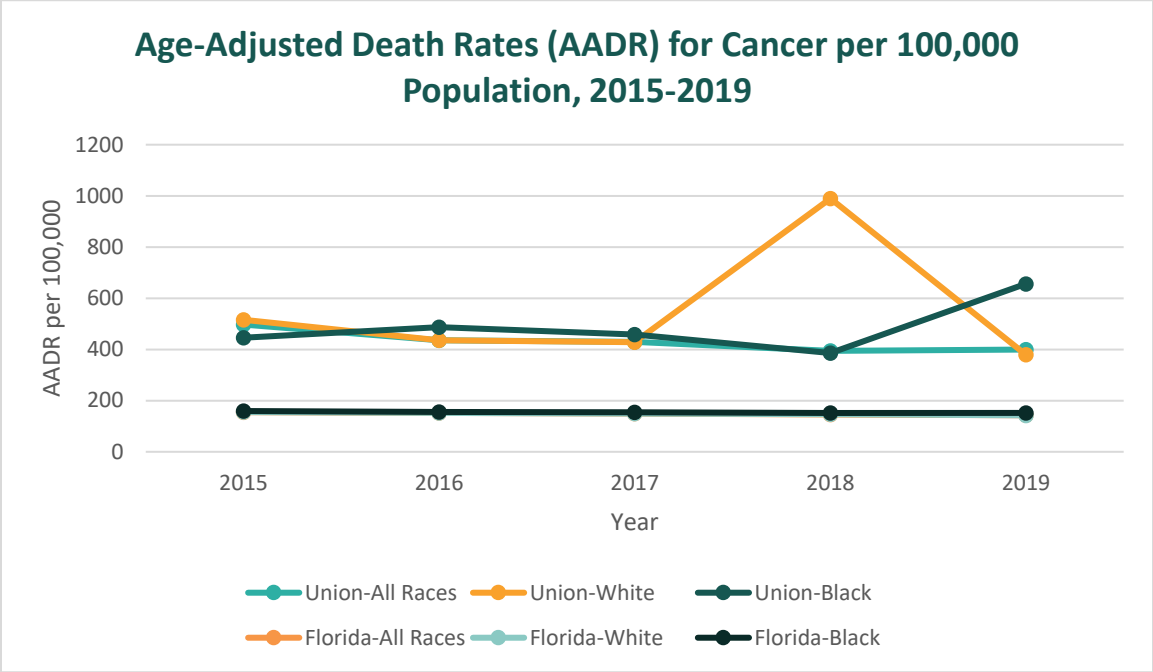
In terms of mortality, the age-adjusted death rate from all causes in 2019 was much higher for Union County at 1,368.7 deaths per 100,000 population compared to the state of Florida at 665.6 deaths per 100,000 (Table 53, Technical Appendix). The next figure shows trends in age-adjusted all-cause mortality rates by race for Union County and Florida over time. From 2015-2019, the top five (5) leading causes of death in Union County, regardless of race and ethnicity, were 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injury, and 5) Viral Hepatitis. These match the top five (5) causes of death at the state level with the exception of viral hepatitis. At the state level, Heart Disease ranks first, followed by Cancer, Stroke, Unintentional Injury and CLRD (Table 50, Technical Appendix). The following eight figures show trends in age-adjusted death rates for the leading causes of death in Union County compared to the state of Florida. Age-adjusted rates are further broken down by race if the disease is a leading cause of death for both White and Black races (Tables 53-54, Technical Appendix).

FIGURE 10: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



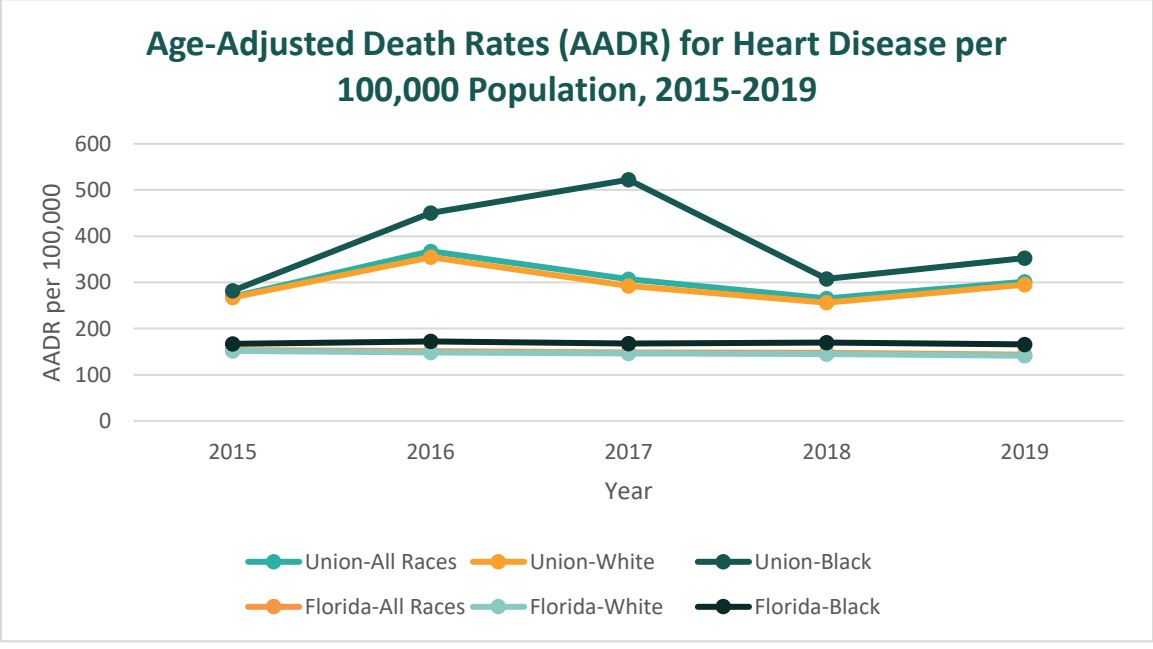
Source: Table 53, 55, 57, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020

FIGURE 11: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



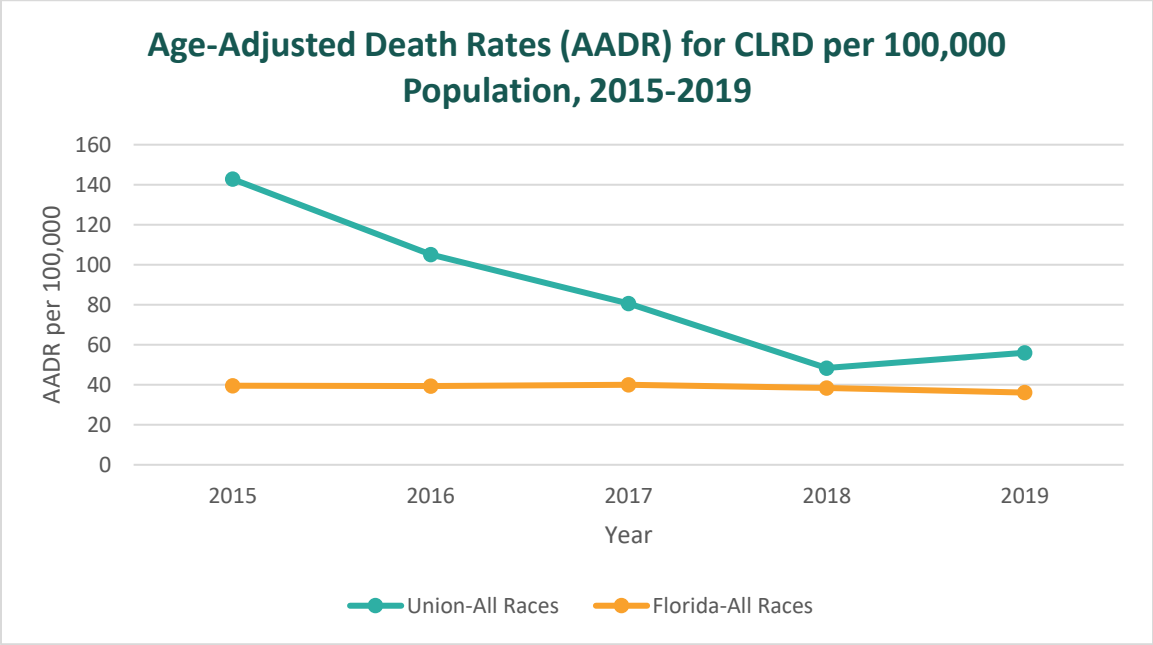
Source: Table 53, 55, 57, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020

FIGURE 12: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



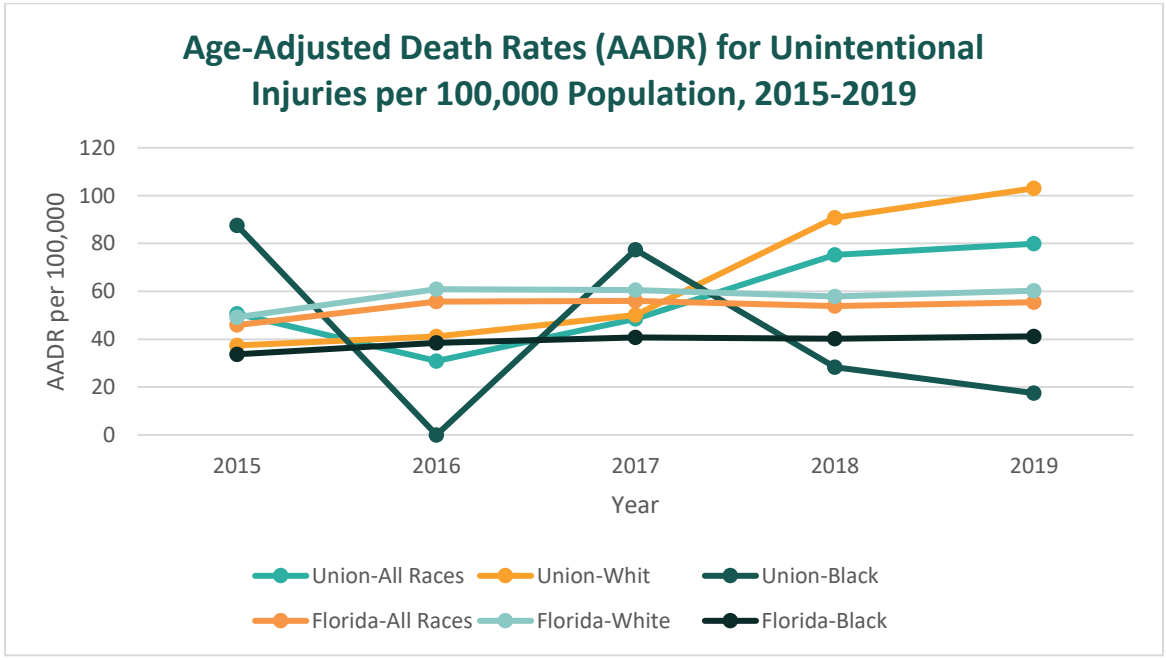
Source: Table 53, 55, 57, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020

FIGURE 13: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



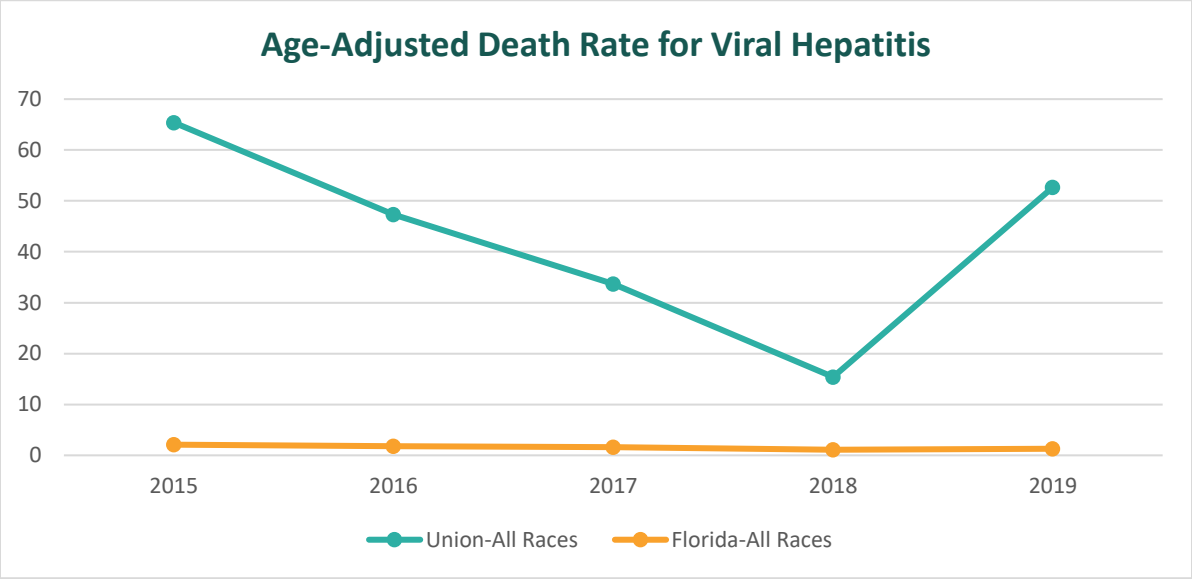
Source: Table 53, 55, 57, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020. *Breakdown by race is unavailable. CLRD was not in the top causes of disease for Black residents.

FIGURE 14: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



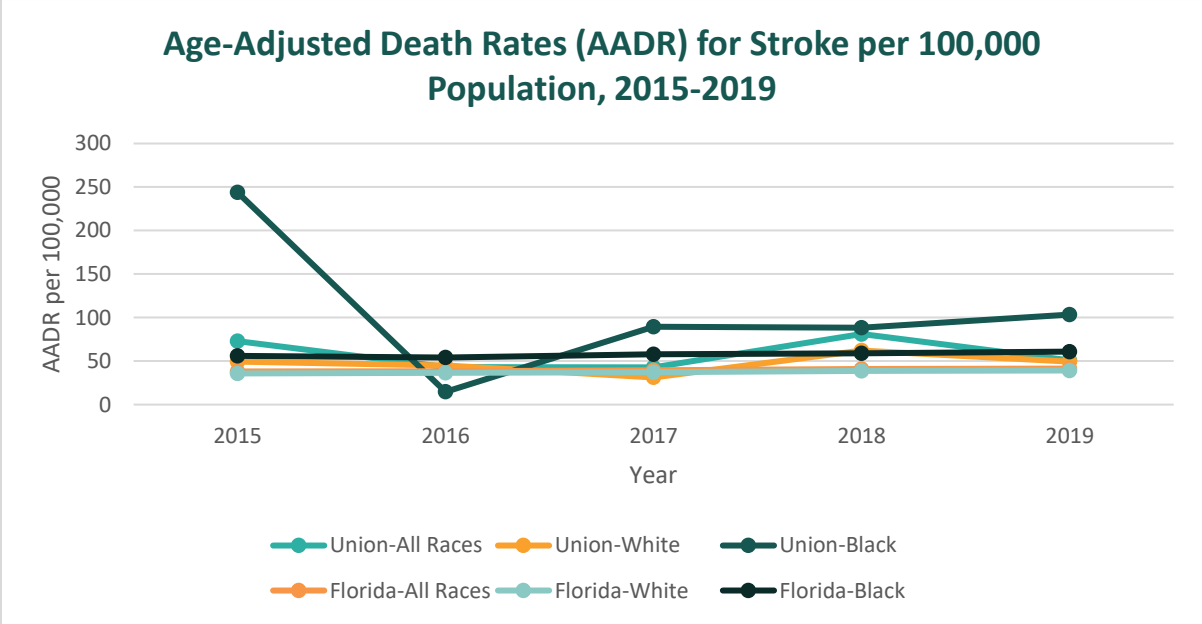
Source: Table 53, 55, 57, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020

FIGURE 15: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



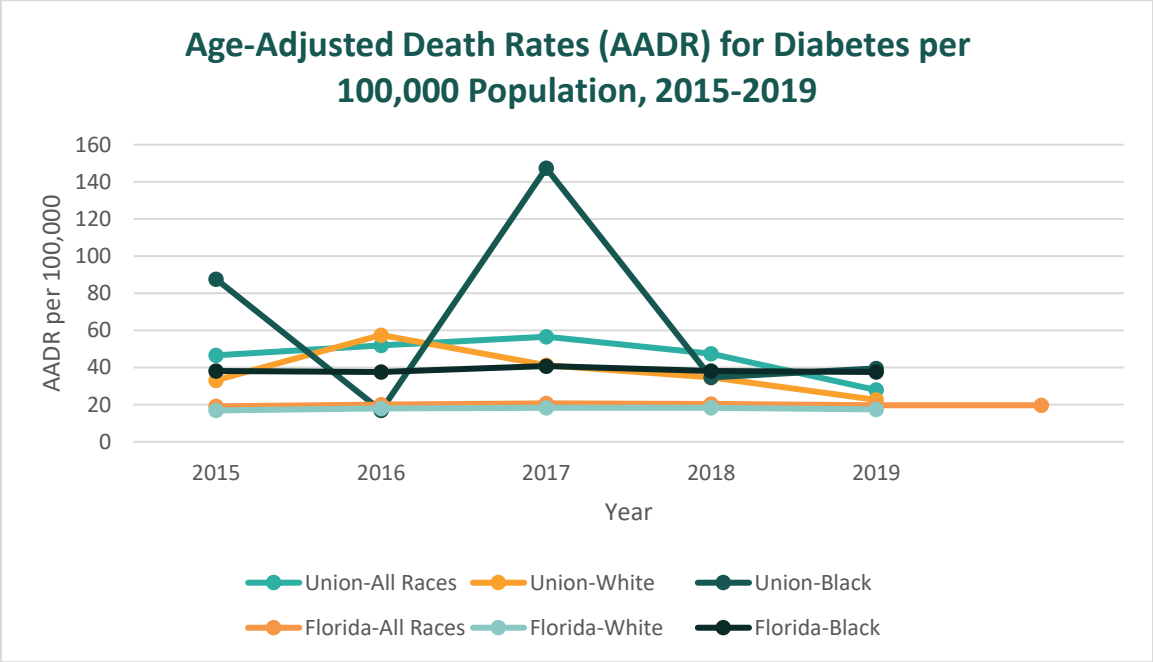
Source: Table 53, 55, 57, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020

FIGURE 16: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



Source: Table 54, 56, 58, *2020 Bradford County and Union County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2020

FIGURE 17: AGE-ADJUSTED DEATH RATES FOR DIABETES PER 100,000, BY RACE, UNION COUNTY AND FLORIDA, 2015-2019.



Source: Table 54, 56, 58, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

Overall, Union County experienced consistently high rates of mortality from all leading causes of death between 2015-2019 relative to the state. In 2019, the age-adjusted death rates for Cancer (399.2 deaths per 100,000 population) and Heart Disease (301.3 deaths per 100,000) in Union County were over double the state rates (142.8 per 100,00 and 143.5 per 100,000, respectively). Mortality rates among Union County residents were also high relative to the state for CLRD (county rate of 56.0 per 100,000 versus state rate of 36.1 per 100,000), Stroke (county rate of 50.7 per 100,000 versus state rate of 41.4 per 100,000), and Diabetes (county rate of 27.9 per 100,000 versus state rate of 19.7 per 100,000). The mortality rate for Unintentional Injury has fluctuated from year-to-year but was higher than the state rate in 2019 (79.9 deaths versus 55.5 deaths per 100,000 in the state). Viral Hepatitis was a unique leading cause of death in Union County. At the state level, the disease ranked as the 23rd leading cause of death while in Union County, it ranked as the 5th leading cause of death. The disparity of Viral Hepatitis mortality was notable with a mortality rate in Union County of 52.7 deaths per 100,000 population compared to 1.3 deaths per 100,000 at the state level in 2019 (Table 54, Technical Appendix).

Differences between racial groups were observed in mortality rates and patterns of disease. The Black population in Union County experienced consistently higher rates of Heart Disease, Stroke, and Diabetes. In 2019, Black Union County residents had a Heart Disease mortality rate of 352.9 per 100,000 (versus 295.3 per 100,000 among White residents); a Stroke mortality rate of 103.4 per 100,000 (versus 49.4 per 100,000 among White residents); and a Diabetes mortality rate of 39.5 per 100,000 (versus 22.6 among White residents). Conversely, the White population in Union County experienced higher rates of

Unintentional Injury. In 2019, White Union County residents had an Unintentional Injury mortality rate of 103.1 per 100,000 (versus 17.5 per 100,000 among Black residents). Overall, racial subgroups within the county experienced higher rates of mortality than people of the same race throughout the state (Tables 56 and 58, Technical Appendix).

The leading causes of death between 2015-2019 in Union County were ranked for subgroups of race and ethnicity in the table below. Among the White population, CLRD and Viral Hepatitis ranked notably higher compared to the Black population. Further, Suicide and Influenza and Pneumonia were uniquely included in the top ten (10) causes of death. Among the Black population, Stroke and Diabetes ranked notably higher compared to the White population. Nephritis, Human Immunodeficiency Virus (HIV), and Hypertension were uniquely included in the top ten (10) causes of death in this racial subgroup (Table 50-51, Technical Appendix).

Although the Hispanic population makes up 5.5 percent of the Union County community, the population numbers continue to be fairly low relative to racial subgroups. As such, caution is urged when interpreting significant differences and trends between the Hispanic population and racial groups in Union County. The top three (3) causes of death among the Hispanic population between 2015-2019 were Cancer, Heart Disease, and Viral Hepatitis.

TABLE 3: TOP RANKINGS OF CAUSES OF DEATH BY RACE, ETHNICITY AND GENDER FOR UNION COUNTY AND FLORIDA, 2015-2019.

Rank of Cause of Death	Union County			
	AR	WR	BR	H
1	Cancer	Cancer	Cancer	Cancer
2	Heart Disease	Heart Disease	Heart Disease	Heart Disease
3	CLRD	CLRD	Stroke, Diabetes (Tied with 13 each)	Viral Hepatitis
4	Unintentional Injuries	Unintentional Injuries		Aortic Aneurysm, Stroke, Cholelithiasis & Other Gallbladder Disorders, Liver Disease, Congenital Malformations, Hypertension, HIV, Influenza & Pneumonia, Nephritis and Unintentional Injuries (Tied for 4-th-13th with 1 each)
5	Viral Hepatitis	Viral Hepatitis	Unintentional Injuries	
6	Stroke	Stroke	Nephritis	
7	Diabetes	Diabetes	HIV	
8	Liver Disease	Liver Disease	Liver Disease and Viral Hepatitis (Tied with 5 each)	
9	Nephritis	Suicide		
10	Suicide	Influenza & Pneumonia	CLRD and Hypertension (Tied with 4 each)	
11				
Rank of Cause of Death	Florida Ranking			
	AR	WR	BR	H
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Cancer
3	Stroke	CLRD	Stroke	Stroke
4	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries
5	CLRD	Stroke	Diabetes	Alzheimer's Disease
6	Alzheimer's Disease	Alzheimer's Disease	CLRD	CLRD
7	Diabetes	Diabetes	Homicide	Diabetes
8	Suicide	Suicide	Nephritis	Liver Disease
9	Liver Disease	Liver Disease	Hypertension	Nephritis
10	Nephritis	Influenza & Pneumonia	HIV	Suicide

AR = All Races, WH = White Races, BR = Black Races, H = Hispanic, F = Female, M = Male, t = tie in ranking; Rankings are based on the total number of deaths for the time period of 2015-2019

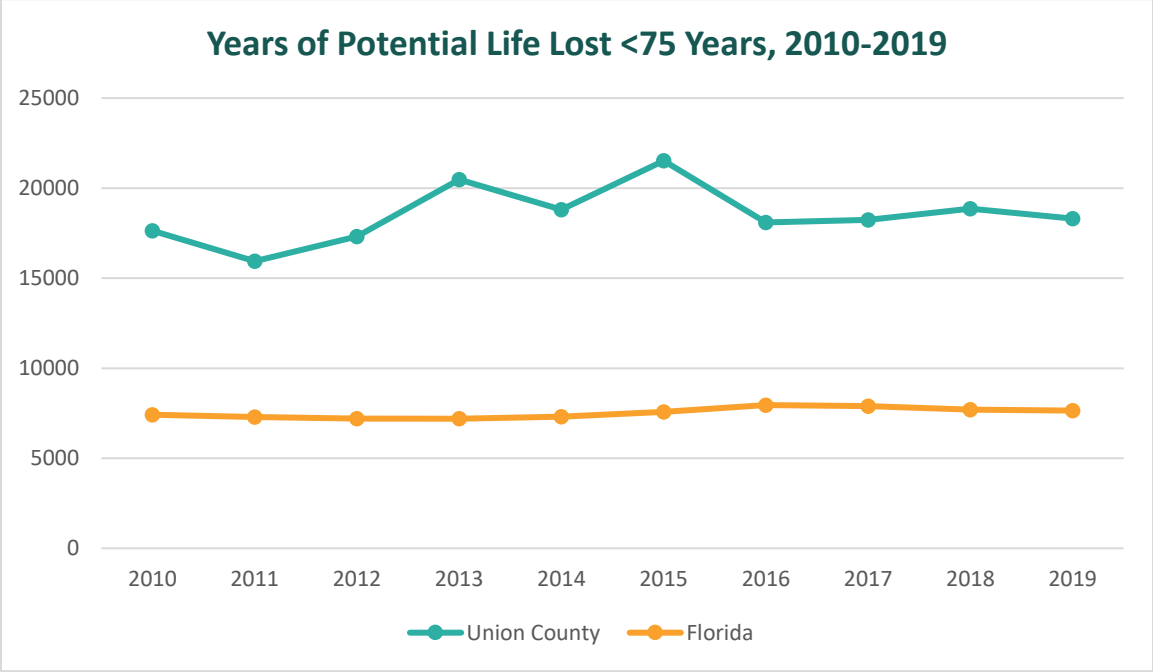
Source: Table 50, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

Between 2015-2019, the highest age-adjusted mortality rate by zip code tabulated area (ZCTA) was observed in Lake Butler (ZCTA 32054) at 1,840.3 deaths per 100,000 population. The mortality rate was lowest in Raiford (ZCTA 32083) at 383.2 per 100,000 population (Table 62, Technical Appendix). Further breakdown of death rates is available for each top cause of death by zip code in the Technical Appendix, Tables 65-69.

YEARS OF POTENTIAL LIFE LOST

Years of potential life lost is a reflection of premature death; that is, deaths of the younger populations in the community are reflected in the rates of years of potential life lost. It is a metric that accounts for the difference between age of death and average life expectancy. The next figure shows that the rate of years of life lost for Union County residents has been consistently higher than the state rate. In 2019, Union County experienced a rate of 18,312.5 years of life lost per 100,000 population, more than double the state rate of 7,646.8 per 100,000 (Table 73, Technical Appendix).

FIGURE 18: YEARS OF POTENTIAL LIFE LOST, <75 YEARS, UNION COUNTY AND FLORIDA, 2010-2019.



Source: Table 73, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

BEHAVIORAL RISK FACTORS

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) survey with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual chronic health conditions, risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. Indicators are divided into six broad categories: health status, health-

related behaviors, health-related prevention, health-related quality of life, healthcare access, and oral health. As with all self-reported data, the report can be subject to individual biases in recall and reporting; however, it remains a crucial tool for holistic evaluation of health of a community. The most recent county-level data available for Union County were generated in 2016. Below are select findings from the BRFFS results (See Tables 97-98 in the Technical Appendix for full details).

HEALTH STATUS Health status indicators reflect chronic disease burden. Union County reported higher rates of disease burden compared to the state of Florida for every major disease category in the BRFSS. This included higher rates of reported Arthritis, Asthma, Cancer, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease (COPD), Depression, Disability, Kidney Disease, and Vision Impairment in Union County. The reported rates of the following diseases were especially high relative to the state: Skin Cancer (14.6 percent versus 9.1 percent at the state level); past Heart Attack, Angina, Coronary Heart Disease or Stroke (16.9 percent versus 9.8 percent at the state level); Diabetes (16.8 percent versus 11.8 percent at the state level); Depression (28.4 percent versus 14.2 at the state level); and overweight or obese status (78.6 percent versus 63.2 percent at the state level) (Table 98, Technical Appendix).

HEALTH-RELATED BEHAVIORS When asked about lifestyle, Union County respondents reported predominantly worse engagement in health-related behaviors relative to the state. Union County residents reported high engagement in tobacco use and exposure. Over a quarter (27.0 percent) reported being current smokers, compared to 15.5 percent at the state level. With respect to physical activity, 35.2 percent of Union County residents reported being sedentary, 57.3 percent reported insufficient activity, and only 44.3 percent met aerobic recommendations, slightly worse than state averages of 29.8 percent, 56.7 percent, and 44.8 percent, respectively (Table 98, Technical Appendix). Reported rates of marijuana use was also higher at 8.9 percent compared to 7.4 percent in all of Florida. Despite negative trends in other areas, respondents reported lower rates of heavy or binge drinking (10.6 percent) and e-cigarette use (3.7 percent) compared to state averages (17.5 and 4.7 percent, respectively). (Table 98, Technical Appendix).

HEALTH-RELATED PREVENTION Preventative care measures in Union County were worse than state averages with the exception of immunizations. Only 73.8 percent of women aged 50-74 years reported a mammogram in the past two years compared to the state average of 81.7 percent. For Cervical Cancer screening, 75.5 percent of women aged 21 to 65 in Union County had a pap test in the past three years, a lower rate than 78.8 percent at the state level. With respect to HIV screening, less than half (49.3 percent) of Union County adults younger than 65 years had ever been tested for HIV compared to 55.3 percent at the state level. Finally, 65.3 percent of Union County adults aged 50 to 75 reported having colorectal screening based on the most recent clinical guidelines comparable to 67.3 percent at the state level (Table 98, Technical Appendix). The aforementioned indicators are of particular importance because they are supported by the U.S. Preventive Services Task Force (USPSTF) recommendations. The USPSTF is a nationally recognized panel of experts that make preventive health recommendations based on current, best available evidence (https://www.uspreventiveservicestaskforce.org/, accessed July 20th, 2020.

Immunization rates were comparable or better than state averages. Union County residents had higher rates of flu shots (42.8 percent) and tetanus vaccination (57.8 percent) compared to the state (35.0 and

52.9 percent, respectively). The rate of pneumococcal vaccination in those over 65 years of age (65.4 percent) was on par with the state rate of 65.6 percent (Table 98, Technical Appendix).

HEALTH-RELATED QUALITY OF LIFE Union County respondents had worse performance than the state on all quality of life indicators. For example, more respondents at the county level (27.0 percent) reported "fair" or "poor" overall health compared to the state level (19.5 percent). A portion of respondents in the county (19.3 percent) also reported a high number of poor mental health days and limitations to activities of daily living due to poor physical or mental health (26.3 percent). Overall, 73.0 percent of respondents in the county reported "good" to "excellent" health compared to 80.5 percent of respondents in the state (Table 98, Technical Appendix).

HEALTHCARE ACCESS Healthcare access indicators demonstrated both increases and limitations to healthcare access in Union County. The percentage of adults in Union County with any type of health insurance (84.7 percent) was comparable to the state (83.7 percent). A similar percentage of adults reported having a personal doctor (72.6 percent) as well as having had a medical checkup in the past year (74.9 percent), compared to state averages of 72.0 percent and 76.5 percent, respectively. Yet, 22.1 percent of respondents in Union County reported that they could not see a doctor in the last year due to cost. Indicators demonstrated low access to dental care. Less than half of residents, 49.6 percent, reported seeing a dentist in the last year which was notably lower than the state average of 63.0 percent (Table 98, Technical Appendix).

IMMUNIZATIONS

Timely vaccination throughout childhood is essential because it provides children with increased immunity against potentially life-threatening diseases before they are exposed to such agents. Vaccination is also essential for establishing "herd immunity", a state that protects individuals who cannot be vaccinated, including the elderly, infants, and the immunocompromised. The U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) assure vaccines are tested for safety and effectiveness. In 2020, 95.4 percent of kindergartners in Union County were fully immunized. This exceeded the state rate of 93.5 percent. The immunization rate in 2020 among seventh graders in Union County was even higher at 99.1 percent, again exceeding the state rate of 96.1 percent (Table 44, Technical Appendix).

MATERNAL HEALTH

BIRTHS From 2015-2019, there were a total of 764 births in Union County. Of the total births, 632 were births to White mothers while 102 were births to Black mothers (Table 90, Technical Appendix). Most births (953) were to residents in the zip code area 32054 Lake Butler (Table 90, Technical Appendix).

INFANT DEATHS Infant mortality represents death of an infant in the first year of life; this measure only includes live birth infants. From 2015-2019, there were six (6) infant deaths in Union County. This translates to an infant death rate of 10.3 per 1,000 live births compared to the state rate of 7.9 deaths per 1,000 live births in the same time period. (Table 91, Technical Appendix). Infant mortality data are available by race and zip code in the Technical Appendix; however, low population sizes pose a challenge to extracting meaningful trends from the data (Table 91, Technical Appendix).

LOW BIRTHWEIGHT (LBW) Closely related to infant deaths are low birthweight (LBW) births. Low birthweight is defined as weight of a newborn less than 2,500 grams. This condition is often associated with prematurity and health conditions leading to inadequate fetal nutrition. From 2015-2019, there were a total of 78 LBW births in Union County. This translates to 10.2 percent of total births, higher than the rate for Florida of 8.7 percent. Disparities by race were evident at both the county and state level. In Union County, the Black population had an LBW birth rate of 11.8 percent, higher than among the White population (10.1 percent) and Hispanic population (10.0 percent). The magnitude of the disparity between racial groups in Union County was less than the disparity observed at the state level among the Black (13.7 percent) and White population (7.2 percent) (Tables 92 and 96, Technical Appendix).

PRENATAL CARE The timing of entry into prenatal care can be an important marker of maternal and infant health. Ideally, prenatal care starts in the first 13 weeks of pregnancy, or the first trimester. From 2015-2019, 68.6 percent of births in Union County received care in the first trimester. This was lower than the state rate of 70.5 percent. Among the White population, 69.3 percent of births received first trimester care, compared to 63.7 percent among Black residents (Table 93, Technical Appendix). The Hispanic population had the lowest rate of first trimester care at 63.3 percent (Table 96, Technical Appendix). The area with the lowest rate of first trimester care was Raiford (ZCTA 32083) with only 55.6 percent of births receiving first trimester care (Table 93, Technical Appendix).

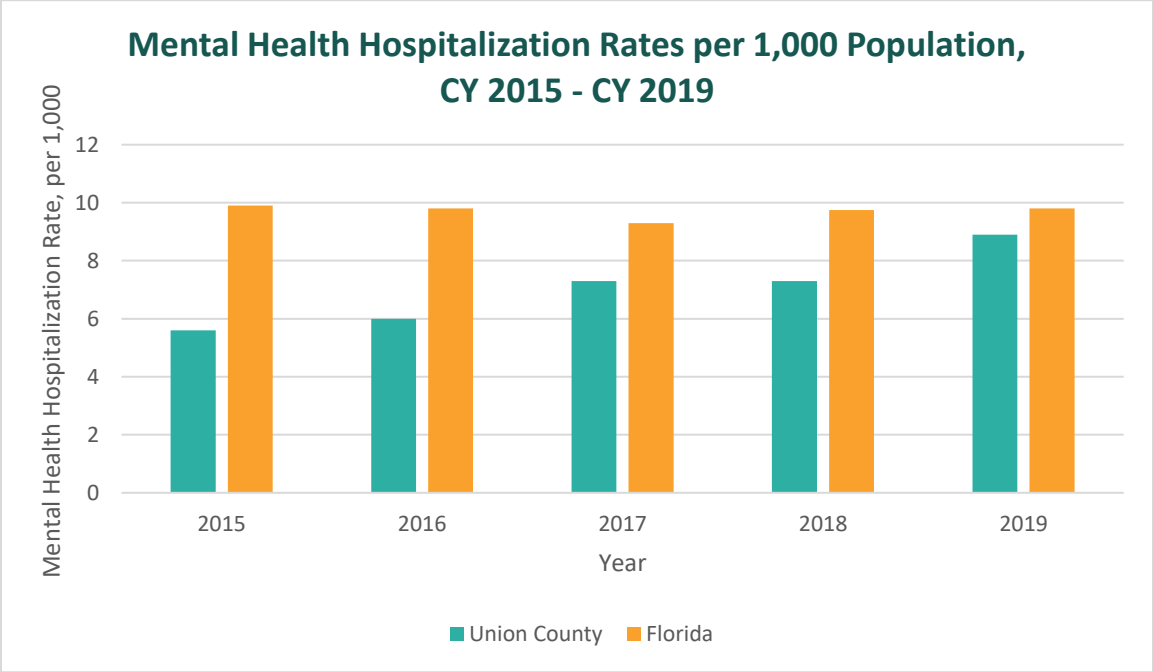
MENTAL HEALTH

Reviewing hospital discharge and emergency department data may yield insights into mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in a given year. Common mental health issues, including anxiety and depression, are interlinked with a variety of individual and public health issues, such as substance abuse, domestic violence, and suicide.

Estimates for 2015-2019 show that the rates of hospitalizations for mental health reasons among Union County residents of all ages, were consistently lower than state rates. In 2019, the estimated rate of hospitalization was 8.9 per 1,000 population in Union County compared to 9.8 per 1,000 population in the state of Florida. However, analysis across time reveals that the rates of hospitalizations for mental health reasons in Union County have been rising in recent years (see Figure 17). In 2015, the rate was only 5.6 per 1,000 hospitalizations (Table 79, Technical Appendix).

Subgroup analysis by age reveals that similar patterns are seen within the age groups 0 to 17 years and those aged 18 years and older. In 2019, the rate of hospitalizations for mental health reasons among 0 to 17-year-olds in Union County was 6.9 per 1,000 population compared to the state rate of 6.6 per 1,000 population. Among those 18 years and older in Union County, the rate was 9.4 per 1,000 population compared to 10.6 per 1,000 at the state level. Within both age groups, rates of hospitalization for mental health reasons have experienced an upward trend (Table 79, Technical Appendix).

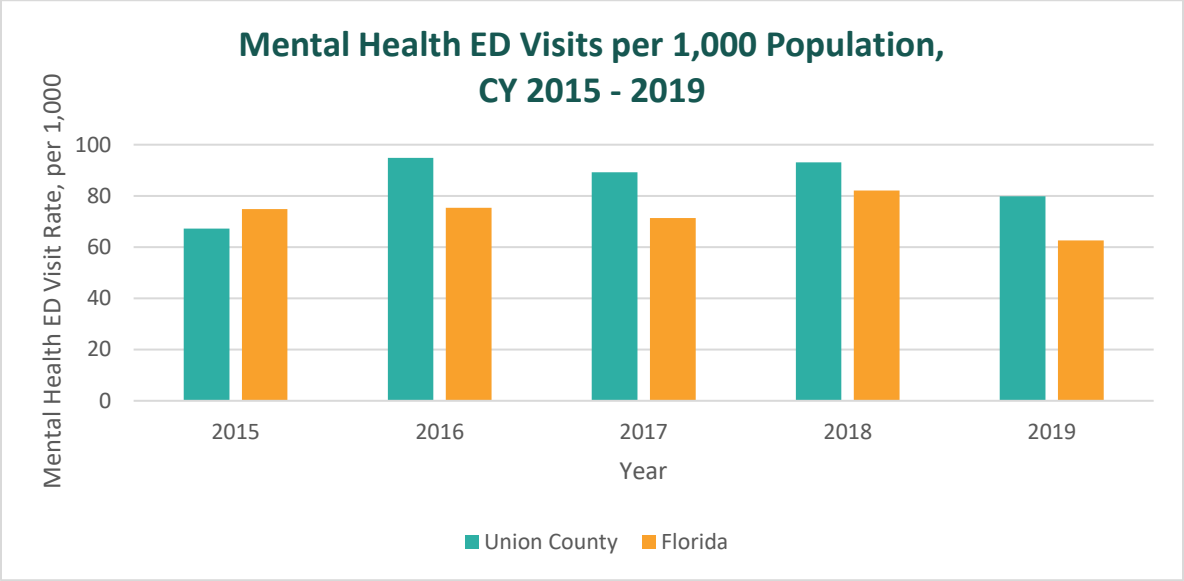
FIGURE 19: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION FOR ALL AGES, UNION COUNTY AND FLORIDA, CALENDAR YEARS 2015 – 2019.



Source: Table 79, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

In contrast to hospitalization rates, emergency department (ED) visits for mental health reasons by Union County residents have exceeded state rates in recent years (see figure below). Estimates for 2019 predict around 1,278 ED visits for mental health reasons for Union County residents, which translates to a rate of 79.9 per 1,000 population. This was higher than the state rate of 62.6 per 1,000 population in the same time period. Subgroup analysis by age shows that rates of ED visits for mental health reasons are high among children aged 0-17 years (12.7 per 1,000 population) as well as adult aged 18 and older (96.4 per 1,000) compared to the state rates of 11.3 per 1,000 and 75.4 per 1,000, respectively (Table 80, Technical Appendix).

FIGURE 20: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS, RATE PER 1,000 POPULATION, FOR ALL AGES UNION COUNTY AND FLORIDA, 2015 – 2019.



Source: Table 80, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

BAKER ACT INITIATIONS According to the most recent data from the University of South Florida, Department of Mental Health Law and Policy, the rates of involuntary exam initiations, commonly referred to as Baker Act initiations, increased in the decade between 2007 and 2017. In 2017, Union County experienced 128 Baker Act initiations, a rate of 805.7 per 100,000 population. Despite the upward trend, the rate of exam initiations in Union County has stayed below the state rate. In 2017, for example, the state had a rate of 992.3 exam initiations per 100,000 population (Table 82, Technical Appendix).

Data are available on specific populations, including children under 18 years as well as adults 64 years and older. In the fiscal year 2016-2017, children aged under 18 years in Union County comprised 25.8 percent of all Baker Act initiations, higher than the state proportion 16.4 percent. Conversely, older adults aged 64 years and older in Union County comprised only 5.5 percent of Baker Act initiations, lower than the state proportion of 7.2 percent (Table 82, Technical Appendix).

OPIOID AND DRUGE USE The prevalence of Opioid Use Disorder continues to be of high concern at the regional, state and national levels. The most recent available data from the Florida Department of Health show that in 2018 Union County experienced two (2) opioid overdose deaths. These are the only deaths in the county documented in this database from 2015-2018. The two (2) deaths translate to an age-adjusted death rate of 11.3 in Union County. By comparison, the state rate of opioid deaths was 18.7 per 100,000 population in 2018 (Table 86, Technical Appendix). Overall drug overdose deaths have seen an uptick as well. In 2018, there were six (6) drug overdose deaths in Union County, a rate of 33.9 deaths per 100,000. By comparison the state rate of drug overdose deaths was 24.5 per 100,000 in the same year (Table 86, Technical Appendix).

Neonatal Abstinence Syndrome (NAS) describes a combination of clinical symptoms in infants less than 28 days old who were exposed to opioid prescription or other illicit drugs during pregnancy. The syndrome is most commonly associated with opioids, but other substances, including nicotine, can be implicated. Due to ambiguities in diagnosis, there are challenges to standardization of screening in newborns. Thus, although rates of NAS are considered an important marker of opioid use disorder in the community, reported data may underestimate true prevalence of the syndrome. In the time period between 2015-2018, Union County had very low rates of documented NAS. Between 2015-2018, Union County had less than five (5) documented cases of NAS for each respective year (Table 86, Technical Appendix). Other markers of drug use in Union County including non-fatal opioid drug overdoses and drug arrests are presented in the technical appendix and demonstrate relatively stable rates (Tables 86-87, Technical Appendix).

OTHER SUBSTANCE USE INDICATORS Other substance use indicators included in the *2020 Bradford County and Union County Community Health Assessment Technical Appendix* relate to alcohol use disorder. The effects of excessive alcohol use have been highlighted in recent years due to the relation of alcohol with burden of chronic disease, particularly liver disease and mental health illness.

In 2016, 10.6 percent of Union County residents reported engagement in heavy or binge drinking, lower than the state rate of 17.5 percent (Table 83, Technical Appendix). Still, rates of chronic liver disease and cirrhosis, which can be a consequence of chronic alcohol use disorder, were higher in Union County compared to the state. In 2018, Union County had 23.8 cases of alcoholic liver disease per 100,000 population of selected liver deaths. This was higher than the state rate of 12.0 per 100,000 in the same time period (Table 84, Technical Appendix).

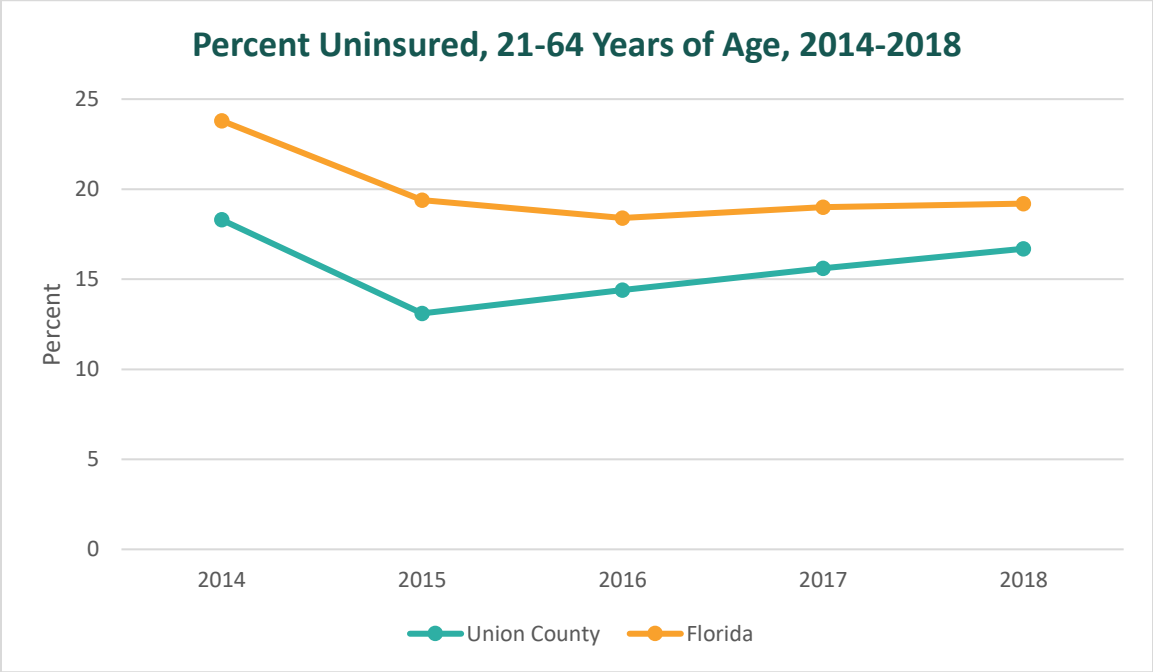
HEALTHCARE RESOURCES, ACCESS AND UTILIZATION

Health insurance and access to health care facilitate early detection and treatment of illness as well as promote crucial continuity of care to maintain quality of life and minimize premature death or disability. It is therefore useful to consider insurance coverage and healthcare access in a community health assessment. The *2020 Bradford County and Union County Community Health Assessment Technical Appendix* includes data on insurance coverage, both public and private, Medicaid eligibility, and healthcare utilization by payor source. Key findings from these data sets are presented below.

UNINSURED

In 2018, 16.7 percent of adults in Union County between the ages of 21-64 years were uninsured. This was lower than the state average, which showed 19.2 percent of adult Floridian as uninsured. The following figure, which depicts trends in the uninsured rates of this age group over time, shows that there was a decline in the uninsured population between 2014-2015 at both the state and county levels. Since then, the uninsured rates in Union County have progressively increased, approaching the uninsured rate in 2014 (18.3 percent) (Table 38, Technical Appendix).

FIGURE 21: PERCENT OF UNINSURED POPULATION, 21-64 YEARS, UNION COUNTY AND FLORIDA, 2014-2018.



Source: Table 38, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

SHORTAGE AREAS

Health professional shortage areas (HPSAs) and Medically Underserved Areas (MUAs) are designations based on federal standards that indicate healthcare provider shortages in three (3) categories: primary care, dental health, and mental health. Shortages may be geographic-, population- or facility-based. The HPSA score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100.0 percent of the poverty level, infant mortality rate or low birth weight birth rate (whichever scores higher), and travel time or distance to the nearest available source of care (whichever scores higher). The maximum HPSA score that a facility can receive is 26. The higher the score the lower the access and utilization are of the healthcare facility. The score is applied to a geographic area to determine the MUA index score which can range from 0 to 100. (Table 103, Technical Appendix). Union County HPSA and MUA scores are provided in the table below.

TABLE 4: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, UNION COUNTY, 2020.

Union County			
Type	Name	Score *	HPSA Designation Last Updated Date
Primary Medical Care			
Low Income Population HPSA	LI - Union County	17	10/25/18
Federally Qualified Health Center	Florida Department of Health	22	8/18/19
Rural Health Clinic	Lake Butler Family & Pediatric Clinic	16	8/18/19
Dental			
Low Income Population HPSA	LI - Union County	18	6/7/17
Federally Qualified Health Center	Florida Department of Health	26	8/28/19
Rural Health Clinic	Lake Butler Family & Pediatric Clinic	18	8/28/19
Mental Health			
Low Income Population HPSA	LI - Bradford/Union County	21	12/23/19
Correctional Facility	CF - Reception and Medical Center (RMC)	6	10/25/18
Federally Qualified Health Center	Florida Department of Health	24	8/28/19
Rural Health Clinic	Lake Butler Family & Pediatric Clinic	18	8/28/19
Medically Underserved Area			
Medically Underserved Area	Union County	57.8	11/1/78

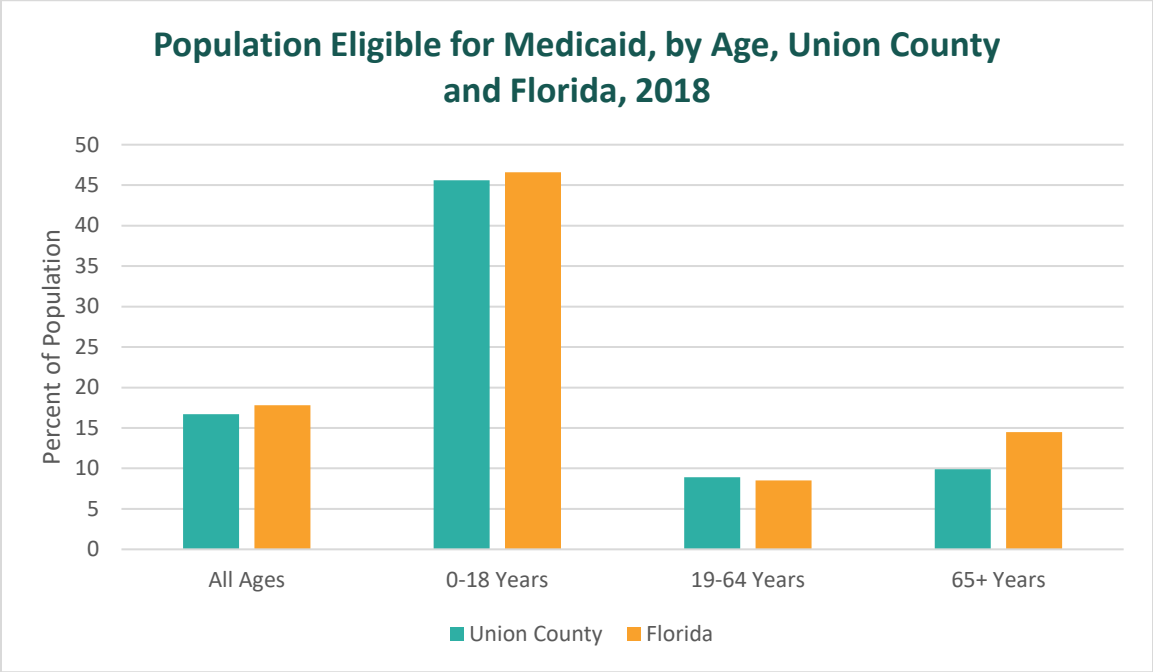
*The score represents the HPSA score developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score the greater the priority. MUA scores can range from 0 to 100 where the higher score indicates greater need.

Source: Table 103, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

MEDICAID

The term Medicaid eligible refers to those who both qualify for and receive Medicaid benefits. According to the Agency for Health Care Administration, 18.5 percent of the Union County population was deemed Medicaid eligible in 2014, the year for which the most recent data are available. This was lower than the state proportion of 19.3 percent (Table 106, Technical Appendix). Subgroup analysis by age in Union County showed that the age group of 0-18 years had a high proportion of Medicaid Eligibles; that is, 45.6 percent of this population were deemed Medicaid eligible in 2014. Compared to the state, Union County had a Medicaid eligible rate that was lower or on par with the state across all age groups (See Figure 19, Table 107, Technical Appendix).

FIGURE 22: PERCENT OF POPULATION ELIGIBLE FOR MEDICAID, BY AGE, UNION COUNTY AND FLORIDA, 2018.



Source: Table 107, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

PHYSICIAN, DENTIST AND OTHER HEALTHCARE PROFESSIONAL AVAILABILITY

In fiscal year 2018-2019, the rate of total physicians in Union County was 56.3 per 100,000 population which was alarmingly lower than the state rate of 310.0 per 100,000 population (see table below). In terms of individual physician types, family practice physicians were the only type of primary care physician in Union County. The rates of internal medicine, obstetrics/gynecology, and pediatrics physicians were zero (0) for the 2018-2019 fiscal year (Table 111, Technical Appendix).

TABLE 5: RATE OF PHYSICIANS BY TYPE PER 100,000 POPULATION, UNION COUNTY AND FLORIDA, FISCAL YEARS 2014-15 – 2018-19.

Type of Physician	2014-15	2015-16	2016-17	2017-18	2018-19
	Union County				
Family Practice Physicians	12.6	12.6	6.3	6.3	6.3
Internists	0.0	0.0	0.0	0.0	0.0
OB/GYN	0.0	0.0	0.0	0.0	0.0
Pediatricians	6.4	0.0	0.0	0.0	0.0
Total Physicians	56.5	44.1	62.9	62.6	56.3
	Florida				
Family Practice Physicians	18.7	14.0	14.1	18.8	19.2
Internists	48.7	48.7	47.9	46.9	47.5
OB/GYN	9.8	10.0	9.6	9.5	9.3
Pediatricians	22.7	18.4	17.7	17.7	21.9
Total Physicians	254.7	244.5	310.5	304.7	310.0

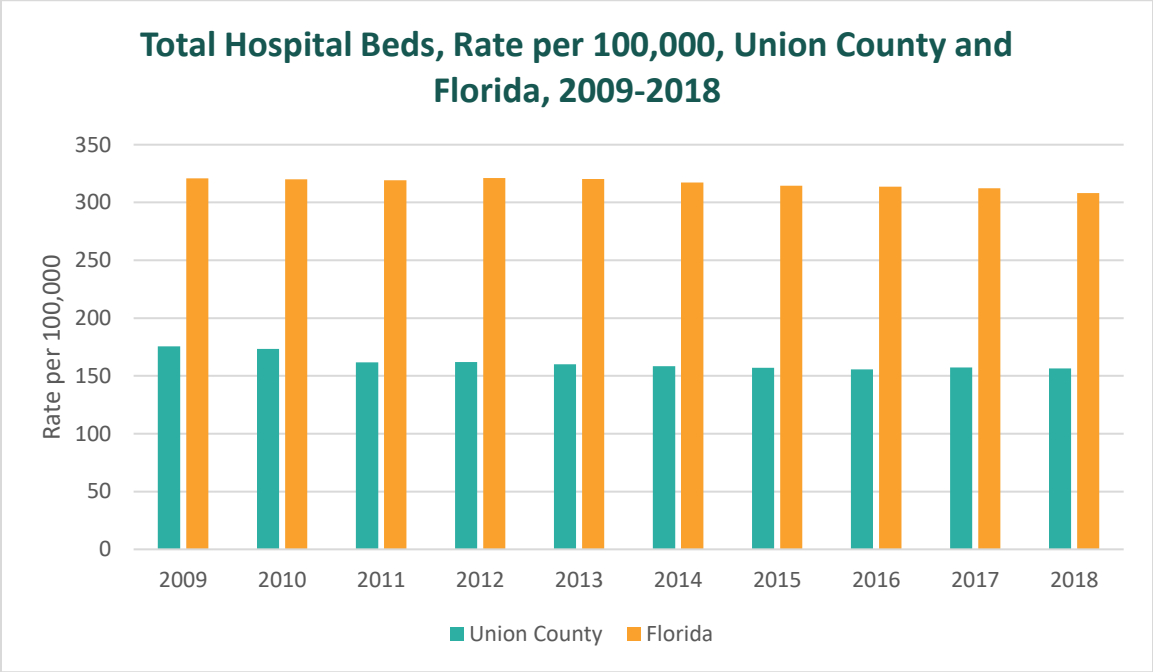
Source: Table 111, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

There was one (1) dentist in Union County in fiscal year 2018-2019 for a rate of 6.3 per 100,000 population. By comparison, the state rate was 54.8 per 100,000. This number has been stable since the 2015-2016 fiscal year. (Table 112, Technical Appendix).

HEALTHCARE FACILITIES

Given its limited population size, Union County had a low absolute number of licensed healthcare facilities as of 2020. The density of facilities is lacking by many metrics. For example, in 2020, there were no adult family care homes, assisted living facilities, end-stage renal disease centers, or nursing homes. There was one (1) documented rural health clinic, one (1) hospital, and eight (8) clinical laboratories, which represent higher per capita resources relative to the state (Table 109, Technical Appendix). Despite having two (2) hospitals, Union County had fewer hospital and/or acute care beds per capita. In 2018, there were 25 total hospital beds, or 156.6 beds per 100,000 population compared to the state rate of 308.2 per 100,000 (Table 110, Technical Appendix).

FIGURE 23: TOTAL HOSPITAL BEDS, RATE PER 100,000, UNION COUNTY AND FLORIDA, 2009-2018.



Source: Table 111, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention, potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g. dehydration) or worsening chronic conditions (e.g. congestive heart failure) that might not have required hospitalization had those conditions been managed successfully by primary care providers in outpatient settings. Because hospitalization data are gleaned at the time of discharge, the term "avoidable discharge" is utilized as a proxy for avoidable hospital admissions. It is important to note that all hospitalization data is subject to the patient's residency and respective zip code, not the location of the hospital itself.

Given estimates for the 2019 calendar year, there were 318 avoidable discharges among the population aged 0-64 years, translating to a rate of 21.7 per 1,000 population. This was higher than the state rate of 13.0 per 1,000 population (Table 115, Technical Appendix). The 2019 estimates were lower than the prior year (2018), during which time 27.7 avoidable discharges per 1,000 population were documented for residents of Union County. Residents of Worthington Springs (ZCTA 32697) had the highest avoidable discharge rate of 94.3 per 1,000 population; however, the small population size of Worthington Springs may affect the data (Table 115, Technical Appendix).

The ten (10) leading causes of avoidable discharges for Union County residents under the age of 65 years for 2018 are shown in the table below (Table 117, Technical Appendix).

TABLE 6: TOP 10 REASONS FOR AVOIDABLE DISCHARGES, UNION COUNTY, CALENDAR YEAR 2018.

Top 10 Reasons for Avoidable Discharges Union County, Calendar Year 2018 (N=399)	
Avoidable Reason	Percent of Total (N)
Dehydration - volume depletion	40.6
Nutritional deficiencies	33.8
Grand mal status and other epileptic convulsions	6.0
Chronic Obstructive Pulmonary Disease	6.0
Cellulitis	5.5
Diabetes "B"	4.5
Congestive Heart Failure	4.0
Diabetes "A"	3.3
Asthma	2.0
Convulsions "B"	1.8

Source: Table 117, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

In calendar year 2017, the year for which most recent comprehensive data for emergency department visits are available, there were a total of 8,654 emergency department (ED) visits for residents of Union County, representing a rate of 551.1 visits per 1,000 population. This was higher than the state rate of 410.3 per 1,000 population. Out of total ED visits, 3,925 were deemed avoidable. This translated to a rate of 249.9 avoidable ED visits per 1,000 population, a rate higher than the state rate of 190.3 visits per 1,000 population in the same year (Table 118, Technical Appendix). The main reasons for the ED visits by Union County residents during the 2018 calendar year included abdominal pain, cough, upper respiratory infection, and headache (Table 120, Technical Appendix).

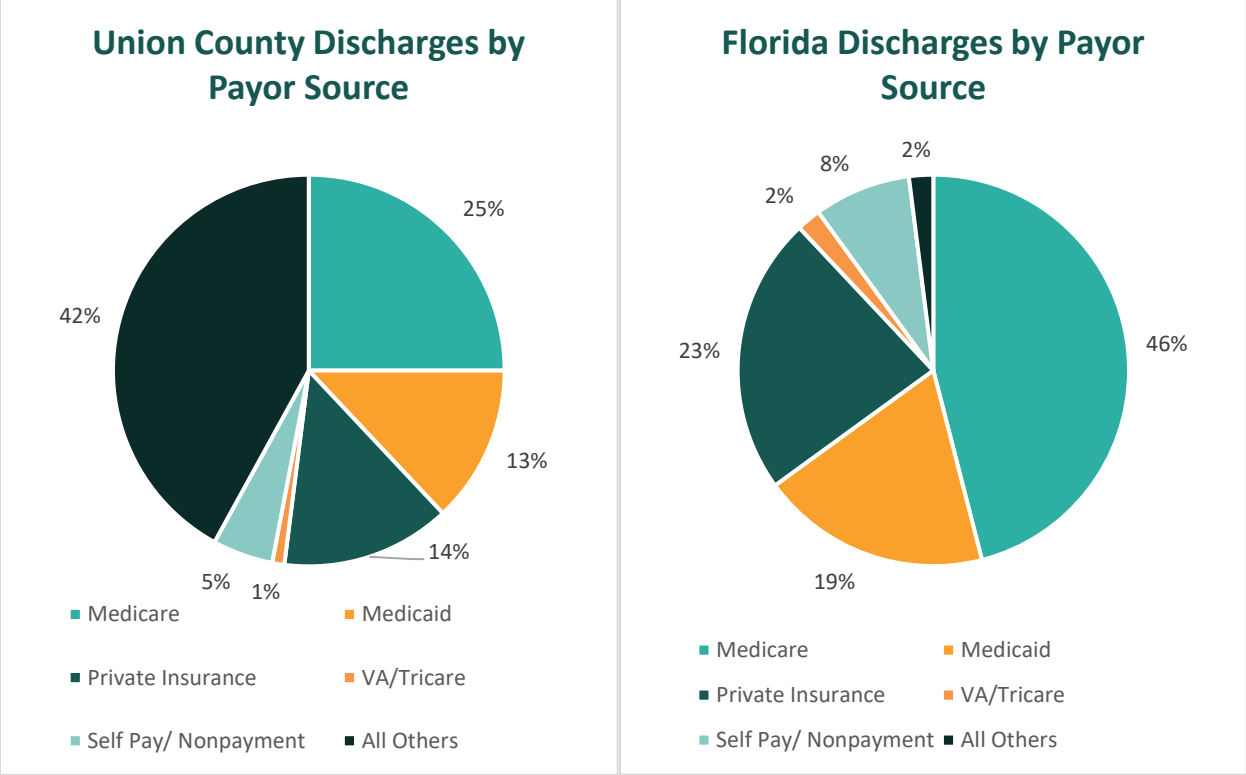
There were 28 hospitalizations and 256 ED visits for dental issues for Union County residents in 2018 (Tables 113-114, Technical Appendix). Out of total hospitalizations, 85.7 percent were deemed avoidable, translating to a total of 24 avoidable dental hospitalizations. The rate of avoidable dental hospitalizations for Union County residents was 1.5 per 1,000 population, higher than the state rate of 0.8 percent (Table 114, Technical Appendix). Relatedly, in 2018, there were 171 preventable oral health ED visits,

comprising about 66.8 percent of all oral health ED visits. Again, Union County had a high rate of preventable ED visits for oral health reasons (10.4 per 1,000 population) relative to the state (6.1 per 1,000 visits) (Table 113, Technical Appendix).

PAYOR SOURCE

Data on all discharges by payor source for the 2018 calendar year showed that the payor source for almost half of hospitalizations (42.0 percent) were categorized as "all other" payor sources, which includes Workers' Compensation, KidCare, commercial liability coverage, and other state or local government payors. Other payor sources, in descending order of proportion, included Medicare (25.1 percent), private insurance (13.6 percent), Medicaid (13.1 percent), and self-pay or non-payment (5.3 percent) (see figure below) (Table 116, Technical Appendix). In 2018, Medicaid was the payor source for 30.0 percent of avoidable ED visits while private insurance covered 28.2 percent, and Medicare covered 19.8 percent. Self-pay or non-payment comprised 14.9 percent of avoidable ED visits (Table 119, Technical Appendix).

FIGURE 24: PERCENT OF DISCHARGES, BY PAYOR SOURCE, UNION COUNTY AND FLORIDA, 2018.



Source: Table 116, *2020 Bradford County and Union County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020. All other payor sources include Workers Compensation, Other State/Local Government, KidCare, and Commercial Liability Coverage.

COMMUNITY RESOURCES AND ASSESTS FOR IMPROVING HEALTH

The resources and assets to improve and protect health in Union County fall into three broad categories including healthcare resources, community partner assets, and informational resources reflecting an array of evidence-based and model practices to draw upon. Union County's healthcare resources including facilities and providers are described in detail in the section above. While Union County has a shortage of healthcare providers and dentists relative to the size of its population, the community is not without healthcare resources including nursing homes, a hospital and renal disease center. The uninsured rate is near the state rate for Union County which indicates that the majority of residents have access to some type of health insurance coverage. More than 21 percent of Union County residents received Medicaid benefits, a rate higher than for the state as a whole.

Community partners and their organizations are invaluable, rich resources for improving individual and population health in Union County. Partners and individuals not only bring their talents, collaborative relationships, influence, and dedication but also the leadership, policy, and physical and fiscal assets needed to find innovative, sustainable, appropriate and feasible ways to improve and maintain health and quality of life in Union County. The listing of the Steering Committee members, found in the Appendix, reflects just some of these partners. Informational resources to guide the planning, implementation and evaluation of strategies to improve health are listed in the penultimate section of this community health assessment report. These resources outline evidence-based, model and promising practices to address the community health issues that emerged in this assessment. Among the resources are strategies for environmental change, policy development, behavior and lifestyle change, and community approaches to improving social determinants of health and health equity.

HEALTH DISPARITIES AND HEALTH EQUITY

The Centers for Disease Control and Prevention defines health disparities as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations" (https://www.cdc.gov/healthyyouth/disparities/index.htm, accessed July 24th, 2020). Health equity is described as "the attainment of the highest level of health for all people" (https://www.cdc.gov/minorityhealth/publications/health_equity/index.html, accessed July 24th, 2020). The World Health Organization states that the social determinants of health – those conditions in which people are born, grow, live, work, and age – are principally responsible for health inequities (https://www.who.int/social_determinants/en/, accessed July 24th, 2020).

Health disparities, or differences in health status, were found during the course of the Union County Community Health Assessment. The assessment also examined potential forces of health inequity as outlined by the Prevention Institute. (https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf, Accessed July 24th, 2020). According to the Prevention Institute, determinants of health include 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare. The need for measurable indicators in each of these three (3) domains is emphasized. Below we summarize patterns of health disparity and potential indicators of health inequity for Union County.

HEALTH DISPARITIES

LIFE EXPECTANCY Estimates from 2016-2018, showed that life expectancy in Union County was lower compared to state averages. Male Floridians, without regard for racial classification, had an average life expectancy of 76.9 years, whereas in Union County, the average life expectancy for males was 66.1 years. Life expectancy for female Floridians, without regard to racial classification, was estimated to be 82.5 years, whereas females in Union County had a life expectancy of 76.4 years (Table 3, Technical Appendix).

HEALTH RANKINGS In the latest County Health rankings, Union County ranked last place, or 67th place, for health outcomes. The county ranked last in the state for mortality, which is a metric of lifespan. Union County ranked third to last, or 65th, in health behaviors, including physical activity, teen birth rates, and alcohol or nicotine use (Table 2, Technical Appendix).

MORBIDITY AND MORTALITY Our data on morbidity and mortality patterns in Union County showed higher overall mortality rates compared to the state, consistently high mortality rates from chronic disease, and unique patterns of disease based on race.

Overall mortality rates in Union County (1,368.7 deaths per 100,000) were over double the mortality rate in the state of Florida as a whole (665.6 deaths per 100,000) (Table 53, Technical Appendix). Age-adjusted mortality rates for leading causes of disease, including Cancer (399.2 deaths per 100,000 population) and Heart Disease (301.3 deaths per 100,000) in Union County were over double the state rates (142.8 per 100,00 and 143.5 per 100,000, respectively). Mortality rates that exceeded state averages were also observed with respect to CLRD (county rate of 56.0 per 100,000 versus state rate of 36.1 per 100,000), Stroke (county rate of 50.7 per 100,000 versus state rate of 41.4 per 100,000), and Diabetes (county rate of 27.9 per 100,000 versus state rate of 19.7 per 100,000).

Unique patterns of disease were observed among Union County residents. Viral Hepatitis, which is ranked as the 23rd cause of death at the state level, was ranked as the 5th leading cause of death in Union County for the period of 2015-2019. The disparity of Viral Hepatitis mortality was notable with a mortality rate in Union County of 52.7 deaths per 100,000 population compared to 1.3 deaths per 100,000 at the state level in 2019 (Table 54, Technical Appendix). With respect to racial group, CLRD and Viral Hepatitis ranked notably higher as a leading cause of death among the White population compared to the Black population. Conversely, among the Black population, Stroke and Diabetes ranked notably higher compared to the White population. Nephritis, Human Immunodeficiency Virus (HIV), and Hypertension were uniquely included in the top ten (10) causes of death in this racial subgroup (Table 50-51, Technical Appendix).

Finally, the rate of years of life lost, a reflection of premature death, for Union County residents has been consistently higher than the state rate. In 2019, Union County experienced a rate of 18,312.5 years of life lost per 100,000 population, more than double the state rate of 7,646.8 per 100,000 (Table 73, Technical Appendix).

MATERNAL AND INFANT HEALTH The infant mortality rate was higher in Union County compared to the state. From 2015-2019, there were six (6) infant deaths in Union County. This translates to an infant

death rate of 10.3 per 1,000 live births compared to the state rate of 7.9 deaths per 1,000 live births in the same time period (Table 91, Technical Appendix). Racial, ethnic, and geographic disparities were present with respect to prenatal care. Among the White population, 69.3 percent of births received first trimester care, compared to 63.7 percent among Black residents (Table 93, Technical Appendix). The Hispanic population had the lowest rate of first trimester care at 63.3 percent (Table 96, Technical Appendix). One zip code area, Raiford (ZCTA 32083) had a first trimester prenatal care rate as low as 55.6 percent (Table 93, Technical Appendix).

HEALTH INEQUITIES

Structural Drivers – Income and Poverty

INCOME Median income was lower in the county (41,770 dollars) compared to the state (53,267 dollars). Notable disparities were observed by race. In Union County, the White population had a median household income of 44,268 dollars compared to 32,981 dollars in the Black population (Table 29, Technical Appendix).

POVERTY In 2018, Union County had a notably higher poverty rate, 20.6 percent, than the state average (13.7 percent). Trends over time showed that poverty rates in Union County have been consistently high relative to the state (Table 20, Technical Appendix). Disparities in poverty were evident by geography, race, and ethnicity. ACS data for 2014-2018 showed that the area with the highest poverty rate in Union County was ZCTA 32697, Worthington Springs. In this area, 42.8 percent of individuals and 33.3 percent of children were estimated to live in poverty during this time period (Table 21, Technical Appendix). Poverty rates in this area of the county were much high compared to state averages. With respect to race and ethnicity, a considerably higher proportion Black residents in Union County (33.1 percent) were estimated to live in poverty compared to White residents (21.2 percent). Similarly, almost double the proportion of Hispanic or Latino residents (41.3 percent) lived in poverty compared to non-Hispanic or Latino residents (21.2 percent) (Table 25, Technical Appendix).

Community Determinants – Education and Norms and Culture

EDUCATION Most Union County residents (59.5 percent) had a high school diploma, or some equivalence, as the highest completed level of education between 2014-2018. About 23.1 percent did not receive a high school diploma and 17.4 percent had a college degree, including Associate's, Bachelor's, Master's, Doctorate or other professional school degrees. Collectively, this represents a lower level of education compared to the state of Florida as a whole, which reported only 12.0 percent of residents with no high school diploma, and 39.0 percent of residents with a college degree (Table 42, Technical Appendix).

NORMS AND CULTURE A component of health behaviors is rooted in norms and culture, which are in turn embedded in systems that make it difficult to change health behavior. High rates of CLRD in the county (see Health Disparities) are worrisome and may be linked to high engagement in tobacco use and exposure. In the 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey, over a quarter (27.0 percent) of Union County residents reported being smokers, much higher than the average of 15.5 percent at the state level (Table 98, Technical Appendix).

QUALITY HEALTHCARE Differential access to health care may be the driving force for some of the disparities mentioned earlier in this report, including disparate mortality rates, high chronic disease burden, lower prenatal care by race and ethnicity, and other chronic disease disparities. Union County had lower primary care physician availability (56.3 physicians per 100,000 population) in 2018-2019 compared to the state (310.0 per 100,000 population) (Table 111, Technical Appendix). In terms of the breadth of specialty care, family practice physicians were the only type of primary care specialty reported in the 2018-2019 fiscal year. There were no documented internal medicine, obstetrics/gynecology, and pediatrics physicians in the same time period (Table 111, Technical Appendix). Despite having a hospital, Union County had fewer hospital and/or acute care beds per capita (25 total hospital beds, or 156.6 beds per 100,000 population) compared to the state (308.2 per 100,000 population) (Table 110, Technical Appendix).

Limited healthcare access can manifest in avoidable hospitalizations and ED visits. There were 318 avoidable discharges among the population aged 0-64 years, translating to a rate of 21.7 per 1,000 population. This was higher than the state rate of 13.0 per 1,000 population (Table 115, Technical Appendix). Out of total hospitalizations, 85.7 percent were deemed avoidable, translating to a total of 24 avoidable dental hospitalizations. The rate of avoidable dental hospitalizations for Union County residents was 1.5 per 1,000 population, higher than the state rate of 0.8 percent (Table 114, Technical Appendix). Relatedly, in 2018, there were 171 preventable oral health ED visits, comprising about 66.8 percent of all oral health ED visits. Again, Union County had a high rate of preventable ED visits for oral health reasons (10.4 per 1,000 population) relative to the state (6.1 per 1,000 visits) (Table 113, Technical Appendix).

MENTAL HEALTH Mental health ED visits can indicate decreased access to outpatient mental health services. For Union County residents, ED visits for mental health reasons have exceeded state rates in recent years. Estimates for 2019 predict around 1,278 ED visits for mental health reasons for Union County residents, which translates to a rate of 79.9 per 1,000 population. This is higher than the state rate of 62.6 per 1,000 population in the same time period. Unlike the ED visit rate, the rate of hospitalizations for mental health reasons were low relative to the state. In 2019, the estimated rate of hospitalization was 6.9 per 1,000 population for Union County residents compared to 9.8 per 1,000 population in the state of Florida (Table 79, Technical Appendix). The high use of emergency departments for mental health reasons coupled with low relative rates of hospitalizations for mental health reasons may indicate that there is a high volume of mental health issues of low acuity; that is, the data suggest many of the mental health disorders could be addressed in outpatient settings.

SUMMARY

In summary, the Union County Community Health Assessment and its companion *2020 Bradford County and Union County Community Health Assessment Technical Appendix* provide rich data resources to better understand the social, environmental, behavioral and healthcare factors that contribute to health status and health outcomes in Union County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. There are health challenges and community concerns in the areas of chronic

disease, substance use disorder, and overall mortality. Data also point to multiple socioeconomic barriers to health, including lower income relative to the state and high poverty rates. Trends in some healthier behaviors are encouraging and, coupled with community interest in improving the quality of life in Union County, may signal readiness for renewed primary prevention and wellness interventions, policy and environmental change. Engagement with preventive care practices is on par with the state.

Further, racial disparities in health and socioeconomic markers are generally lower than the state and neighboring counties, including Bradford County. Areas for potential improvement include high rates of tobacco use and subsequent chronic lower respiratory disease burden; access to healthcare facilities and physicians; and access to mental health services. Health disparities and their root inequities need further consideration and assessment to understand community health problems and their contributing causes. As evidenced in this robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire the next cycle of community health improvement planning for Union County.

Community Themes and Strengths Assessment

COMMUNITY HEALTH SURVEY

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members. For this integral part of the Union County Community Health Assessment, primary data were collected through a community health survey and two focus groups. The survey process and results are described below, followed by the findings from the focus groups.

.30METHODOLOGY

A survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents. The community health survey was a joint effort with the Florida Department of Health in Bradford County. Data for residents of each county were analyzed separately. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides in Union County. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis. The survey included 33 questions and nine (9) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. The survey instrument was tested for readability. Prior to deployment, the electronic version of the survey was pre-tested for functionality and ease of use.

For the community survey, a convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on June 23, 2020 and remained available through August 14, 2020. The surveys were available electronically on WellFlorida's website and the link was shared by numerous community agencies. The eligible, completed surveys from 142 Union County residents were analyzed. The general demographic factors collected on survey respondents are presented in Table 7 below. Descriptive analysis identified emerging themes from each county's perspective of health and the healthcare experience are presented in the tables and figures that immediately follow.

SURVEY RESULTS

The following table summarizes demographic data of all respondents who met eligibility criteria. Participants were largely female (89.4 percent), compared to male gender (9.1 percent). The age of participants was well-distributed, as most participants were between the ages of 40 to 49 years (24.7 percent). With respect to race, the majority of participants identified as White or Caucasian (86.6 percent), followed by Black or African American (4.9 percent). Few participants identified as two or more

races (2.8 percent); or Asian or Asian American (0.7 percent). Two participants (1.4 percent) identified as Hispanic or Latino.

Level of education of participants was moderately skewed toward higher levels of education. Over half of participants (52.1 percent) completed a higher education degree, including technical, community college, Associate's, Bachelor's or graduate degree. About a quarter (25.4 percent) reported high school or GED as the highest level of education, and no participants completed less than a high school education. Annual income of respondents was well-distributed across multiple income ranges. About 17 percent of respondents reported annual household income below $20,000. The most common annual income levels were between $50,000 and $74,999 (21.8 percent) and between $30,000-$49,999 (15.5 percent). In the upper income ranges, 13.4 percent of respondents reported an annual household income between $75,000 and $99,999. Finally, 17.6 percent of respondents reported an annual household income of at least $100,000. The most common employment status of respondents was full-time employment (64.8 percent), followed by unemployed (9.9 percent) and retired (9.9 percent).

With respect to health insurance and funding of health care, the majority of respondents (57.7 percent) reported that they received health insurance through a job or a family member's job. Twelve (12) percent reported self-funded health insurance. Residents with Medicare comprised 10.6 percent of respondents while those with Medicaid comprised 14.8 percent. Almost ten percent of respondents did not have insurance (9.9 percent).

Over two-thirds of survey respondents (79.6 percent) were residents of Lake Butler (zip code 32054). About thirteen (13) percent of respondents resided in Raiford (zip code 32083); 4.9 percent resided in Worthington Springs (zip code 32697), and 2.8 percent resided in Lawtey (zip code 32058).

PARTICIPANT PROFILE

TABLE 7. DEMOGRAPHIC SUMMARY OF UNION COUNTY SURVEY RESPONDENTS, 2020.

Demographic Indicator	Respondents N=142	
	Number	Percent
Gender		
Male	13	9.1
Female	127	89.4
Prefer not to answer	2	2.9
Age (years)		
18-24	7	4.9
25-29	10	7.0
30-39	29	20.4
40-49	35	24.7
50-59	31	21.8
60-64	16	11.3
65-69	7	4.9
70+	7	4.9
Prefer not to answer	0	0
Race		
White or Caucasian	123	86.6
Black or African American	7	4.9
American Indian or Alaska Native	0	0.
Asian or Asian American	1	0.7
Two or more races	4	2.8

Demographic Indicator	Respondents N=142	
	Number	Percent
Prefer not to answer	7	4.9
Other	0	0.0
Ethnicity: Hispanic/Latino/a/x		
Yes	2	1.4
No	135	95.1
Prefer not to answer	5	3.5
Highest Level of Education Completed		
Elementary or Middle School	0	0
High School or GED	36	25.4
Some College	27	19.0
Technical, Community College, 2-Year College or Associate's Degree	31	21.8
4-Year College/Bachelor's Degree	24	16.9
Graduate/Advanced Degree	19	13.4
Prefer not to answer	5	3.5
Annual Household Income		
Under $10,000	11	7.8
Between $10,000 and $19,999	13	9.1
Between $20,000 and $29,999	13	9.1
Between $30,000 and $49,999	22	15.5
Between $50,000 and $74,999	31	21.8
Between $75,000 and $99,999	19	13.4
Between $100,000 and $124,999	9	6.3

Demographic Indicator	Respondents N=142	
	Number	Percent
Between $125,000 and $149,999	11	7.8
Between $150,000 and $174,999	2	1.4
Between $175,000 and $199,999	3	2.1
$200,000 or more	0	0
Prefer not to answer	8	5.6
Current Employment Status (may indicate more than one)		
Full-Time	92	64.8
Part-Time	5	3.5
Full-Time student	4	2.8
Part-Time student	2	1.4
Homemaker	9	6.3
Unemployed	14	9.9
Retired	14	9.9
Work two or more jobs	3	2.1
Self-employed	1	0.7
Prefer not to answer	6	4.2
Other: “Disabled” (N=1, 0.7 percent)	3	2.1
How Health Care is Paid For (may indicate more than one)		
Health insurance offered by your job or a family member’s job	82	57.7
Health insurance that you pay on your own	17	12.0
I do not have health insurance	14	9.9
Medicare	15	10.6
Military coverage/VA/TriCare	4	2.8

Demographic Indicator	Respondents N=142	
	Number	Percent
Pay cash	10	7.0
Medicaid	21	14.8
Other: Christian Health Ministries (N=1, 0.7 percent); Obamacare (N=1, 0.7 percent)	3	1.7
Current Residence by County		
32083 Raiford	18	12.7
32697 Worthington Springs	7	4.9
32054 Lake Butler	113	79.6
32058 Lawtey	4	2.8

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

OVERVIEW OF COMMUNITY SURVEY

There were 142 completed surveys included in the analysis. Survey questions spanned the following topics:

- Factors that most contribute to a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Access to primary, dental, and mental health care
- Reasons why individuals did not receive primary, dental, and/or mental health care
- Biggest challenges faced by community members
- Rating of community and individual health
- Ease and/or difficulty in obtaining and understanding information about health
- Impact of COVID-19
- Emergency preparedness

FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY By far (68.3 percent), residents of Union County ranked access to health care, including primary care, specialty care, dental and mental health care, as the most important contributor to a healthy community. The next most important contributors, prioritized by about a third of respondents, were good schools (34.5 percent) and access to affordable and nutritious foods (33.8 percent). Other factors, ranked by at least 20 percent of respondents included job opportunities (22.5 percent), clean environment (21.8 percent), and low crime and safe neighborhoods (21.1 percent).

BEHAVIORS WITH NEGATIVE IMPACT ON HEALTH Residents rated substance use, particularly drug and alcohol use, as behaviors with great negative impact on health. Drug abuse was ranked as the behavior with greatest negative impact by a substantial percentage (63.4 percent), while alcohol use was ranked four with over a quarter of respondents (28.4 percent). Other top ranked behaviors with negative impact included eating unhealthy food or drinking sugar sweetened beverages (32.4 percent) and lack of personal responsibility (31.0 percent). Other behaviors with negative impact that ranked in the top 10 by respondents included tobacco use (21.8 percent), not using healthcare services appropriately (14.8 percent), overeating (13.4 percent), distracted driving (11.3 percent) and not getting immunized (7.7 percent).

BIGGEST PROBLEMS FOR RESIDENTS IN UNION COUNTY When respondents were asked about the biggest overall problems for residents in Union County, not specific to the respondent, the most common answer was obesity (35.2 percent) and Cancer (32.4 percent). Problems that were chosen by over 20 percent of respondents, included substance or drug abuse (28.9 percent), access to sufficient and nutritious foods (22.5 percent), and tobacco use (20.4 percent). Other answers that were chosen by over 15 percent of respondents included the lack of affordable assisted living facilities (18.3 percent), mental health problems (16.9 percent), and dental problems (15.5 percent).

ACCESS TO CARE IN UNION COUNTY The majority of respondents (59.9 percent) indicated that dental or oral care was difficult to obtain. Other services that ranked highly as difficult to obtain, indicated by between a quarter to half of respondents, included specialty care (43.7 percent), vision or eye care (38.0 percent), urgent care (28.2 percent), and alternative medicine (26.1 percent). Services that were cited as difficult to obtain by over 10 percent of respondents included imaging (12.0 percent) and laboratory services (11.3 percent).

With respect to primary care, 21.1 percent of respondents reported that they needed care in the last 12 months but had not received the care they needed. Of the respondents who indicated they had unmet needs, the most commonly cited barrier was cost (56.7 percent), followed by insurance issues (40.0 percent) and responsibilities as a caregiver (23.3 percent). When asked about primary care access for children in the care of respondents, only eight (8) respondents (5.6 percent) indicated that their child or children had unmet needs over the last 12 months. When asked about primary care access for adults in the care of respondents, only two (2) respondents (1.4 percent) indicated that the adult in their care had unmet needs. The primary barrier in both scenarios was cost. For children, insurance issues (62.5 percent) and transportation (50.0 percent) were problems as well. It is important to note that small sample size limited meaningful conclusions for these subgroups.

In the area of dental care, a large portion of respondents (41.5 percent) reported that they had not received necessary care in the last 12 months. Of the respondents who indicated they had unmet needs, 71.2 percent cited cost as a barrier. Other common barriers were insurance issues (45.8 percent), provider availability (25.4 percent), and no appointment availability (23.7 percent). COVID-19 and fear of dentists were listed as an “other” barriers.

When asked about dental care access for children in respondents’ care, 29 respondents (20.4 percent) indicated that their child or children had not received needed care in the last 12 months. The most

commonly cited barriers were appointment availability (44.8 percent, N=13), cost (37.9 percent, N=11), no dentists available (27.6 percent, N=8), and insurance issues (27.6 percent, N=8). Three (3) respondents (10.3 percent) indicated COVID-19 related closures as "other" barriers. When asked about dental care access for adults in respondents' care, 13 respondents (9.2 percent) reported that adult(s) in their care had not received necessary dental services. The most common barrier was cost (61.5 percent, N=8), followed by appointment availability (30.8 percent, N=4) and insurance issues (38.5 percent, N=4).

With respect to mental health or substance use care, about 15 percent of respondents reported that they had not received needed care. Among those with unmet needs, the most commonly cited barrier was cost (52.4 percent), followed by appointment availability (42.9 percent), and insurance issues (28.6 percent). Stigma and COVID-19 related issues were listed as an "other" barrier. When asked about mental health and substance use care access for children in respondents' care, only six (6) respondents (4.2 percent) indicated that their child or children had not received needed care in the last 12 months. Provider availability (33.3 percent, N=2) and cost (50.0 percent, N=3) were listed as the most common barriers.

When asked about mental health and substance use care access for adults in respondents' care, only four (4) respondents (2.8 percent) indicated that the adult in their care had unmet needs. Cost (50.0 percent, N=2) and appointment availability (50.0 percent, N=2) were common barriers. Small sample size may limit meaningful conclusions regarding barriers.

RANKING OF BIGGEST CHALLENGES FOR INDIVIDUAL RESPONDENTS Almost a third of respondents (30.2 percent) reported no challenges over the last 12 months. The most commonly reported challenges included mental health and depression (19.6 percent), supply of nutritious foods (13.4 percent), employment (13.4 percent), affordable utilities (12.7 percent), and access to a doctor or dentist (11.3 percent). Subgroup analysis by household income showed variations in challenges reported by income level; however, there were limited data due to small sample size. For households making less than $20,000 in income, the most commonly reported challenge was affordable utilities (5.6 percent) and mental health or depression (5.6 percent). For respondents with household income between $20,000-$49,999, the most common challenges were employment (6.3 percent) and mental health/depression (6.3 percent), followed by affordable utilities (4.9 percent) and nutritious foods (4.9 percent). For respondents with household income between $50,000-$99,999, the most common challenge by far was none (20.4 percent), followed by mental health and depression (5.6 percent), and access to a doctor or dentist (4.9 percent). Finally, for respondents with household incomes of $100,000 or more, the most common challenge was none (7.7 percent) followed remotely by mental health or depression (2.1 percent).

EASE OF USE OF HEALTH INFORMATION The majority of respondents found health information "very easy" or "easy" to obtain (64.1 percent), to understand from health professionals (71.8 percent), and to understand from written sources (74.7 percent). Conversely, few respondents found health information "difficult" or "very difficult to obtain (8.9 percent), to understand from health professionals (4.9 percent) or to understand from written sources (4.2 percent). The remainder of respondents rated these domains of health information as neither easy nor difficult.

OVERALL AND SELF-REPORTED HEALTH OF UNION COUNTY When asked to rate the overall health of Union County residents, 57.8 percent of respondents chose "somewhat healthy" while 25.4 percent chose "unhealthy". Only 9.9 percent of respondents rated Union County residents as "healthy" and an even smaller percentage (1.4 percent) rated residents as "very healthy". When asked about their *own* personal health, respondents chose "somewhat healthy" and "healthy" with equal frequency (38.7 percent). In contrast to the county as a whole, 12.0 percent of respondents rated their health "very healthy", and only 2.1 percent rated their health "very unhealthy". Distribution of ratings of self-reported health changed slightly by household income. Most notably, some respondents (1.4 percent) who reported an annual household income of less than $20,000 rated their health as "very unhealthy". Meanwhile in the income brackets of $50,000 or above, no respondents rated their health as "very unhealthy". Additionally, for low-income respondents (making less than $20,000 in annual household income), the most common rating of health by far was "somewhat healthy". For all income brackets between $20,000 and $99,999, the most common rating was a tie between "somewhat healthy" and "healthy". Finally, for the highest income brackets ($100,000 or more), the most common rating of health was "healthy". Again, trends should be interpreted with caution due to small sample size.

IMPACT OF COVID-19 ON HOUSEHOLDS AND HEALTH FACTORS The COVID-19 pandemic had negative impact on multiple household issues. The area with the highest proportion of negative impact was schooling and education with 42.3 percent of respondents indicating negative impact versus no impact (26.0 percent) or positive impact (2.1 percent). Other areas with high percentages of respondents reporting negative impact included employment (40.0 percent), child care (30.0 percent), and food (22.6 percent).

With respect to health-related activities, a large percentage of respondents reported negative impact on obtaining dental care (52.8 percent), obtaining health care (41.4 percent), physical activity (30.3 percent), nutrition (29.6 percent), and obtaining mental health care (22.5 percent). Obtaining dental care was particularly impacted and was the only health-related activity for which negative impact (52.8 percent) was higher than no impact (40.1 percent). Interestingly, 12.0 percent of respondents reported *positive impact* on physical activity, and 9.1 percent reported positive impact on nutrition. In terms of healthcare services during the COVID-19 pandemic, over half (51.4 percent) of respondents reported delaying healthcare services. With respect to tobacco use, 7.8 percent of respondents increased tobacco use due to the pandemic. For other tobacco users, tobacco use either stayed the same (5.6 percent) or in minimal cases, decreased (1.4 percent). With respect to alcohol use, 23.9 percent of respondents reported unchanging alcohol use while 4.9 percent reported increased alcohol use due to the pandemic. Finally, with respect to illegal drug use, the vast majority of respondents reported no illegal drug or substance use (98.6 percent), and only no respondents reported increased drug or substance use due to the pandemic.

EMERGENCY PLANNING The majority of respondents (66.9 percent) reported that their household has an emergency plan. About 30 percent of respondents reported no emergency plan and 2.8 percent reported uncertainty.

RESULTS BY SURVEY ITEM

The tables and figures below summarize the responses to each survey item. At least the top five (5) responses are presented for each item.

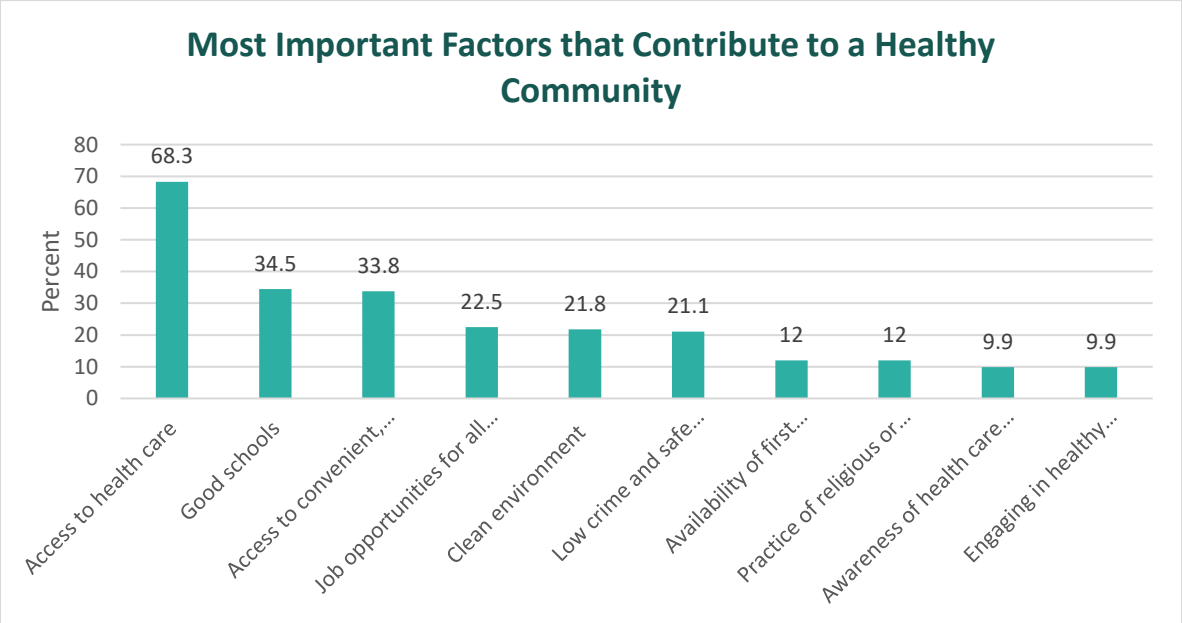
"What do you think contributes most to a healthy community? Choose THREE."

TABLE 8: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Rank	Factors (Percent of Responses)
1	Access to health care including primary care, specialty care, dental and mental health care (68.3 percent)
2	Good schools (34.5 percent)
3	Access to convenient, affordable and nutritious foods (33.8 percent)
4	Job opportunities for all levels of education (22.5 percent)
5	Clean environment (21.8 percent)
6	Low crime and safe neighborhoods (21.1 percent)
7	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (12.0 percent)
8	Practice of Religious or Spiritual Values (12.0 percent)
9	Awareness of health care and social services (9.9 percent)
10	Engaging in healthy behaviors (9.9 percent)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

FIGURE 23: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, UNION COUNTY, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

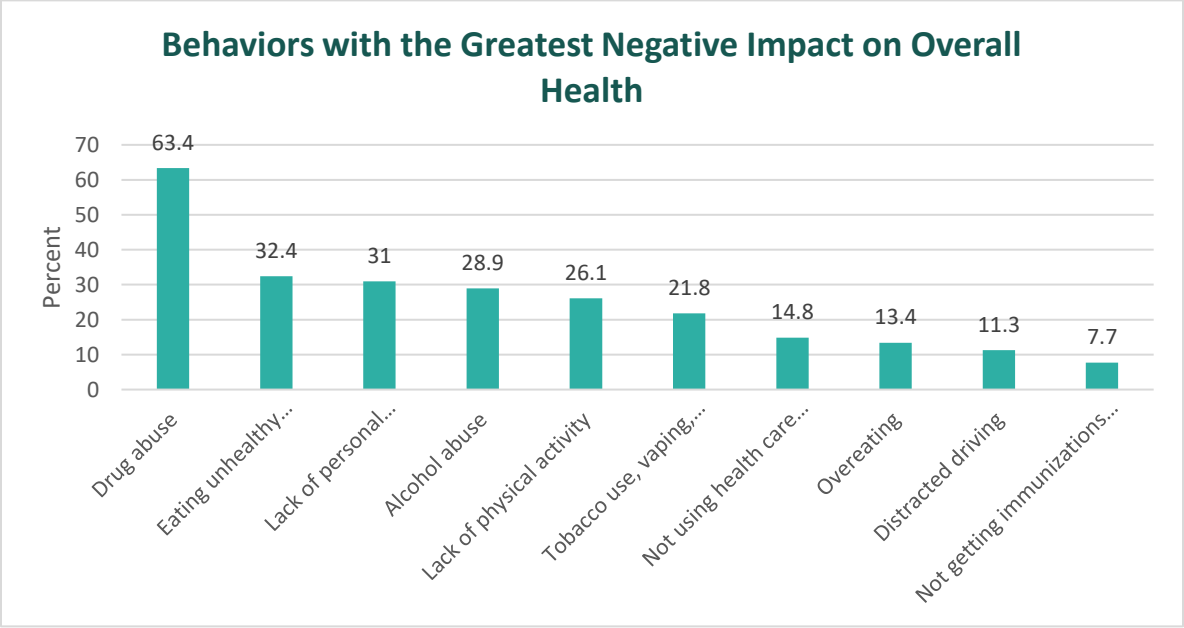
"What has the greatest negative impact on the health of people in Union County? Choose THREE."

TABLE 9: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Rank	Behaviors (Percent of Responses)
1	Drug abuse (63.4 percent)
2	Eating unhealthy foods/drinking sugar sweetened beverages (32.4 percent)
3	Lack of personal responsibility (31.0 percent)
4	Alcohol abuse (28.9 percent)
5	Lack of physical activity (26.1 percent)
6	Tobacco use, vaping, chewing tobacco (21.8 percent)
7	Not using healthcare services appropriately (14.8 percent)
8	Overeating (13.4 percent)
9	Distracted driving (11.3 percent)
10	Not getting immunizations to prevent disease (7.7 percent)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

FIGURE 24: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, BY PERCENT OF RESPONSES, UNION COUNTY, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

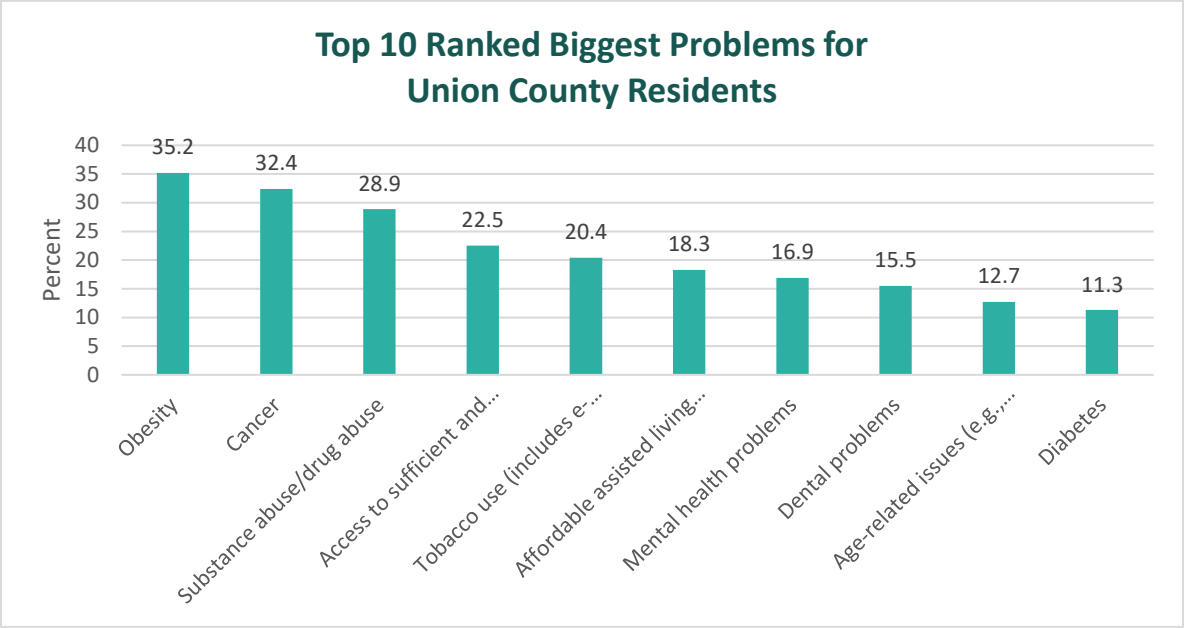
"What 3 health issues are the biggest problems for residents of Union County? Choose THREE."

TABLE 10: BIGGEST PROBLEMS FOR RESIDENTS OF UNION COUNTY, RANKED BY PERCENT OF RESPONSES, 2020.

Rank	Health Problems (Percent of Responses)
1	Obesity (35.2 percent)
2	Cancer (32.4 percent)
3	Substance abuse/drug abuse (28.9 percent)
4	Access to sufficient and nutritious foods (22.5 percent)
5	Tobacco use (includes e-cigarettes, smokeless tobacco use) (20.4 percent)
6	Affordable assisted living facilities (18.3 percent)
7	Mental health problems (16.9 percent)
8	Dental problems (15.5 percent)
9	Age-related issues (e.g., arthritis, hearing loss) (12.7 percent)
10	Diabetes (11.3 percent)
11	High blood pressure (9.9 percent)
12, 13 (tie)	Access to long-term care (9.2 percent)
	Access to primary/family care (9.2 percent)
14	Exposure to excessive and/or negative media and advertising (8.5 percent)
15, 16, 17 (tie)	Elderly caregiving (6.3 percent)
	Heart disease and stroke (6.3 percent)
	Stress (6.3 percent)
18	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (5.6 percent)
19	Child abuse and neglect (4.2 percent)
20, 21 (tie)	Disability (3.5 percent)
	Pollution (e.g., water, air, soil quality) (3.5 percent)
22	Homelessness (2.8 percent)
23-25 (tie)	Domestic violence (2.1 percent)
	Motor vehicle crash injuries (2.1 percent)
	Respiratory/lung disease (2.1 percent)
26, 27 (tie)	Homicide (1.4 percent)
	Teenage pregnancy (1.4 percent)
28, 29 (tie)	Dementia (0.7 percent)
	Suicide (0.7 percent)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

FIGURE 25: TOP 10 RANKED BIGGEST PROBLEMS FOR UNION COUNTY RESIDENTS, BY PERCENT OF RESPONSES, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

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

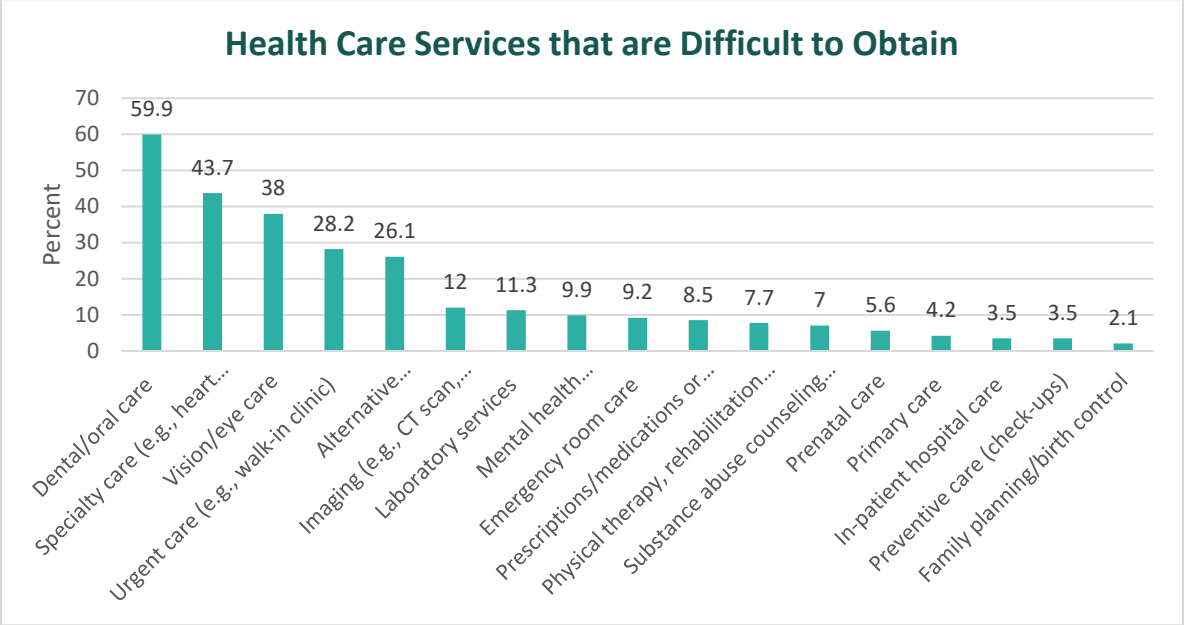
TABLE 11: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN UNION COUNTY, RANKED BY PERCENT OF RESPONSES, 2020.

Rank	Healthcare Services (Percent of Responses)
1	Dental/oral care (59.9 percent)
2	Specialty care (e.g., heart doctor, neurologist) (43.7 percent)
3	Vision/eye care (38.0 percent)
4	Urgent care (e.g., walk-in clinic) (28.2 percent)
5	Alternative medicine/therapy (e.g. acupuncture) (26.1 percent)
6	Imaging (CT scan, mammograms, MRI, x-rays, etc) (12.0 percent)
7	Laboratory services (11.3 percent)
8	Mental health services/counseling (9.9 percent)
9	Emergency room care (9.2 percent)
10	Prescriptions/medications or medical supplies (8.5 percent)
11	Physical therapy, rehabilitation therapy and services (7.7 percent)
12	Substance abuse counseling services (e.g., drug, alcohol) (7.0 percent)
13	Prenatal care (5.6 percent)
14	Primary care (e.g., family doctor/practitioner) (4.2 percent)
15	Inpatient hospital care (3.5 percent)
16	Preventive care (check-ups) (3.5 percent)

17	Family planning/birth control (2.1 percent)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

FIGURE 26: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN UNION COUNTY, BY PERCENT OF RESPONSES, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

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

TABLE 12: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Primary/Family Care	Response
Received needed care or didn't need care	78.9 percent
Did not receive needed care	21.1 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	56.7 percent
No appointments available or long waits for appointments	20.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.3 percent
Service not covered by insurance or have no insurance	40.0 percent
No primary care providers (doctors, nurses) available	13.3 percent

My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	23.3 percent
Transportation, couldn't get there	10.0. percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"During the past 12 months, was there a time your child or children in your care needed to see a primary/family care doctor for health care but couldn't?" AND "What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply."

TABLE 13: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, UNION COUNTY, BY PERCENT AND NUMBER OF RESPONSES, 2020.

Primary/Family Care	Response
Received needed care or didn't need care	51.4 percent (N=73)
Did not receive needed care	5.6 percent (N=8)
Do not have a child in my care	43.0 percent (N=61)
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	62.5 percent* (N=5)
No appointments available or long wait for appointments	25.0 percent* (N=2)
No primary care providers (doctors, nurses) available	12.5 percent* (N=1)
Service not covered by insurance or have no insurance	62.5 percent* (N=5)
Transportation, couldn't get there	50.0 percent (N=4)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020. *Percentages may not represent meaningful trends due to small sample size.

"During the past 12 months, was there a time when an adult in your care needed primary/family care, including checkups, but didn't get it?" AND "What prevented the adult in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply."

TABLE 14: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, UNION COUNTY, BY NUMBER AND PERCENT OF RESPONSES, 2020.

Primary/Family Care	Response
Received needed care or didn't need care	14.1 percent (N=20)
Did not receive needed care	1.4 percent (N=2)
Do not have an adult in my care	84.5 (N=120)
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	100.0 percent* (N=2)
No appointments available or long wait for appointments	0.0 percent
No primary/family care providers (doctors, nurses) available	0.0 percent
Service not covered by insurance or have no insurance	0.0 percent
Transportation, couldn't get there	0.0 percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020 *Percentages may not represent meaningful trends due to small sample size

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

TABLE 15: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Dental Care	Response
Received needed care or didn't need care	58.5 percent
Did not receive needed care	41.5 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	71.2 percent
No appointments available or long waits for appointments	23.7 percent
No dentists available	25.4 percent
Service not covered by insurance or have no insurance	45.8 percent
Transportation, couldn't get there	3.4 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.6 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.5 percent
Other: COVID-19 related (1.7 percent), fear of dentist (1.7 percent)	

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"During the past 12 months, was there a time your child or children in your care needed dental care, including checkups, but didn't get it?" AND "What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply."

TABLE 16: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, UNION COUNTY, BY NUMBER AND PERCENT OF RESPONSES, 2020.

Dental Care	Response
Received needed care or didn't need care	36.6 percent (N=52)
Did not receive needed care	20.4 percent (N=29)
Do not have a child in my care	43.0 percent (N=61)
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	37.9 percent (N=11)
No appointments available or long wait for appointments	44.8 percent (N=13)
No dentists available	27.6 percent (N=8)
Service not covered by insurance or have no insurance	27.6 percent (N=8)
Transportation, couldn't get there	17.2 percent (N=5)
Other: COVID-19 closures (10.3 percent, N=3)	

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020. *Percentages may not represent meaningful trends due to small sample size.

"During the past 12 months, was there a time when an adult in your care needed dental care, including checkups, but didn't get it?" AND "What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply."

TABLE 17: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, UNION COUNTY, BY NUMBER AND PERCENT OF RESPONSES, 2020.

Dental Care	Response
Received needed care or didn't need care	6.3 percent (N=9)
Did not receive needed care	9.2 percent (N=13)
Do not have an adult in my care	84.5 percent (N=120)
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	61.5 percent* (N=8)
No appointments available or long wait for appointments	30.8 percent* (N=4)
No dentists available	23.1 percent* (N=3)
Service not covered by insurance or have no insurance	38.5 percent* (N=4)
Transportation, couldn't get there	7.7 percent * (N=1)
Other: Personal Issues (7.7 percent, N=1)	

Source: *Bradford County and Union County Community Survey,* 2020. Prepared by WellFlorida Council, 2020. *Percentages may not represent meaningful trends due to small sample size.

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

TABLE 18: SEEN BY A THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Therapist or Counselor Seen for a Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	85.2 percent
Did not receive needed care	14.8 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	52.4 percent
No appointments available or long waits for appointments	42.9 percent
No mental health providers or substance use therapists or counselors available	23.8 percent
Service not covered by insurance or have no insurance	28.6 percent
Transportation, couldn't get there	9.5 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	19.0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	9.5 percent
Other: Stigma (4.8 percent), COVID-19 related issues (4.8 percent)	

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"During the past 12 months, was there a time when <u>your child or children in your care</u> needed to see a therapist or counselor for a mental health or substance use issues, but didn't?" AND "What prevented <u>your child or children in your care</u> from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply."

TABLE 19: CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, UNION COUNTY, BY NUMBER AND PERCENT OF RESPONSES, 2020.

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	52.8 percent (N=75)
Did not receive needed care	4.2 percent (N=6)
Do not have children in my care	43.0 percent (N=61)
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	50.0 percent* (N=3)
No appointments available or long wait for appointments	33.3 percent* (N=2)
No mental health care providers or substance use therapists or counselors available	66.7 percent (N=4)
Service not covered by insurance or have no insurance	33.3 percent* (N=2)
Transportation, couldn't get there	50.0 percent* (N=3)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020. *Percentages may not represent meaningful trends due to small sample size.

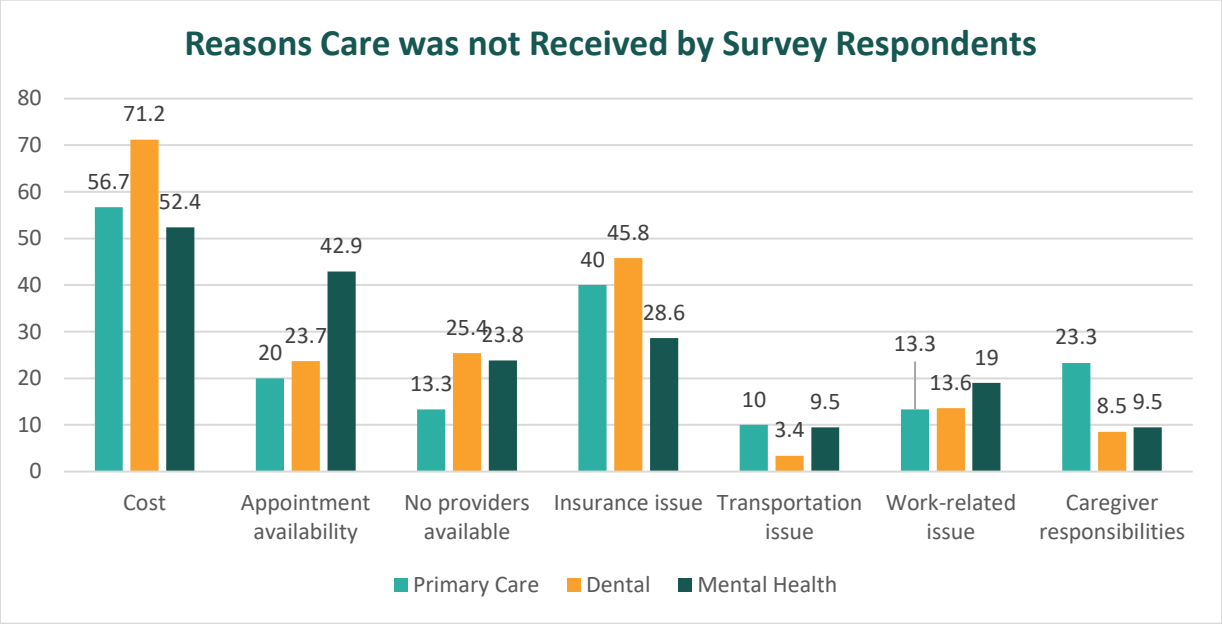
"During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn't?" AND "What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply."

TABLE 20: ADULT IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, UNION COUNTY, BY NUMBER AND PERCENT OF RESPONSES, 2020.

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	12.7 percent (N=18)
Did not receive needed care	2.8 percent (N=4)
Do not have an adult in my care	84.5 percent (N=120)
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	50.0 percent* (N=2)
No appointments available or long wait for appointments	50.0 percent* (N=2)
No mental health care providers or substance use therapists or counselors available	25.0 percent* (N=1)
Service not covered by insurance or have no insurance	0.0 percent (N=)
Transportation, couldn't get there	0.0 percent (N=0)

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020. *Percentages may not represent meaningful trends due to small sample size.

FIGURE 27: REASONS DENTAL, PRIMARY AND MENTAL HEALTH/SUBSTANCE USE CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, UNION COUNTY, BY PERCENT OF THOSE WHO DID NOT RECEIVE NEEDED CARE*, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by: WellFlorida Council, 2020. *Those who did not receive care: Primary care = 22.3 percent, Dental = 32.6 percent, Mental health/substance use care = 13.1 percent

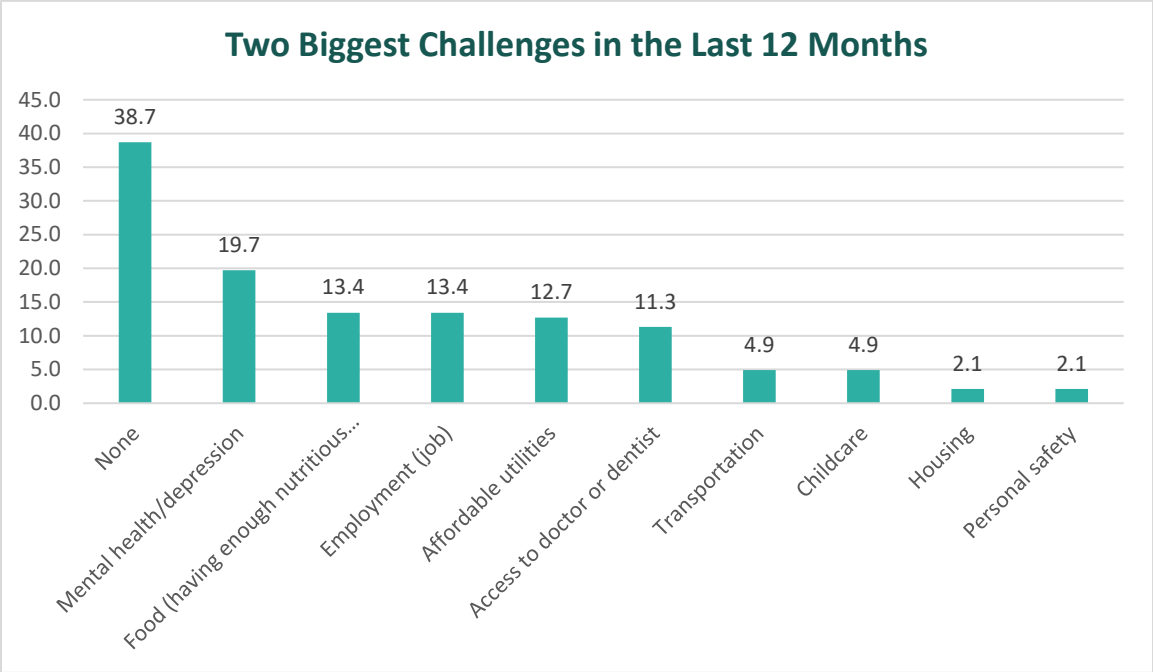
"In the last 12 months, what were your two biggest challenges? Choose TWO."

TABLE 21: RANKING OF TWO BIGGEST CHALLENGES IN THE LAST 12 MONTHS FOR RESIDENTS OF UNION COUNTY, RANKED BY PERCENT OF RESPONSES, 2020.

	Challenges (Percent of Responses)
Rank	
1	None were challenges for me in the last 12 months (38.7 percent)
2	Mental health/depression (19.6 percent)
3, 4	Food (having enough nutritious food) (13.4 percent)
(tie)	Employment (job) (13.4 percent)
5	Affordable utilities (12.7 percent)
6	Access to doctor or dentist (11.3 percent)
7, 8	Transportation (4.9 percent)
(tie)	Childcare (4.9 percent)
9, 10	Housing (2.1 percent)
(tie)	Personal safety (2.1 percent)
Other: COVID-19 related (1.4 percent), unspecified stress (0.7 percent)	

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020.

FIGURE 28: RANKING OF TWO BIGGEST CHALLENGES IN THE LAST 12 MONTHS FOR RESIDENTS OF UNION COUNTY, RANKED BY PERCENT OF RESPONSES, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

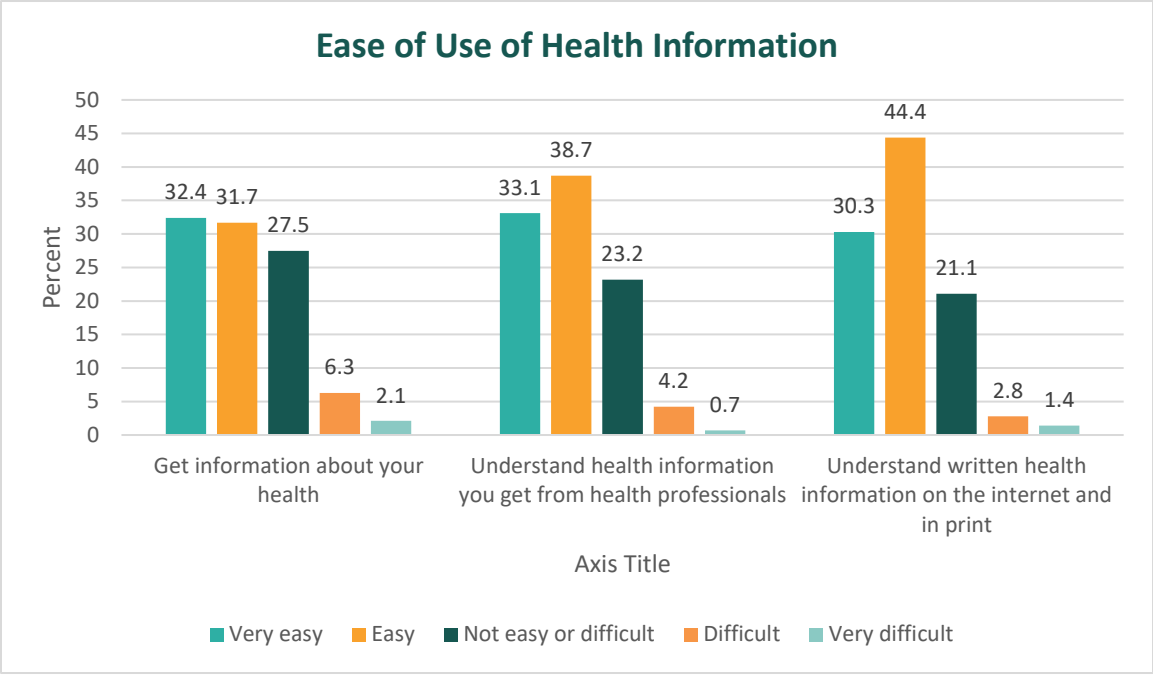
TABLE 22: TWO BIGGEST CHALLENGES, BY HOUSEHOLD INCOME, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

	Less than $20,000	$20,000-$49,999	$50,000-$99,999	$100,000 or more	Prefer not to answer
Food (having enough nutritious foods)	2.8	4.9	3.5	2.1	0.0
Affordable utilities	5.6	4.9	1.4	0.7	0.0
Transportation	2.8	0.7	1.4	0.0	0.0
Housing	0.0	2.1	0.0	0.0	0.0
Employment	2.1	6.3	2.1	0.7	2.1
Childcare	1.4	0.0	0.7	1.4	1.4
Access to doctor or dentist	2.1	2.8	4.9	1.4	0.0
Personal Safety	0.0	0.0	1.4	0.7	0.0
Mental health/depression	5.6	6.3	5.6	2.1	0.0
None	3.5	4.2	20.4	7.7	2.8

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"How easy or difficult is it to get information about health if you need to?"
"How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?"
"How easy or difficult is it to understand the written health information on the Internet and in printed handouts?"

FIGURE 29: RATING OF EASE OF USE OF HEALTH INFORMATION, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"Overall, how healthy are the <u>people</u> in Union County?" AND "How do you rate <u>your</u> own personal health?"

TABLE 23: OVERALL RATING OF HEALTH OF UNION COUNTY RESIDENTS AND PERSONAL HEALTH, BY PERCENT, 2020.

Rating	Overall	Personal
Very unhealthy	5.7 percent	2.1 percent
Unhealthy	25.4 percent	8.5 percent
Somewhat healthy	57.8 percent	38.7 percent
Healthy	9.9 percent	38.7 percent
Very healthy	1.4 percent	12.0 percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

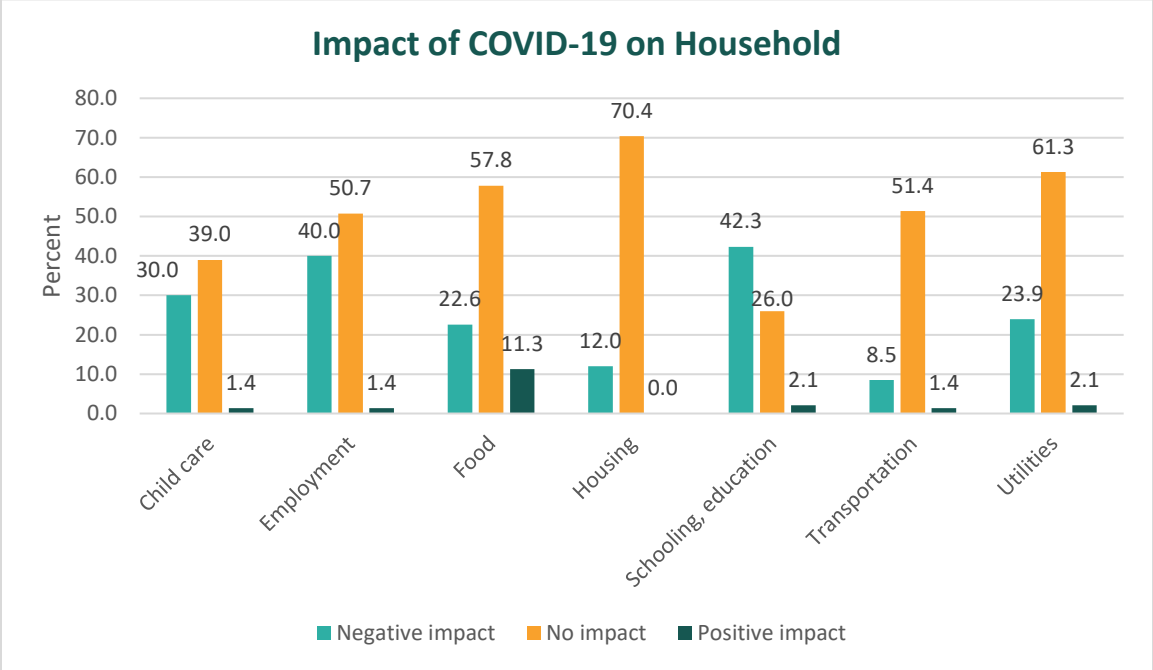
TABLE 24: SELF-REPORTED HEALTH, BY HOUSEHOLD INCOME, UNION COUNTY, BY NUMBER OF RESPONSES, 2020.

	Less than $20,000	$20,000-$49,999	$50,000-$99,999	$100,000 or more	Prefer not to answer
Very unhealthy	1.4	0.7	0	0.0	0
Unhealthy	2.1	2.8	1.4	0.7	1.4
Somewhat healthy	7.0	9.9	14.8	5.6	1.4
Healthy	2.8	9.9	14.8	8.5	2.8
Very healthy	3.5	1.4	4.2	2.8	0.0

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"How has the Coronavirus (COVID-19) pandemic impacted your household?"

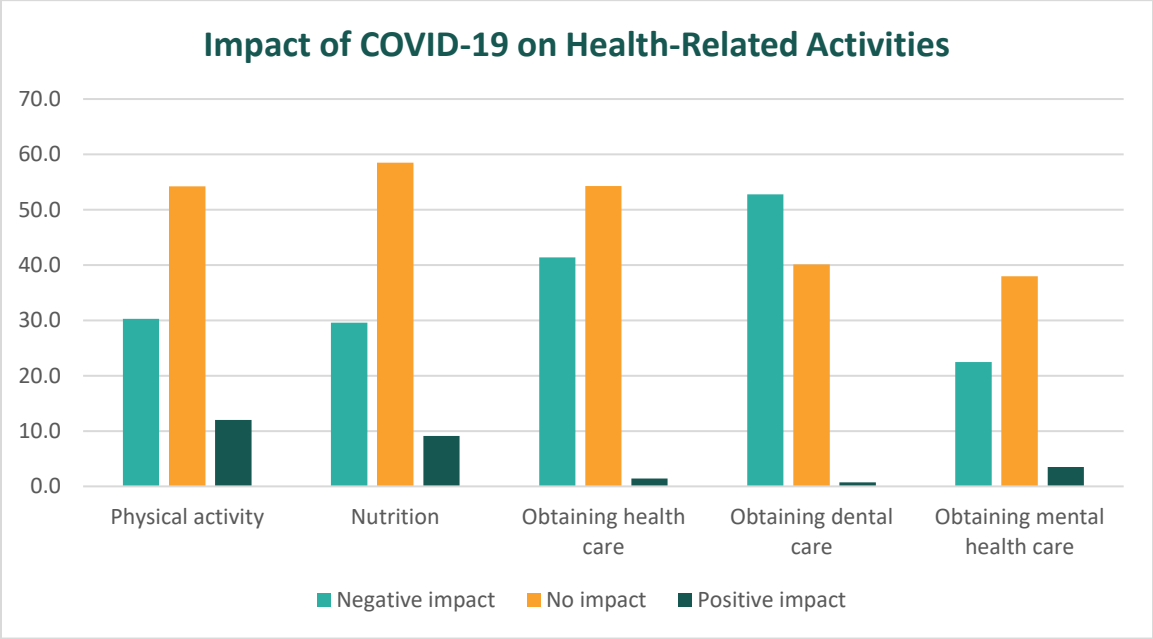
FIGURE 30: IMPACT OF COVID-19 ON RESPONDENT HOUSEHOLD, UNION COUNTY, BY PERCENT OF RESPONSES, 2020*.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020. *Answered "does not apply to my household": child care (62.9 percent), employment (26.3 percent), food (17.7 percent), housing (25.7 percent), schooling (44.0 percent), transportation (44.6 percent), utilities (20.6 percent)

"How has the Coronavirus (COVID-19) pandemic impacted your health-related activities?"

FIGURE 31: IMPACT OF COVID-19 ON RESPONDENT HEALTH-RELATED ACTIVITIES, UNION COUNTY, BY PERCENT OF RESPONSES, 2020*.



Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020. *Answered "does not apply to my household": physical activity (11.4 percent), nutrition (9.7 percent), obtaining health care (7.4 percent), obtaining dental care (9.7 percent), obtaining mental health care (45.7 percent)

"Has your use of tobacco products (such as cigarettes, e-cigarettes, vaping products, cigars, chew) changed during the Coronavirus (COVID-19) pandemic?"

TABLE 25: IMPACT OF COVID-19 ON USE OF TOBACCO PRODUCTS BY RESPONDENTS, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Change in Tobacco Use (by Percent of Total Respondents)	
I do not use tobacco products	85.2 percent
My tobacco use has increased (drinking more or stronger tobacco products and/or using products more frequently)	7.8 percent
My tobacco use has decreased (using fewer tobacco products or using tobacco products less often)	1.4 percent
My tobacco use has stayed the same	5.6 percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"How has your consumption of alcoholic beverages changed during the Coronavirus (COVID-19) pandemic?"

TABLE 26: IMPACT OF COVID-19 ON USE OF ALCOHOL USE BY RESPONDENTS, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Change in Alcohol Use (by Percent of Total Respondents)	
I do not drink alcoholic beverage	66.9 percent
My alcohol use has increased (drinking more and/or more frequently drinking alcoholic beverages)	4.9 percent
My alcohol use has decreased (drinking fewer alcoholic beverages and/or consuming less alcohol)	0.7 percent
My alcohol use has stayed the same	23.9 percent
I prefer not to answer	3.5 percent

Source*: Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

"Has use of illegal drug and/or other substances changed for you during the Coronavirus (COVID-19) pandemic?"

TABLE 27: IMPACT OF COVID-19 ON USE OF ILLEGAL DRUG OR SUBSTANCE USE BY RESPONDENTS, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Change in Drug Use (by Percent of Total Respondents)	
I do not use illegal drugs or substances	98.6 percent
My drug/substance use has increased (use more or stronger drugs/substances and/or use drugs/substances more frequently)	0.0 percent
My drug/substance use has decreased (use less drugs/substances and/or use drugs/substances less frequently)	0.0 percent
My drug/substance use has stayed the same	0.7 percent
I prefer not to answer	0.7 percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

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

TABLE 28: DELAY OF GETTING HEALTHCARE SERVICES BY RESPONDENT HOUSEHOLD DUE TO PANDEMIC, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Whether Respondent Household Delayed Healthcare Services	
Yes	51.4 percent
No	46.5 percent
Not Sure	2.1 percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

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

TABLE 29: RESPONDENT HOUSEHOLDS WITH EMERGENCY PLANS, UNION COUNTY, BY PERCENT OF RESPONSES, 2020.

Whether Respondent Household has Emergency Plan	
Yes	69.9 percent
No	30.3 percent
Not Sure	2.8 percent

Source: *Bradford County and Union County Community Survey*, 2020. Prepared by WellFlorida Council, 2020

KEY FINDINGS FROM COMMUNITY HEALTH SURVEY

HEALTH BEHAVIORS Union County residents emphasized the importance of health-related behaviors throughout the survey, particularly substance use. For example, drug abuse was by far ranked the number one behavior (63.4 percent) with greatest negative impact on health in the community. Alcohol use (28.4 percent) and tobacco use (21.8 percent) were also ranked fourth and sixth, respectively. Drug abuse and tobacco use were also ranked in the top five (5) biggest problems for Union County as a whole. Other lifestyle factors beyond substance use were perceived as influential as well. Eating unhealthy foods or drinking sugar sweetened beverages (32.4 percent) and lack of personal responsibility (31.0 percent) were ranked as top behaviors with negative impact.

ACCESS TO HEALTH CARE—PRIMARY, SPECIALTY, DENTAL AND MENTAL HEALTH CARE Many respondents reported health care needs that went unmet over the last year. About 20 percent of respondents reported that they did not receive needed primary care, and about 15 percent reported that they did not receive needed mental health care. Cost and insurance issues were often cited as barriers. Appointment availability was a particular barrier for mental health care with 42.9 percent of respondents indicating limited appointments as a barrier. Further, stigma was listed as an "other" barrier to mental health care. Stigma and other barriers to mental health care may be of particular concern given results that show increased mental issues. When respondents were asked about the biggest

challenges that they faced as individuals, the most commonly reported challenge was mental health and depression (19.6 percent). Even across multiple income brackets, mental health and depression persisted as a common challenge.

DENTAL CARE Low access to dental and oral care was a theme among survey responses. Dental and oral care was ranked as the most difficult service to obtain, with almost 60 percent of respondents reporting difficulties. Further, a large portion of respondents (41.5 percent) reported that they did not receive necessary dental care in the last 12 months. This was remarkably higher than the percentage of respondents who did not receive necessary primary care (21.1 percent) or mental health and substance use care (14.8 percent). The main barrier to dental and oral care was cost (71.2 percent) and insurance issues (45.8 percent). Dental care access for children was limited as well. About 20 percent of respondents indicated that children in their care did not received needed care in the last 12 months. The most commonly cited barriers in this case were appointment availability (44.8 percent) and cost (37.9 percent). Closures and limited hours due to the COVID-19 pandemic may have limited appointment availability, and COVID-19 related issues were often listed as an "other" barrier.

Other healthcare services that were cited as difficult to obtain included specialty care (43.7 percent), vision or eye care (38.0 percent) and urgent care (28.2 percent). Shortages in these services may be linked to the low density of facilities in rural areas. Many respondents in free responses indicated that there were not enough providers and facilities in the area or that they traveled to Gainesville for care.

SOCIAL DETERMINANTS OF HEALTH A third of respondents reported no challenges over the last 12 months. However, many respondents reported challenges with supply of nutritious foods (13.4 percent), employment (13.4 percent) and affordable utilities (12.7 percent). Further, access to sufficient and nutritious foods was ranked as the fourth biggest problem, out of 34 problems, for the county as a whole. These topics fall into the category of social determinants of health. These determinants create conditions in the environments where people live, learn, work and play that affect a vast array of health and quality of life outcomes (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health, retrieved September 4, 2020). The concept of social determinants of health dictates that overall stability and access to non-health resources, such as secure employment and funds, are directly linked to health. Our results support this connection between health and social determinants. For households on the lower spectrum of income (less than $20,000), the most commonly reported challenge was affordable utilities. Likewise, for households making between $20,000-$49,999, common challenges included employment, utilities and nutritious foods. This is in stark contrast with higher income respondents ($50,000 and above) whose most common challenge was "none". These data suggest that the lower income groups who reported difficulty accessing resources liked to the social determinants of health, also reported lower self ratings of personal health. Some respondents who reported annual household income of less than $20,000 rated their health as "very unhealthy". Further, in the same income bracket, the most common rating of health by far was "somewhat healthy". For income brackets between $20,000 and $99,999, the most common rating was a tie between "somewhat healthy" and "healthy". Finally, for the highest income brackets ($100,000 or more), the most common rating of health was "healthy".

IMPACT OF COVID-19 Many survey respondents in Union County reported the negative impact of COVID-19 on multiple household issues. Schooling and education were particularly impacted by the COVID-19 pandemic compared to other household areas. It was the only household issue in which more respondents reported negative impact (42.3 percent) versus no impact (26.0 percent). Other common negatively impacted issues were employment (40.0 percent reported negative impact), child care (30.0 percent), and food (22.6 percent).

These results raise concern for financial security, particularly for households with children. Further, a large portion of respondents reported negative impact of COVID-19 on various health-related activities. The majority of respondents indicated negative impact on the ability to obtain dental care (52.8 percent). Obtaining dental care was particularly impacted and was the only health-related activity for which negative impact (52.8 percent) was higher than no impact (40.1 percent). Over 30 percent of respondents indicated negative impact on obtaining health care (41.4 percent) and physical activity (30.3 percent). Not all impact was negative. Interestingly, 12.0 percent of respondents reported positive impact on physical activity, and 9.1 percent reported positive impact on nutrition. In the area of substance use, 7.8 percent of respondents increased tobacco use and 4.9 percent reported increases in alcohol use.

SURVEY LIMITATIONS The limitations of the survey include the potential for self-reporting bias and limited sample size. Self-reporting bias is potentially present in all data that rely on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, for example. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in other areas of the technical appendix. Small sample size also limits the analytical ability of our data. Subgroup analysis was not performed for dimensions of zip code or race, for example, because there were insufficient responses in each category to arrive at meaningful conclusions.

FOCUS GROUPS

METHODOLOGY

Two (2) focus groups were facilitated to better understand the challenges and experiences related to access to healthcare services. Focus group participants included community leaders from both Union County and Union County who serve both counties and/or the region. The focus group script was designed and implemented with final approval from the Union County Community Health Assessment Core Team and select subject matter experts. One focus group included Board Members from the New River Community Health Center, a Federally Qualified Health Center. The second group included business leaders and service organization representatives. Trained facilitators conducted the focus groups using a script, which included a brief introduction, completion of informed consent forms and a demographic survey, and a series of questions asked sequentially. Please see the Appendix for the focus group materials.

The Florida Department of Health in Union County Community Health Assessment Core Team selected the focus group process as an effective and efficient strategy for qualitative, primary data collection to inform the broader community health assessment effort while seeking more detailed and pointed understanding of issues and population groups experiencing disparate health outcomes. The team designed the focus groups to include both Bradford County and Union County representatives. The purpose of convening focus groups was to better comprehend the community member views on health, health care, quality of life, and health-related priorities in Union County and region. The focus group script and questions were designed by WellFlorida Council in collaboration with the Florida Department of Health in Union County team. Due to limitations imposed because of the pandemic, planning included holding one small focus group in-person in a space where appropriate social distancing was feasible and including a remote participation option by conference call. The second focus group was held virtually using video conferencing. Implementation began upon securing final approval of the process and related documentation. The Florida Department of Health in Union County made concerted efforts to include historically underrepresented groups guided by demographic data and the team's considerable knowledge and experience serving Union County communities.

The two focus groups were conducted by trained facilitators following best practices. Focus group participant eligibility criteria included being 18 years of age or older and residency in Bradford County or Union County. All participants read and signed an informed consent form. The 90 minute focus group sessions were limited to no more than 12 participants. The Florida Department of Health in Union County team identified the focus group host site and recruited focus group participants. Participants were offered $20 gift cards as a gesture of appreciation for sharing their time and expertise. Facilitators took handwritten notes and also audio recorded the sessions. Upon transcription of notes, recordings were destroyed to protect anonymity of participants. Please see the Appendix for the scripts and informed consent form.

FOCUS GROUP LIMITATIONS

Using focus groups in the community health assessment process, has its advantages, disadvantages and limitations. Through the facilitated discussion, participants are encouraged to provide candid responses to a set of questions (see Appendix). Follow-up questions can be asked and participants can interact. Focus group sessions can yield rich qualitative data for assessment and planning in a cost efficient manner. Among the disadvantages of collecting assessment data via focus group are the limits on the group size, time constraints, and the resulting volume of qualitative data that must be synthesized and analyzed. Focus group methodology has its limitations including dependence on moderator skill to elicit frank responses and the potential for moderator bias. In Union County focus group participants were identified for their known community involvement which introduced selection bias. As such and due to small numbers the results are not generalizable to the entire population. Even with these limitations, valuable insights and perspectives, opinions and attitudes about health issues were generated and will contribute to assessing and identifying priority health concerns in Union County.

FOCUS GROUP SESSIONS

Date (2020)	Location	Target Audience	Number of Participants
September 23	New River Community Health Care, Lake Butler	Leaders, decision-makers at area FQHC	6
October 21	Video conference platform available to participants in Bradford County and Union County	Community advocates from health and social service provider organizations	6

FOCUS GROUP PARTICIPANTS

There was a total of 12 focus group participants across the two sessions with four (4) male and eight (8) female participants. The September 23rd group participants were all active New River Community Health Care Board Members with three (3) persons also serving on the Executive Committee. As private citizens, Board Members held positions such as bank president, educator and school board member, healthcare professionals, and business owner. Members of the October 21st focus group were community members who also held occupations such as healthcare professional, school board employee, and law enforcement officer.

FOCUS GROUP RESPONSES AND FINDINGS

Focus group discussions covered topics such as persistent health issues, impacts of the social determinants of health on health and quality of life, barriers to resources, and groups with unequal access to care and services and those at risk for poorer health outcomes. Participants identified areas of high importance that need attention as healthcare resources and impediments to access, specific health conditions and health behaviors, and leadership, social norms and attitudes. Participants also discussed strengths and resources which are listed as well. These are described in the following section on key themes.

KEY THEMES

Three (3) key theme areas emerged from the focus group data and are summarized below. Themes represent common issues and their supporting factors as articulated by focus group participants, across the two sessions. These include healthcare resources and barriers to access, health conditions and behaviors, and community attributes. Supporting factors are listed below each theme, in descending order of the most frequently cited factors; all factors were cited at least twice across the sessions. Detailed responses of the focus groups by location can be found in the Appendix. These summaries may further illuminate issues that could impact Bradford County and Union County residents as a whole and certain target population groups in particular. It is important to note that while these focus group findings are not generalizable to the entire population of the two counties, the information provides valuable insights into and indications of community perceptions, opinions and attitudes about health behaviors, issues and resources, quality of life factors and each county's ability to address problems and improve health outcomes.

THEME: HEALTHCARE RESOURCES AND BARRIERS TO ACCESS

Needs:

- Specialty care services
- Dental care for adults
- Mental health and substance abuse care

Challenges to Access:

- Recent hospital closure in the area
- Transportation
- Low health literacy and ability to navigate the healthcare system
- High costs and health insurance issues (no insurance, high deductibles and co-pays)

An area agreement among focus group participants and across groups was challenges with healthcare access. This included barriers such as cost, insurance coverage and transportation; preventive measures including screenings and laboratory services; and institutional barriers that result in closing or changing the scope of services provided locally. The need for specialty care professionals and medical and dental providers who accept Medicaid were cited. It was noted that there are some residents who cannot afford even a nominal charge at the New River Health Care Center, a Federally Qualified Health Center. This includes low income senior citizens throughout the county. Mental health care including services for those with drug and alcohol use problems were listed as much needed resources. Service cut-backs, lack of preventive care and rising costs were discussed. Participants expressed concerns about the viability and value of some health insurance coverage with high deductibles, high premiums, and limited services complicated by the consumers' struggles to understand how to navigate the healthcare system. Transportation was mentioned as a persistent issue that is common in rural communities.

THEME: HEALTH CONDITIONS AND HEALTH BEHAVIORS

Concerns for rising rates and health impacts of:

- Diabetes
- High Blood Pressure
- Chronic Obstructive Lung Disease (COPD) and other lung diseases
- STDs
- Infant Mortality

Contributing behaviors of concern:

- Poor nutrition
- Tobacco use
- Substance use

Topping the list of specific health conditions of highest concerns in Bradford County and Union County were chronic conditions such as diabetes, cardiovascular problems including high blood pressure and heart disease, and lung conditions. Focus group participants were acutely aware of the impact of nutrition on these health outcomes as well as general well-being. Chronic diseases were of concern not only for their toll on quality of life but the substantial resources needed and economic impact to the individual and counties. Tobacco and substance use were of high concern. Focus group participants recognized the close relationship among these issues as well as their influence on mental health. They pointed to the impact of social determinants of health such as poverty, lack of education and jobs, and generational influences on these issues. All focus group sessions discussed their observations that income is an important factor in health behaviors and outcomes. It was also noted that education and parenting also influence health behaviors.

THEME: COMMUNITY ATTRIBUTES

Populations of concern:

- Senior citizens, particularly those with low incomes and living in isolated rural areas
- Working poor, single parent families

Social norms that negatively impact health:

- Acceptance of tobacco use
- Generational practices such as delaying or avoiding health care
    - Fear of being judged or labeled
    - Distrust of agencies
    - Perceived lack of privacy, sharing of confidential health information

Leadership needs:

- Modeling of healthy behaviors and life choices
- Investments in resources to support healthy living including housing, jobs, food access
- More collaboration among health and social service agencies across counties and the region

Strengths and Resources:

- Local faith-based groups and non-profit organizations step in to provide assistance when possible, often filling the gaps left in the safety net
- Food banks and the groups and businesses that contribute to them
- Healthcare professionals working to bring back some specialty care services to the area

Focus group participants in both sessions expressed concern for people living in poverty or struggling to meet basic needs such as housing, utilities, and food. Two populations specifically mentioned were senior citizens and female heads of household with children. These groups were described as neglected or forgotten and their considerable barriers to good health and quality of life centered on economic struggles. The groups brought up social norms that prevail in Bradford County and Union County. These include acceptance of tobacco use not only among adults but youth. Generational practices commonly found were also described. These attitudinal barriers to improving and sustaining good health included

fear of being judged for pursuing certain types of healthcare services, distrust of organizations and their staff, and the assumption or perception that their confidentiality and privacy would be breached. These generational practices were characterized as a “small town mentality.” More and stronger leadership was mentioned as a desire and need. Specifically, modeling of healthy lifestyles by all adults and especially by recognized community leaders. Focus group participants agreed that greater investments to meet basic needs is important but were unsure how to do that in a sustainable way. Group participants felt that stronger and closer collaboration among agencies across the counties and regions would be a good place to start to make improvements. Bradford County and Union County are not without strengths as discussed in both focus groups sessions. Positive trends include the return of some specialty healthcare services and the robust response to food insecurity by faith-based groups and community organizations and businesses.

Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Union County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Union County. Third is a section dedicated to links to major national databases of community health improvement best practices that will be critical resources for identifying proven effective programs and interventions that could be implemented in Union County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes or major health needs and issues in Union County as identified through the community health assessment process. The themes described below emerged from the assessments conducted as part of Union County's MAPP process. That process included the Health Status assessment through a comprehensive secondary data review and the Community Themes and Strengths Assessment conducted through primary data collection to hear community opinions and perspectives on health issues. These intersecting themes were also considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health, health status and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

INTERSECTING THEMES AND KEY CONSIDERATIONS

- Social Determinants of Health
    - Poverty
    - Income disparities by race, gender, geography
    - Limited employment opportunities
    - Lower educational achievement
    - Unaffordable housing and utilities
    - Food insecurity
- Health Status and Health Behaviors
    - Rising and/or persistent high rates of:
        - Heart Disease
        - Cancer
        - Diabetes
        - High blood pressure
        - Overweight and obesity
        - Chronic Lower Respiratory Disease
        - Mental health problems

        - Unintentional injuries
        - Infant mortality
        - Child abuse and neglect
    - Harmful behaviors, such as:
        - Tobacco use
        - Substance abuse
        - Poor nutrition and food choices
        - Late or delayed prenatal care
- Healthcare Resources and Use
    - Few healthcare providers including physicians, dentists, mental health professionals
    - Facility closures and service changes without community input
    - Inappropriate use of Emergency Departments for routine primary, dental, and mental health care
    - High and rising costs of health insurance, healthcare services, prescription medicine
    - Low health literacy and challenges in navigating the healthcare system
    - Delayed care because of the pandemic

STRATEGIC PRIORITY ISSUE AREAS

The Union County Community Health Assessment Steering Committee dedicated its October 29, 2020 meeting to reviewing the data and findings from the entire community health assessment process include the secondary health data or Health Status Assessment and Community Themes and Strengths primary data collective through the community survey and focus groups. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern in Union County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale and purpose.

TABLE 30: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, UNION COUNTY, 2020.

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

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved September 18, 2020, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues

To replace the in-person consensus discussion customarily used to identify strategic priority issues in the MAPP process, the Steering Committee members provided input through an electronic survey.

Immediately following the October 29th video conference, Steering Committee members received a three-item electronic survey through which they rated each of the issues on two categories of criteria. The two categories were issue magnitude and confidence in the ability to positively impact the issue. Magnitude considered issue importance and urgency while the confidence criteria encompassed impact, feasibility and resource availability. Table 30 lists the characteristics of each criterion. In addition, Steering Committee members were also asked to select the three (3) issues they felt were the top priorities. Survey analysis used a composite score of the priority ranking, average magnitude score and average confidence score to arrive at the final ordering. The priority issues listed below will move forward for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Access to Healthcare Services including
    - Dental care
    - Mental health care
    - Primary care
    - Reduction in financial and cultural barriers to services
- Preventing and Managing Chronic Diseases and Conditions with emphasis on
    - Decrease in prevalence of overweight and obesity
    - Healthy nutrition
    - Primary prevention strategies
    - Reduction in tobacco and substance use
    - Sexual health
- Maternal and Child Health including
    - Prevention of child abuse and neglect
    - Early childhood health and wellness
    - Prenatal care for healthy birth outcomes
        - Lower infant mortality and fewer low birthweight births

Thoughtful consideration was also given to issues that were ultimately set aside. It was decided that transportation, although a persistent problem in Union County, was being addressed as a countywide infrastructure and resource investment issue by county government. However, strategies to reduce transportation barriers to healthcare and social services will be considered in the community health improvement action plans across the strategic priority areas. The issue of housing including homelessness and affordability was examined and debated. There was agreement on the importance of

housing in assuring health and safety of residents. The group also agreed that there were problems with housing affordability and availability that impacted some groups disproportionately, such as homeless families with children, veterans, and recovering substance users. Weighing the importance of the issue, considering the community groups and agencies already tasked with addressing housing and homelessness, and balancing feasibility and resources available for implementing new community health improvement plan activities, the Steering Committee reluctantly tabled housing as a strategic priority.

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Union County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health, and examine social structures and institutions that contribute to health inequities

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Union County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues. Each of these resources is designed a bit differently, but at the

core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention or target population. In general, these databases should be consulted prior to any type of intervention identification or prioritization with the community. Presented below are six of the most frequently utilized and widely respected databases of practices for improving community health.

Center for Disease Control and Prevention Community Health Improvement Navigator
http://wwwn.cdc.gov/chidatabase

County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation
http://www.countyhealthrankings.org/policies/

The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
http://www.thecommunityguide.org/index.html

Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources

Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
https://www.samhsa.gov/ebp-web-guide

Community Tool Box – The University of Kansa KU Work Group for Community Health and Development
http://ctb.ku.edu/en/databases-best-practices

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The following table presents results of a query of these best practices for some of the key health issue and needs areas in Union County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Union County and only need enhancement while others represent new opportunities.

TABLE 31: RESOURCES FOR INTERVENTIONS.

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status

Issue	Practice or Intervention	Effectiveness	Source
	implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.		
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation	Evidence-Based	The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html

Issue	Practice or Intervention	Effectiveness	Source
	is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).		
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html
Distracted Driving	Evidence-Based Strategies/Interventions Review for Distracted Driving Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.	Systematic Review	Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee: https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf
Infant Mortality and Maternal Child Health	Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and	Systematic Review	Cochrane Library of Systematic Reviews: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full

Issue	Practice or Intervention	Effectiveness	Source
	assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.		
Infant Mortality and Maternal Child Health	Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI) e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-

Issue	Practice or Intervention	Effectiveness	Source
	managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.		resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/violence-school-based-programs

Issue	Practice or Intervention	Effectiveness	Source
	work. In this review, violence refers to both victimization and perpetration.		
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices

Issue	Practice or Intervention	Effectiveness	Source
	engage in healthy behaviors, and hosts various community events that do the same.		
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results

Issue	Practice or Intervention	Effectiveness	Source
	energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help	Effective Practice	Healthy Communities Institute:

Issue	Practice or Intervention	Effectiveness	Source
	overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity		http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among

Issue	Practice or Intervention	Effectiveness	Source
	was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.		
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.		http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Physical Activity	Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both. Transportation system interventions include one or more policies and projects designed to increase or improve the following: Street connectivity, Sidewalk and trail	Systematic Review	Healthy People 2020: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches

Issue	Practice or Intervention	Effectiveness	Source
	infrastructure, Bicycle infrastructure, Public transit infrastructure and access. Land use and environmental design interventions include one or more policies, designs, or projects to create or enhance the following: • Mixed land use environments to increase the diversity and proximity of local destinations where people live, work, and spend their recreation and leisure time • Access to parks, and other public or private recreational facilities		
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616

Issue	Practice or Intervention	Effectiveness	Source
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following: •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities	Systematic Review	The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Evidence-Based	The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting *What Works* report examines innovations in poverty measurement, explores in detail the programs that work for poverty	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf

Issue	Practice or Intervention	Effectiveness	Source
	alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.		
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.	Evidence-Based	National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders

Issue	Practice or Intervention	Effectiveness	Source
Tobacco Use	Evidence-based Interventions at a Glance Each intervention specifies the target population, setting and strategies	Systemic Review of Evidence-Based Interventions	Missouri Information for Community Assessment (MICA): https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html
Tobacco Use	Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational messages or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	Mass Media Campaigns Against Tobacco Use Media campaigns use television, print, digital, social media, radio broadcasts or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use

Appendix

This appendix includes the following sections:

- Steering Committee Members
- Community Partner Organizations
- Community Health Survey
- Focus Group Script

STEERING COMMITTEE MEMBERS

- Katie Allen, Counselor, Alachua County Victim Services and Rape Crisis Center
- Monica Bayer, Retired Educator, Community Member
- Mary Brown, Library Director, Union County Public Library
- Ann-Marie Carroll, Suwannee River Area Health Education Center (SRAHEC)
- Wayne Clemons, EMS Director, Union County Emergency Medical Services
- Cathy Cook, Systems Change Analyst, Suwannee River Area Health Education Center (SRAHEC)
- Reagan Davis, Lake Butler Hospital, Emergency Management Coordinator at Lake Butler Hospital
- Amanda Fort, Manager, Union County Housing Authority
- Tina Lloyd, Lake Butler Hospital, Chief Ancillary Service Officer/Risk Manager/Patient Safety Officer/CRTT
- Erin Peterson, Community Liaison Healthy Start of North Central *Florida*
- Mike Ripplinger, Superintendent of Schools, Union County Schools
- Maggi Wetzel, Development/Manager
- Betsy Whitehead, Food Service Director at *Union County School* Board
- Christie Whitehead, Director of ESE & Student Services
- Debbie Williams, Human Services Program Specialist, Heart Health +

COMMUNITY PARTNER ORGANIZATIONS

- Union County Sheriff's Department
- Union County EMS
- Union County Tobacco Free Partnership
- North Florida Regional Chamber of Commerce
- Union County Health Advisory Group
- Lake Butler Hospital
- Union County Schools
- Union County Housing Authority
- Meridian Behavioral Health
- Union County Board of County Commissioners
- Union County Public Library System

SURVEY MATERIALS

2020 Bradford County and Union County Community Health Survey

Dear Neighbor,
What are the most important health and healthcare issues in your community? The Florida Department of Health in Bradford County and Union County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Needs Assessment survey. The survey will be available from Tuesday, June 23 through Friday, August 14, 2020. Community leaders will use your answers to take action towards a healthier community.

This survey has 23 core questions with some additional items depending on your answers. It should take about 10-15 minutes to finish the survey. Your answers cannot be used to identify you.

We are holding a drawing to give away ten (10) gift cards worth $20 each. To enter the drawing:

You must be at least 18 years old to participate.

Answer all questions on the survey.

Provide your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential.

Please answer the survey only once. Completing more than one survey will not increase your chances to win a gift card.

If you have questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council (www.wellflorida.org). The phone number is 352-727-3767 and her email address is cabarca@wellflorida.org.

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

COMMUNITY HEALTH SURVEY

YOU MUST BE AT LEAST 18 YEARS OF AGE AND A RESIDENT OF UNION COUNTY TO PARTICIPATE IN THIS SURVEY.

1. What is your age?

- ○ Yes, I am 18 years of age or older
- ○ No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Bradford County.*

2. Where do you live? Choose ONE

- ○ I live in Bradford County
- ○ I live in Union County
- ○ I do not live in Bradford nor Union County. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Bradford and Union County.*

3. What is your zip code?

- ○ 32026 Raiford
- ○ 32042 Graham
- ○ 32044 Hampton
- ○ 32054 Lake Butler
- ○ 32058 Lawtey
- ○ 32083 Raiford
- ○ 32091 Starke
- ○ 32622 Brooker
- ○ 32656 Keystone Heights
- ○ 32666 Melrose
- ○ 32697 Worthington Springs
- ○ Other, please specify _____

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

- ○ Access to affordable health care including primary/family care and specialty care, dental care and mental health care
- ○ Access to convenient, affordable and nutritious foods
- ○ Affordable goods/services
- ○ Affordable housing
- ○ Affordable utilities
- ○ Availability of arts and cultural events
- ○ Awareness of health care and social services
- ○ Clean environment
- ○ Availability of first responders, Fire/Rescue/EMS, emergency preparedness
- ○ Good place to raise children
- ○ Good race/ethnic relations
- ○ Good schools
- ○ Residents engaging in healthy behaviors
- ○ Job opportunities for all levels of education
- ○ Low crime/safe neighborhoods
- ○ Low level of child abuse
- ○ Low level of domestic violence
- ○ Low preventable death and disease rates
- ○ Low rates of infant and childhood deaths
- ○ Availability of parks and recreational opportunities
- ○ Choices of places of worship
- ○ Public transportation system
- ○ Religious or spiritual values
- ○ Strong economy
- ○ Strong family ties
- ○ Other, please specify _____

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

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

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

- ○ Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)
- ○ Dental/oral care
- ○ Emergency room care
- ○ Family planning/birth control
- ○ In-patient hospital care
- ○ Imaging (CT scan, mammograms, MRI, X-rays, etc.)
- ○ Prescriptions/medications or medical supplies
- ○ Preventive care (e.g., check-ups)
- ○ Primary/family care (e.g., family doctor)
- ○ Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)
- ○ Substance abuse counseling services (e.g., drug, alcohol)
- ○ Urgent care (e.g., walk-in clinic)
- ○ Laboratory services
- ○ Mental/behavioral health
- ○ Physical therapy/rehabilitation therapy
- ○ Vision/eye care
- ○ Prenatal care (pregnancy care)
- ○ Other, please specify _____

7. What 3 health issues are the biggest problems for residents in your county? Choose THREE

- ○ Access to sufficient and nutritious foods
- ○ Access to long-term care
- ○ Access to primary/family care
- ○ Affordable assisted living facilities
- ○ Age-related issues (e.g., arthritis, hearing loss)
- ○ Cancer
- ○ Child abuse/neglect
- ○ Dementia
- ○ Dental problems
- ○ Diabetes
- ○ Disability
- ○ Domestic violence
- ○ Elderly caregiving
- ○ Exposure to excessive and/or negative media and advertising
- ○ Firearm-related injuries
- ○ Heart disease and stroke
- ○ High blood pressure
- ○ HIV/AIDS
- ○ Homelessness
- ○ Homicide
- ○ Infant death
- ○ Mental health problems
- ○ Motor vehicle crash injuries
- ○ Obesity
- ○ Pollution (e.g., water, air, soil quality)
- ○ Rape/sexual assault
- ○ Respiratory/lung disease
- ○ Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)
- ○ Stress
- ○ Substance abuse/drug abuse
- ○ Suicide
- ○ Tobacco use (includes e-cigarettes, smokeless tobacco use)
- ○ Teenage pregnancy
- ○ Vaccine preventable diseases (e.g., flu, measles)
- ○ Other, please specify

_____

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

- ○ Yes. Please go to Question 9.
- ○ No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

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

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

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

- ○ Yes. Please go to Question 11.
- ○ No. I got the health care I needed or didn't need care. Please go to Question 12.

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

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

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

- ○ Yes. Please go to Question 13.
- ○ No. I did not need to see a therapist or counselor for a mental health or substance use issue or I got the care I needed. Please go to Question 14.

13. What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply

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

14. Are you responsible for getting health, dental and/or mental health care for a child or children under the age of 18?

- ○ No. Please go to Question 21.
- ○ Yes. Please go Question 15.

15. During the past 12 months, was there a time when your child or children in your care needed dental care, including check-ups, but didn't get it?

- ○ Yes. Please go to Question 16.
- ○ No. My child or children got the dental care they needed or didn't need dental care. Please go to Question 17.

16. What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply

- ○ Cost
- ○ No appointments available or long waits for appointments
- ○ No dentists available
- ○ Service not covered by insurance or no insurance
- ○ Transportation, couldn't get there
- ○ Other, please specify _____

17. During the past 12 months, was there a time when your child or children in your care needed to see a primary/family care doctor for health care but couldn't?

- ○ Yes. Please go to Question 18.
- ○ No. My child or children got the health care they needed or didn't need care. Please go to Question 19.

18. What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply

- ○ Cost
- ○ No appointments available or long waits for appointments
- ○ No primary care providers (doctors, nurses) available
- ○ Service not covered by insurance or have no insurance
- ○ Transportation, couldn't get there
- ○ Other, please specify _____

19. During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- ○ Yes. Please go to Question 20.
- ○ No. My child or children got to see a therapist or counselor when they needed mental health/substance use care or they didn't need mental health/substance use care. Please go to Question 21.

20. What prevented your child or children in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply

- ○ Cost
- ○ No appointments available or long waits for appointments
- ○ No mental health care providers or substance use therapists or counselors available
- ○ Service not covered by insurance or have no insurance
- ○ Transportation, couldn't get there
- ○ Other, please specify _____

21. Are you responsible for getting health, dental and/or mental health care for an adult in your care?

- ○ No. Please go to Question 28.
- ○ Yes. Please go Question 22.

22. During the past 12 months, was there a time when an adult in your care needed dental care, including check-ups, but didn't get it?

- ○ Yes. Please go to Question 23.
- ○ No. The adult in my care got the dental care they needed or didn't need care. Please go to Question 24.

23. What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.

- ○ Cost
- ○ No appointments available or long waits for appointments
- ○ No dentists available
- ○ Service not covered by insurance or have no insurance
- ○ Transportation, couldn't get there
- ○ Other, please specify _____

24. During the past 12 months, was there a time when an adult in your care needed primary/family care, including check-ups, but didn't get it?

- ○ Yes. Please go to Question 25.
- ○ No. The adult in my care got the health care they needed or didn't need primary/family care. Please go to Question 26.

25. What prevented the adult in your care from seeing a primary/family care provider during the past 12 months? Choose ALL that apply.

- ○ Cost
- ○ No appointments available or long waits for appointments
- ○ No primary care providers (doctors, nurses) available
- ○ Service not covered by insurance or have no insurance
- ○ Transportation, couldn't get there
- ○ Other, please specify _____

26. During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- ○ Yes. Please go to Question 27.
- ○ No. The adult in my care got to see a therapist or counselor when they needed mental health or substance use care or didn't need mental health or substance use care. Please go to Question 28.

27. What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.

- ○ Cost
- ○ No appointments available or long waits for appointments
- ○ No mental health care providers or substance use therapists or counselors available
- ○ Service not covered by insurance or have no insurance
- ○ Transportation, couldn't get there
- ○ Other, please specify _____

28. In the last 12 months, what were your biggest challenges? Choose up to TWO challenges. You must choose at least ONE.

- ○ Food (having enough nutritious food)
- ○ Affordable utilities
- ○ Transportation
- ○ Housing
- ○ Employment (job)
- ○ Childcare
- ○ Access to doctor or dentist
- ○ Personal safety
- ○ Mental Health/Depression
- ○ None of the above were challenges for me in the past 12 months
- ○ Other (please specify) _____

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

	Negative impact (worsened or made more difficult	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Child care (ability to get care for child/children)	o	o	o	o
Employment (ability to keep job, have steady income)	o	o	o	o
Food (have enough food to feed you and your family)	o	o	o	o
Housing (ability to find housing, pay rent or mortgage)	o	o	o	o
Schooling, education (ability to complete school-related assignments and programs)	o	o	o	o
Transportation (ability to use public transportation, shared ride services)	o	o	o	o
Utilities (ability to get and pay for electricity, gas, water, Internet services)	o	o	o	o

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

	Negative impact (worsened or made more difficult	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Physical activity, exercise	o	o	o	o
Nutrition, eating habits	o	o	o	o
Getting routine or needed healthcare services	o	o	o	o
Getting routine or needed dental care	o	o	o	o
Getting routine or needed mental health care	o	o	o	o

31. Has your use of tobacco products (such as cigarettes, vaping products, cigars, chew) changed during the Coronavirus (COVID-19) pandemic?

- ○ I do not use tobacco products
- ○ My tobacco use has increased (such as using more or stronger tobacco products and/or using tobacco products more frequently
- ○ My tobacco use has decreased (such as using fewer tobacco products or using tobacco products less often)
- ○ My tobacco use has stayed the same (no change in the amount or frequency of use)

32. Has your consumption of alcoholic beverages changed during the Coronavirus (COVID-19) pandemic?

- ○ I do not drink alcoholic beverages
- ○ My alcohol use has increased (such as drinking more alcoholic beverages and/or more frequently drinking alcoholic beverages)
- ○ My alcohol use has decreased (for example, drinking fewer alcoholic beverages and/or consume less alcohol)
- ○ My alcohol use has stayed the same (for example, no change in the amount or frequency of consumption)
- ○ I prefer not to answer

33. Has use of illegal drugs and/or other substances changed for you during the Coronavirus (COVID-19) pandemic?

- ○ I do not use illegal drugs or substances
- ○ My drug/substance use has increased (for example, use more or stronger drugs/substances and/or use drugs/substances more frequently)
- ○ My drug/substance use has decreased (for example, use less drugs/substances and/or use drugs/substances less frequently)
- ○ My drug/substance use has stayed the same (for example, no change in the amount, strength or frequency of use)
- ○ I prefer not to answer

34. Did you or a member of your household delay getting healthcare services because of the pandemic?

- ○ Yes
- ○ No
- ○ I don't know

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

- ○ Yes
- ○ No
- ○ I don't know

36. How easy or difficult is it to get information about health if you need it?

- ○ Very easy
- ○ Easy
- ○ Not easy nor difficult
- ○ Difficult
- ○ Very Difficult

37. How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?

- ○ Very easy
- ○ Easy
- ○ Not easy nor difficult
- ○ Difficult
- ○ Very Difficult

38. How easy or difficult is it to understand the written health information on the Internet and in printed handouts?

- ○ Very easy
- ○ Easy
- ○ Not easy nor difficult
- ○ Difficult
- ○ Very Difficult

39. Overall, how healthy are the people in your county?

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

40. How do you rate your health?

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

Describe yourself. This information is confidential and will not be shared. You will not be identified.

41. What is your age?

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

42. What is your gender?

- ○ Male
- ○ Female
- ○ Transgender
- ○ I prefer not to answer
- ○ Other (please specify) _____

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

- ○ No, not of Hispanic, Latino or Spanish origin
- ○ Yes, Mexican, Mexican American, Chicano
- ○ Yes, Puerto Rican
- ○ Yes, Cuban
- ○ Yes, another Hispanic, Latino, or Spanish origin
  (please specify) _____
- ○ I prefer not to answer

44. What racial group do you most identify with? (Please select ONE choice)

- ○ American Indian and Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian and Other Pacific Islander
- ○ Two or more races
- ○ White
- ○ I prefer not to answer
- ○ Other (please specify) _____

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

- ○ Elementary/Middle School
- ○ High school diploma or GED
- ○ Technical/Community College
- ○ 4-year College/Bachelor's degree
- ○ Graduate/Advanced degree
- ○ Some college
- ○ I prefer not to answer
- ○ Other (please specify) _____

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

- ○ Employed (Full-Time)
- ○ Employed (Part-Time)
- ○ Full-Time Student
- ○ Part-Time Student
- ○ Home maker
- ○ Retired
- ○ Self-Employed
- ○ Unemployed
- ○ Work two or more jobs
- ○ I prefer not to answer
- ○ Other (please specify) _____

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

- ○ Health insurance offered from your job or a family member's job
- ○ Health insurance that you pay on your own
- ○ I do not have health insurance
- ○ Medicare
- ○ Military coverage/VA/Tricare
- ○ Pay cash
- ○ Medicaid
- ○ Other (please specify) _____

48. What is the combined annual income of everyone living in your household? Choose 1

- ○ Less than $10,000
- ○ $10,000 to $19,999
- ○ $20,000 to $29,999
- ○ $30,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $124,999
- ○ $125,000 to $149,999
- ○ $150,000 to $174,999
- ○ $174,000 to $199,999
- ○ $200,000 or more
- ○ I prefer not to answer

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

_____

_____

_____

_____

Do you want to participate in our raffle to win a $20 gift card? If you do, write in your email address or phone number so we can contact you if you win.

Email address: _____

Phone number: _____

Thank you for taking the time to complete the survey. Your input is important and will help inform improvements to health and health care in your county.

Statement of Informed Consent

I, _____, agree to participate in this focus group being conducted by WellFlorida Council regarding Bradford and Union Community Health Needs Assessment.

I understand that this focus group interview will last no more than 90 minutes and will be audio taped.

I understand that my participation in this focus group is entirely voluntary, and that if I wish to withdraw from the focus group or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do wish to withdraw from the focus group, I understand that this will have no effect on my relationship with the WellFlorida Council or any other organization or agency.

I understand that to prevent violations of my own or other's privacy, I have been asked not to talk about any of my own or other's private experiences that may be too personal to share in a group setting. I also understand that I have an obligation to respect the privacy of other members of the group. Therefore, I will not discuss any personal information that is shared during this focus group outside of this group.

I understand that all the information I give will be kept confidential, and that the names of all people in the focus group will be kept confidential. The recording of this focus group will only be heard by approved WellFlorida staff and will be destroyed upon completion of the final report.

I understand that I will receive a $20 gift card as a stipend for participating in this focus group and that my participation may help others in the future.

The facilitators of the focus group have offered to answer any questions I may have about the study and what I am expected to do.

I have read and understand this information, and I agree to take part in the focus group.

_____ _____

Signature Date

FOCUS GROUP SCRIPT AND QUESTIONS

COMMUNITY LEADERS/ CIVIC OR SERVICE ORGANIZATION MEMBERS

Bradford and Union County Community Health Assessment 2020
Focus Group Script and Questions
Community Leaders/Civic or Service Organization Members

Hello and welcome to our focus group. A focus group is basically just a chance to talk with people who have something in common. I'd like to thank you for joining our *discussion* group as we talk about the health of residents in Bradford/Union County.

My name is _____ and I work with WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties, including Bradford/Union. We are working on an community health assessment for Bradford/Union County which is funded by the local Florida Department of Health.

Today, we will discuss your views on health and health related priorities in Bradford/Union County.

The information you give us will be an important part of the community health assessment report.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. We will not include your name in the written report. You may notice the tape recorder that is recording what we are saying. I will be audio recording as well as taking notes today to help make the written report of our talk. As per the informed consent that you all read and agreed to, before participating, your identities will be kept confidential and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recordings will be destroyed.

As a second group rule, please do not repeat what we talk about today outside this room. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that I need you to follow is to speak only one person at a time. We don't want to miss anything anyone says, so it is important to not talk over one another or break into separate conversations.

I have some questions, but they are only to help make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you might think of along the way if they relate to health and quality of life in Bradford/Union County. We know that the Coronavirus pandemic has had far-reaching impacts on health, the economy and quality of life. We ask that you save your comments related to the pandemic to our last question which is specific to the pandemic.

Are there any questions about the focus group or what we are going to do today?

Focus Group Purpose: Elicit and document perspectives of community leaders on factors that 1) contribute to population health, 2) infrastructure and systems that impact health and quality of life, 3) infrastructure and systems that contribute to health equity/inequity, 4) strategies to improve health and quality of life

Notes: 1) The facilitator bullet under each question describes what the facilitator will be specifically listening and probing for in relation to that question; 2) As part of the introduction, we'll ask to table discussions about the Coronavirus (COVID-19) pandemic until the last question

1. **What are the most important factors for creating a healthy community?**
    - Facilitator: Population health factors and priorities
2. **What are the pressing health related problems in Bradford and Union Counties?**
    - Facilitator: Health priorities

3. **To what extent do factors such as education, job opportunities, affordable housing, accessible transportation, and food security impact health?**
    - Facilitator: Linkage of health to social determinants of health, infrastructure and systems
4. **Are there people or groups of people in the county whose health and quality of life are not as good as others? Who are those people? Why is their quality of life worse in comparison to others in the area?**
    - Facilitator: Health equity, disparities, underserved populations
5. **What strengths and resources do you have in your community to address the problems these populations are facing?**
    - Facilitator: Wellness benefits offered? Flu shots, classes, EAP, weight loss, screenings, HRA's, behavior/life coaching, wellness info/newsletter, web-based resources

      Incentives for participation in wellness programs? Salary/wage increases, bonus payments, reduced health insurance premiums, discounts on programs/services, leave time, awards/recognitions

      Leadership? Laws, regulations, policies? Financial and other resource investments?
6. **What barriers, if any, exist to improving the health and quality of life in Bradford and Union Counties?**
    - Facilitator: Identify barriers to health improvement
7. **What should be done to address these barriers?**
    - Facilitator: Solutions and ideas for improving health, healthcare access
8. **What gaps/challenges and opportunities has the Coronavirus (COVID-19) pandemic presented in Bradford and Union Counties?**
    - Facilitator: Strategic thinking potential

Bradford and Union County Community Health Assessment 2020
Focus Group Script and Questions
New River Board Members

Hello and welcome to our focus group. A focus group is just a chance to talk with people who have something in common. So, I'd like to thank the Board Members of New River for joining our discussion group as we talk about access to healthcare services including barriers to services, emerging issues in service needs, infrastructure and systems that contribute to health equity or inequity and strategies to improve access to health care for residents in Bradford/Union Counties.

My name is Lindsey Redding and I work with WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties, including Bradford/Union. We are working on a community health assessment for Bradford/Union County which is funded by the local Florida Department of Health.

The information you give us will be an important part of the community health assessment report.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. We will not include your name in the written report, but it will be known that the focus group was facilitated with New River Board members. You may notice the tape recorder that is recording what we are saying. I will be audio recording as well as taking notes today to help make the written report of our talk. As per the informed consent that you all read and agreed to, before participating, your identities will be kept confidential and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recordings will be destroyed.

As a second group rule, please do not repeat what we talk about today outside this room. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that we all need to follow is to speak only one person at a time. We don't want to miss anything anyone says, so it is important to not talk over one another or break into separate conversations.

I have some questions, but they are only to help make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you might think of along the way if they relate to health and quality of life in Bradford/Union County.

I know that COVID-19 weighs heavy on everyone's minds. We will have a chance to talk about COVID-19 at the end of the focus group today. Please table discussions about COVID-19 until that question.

Are there any questions about the focus group or what we are going to do today?

Notes: 1) The facilitator bullet under each question describes what the facilitator will be specifically listening and probing for in relation to that question; 2) As part of the introduction, we'll ask to table discussions about the Coronavirus (COVID-19) pandemic until the last question

1. **What are the pressing health related problems in Bradford and Union Counties?**
2. **To what extent do factors such as education, job opportunities, affordable housing, accessible transportation, and food security impact health?**
3. **How is the unmet need or changing needs for healthcare services gauged and/or assessed?**
4. **Are there people or groups of people in the county whose health and quality of life are not as good as others? Who are those people? Why is their quality of life worse in comparison to others in the area?**

5. **What strengths and resources do you have in your community to address the problems these populations are facing?**
6. **What barriers, if any, exist to improving access and appropriate use of healthcare services in Bradford and Union Counties?**
7. **What should be done to address these barriers?**
8. **In the recent community health survey in Bradford and Union Counties nearly 50 percent of survey respondents reported having delayed getting health care due to the pandemic. What do you think the short- and long-term impacts of delaying care will be? What gaps/challenges and opportunities has the Coronavirus (COVID-19) pandemic presented in Bradford and Union Counties?**