



# BRADFORD COUNTY

## COMMUNITY HEALTH NEEDS

ASSESSMENT 2017 VERSION 2.0

# Contents

Introduction to Community Health Needs Assessments _____	1
The Bradford County Community Health Needs Assessment (CHNA) Process _____	1
Methodology _____	2
Executive Summary: Community Health Status Assessment _____	4
Introduction _____	4
Demographics and Socioeconomics _____	4
Population _____	5
Gender, Race, And Ethnicity _____	6
Life Expectancy _____	7
Economic Characteristics _____	8
Employment _____	11
Mortality and Morbidity _____	12
County Health Rankings _____	12
Causes of Death _____	13
Behavioral Risk Factors _____	18
Maternal Health _____	19
Health Care Access and Utilization _____	20
Mental Health _____	25
Geographic and Racial and Ethnic Disparities _____	27
Summary _____	28
Community Themes and Strengths Assessment _____	29
Community Health Surveys _____	29
Methodology _____	29
Observations From Community Survey _____	30
Key Findings From Community Survey _____	37
Observations From Provider Survey _____	38
Key Findings From Provider Survey _____	43
Focus Groups _____	44

---

Methodology _____	44
Intersecting Themes and Key Considerations _____	53
Intersecting Themes and Key Considerations _____	53
Intersecting Themes/Health Needs And Issues _____	53
Strategic Priority Issue Areas _____	54
Strategic Priority Issue Areas Identified _____	54
Key Considerations _____	55
Interventions: General Approaches and Specific Opportunities _____	56
Appendix _____	67
Steering Committee Members _____	68
Community Health Survey Materials _____	69
Community Member Survey _____	69
Provider Survey _____	85
Focus Group Questions _____	100

# Introduction to Community Health Needs Assessments

## THE BRADFORD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

The Bradford County Community Health Assessment process was launched in June of 2017, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health needs assessment is to uncover and substantiate the health needs and health issues in Bradford County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Bradford County has held the lead role in the development of the community health needs assessments in collaboration with the community partners. As an accredited health department, the Florida Department of Health in Bradford County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. Enhancements to the 2017 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of pertinent local data on health, vulnerable populations and environmental concerns; and direct involvement of key community partners and citizens. The Bradford County Community Health Needs Assessment Steering Committee members (steering committee) were recruited by Florida Department of Health in Bradford County staff. Steering committee members were active participants in the community health needs assessment process. A list of steering committee members can be found in the Appendix.

The Florida Department of Health in Bradford 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 Bradford 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 comprehensive health needs assessment effort is based on a nationally recognized model and best practice for completing needs assessments and community 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, 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." Use of the MAPP tools and process helped Bradford 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.

At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)

These two MAPP assessments work in concert to identify common themes and considerations in order to point to key community health needs and issues. The findings from these MAPP assessments and collaborative processes behind them form the basis for and are fully integrated into the 2017 Bradford County Community Health Needs Assessment.

## METHODOLOGY

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

- Executive Summary: Community Health Status Assessment
- Community Themes and Strengths Assessment
  - Community Member Survey Analysis
  - Provider Survey Analysis
  - Focus Group Analysis
- Key Findings
- Appendix
  - Survey Materials
  - Steering Committee Members List

The Executive Summary provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels and the like. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private),

Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health needs of the community. In order to determine the community's perspectives on priority community health challenges and quality of life issues related to health, wellness and health care, surveys were administered in the community at large and with local health care providers. The Florida Department of Health in Bradford County core team worked with WellFlorida Council to determine survey questions and set the survey administration processes. Detailed analysis of survey responses will be included in the Community Themes and Strengths Assessment component. Two focus groups were convened to gather and gauge community perceptions on factors that drive and determine health outcomes and health behaviors. The core team, in conjunction with WellFlorida Council, developed the focus group questions. Focus group participants were recruited by the core team, guided by the goal to include populations in Bradford County who may experience barriers to care and disparities in health conditions, along with those who have knowledge about the history and patterns of decisions, investments and outcomes related to health.

The Key Findings component serves as a summary of the key findings from each of the above components. Recommendations for addressing the identified needs will also be summarized in the Key Finding section.

# Executive Summary: Community Health Status Assessment

## INTRODUCTION

The *Executive Summary: Community Health Status Assessment* highlights key findings from the *Bradford County Technical Report*. The assessment data was prepared by WellFlorida Council, Inc., using a diverse number of sources including the 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 health needs 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 Bradford County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary is

- Demographics and Socioeconomics
- Mortality and Morbidity
- Behavioral Risk Factors
- Maternal Health
- Health Care Access and Utilization
- Mental Health

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Bradford County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are 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 report so that users can see the numbers and the rates in context.

## DEMOGRAPHICS AND SOCIOECONOMICS

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

significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care 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 Bradford and Union County’s demographic and socioeconomic profile.

### POPULATION

The Florida Bureau of Economic and Business Resources 2015 population estimates show the Bradford County population at 27,310. This represents a 4.2 percent decrease from 2010. Small increases in the Bradford County population are projected for the future. See the table below and Table 5 in the Technical Appendix. It is important to note that 2011-2105 population estimates place 12.4 percent (3380 individuals) of Bradford County’s population in group quarters which includes correctional institutions; refer to Table 29 in the Technical Appendix for the analysis by zip code.

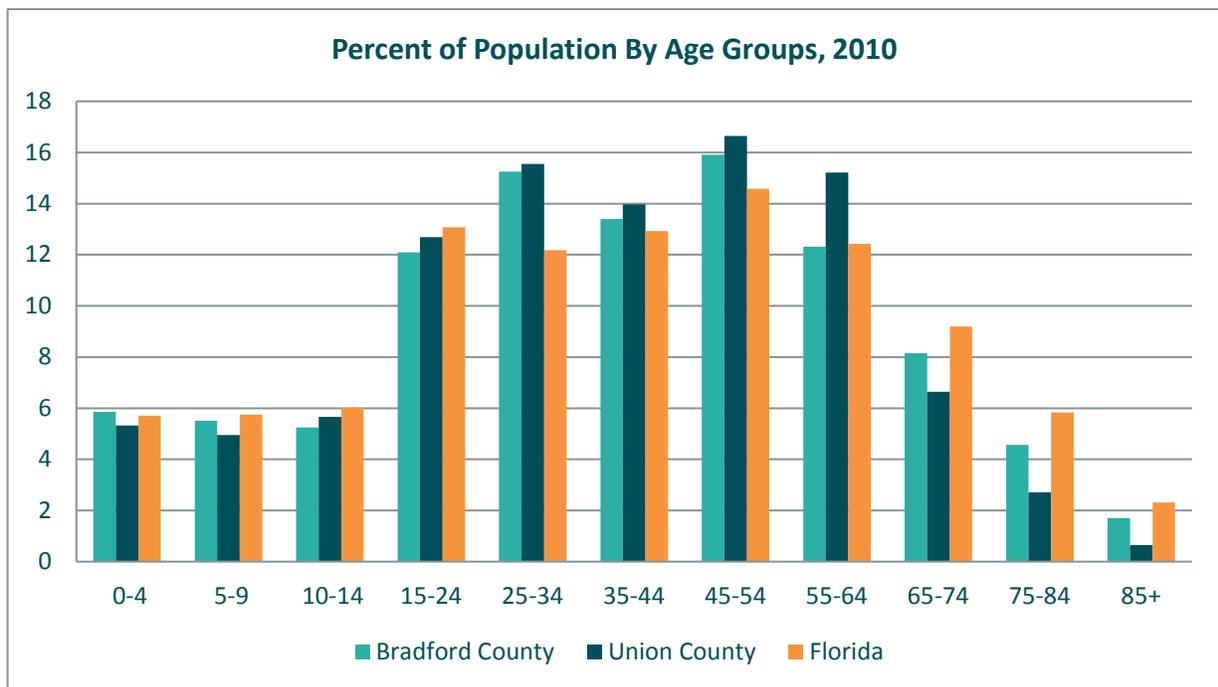
**TABLE 1: TOTAL POPULATION AND PROJECTED POPULATIONS, BRADFORD AND UNION COUNTIES, 2010-2045**

Year	Total		
	Bradford County	Union County	Florida
Population			
2010 Census	28,520	15,535	18,802,847
2015 Estimate	27,310	15,918	19,815,183
2020 Projections	27,998	16,584	21,372,207
2025 Projections	28,608	17,183	22,799,508
2030 Projections	29,046	17,704	24,070,978
2035 Projections	29,345	18,187	25,212,399
2040 Projections	29,633	18,682	26,252,141
2045 Projections	29,868	19,136	27,217,568

According to the most recent United States Census data, Bradford County has a younger population compared to Florida as a whole. Of note is Bradford’s population between the ages of 25-34 which represents 15.2 percent of the population whereas in Florida as a whole, this group is 12.2 percent of the population. In Florida, 17.3 percent of the total population are aged 65 and above, in Bradford county seniors constitute only 14.4 percent of the population (Table 10). The

health care needs of the younger population are different and present opportunities for primary and secondary prevention efforts. For long-term planning it is important to consider the size of this population segment because as populations age their health care demands will typically become more intensive and more expensive. The figure below draws on data from Table 10 in the Technical Appendix and illustrates the age distribution of Bradford County and Union County residents in comparison to the state of Florida.

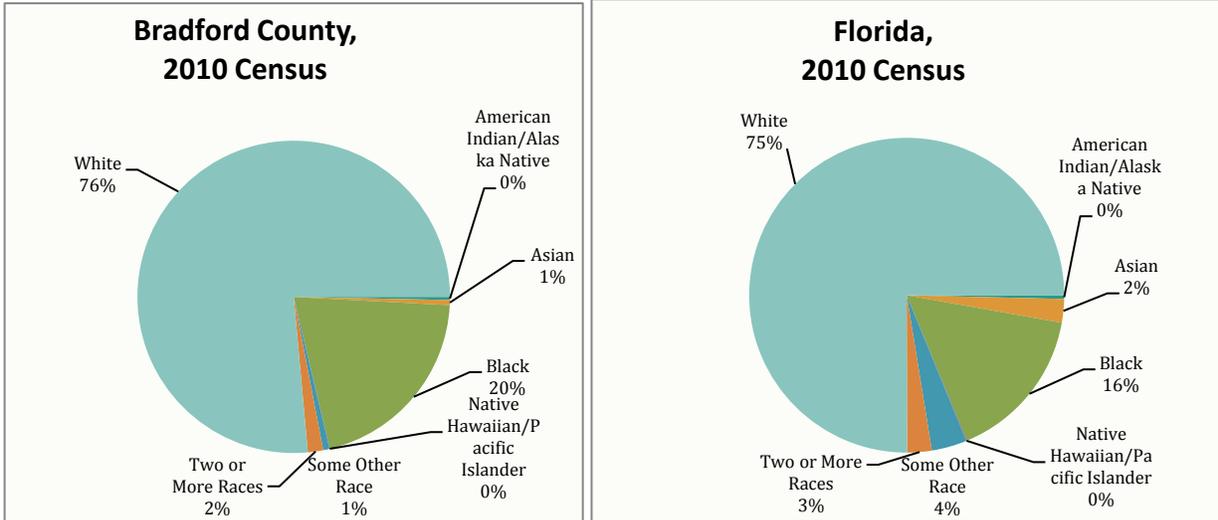
**FIGURE 1: POPULATION BY AGE GROUPS, 2010**



**GENDER, RACE, AND ETHNICITY**

In 2011-2015 population estimates, Bradford County’s population was 55.7 percent male and 44.3 percent female. Florida’s population as a whole was slightly different with males representing only 48.9 percent of the population and females at a higher proportion of 51.1 percent. Bradford County’s racial composition somewhat resembles that of Florida. In Bradford County 77.6 percent of the population is White, 20 percent Black; Florida’s population as a whole is 76 percent White and 16 percent Black. Hispanics are estimated to comprise 3.8 percent of Bradford’s population whereas for Florida that percentage is 23.7. Table 20 in the Technical Appendix presents these data in detail by gender, race and age.

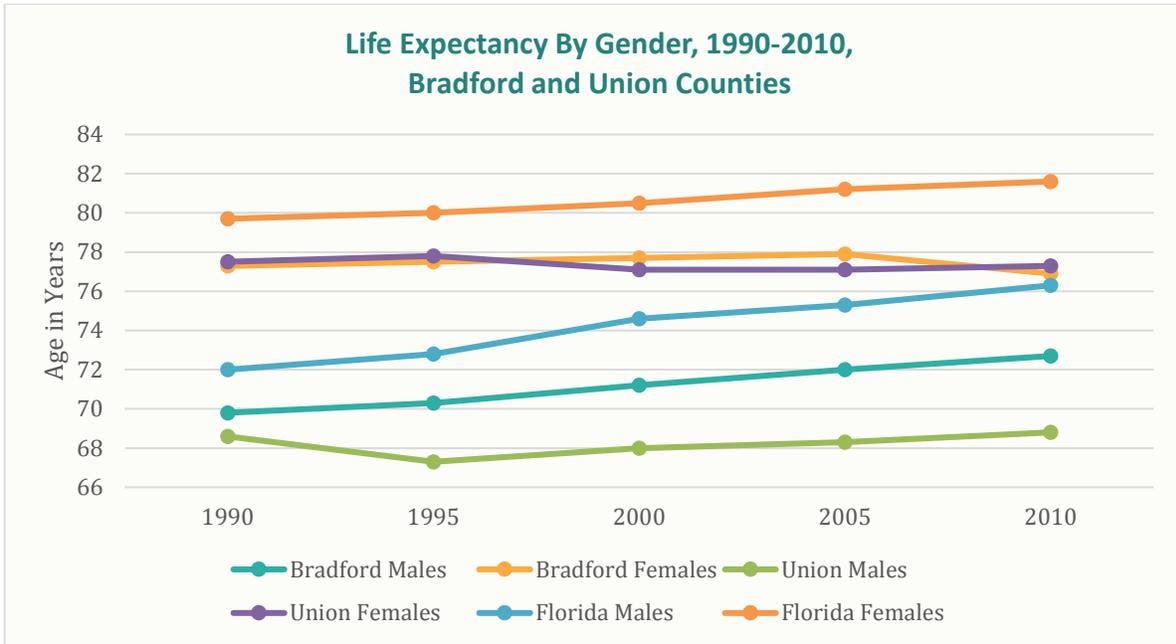
**FIGURE 2: POPULATION BY RACE, BRADFORD COUNTY AND FLORIDA, 2010**



**LIFE EXPECTANCY**

Life expectancy in Bradford County is lower than for the state of Florida. Looking at 2010 data from University of Washington, Institute for Health Metrics and Evaluation, male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Bradford County, the average life expectancy for males is 72.7 years. Likewise, females in Bradford County have a lower life expectancy at 76.9 years compared to 81.6 years for all females in Florida. Using the same data, among females in Bradford County without regard to racial classification, the average life expectancy 76.9 years, compared to 81.6 years for the state as a whole.

**FIGURE 2: LIFE EXPECTANCY BY GENDER**

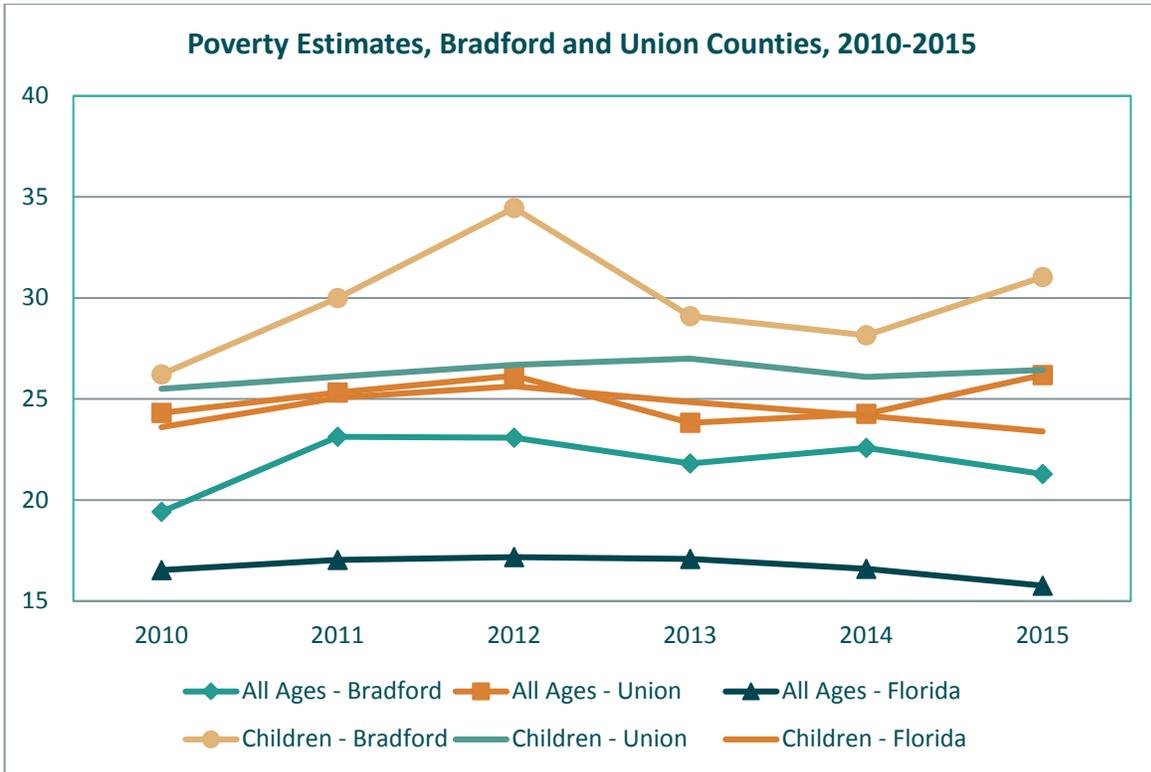


**ECONOMIC CHARACTERISTICS**

**Poverty**

According to data from the US Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Bradford County than the state of Florida in 2015. While the state rate was 15.8 percent, the rate in the county was 21.3 percent. With regard to children living in poverty, the rates for Bradford County and the state of Florida were comparable, 24.8 and 24.1 percent, respectively (Table 37, Technical Appendix). However, that signifies that nearly one quarter of Bradford County’s children, or about 1,300 children, lived in poverty during 2011-2015. The figure below uses data from table 36 and depicts changes in the poverty rate for Bradford County, Union County and the state from 2010 to 2015 (Table 36, Technical Appendix).

**FIGURE 3: POVERTY ESTIMAGES BY PERCENT, 2010-2015**



As with many other demographic and socioeconomic variables, poverty rates vary geographically in Bradford County. The accompanying Technical Appendix includes information about poverty by zip code tabulation areas, (ZCTA). According to data from the Census Bureau’s American Community Survey, the ZCTA with the largest percent of people living in poverty was Lawtey (32058) at 26.9 percent, followed by Starke (32091) at 21.2 percent. ZCTA’s in Bradford County with the lowest percentage of people living in poverty were Brooker (32622) and Hampton (32044), at 10.8 and 11.4 percent, respectively.

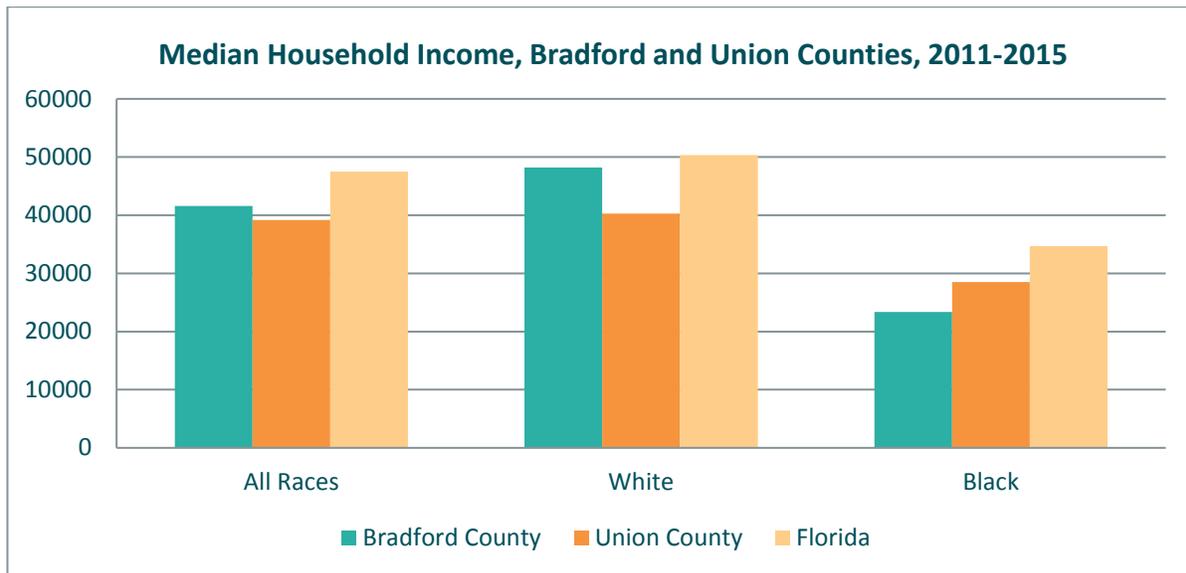
Poverty affects females and people of color disproportionately throughout the state of Florida and in Bradford County. While the ACS data for 2011-2015 indicate that 18.5 percent of males in the county were living in poverty, 22.6 percent of females were living in poverty while the state percentages were 15.4 percent and 17.6 percent, respectively. At the same time, there is a larger disparity between racial categories with an estimated 16.3 percent of Whites living in poverty and 42.4 percent of Blacks living in poverty (Table 41, Technical Appendix) in Bradford County. For the same period, an estimated 7.7 percent of married couple families in Bradford County lived in

poverty compared to 36.4 percent for those who lived in other family groups (Table 42, Technical Appendix).

**Income**

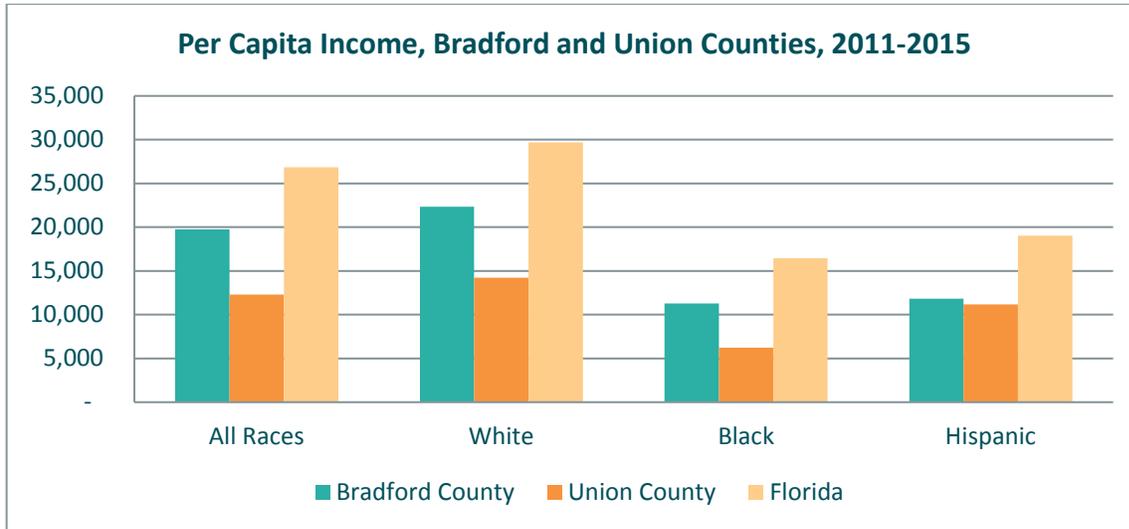
Median household income levels in Bradford County for all races combined are lower than the state of Florida, \$41,606 and \$47,507 respectively according to ACS data. The data show income disparity differences among racial groups. For Whites in Bradford County median income was \$48,213 compared to Blacks at \$23,355. These differences are depicted in the figure below using data from Table 44 in the Technical Appendix.

**FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2010-2015**



The pattern in the distribution of per capita income in Bradford County and the state is similar to that of median household income with a Bradford County estimate of \$19,739 in comparison to \$26,829 at the state level. Also, similar racial disparities exists in per capita income at the county and state levels as can be seen, in the figure below (Table 46, Technical Appendix).

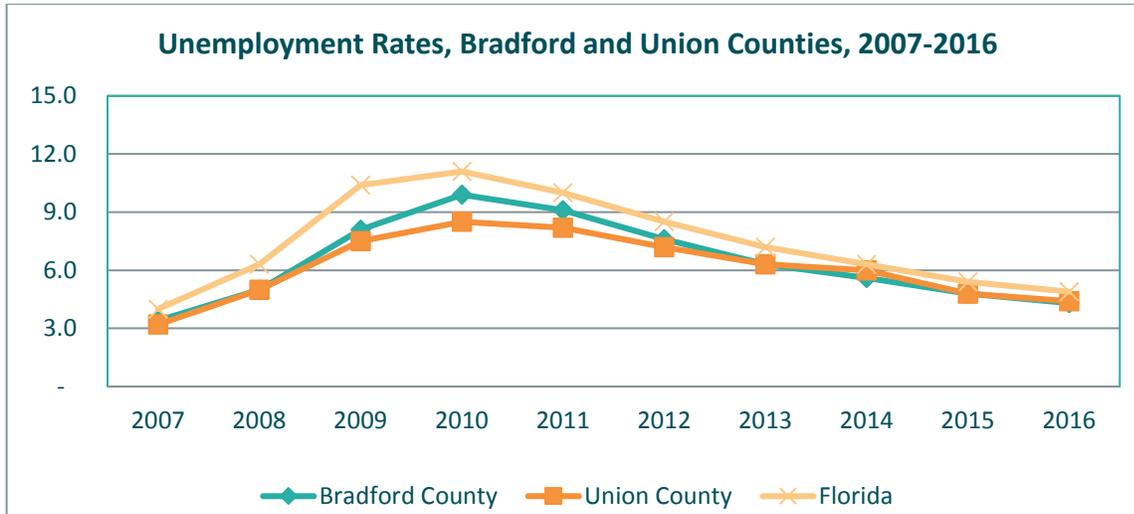
FIGURE 5: PER CAPITA INCOME, 2010-2015



**EMPLOYMENT**

Recent data on employment in Bradford County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Bradford County has been lower than the state rate and has followed the same path as the state in declining since 2011. In 2016, the unemployment rate in Bradford County was 4.3 percent compared to Florida with an overall rate of 4.9 percent. It is noteworthy that recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent history of unemployment in Bradford County, Union County and the state can be seen in the figure below (Table 56, Technical Appendix).

FIGURE 6: UNEMPLOYMENT RATES, 2007 – 2016



### MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Bradford 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 Bradford County is similar to Florida, a number of disparities exist. Noted below are some key facts and trends of the mortality and morbidity rates in Bradford County.

### COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) 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 (7 measures)

- b. Clinical care (5 measures)
- c. Social and economic (7 measures)
- d. Physical environment (5 measures)

The Rankings are currently available for 2017. In the year 2017, out of 67 counties in the state, Bradford County ranked 48 for health factors and 61 for health outcomes. Bradford County has made notable gains in the health factors category. In particular, physical environment scores have improved steadily.

**TABLE 2: COUNTY HEALTH RANKINGS BY CATEGORY FOR BRADFORD COUNTY, 2010 - 2017**

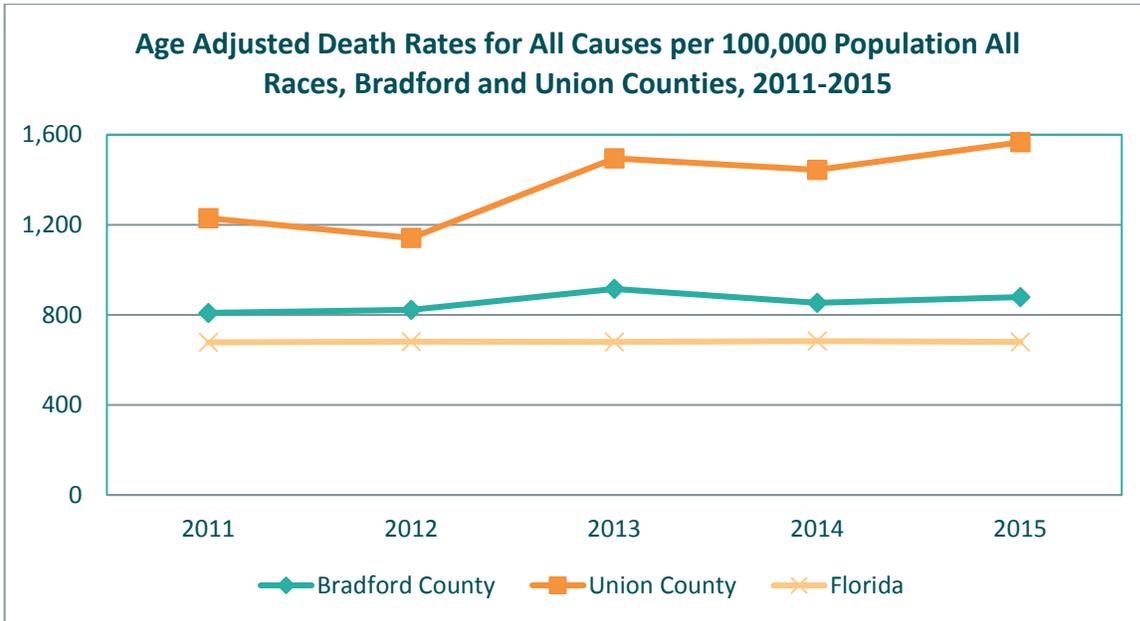
Area/Category	2010	2011	2012	2013	2014	2015	2016	2017
Bradford County								
HEALTH OUTCOMES	53	44	49	60	59	56	61	61
<i>Mortality/Length of Life</i>	54	50	53	60	60	56	59	64
<i>Morbidity/Quality of Life</i>	52	38	41	54	55	56	57	58
HEALTH FACTORS	47	41	48	44	45	34	45	48
<i>Health Behavior</i>	63	50	48	43	25	25	52	49
<i>Clinical Care</i>	34	47	50	46	52	48	42	54
<i>Social &amp; Economic Factors</i>	15	26	40	37	44	31	37	40
<i>Physical Environment</i>	50	46	45	38	30	36	31	26

### CAUSES OF DEATH

Data in the technical appendix are reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most common utilized for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes is higher in Bradford County than it is at the state level, 879.3 as compared to 679.8 per 100,000, respectively (Table 73 in the Technical Appendix). The figure below shows the trends in the age-adjusted mortality rate for Bradford County, Union County and Florida over time.

**FIGURE 7: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000 ALL RACES, 2011 – 2015**



The top five (5) leading causes of death, for all races and ethnicities, in Bradford County are 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injuries, and 5 and 6 (tied) Stroke and Diabetes. Compare these to the top 5 leading causes of death, for all races and ethnicities, in the state of Florida: 1) Heart Disease, 2) Cancer, 3) CLRD, 4) Stroke, and 5) Unintentional Injuries. Other highly ranked causes of death, for all races and ethnicities in Bradford County include Alzheimer’s Disease, Liver Disease, and Nephritis. Suicide is among the top ten leading causes of death for Florida; it not ranked among the ten leading causes for Bradford County.

Figures 8 – 13 depict the trends from 2011 – 2015 in the five leading causes of death for Bradford County shown with those of neighboring Union County and Florida rates for comparison purposes. Crude and age-adjusted rates for each of these causes can be found in Tables 73 and 74 of the Technical Appendix.

FIGURE 8: AGE-ADJUSTED DEATH RATES FOR CANCER, 2011 - 2015

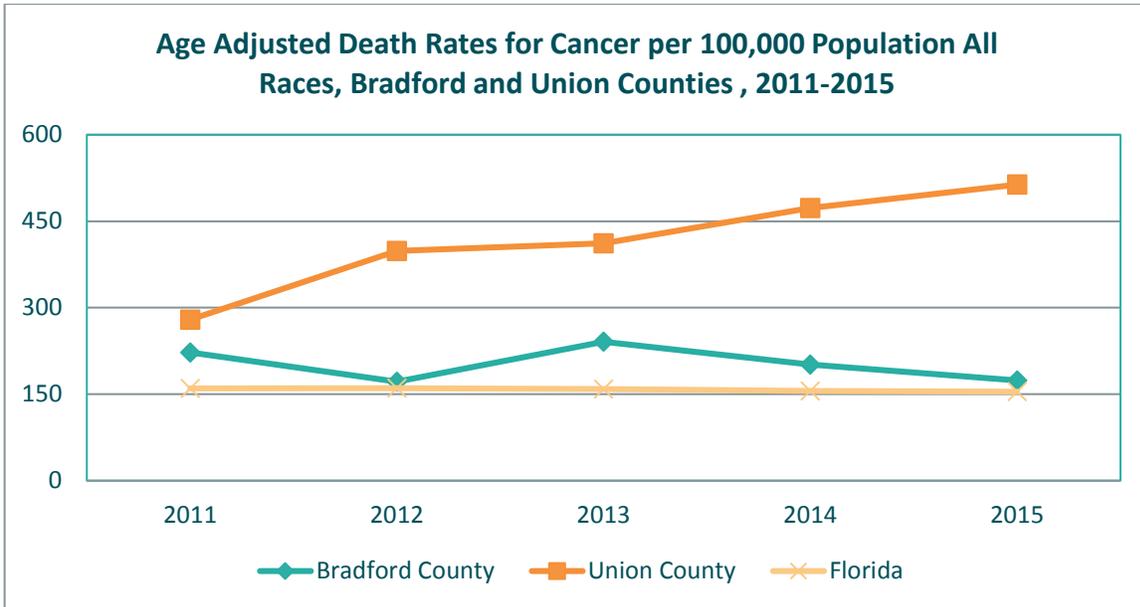


FIGURE 9: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE, 2011 – 2015

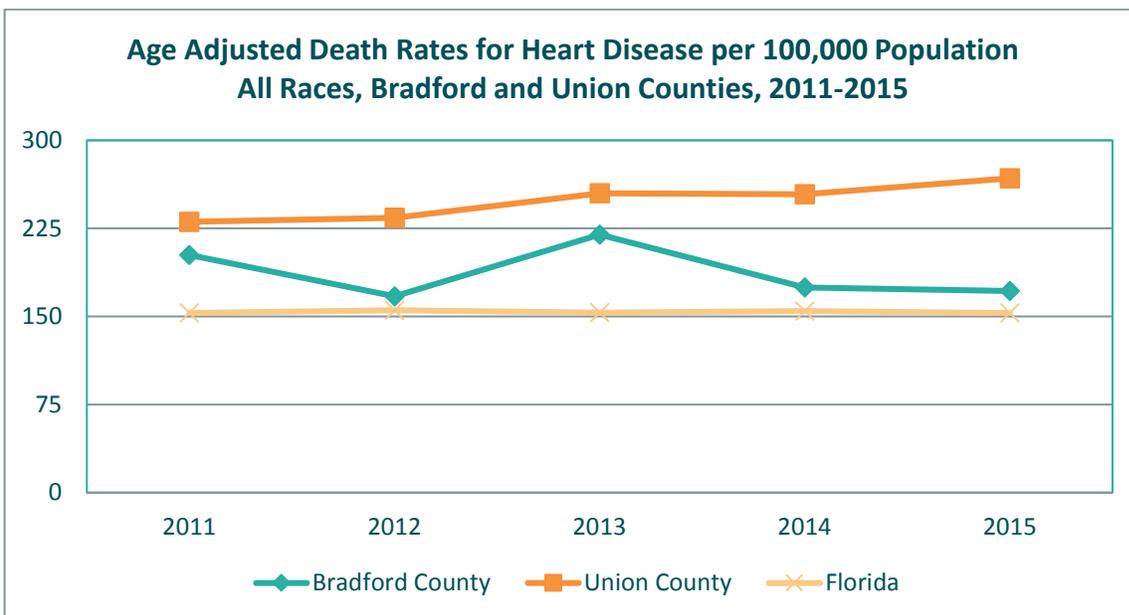


FIGURE 10: AGE-ADJUSTED DEATH RATES FOR CLRD, 2005 – 2014

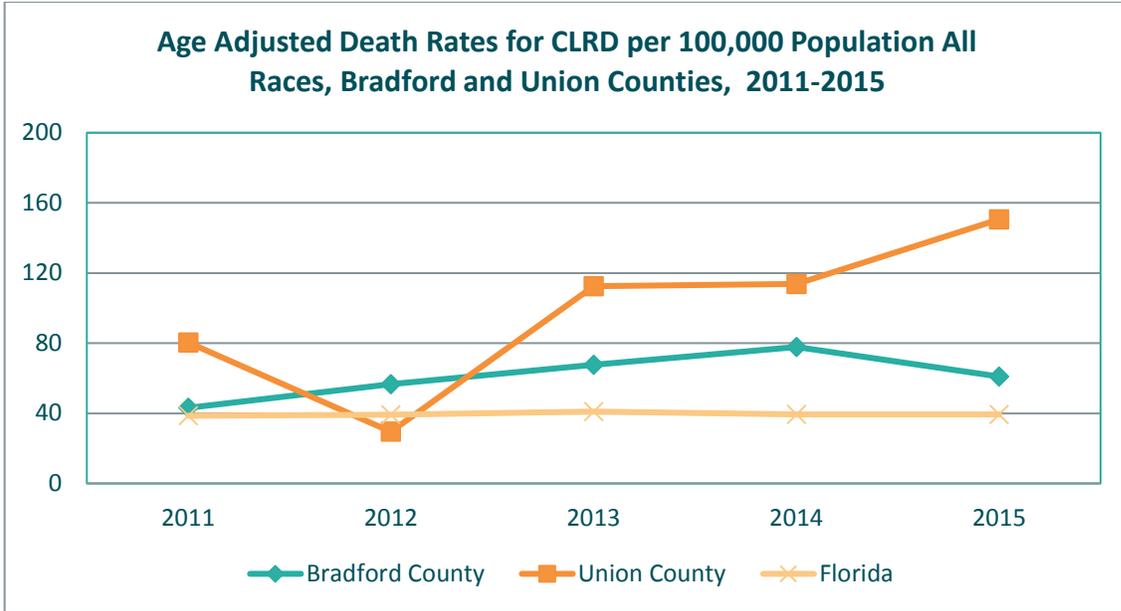


FIGURE 11: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES, 2011 – 2015

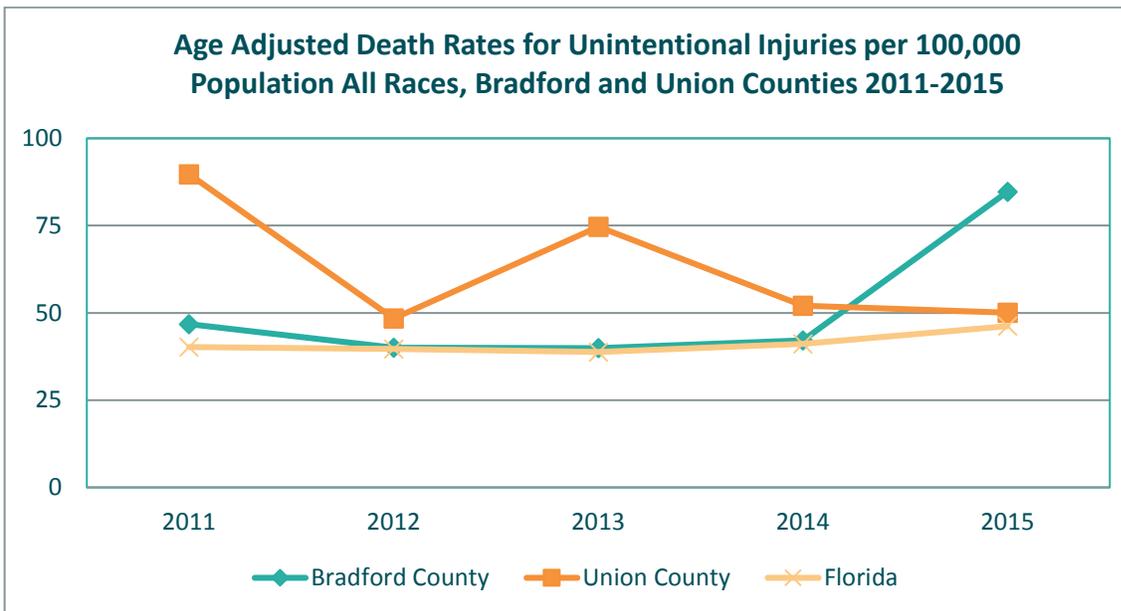


FIGURE 12: AGE-ADJUSTED DEATH RATES FOR STROKE, 2011 – 2015

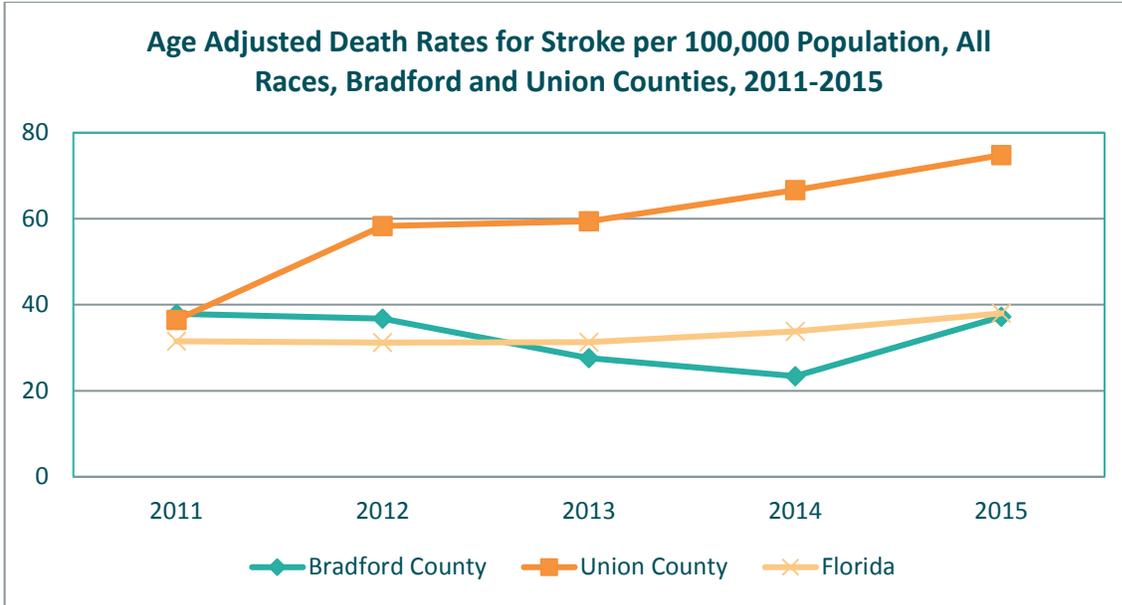
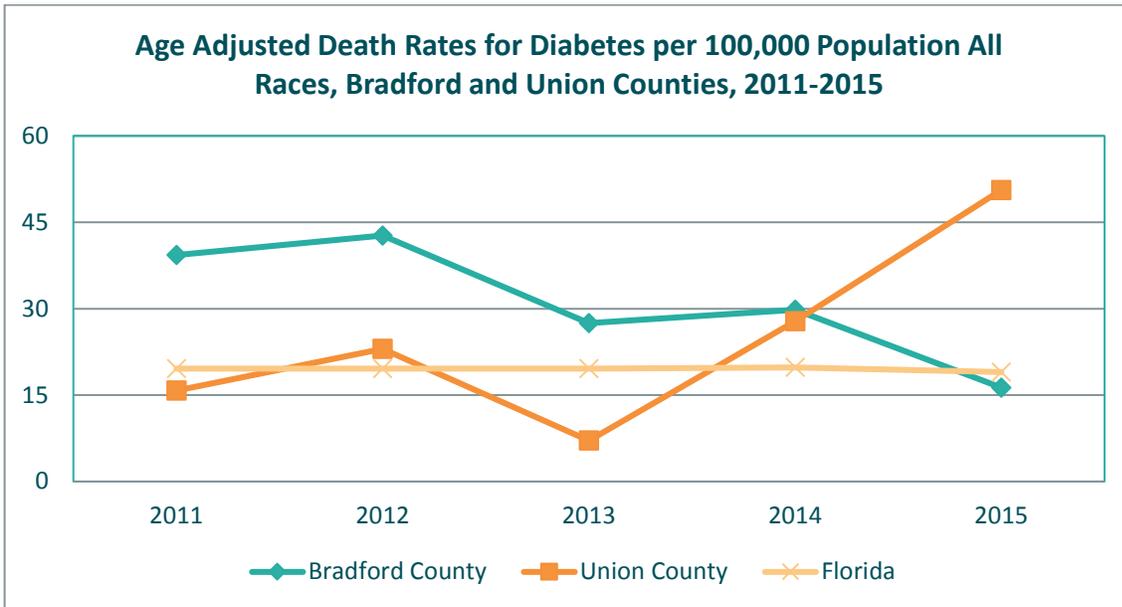


FIGURE 13: AGE-ADJUSTED DEATH RATES FOR DIABETES, 2011 – 2015



Age-adjusted death rates vary by racial classification in Bradford County and Florida as well. In 2015 Bradford County Whites had an age-adjusted mortality rate for Diabetes equal to the Florida rate of 16.9 and a lower rate for Stroke at 32.5 compared to 35.8 for Florida. For the remaining nine leading causes of death the Bradford County rates for Whites exceeded those for Florida as a whole. Blacks had considerably higher age-adjusted death rates for two of the top four causes of death compared to Whites in Bradford County and Blacks in Florida. Thus, Bradford County Blacks had age-adjusted death rates that are higher than the county White and state Black rates for Cancer and Heart Disease. However, the Black population in Bradford County had a higher age-adjusted death rate from all causes than the White population, 956.4 and 894.4 respectively. The age-adjusted and crude rates are detailed in Tables 75 – 78 in the Technical Appendix.

For 2011 – 2015 Hispanics in Bradford County had lower age-adjusted all cause death rates than Whites and Blacks. Hispanic death rates were also lower for Cancer and Heart Disease compared to Bradford County White and Black rates as well as those for all of Florida. Due to low numbers, county-level data were not available for other leading causes of death for Hispanics.

### BEHAVIORAL RISK FACTORS

Florida Department of Health conducts state- and county-level Behavioral Risk Factor Surveillance System (BRFSS) surveying 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 risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent county-level data available for Bradford County is for 2013.

Below are some highlights from the BRFSS data (See Tables 115 and 116 in the Technical Appendix for full details):

*Health Status Indicators:* More Bradford County adults report having some form of arthritis (30.9 percent) and that their activities are limited by that condition (15.7 percent) than in Florida (26.0, and 12.8 percent). They also report having been told they have some form of cancer, other than skin cancer, and having had a stroke at rates higher than in Florida. On a positive note, more Bradford County adults with diabetes said they had annual eye exams (78.5 percent) and received self-management education (54.7 percent) than the state rates of 69.7 and 49.6 percent, respectively. Bradford County adults have been told they have hypertension (46.3 percent) and take high blood pressure medicine (81.3 percent) compared to Florida (34.6 and 79.4 percent). Overweight and obesity are self-reported health problems. BRFSS data show that in Bradford County 46 percent are obese, 77.8 percent are overweight or obese compared to 26.4 and 62.8

percent for Florida. Only 26.1 percent said they were at a healthy weight; that percent is 35.0 for Florida as a whole.

*Health-related Behaviors:* The percent of current smokers is higher in Bradford County at 17.5 percent compared to 16.8 percent for Florida. More Bradford County adults report being sedentary (33.6 percent) than the state rate of 27.7 percent.

*Health-related Prevention Indicators:* Lower percentages of women report having breast exams, mammograms and Pap tests. Fewer adults report having had blood stool tests (30.1 percent) than the state rate at 37.6 percent. Many fewer Bradford County men received PSA tests (56.1 percent vs 72.6 state rate). Bradford County adults exceed the state rate of 50.6 percent for HIV testing at 60.5 percent. Having had flu shots is reported by fewer in Bradford County adults at 22.1 percent compared to 30.7 percent for the state; and percentages of those having received pneumococcal vaccination are lower than the state rates at 28.5 percent compared to 33.1 percent. Bradford County adults over the age of 45 report higher rates of fall-related injuries at 7.3 percent vs 5.7 percent for Florida. Seat belt use is reported at a lower rate at 90.3 percent compared to 94.2 percent statewide.

*Health-related Quality of Life:* More adults in Bradford County reported “fair” or “poor” health (20.9 percent) and a higher average number of days of poor mental or physical health. The percentage of adults who received dental care was lower (59.8 percent vs 64.7 percent for Florida) as was the percentage of those who had their teeth cleaned that year (56.2 percent compared to 60.9 percent for Florida).

## MATERNAL HEALTH

### *Births and Infant Deaths*

From 2011 to 2015, there were 1,529 births in Bradford County (Table 108, Technical Appendix) and during that same time period there were 18 infant deaths; 12 were White infants and 6 were Black (Table 109, Technical Appendix) and none were Hispanic infants (Table 114, Technical Appendix). Infant death rates are higher in Bradford County for all races (11.8 per 1,000 live births), Blacks (20.3) and Whites (10.0) as compared with Florida rates per 1,000 live births of 6.2, 11.1, and 4.5, respectively. For that period, there were zero (0) Hispanic infant deaths. It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. Infant mortality rates by race/ethnicity as well as by ZCTA for Bradford County, Union County and Florida can be found in Tables 92 - 94, and 109 in the Technical Appendix.

### ***Low Birthweight (LBW)***

Significantly related to infant deaths are Low Birth Weight (LBW) births. The percent of LBW births in Bradford County also exceeded state rates. For all races, the Bradford County rate was 11.4 percent compared to 8.6 percent for Florida. For Blacks the rate was 14.9 percent in Bradford County and 13.1 percent for Florida and for Whites the percent LBW births was 10.4 compared to 7.2 percent for all of Florida. The Hispanic LBW birth rate was 17.6 percent in Bradford and 7.3 percent for Florida. See Tables 110 and 114 in the Technical Appendix for numbers and percentages.

### ***First Trimester Care***

Early entry into prenatal care can be related to healthy births and good health outcomes for the infant and mother. Data show that Bradford County faced challenges with first trimester care. By percent of total births, Bradford County lagged behind state rates for first trimester care. For 2011 – 2015 rates for Bradford County for all races, Blacks, Whites, and Hispanics were 67.9, 60.8, 70.0, and 47.1 percent, respectively. State rates for these groups were 73.3, 66.0, 75.7, and 73.8 percent, respectively. Tables 111 and 114 in the Technical Appendix include these data in addition to numbers by ZCTA.

## **HEALTH CARE ACCESS AND UTILIZATION**

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain a quality of life and minimize premature death and disability. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The Bradford County and Union County Technical Appendix includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

### ***Shortage Areas***

Health Professional Shortage Areas (HPSAs) are primarily defined by three (3) categories: primary care, dental health, and mental health. The 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 Rate (whichever scores higher), and Travel Time or Distance to nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26, and the higher the score the lower the access and utilization of the healthcare facility (Table 131, Technical Appendix). For Medically Underserved Areas (MUAs) scores must be less than or equal to 62, except for a Governor's designation which does not receive a score.

Bradford County’s scores are reported below and shown in Table 131 of the Technical Appendix. Note that Bradford received a HPSA score of 18 for dental services which signifies great need.

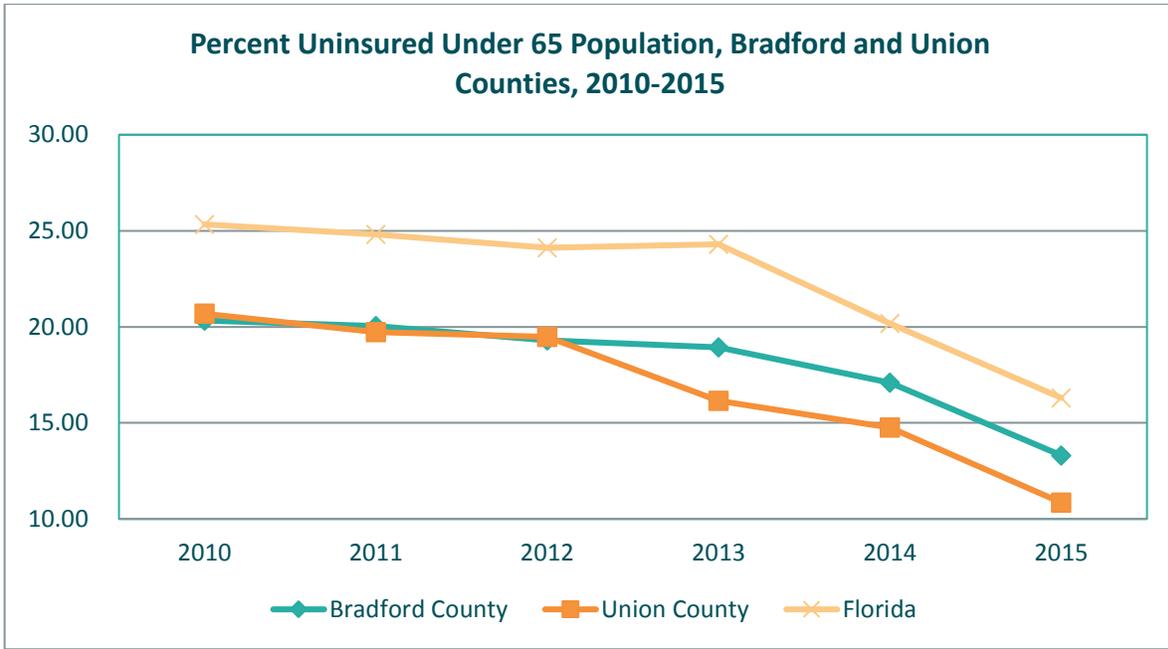
**TABLE 3: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, 2017**

Bradford County			
Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
HPSA Population	Low Income	5/2/2017	18
Single County		2/28/2002	
Mental Health			
HPSA Population	Low Income	9/1/2016	16
HPSA Geographic	Mental Health Catchment Area 3A	5/19/2016	14
Single County		5/10/2012	
Primary Medical Care			
HPSA Population	Low Income	5/16/2016	12
Single County		5/16/2014	
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Bradford County	4/23/1999 - 4/23/1999	61.5

### **Uninsured**

In 2015, individuals under the age of 65 in Bradford County without health insurance constituted 13.3 percent of the total county population. Like the state of Florida as a whole, the percentage of uninsured individuals is the lowest it has been since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009. The figure below shows the trends in health insurance coverage for Bradford County, Union County and Florida (Table 50, Technical Appendix). In 2015 among those under the age of 19, 6.9 percent were uninsured compared to 7.3 percent uninsured for that age group in Florida.

**FIGURE 14: PERCENT UNINSURED UNDER 65 POPULATION, 2010 - 2015**



**Medicaid**

In 2016 it was reported that 22.3 percent of Bradford County residents were eligible to receive Medicaid benefits, which is near to the state at 20.1 percent. The percent of Bradford County children from 0 to 18 years of age eligible for Medicaid has continued to climb from 49.9 percent in 2012 to its current level of 57.8 percent; for Florida as a whole 51.3 percent of children are Medicaid-eligible. In 2014, the highest concentration of individuals eligible to receive Medicaid in Bradford County was the Hampton (32044) ZCTA, whereas the lowest concentration of individuals who are eligible to receive Medicaid benefits are located in the Brooker (32622) ZCTA (Table 131, Technical Appendix).

**Physician Availability**

In fiscal year 2015-2016 the rate of all physician types in Bradford County was 32.5 per 100,000 residents, which was up from the previous year’s rate of 25.5. However, as the figure below demonstrates the rates for various types of physicians in the county have fluctuated in recent years (Table 139, Technical Appendix). The Obstetrics/Gynecology specialty has remained at zero and Pediatrics has swung widely from 6.9 per 100,000 in 2009-2010 to zero in 2011-2012 before settling at its current level.

**TABLE 4: PHYSICIAN RATE PER 100,000 POPULATION, BRADFORD AND UNION COUNTIES AND FLORIDA, 2009 - 2016**

Type of Physician	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
<b>Bradford County</b>							
Family Practice Physicians	20.7	17.6	20.9	20.9	15.0	7.3	7.2
Internists	6.9	7.0	7.0	7.0	11.2	7.3	7.2
OB/GYN	0.0	3.5	0.0	0.0	0.0	0.0	0.0
Pediatricians	6.9	3.5	0.0	0.0	3.7	0.0	3.6
Total Physicians	31.1	35.1	45.2	41.9	78.6	25.5	32.5
<b>Union County</b>							
Family Practice Physicians	6.5	6.4	6.5	6.5	6.4	12.7	12.6
Internists	6.5	0.0	0.0	0.0	0.0	0.0	0.0
OB/GYN	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pediatricians	0.0	0.0	0.0	0.0	6.4	0.0	0.0
Total Physicians	52.1	51.4	51.8	45.3	115.2	57.0	44.0
<b>Florida</b>							
Family Practice Physicians	16.7	23.5	23.9	24.0	25.5	19.1	14.3
Internists	35.7	46.7	48.1	49.3	51.8	49.6	49.6
OB/GYN	6.8	9.7	9.8	9.9	9.9	10.2	9.8
Pediatricians	13.0	20.9	21.3	19.5	23.0	18.7	18.0
Total Physicians	227.5	255.6	260.2	265.7	275.7	259.3	249.0

***Dental Service Availability***

Bradford County historically has had numbers and rates of dentists per 100,000 population well below the state rate. Most recently, the rate of 18 per 100,000 is significantly below the Florida

rate of 55.3. Table 5 below shows the numbers and rates for Bradford and Union Counties alongside those for the state.

**TABLE 5: NUMBER AND RATE OF DENTISTS PER 100,000 POPULATION, BRADFORD AND UNION COUNTIES AND FLORIDA, 2006 - 2016**

Fiscal Year	Bradford County		Union County		Florida	
	Number	Rate	Number	Rate	Number	Rate
2006-07	5	17.6	6	40.2	9,605	52.7
2007-08	5	17.3	5	32.2	9,574	51.7
2008-09	7	24.2	7	44.9	9,845	52.8
2009-10	5	17.3	0	0.0	9,860	52.7
2010-11	6	21.1	5	32.1	10,048	53.4
2011-12	6	20.9	0	0.0	10,118	53.4
2012-13	6	20.9	0	0.0	10,443	54.8
2013-14	6	22.5	5	32.0	10,396	53.8
2014-15	6	21.8	1	6.3	11,635	59.5
2015-16	5	18.0	1	6.3	10,986	55.3

***Emergency Department (ED) Visits for Dental Care***

When access to dental care is limited, patients may seek care for preventable oral health conditions in area EDs. The percent of preventable dental ED visits for Bradford County residents rose to 96.8 percent in 2015. Bradford County’s preventable dental ED rate per 1,000 population is 21.6, more than twice the state rate of 9.2. Preventable hospitalizations that result from dental ED visits are also problematic. In 2015, about 76 percent of dental hospitalizations were preventable (Tables 141, 142, Technical Appendix).

### ***Emergency Department (ED) Visits***

ED visits for conditions that are preventable and treatable in other settings such as primary care raise costs for the health care system. Avoidable ED visits for Bradford County residents has continued to rise and exceed state rates as shown in 2013- 2015 data. For those years, the Bradford County avoidable ED visit rates per 1,000 population were 276.9, 293.5 and 305.5; for Florida the rates were 187.6, 199.9 and 201.5.

Most recent data show the main reasons Bradford County residents present in EDs are for abdominal pain, cough, fever and temperature regulation, and headache (Table 149, Technical Appendix). In 2015, Medicaid was the payor source for 42.2 percent of ED visits for Bradford County residents, compared to 34.3 percent for Florida as a whole (Table 148, Technical Appendix).

### ***Avoidable Hospitalization***

Potentially preventable hospitalizations are those that might have been avoided had conditions been managed through primary care providers in outpatient settings. Because hospitalizations tend to be costlier than primary prevention and primary care, rates of avoidable hospitalizations are tracked as measures of health care system functioning. In Bradford County in 2015 the avoidable discharge rate per 1,000 population was 20.9, compared to 14.4 for Florida (Table 143, Technical Appendix). In 2015 associated costs for avoidable hospitalizations in Bradford County were borne by Medicare at more than twice the state percent; 49.5 percent versus 21.8 percent for Florida. Others payors include Medicaid at 22.6 percent and private insurance at 19.8 percent (Tables 144 and 145, Technical Appendix).

The leading causes of avoidable hospitalization in Bradford County in 2015 were (Table 146):

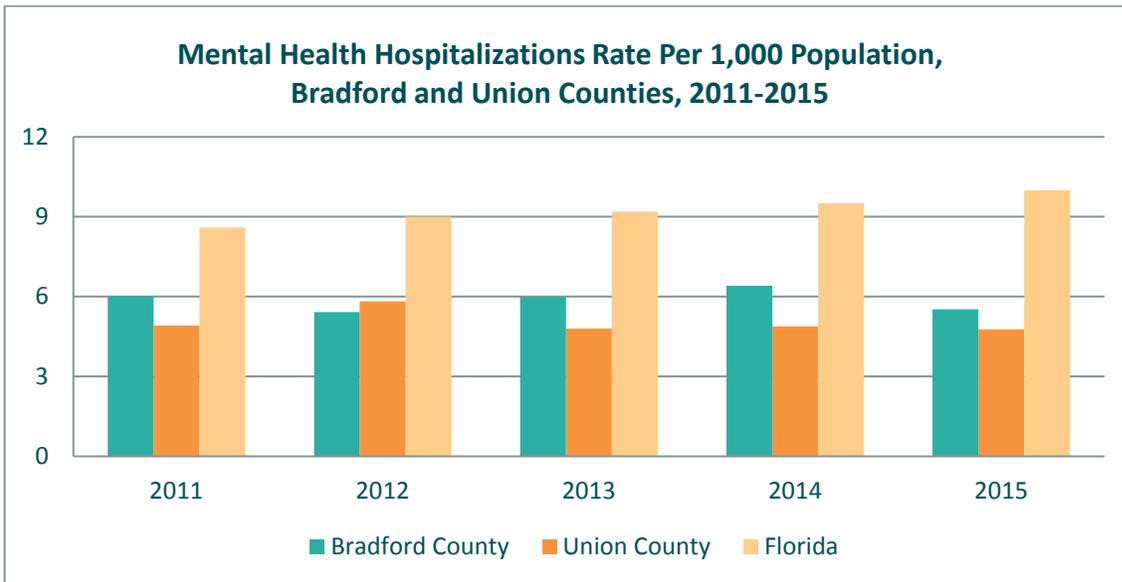
1. Dehydration – volume depletion
2. Chronic Obstructive Pulmonary Disease
3. Cellulitis
4. Congestive Heart Failure
5. Diabetes “A” (ICD 10 codes E101, E131, E110, E130, E10641, E11641)

## **MENTAL HEALTH**

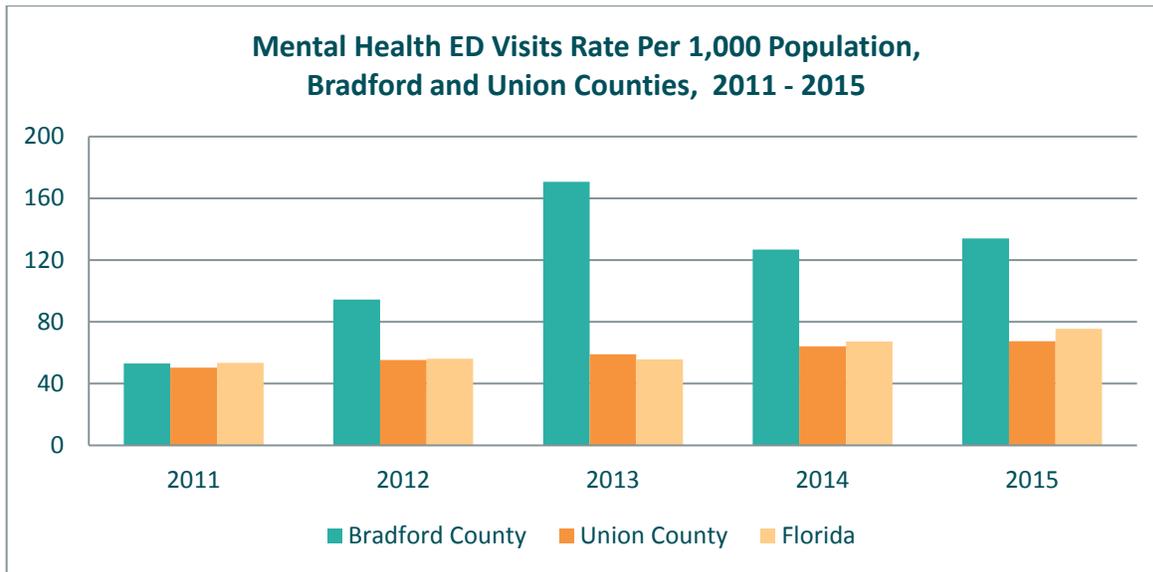
The National Institute of Mental Health estimates that approximately one in four adults in the United States suffers from a diagnosable mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide. In Bradford County, hospitalization rates for mental health reasons have remained nearly static and below state rates as shown in

Figure 15 below. Bradford County resident use of EDs for mental health reasons has risen notably from 2011-2015 and has consistently exceeded state rates. Of particular concern are rates for ED visits for mental health reasons among children. In 2015 the Bradford County rate was more than twice that for the state. See Figure 16 below and Table 103 in the Technical Appendix.

**FIGURE 15: MENTAL HEALTH HOSPITALIZATIONS RATES PER 1,000 POPULATION FOR BRADFORD AND UNION COUNTIES, 2011 - 2015**



**FIGURE 16: MENTAL HEALTH ED VISITS RATE PER 1,000 POPULATION, BRADFORD AND UNION COUNTIES, 2011 - 2015**



### GEOGRAPHIC AND RACIAL AND ETHNIC DISPARITIES

When health outcomes are found to a greater or lesser extent between populations, a health disparity exists. Health disparities are preventable differences and include many factors. The disparities described below were found in the course of Bradford County’s community health assessment process.

Poverty. Geographic pockets of poverty among children are evident in the 2011-2015 ACS data. Rates were highest for children who lived in poverty in Hampton (ZCTA 32044) with 63.8 percent living below or between 100-200 percent poverty guidelines, followed by children in Lawtey (32058) at 63.1 percent. These rates exceeded rates in all other ZCTAs in Bradford County as well as the state rate of 49.4 percent. Adults in Lawtey also had the highest poverty rate at 47.8 percent, exceeding all other Bradford ZCTAs and the state rate of 35.8 percent (Table 39). Striking differences in poverty among Whites and Blacks are also noted. In Bradford County as a whole, 16.3 percent of Whites and 42.4 percent of Blacks live in poverty. The largest disparity in poverty by geography can be found in Lawtey where 21.3 percent of Whites live in poverty compared to 52.5 percent of Blacks (Table 41).

Mortality. Some racial and ethnic disparities were noted in Bradford County's mortality rates. From 2011-2015 the leading causes of death among Bradford County Whites, Blacks and Hispanics were Cancer and Heart Disease. Diabetes was ranked the third leading cause of death for Blacks followed by Stroke. These causes ranked lower for Whites while insufficient data were available for Hispanics (Tables 70 and 71).

Maternal and Child Health. In Bradford County from 2011-2015 there were 1529 births with about 79 percent White births and 19 percent Black births (Table 108). From 2011-2015 there were 18 infant deaths in Bradford County. The White infant death rate of 10.0 per 1,000 and Black infant death rate of 20.3 per 1,000 are above the state rates of 4.5 and 11.1 respectively, in addition to the disparity seen within Bradford County (Table 109). The percentages of Low Birth Weight (LBW) births in Bradford County for all races, for Blacks and for Whites are higher than for the state and continue to show a difference between races. Compare Black births at LBW at 14.9 percent to 10.4 percent for White births (Table 110) to note the difference. In that same period, data show the percentage of Bradford County births for all races that received first trimester care (67.9 percent) lagged behind the state rate of 73.3 percent. In Bradford County disparities can be seen in the first trimester care rate for Black births at 60.8 percent compared to 70.0 percent for White births (Table 111).

## SUMMARY

In summary, the Bradford County Health Status Assessment and its supporting data in the Technical Appendix reveals the need for further in-depth exploration of social, environmental, and health care factors in order to improve health outcomes. As the county continues to grow, disparities exist between White and Black populations as well as people at various points on the socioeconomic spectrum. Less income and lower social status contributes in some cases to increased psychological and emotional stress, riskier behaviors, and less access to health care and this is reflected throughout the assessment. Cancer is the leading cause of death in Bradford County and recent BRFSS data suggests that the percentage of people who have ever smoked cigarettes, and those who are currently smokers are on the rise. The Black population experiences a greater rate of Low Birth Weight and infant deaths in Bradford County as well as the state of Florida. A deeper investigation of the specific social and environmental factors that contribute to racial disparities in maternal and child health in Bradford County is warranted. Emergency Department use for dental care and mental health care signal potential emergent issues that warrant the attention of public health stakeholders.

## Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the health care 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 from the lens of community members, business leaders, and providers.

### COMMUNITY HEALTH SURVEYS

#### METHODOLOGY

Two similar but targeted surveys were developed to query individuals about community health issues and health care systems perspectives: community member survey and health care provider survey. For the purpose of this assessment, community members were defined as any person over the age of 18 who resides in Bradford County, including seasonal residents. Providers was an all-encompassing term that included a wide range of health care professionals that offer health care services or play a role in delivering care (e.g., physicians, substance abuse/mental health counselors, dentists, advanced registered nurse practitioners, etc.). Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis.

A convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for the surveys. A goal of 50 completed community surveys was set. The Bradford County Steering Committee was asked to assist with the distribution of the community survey through their organizations and by linking WellFlorida with key stakeholders and community partners who were eligible to participate. The community survey is available online and in paper format at limited locations. The wellness program manager at the Florida Department of Health in Bradford and Union Counties took lead on administering the health care provider survey and has set the goal of personally contacting the Bradford County health care providers to assure survey completion.

In total, there were 199 respondents to community survey. There were 53 completed surveys from Bradford County residents that were included in the data analysis. The survey instruments can be seen in the Appendix, select results follow there and the full results are included in the Technical Appendix which accompanies this document.

**FIGURE 17: COMPARISON OF DEMOGRAPHICS OF BRADFORD AND UNION COUNTY SURVEY RESPONDENTS**

Demographics	Bradford		Union	
	Number	Percent	Number	Percent
<b>0-17</b>	0	0	0	0
<b>18-24</b>	3	5.7	4	4.4
<b>25-29</b>	4	7.6	6	6.4
<b>30-39</b>	6	11.3	26	28.3
<b>40-49</b>	10	18.9	26	28.3
<b>50-59</b>	21	39.6	14	15.2
<b>60-69</b>	5	9.4	14	15.2
<b>70-79</b>	3	5.7	2	2.2
<b>80 or older</b>	0	0	0	0
<b>Preferred not to answer</b>	1	1.9	0	0
<b>Male</b>	10	18.9	14	15.2
<b>Female</b>	43	81.1	78	84.8
<b>Transgender</b>	0	0.0	0	0
<b>Other</b>	0	0	0	0
<b>Preferred not to answer</b>	0	0	0	0
<b>Asian Pacific Islander</b>	0	0.0	1	1.1
<b>Black or African American (Non-Hispanic)</b>	6	11.3	3	3.3
<b>American Indian/Alaskan Native</b>	0	0	0	0
<b>White (Non-Hispanic)</b>	42	79.2	83	90.1
<b>Hispanic/ Latino</b>	2	3.8	0	0
<b>Multiracial/ Multiethnic</b>	1	1.9	1	1.1
<b>Other</b>	1	1.9	1	1.1
<b>Preferred not to answer</b>	1	1.9	3	3.3

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

### OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching questions that were asked of the two counties. In general, the top four responses for each question of two counties are presented. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community

- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Confidence in community’s ability to make a substantial impact on health related issues
- Reasons why individuals did not receive dental, primary, and/or mental care
- Rating of community and individual health

Each figure shows the total number of overall respondents (Bradford County = 53; Union County = 92) and where appropriate the percentage of each county’s residents that indicated the given response for a question.

**“In the following list, what do you think are the three most important factors that define a “Healthy Community” (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.”**

**FIGURE 18: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2017**

Factor	Bradford (n=53)	Union (n=92)
1	Access to health care (21.0)	Access to health care (21.9)
2	Healthy behaviors and healthy lifestyles (11.8)	Healthy behaviors and healthy lifestyles (12.5)
3	Good schools (8.6)	Job opportunities for all levels of education (8.4)
4	Clean environment (8.6)	Good schools (7.7)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

**“In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in your county. Please select three (3) choices.”**

**FIGURE 19: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, TOTAL NUMBER FOR EACH COUNTY AND PERCENT FOR EACH COUNTY, 2017**

Factor	Bradford (n=53)	Union (n=92)
1	Drug abuse (18.8)	Drug abuse (20.2)
2	Eating unhealthy foods/drinks (12.9)	Eating unhealthy foods/drinks (12.8)
3	Alcohol abuse (11.3)	Alcohol abuse (12.5)
4	No physical activity (8.1)	No physical activity (7.4)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

**“In the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in your county? Please select five (5) choices.” AND “How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”**

**FIGURE 20: FIVE MOST IMPORTANT HEALTH PROBLEMS IN A COMMUNITY AND CONFIDENCE IN THE COMMUNITY TO MAKE A SUBSTANTIAL IMPACT, RANKING FOR EACH COUNTY, 2017**

Ranking	Bradford (n=53)		Union (n=92)	
	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact
1	Obesity (11.0)	Not very confident	Obesity (10.3)	Not very confident
2	Mental health problems (9.7)	Somewhat confident	Substance abuse/drug abuse (9.3)	Somewhat confident
3	Substance abuse/drug abuse (8.4)	Not very confident	Access to healthy foods (8.7)	Somewhat confident
4	Access to healthy foods (5.8)	Somewhat confident	Cancer (7.1)	Not very confident
5	Access to primary care (5.5) Diabetes (5.5) (tie)	Somewhat confident	Mental health problems (6.5)	Somewhat confident

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“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?”

**FIGURE 21: DENTAL CARE NEED BY COUNTY, 2017**

Dental Care Received	Bradford (%)	Union (%)
Yes, did NOT get care	32.3	52.0
No, received needed care	67.7	48.0

Reasons dental care was not received	Bradford (%)	Union (%)
1	Cost (79.2)	Cost (61.5)
2	No appointments available/long wait time (4.2)	No appointments available/long wait time (16.9)
3	Transportation, couldn’t get there (4.2)	No dentists available (13.9)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“During the past 12 months, was there a time when you needed to see a primary care doctor for health care but couldn’t?” AND “What were the reasons you could not get the primary care you needed during the past 12 months?”

**FIGURE 22: PRIMARY CARE NEED BY COUNTY, 2017**

Primary care received	Bradford (%)	Union (%)
Yes, did NOT get care	19.4	20.4
No, received needed care	80.6	79.6

Reasons primary care was not received	Bradford (%)	Union (%)
1	Cost (69.2)	Cost (62.5)
2	No appointments available/long wait time (15.4)	No appointments available/long wait time (16.7)
3	No primary care providers available (7.7)	No primary care providers available (8.3)
4	Transportation, couldn't get there (7.7)	Other – time, needed referral (7.1)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

**“During the past 12 months, was there a time when you needed mental health care but couldn't get it?” AND “What were the reasons you could not get the mental health care you needed during the past 12 months?”**

**FIGURE 23: MENTAL HEALTH CARE NEED BY COUNTY, 2017**

Mental health care needed	Bradford (%)	Union (%)
Yes, did NOT get care	11.5	16.5
No, received needed care	88.5	83.5

Reasons mental care was not received	Bradford (%)	Union (%)
1	Cost (50.0)	Cost (45.0)
2	No appointments available/long wait time (12.5)	No mental health care providers available (35.0)
3	Transportation, couldn't get there (12.5)	No appointments available/long wait time (15.0)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“For each of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.”

**FIGURE 24: EXISTENCE OF COMMUNITY FACTORS AND ASSETS THAT IMPACT HEALTH, LEVELS OF AGREEMENT BY COUNTY, 2017**

Rating	Bradford (n=53)	Union (n=92)
<b>Strongly agree</b>	<ul style="list-style-type: none"> <li>• There are networks of support for individuals and families in times of stress and need</li> <li>• Our community is a safe place to live</li> </ul>	<ul style="list-style-type: none"> <li>• There are networks of support for individuals and families in times of stress and need</li> <li>• Our community is a safe place to live</li> </ul>
<b>Agree</b>	<ul style="list-style-type: none"> <li>• There are networks of support for individuals and families in times of stress and need</li> <li>• Our community is a safe place to live</li> </ul>	<ul style="list-style-type: none"> <li>• Our community is a safe place to live</li> <li>• There is a sense of civic responsibility in our community</li> </ul>
<b>Neutral</b>	<ul style="list-style-type: none"> <li>• Our community is a safe place to live</li> <li>• There is a sense of civic responsibility</li> <li>• There is a sufficient number of mental health/substance abuse services</li> </ul>	<ul style="list-style-type: none"> <li>• There is a sense of civic responsibility in our community</li> <li>• There is a sufficient number of medical services</li> </ul>
<b>Disagree</b>	<ul style="list-style-type: none"> <li>• There is a sufficient number of dental services</li> <li>• There is sufficient number of mental health/substance abuse services</li> <li>• There is a sufficient number of health and social services</li> </ul>	<ul style="list-style-type: none"> <li>• There is a sufficient number of mental health/substance abuse services</li> <li>• There is a sufficient number of health and social services</li> <li>• There is a sufficient number of dental services</li> </ul>
<b>Strongly disagree</b>	<ul style="list-style-type: none"> <li>• There is a sufficient number of health and social services</li> <li>• There is a sufficient number of dental services</li> <li>• There is a sufficient number of mental health/substance abuse services</li> </ul>	<ul style="list-style-type: none"> <li>• There is a sufficient number of dental services</li> <li>• There is a sufficient number of mental health/substance abuse services</li> </ul>

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“How would you rate the overall health of your county residents?” AND “How would you rate your personal health?”

**FIGURE 25: RATING OF OVERALL HEALTH OF COUNTY RESIDENTS AND PERSONAL HEALTH OF RESPONDENTS BY COUNTY, 2017**

Rating	Bradford (n=53)		Union (n=92)	
	Community (%)	Individual (%)	Community (%)	Individual (%)
<b>Very unhealthy</b>	8.3	1.9	9.5	3.2
<b>Unhealthy</b>	48.3	15.1	40.0	16.1
<b>Somewhat healthy</b>	40.0	39.6	47.4	43.0
<b>Healthy</b>	3.3	39.6	3.2	30.0
<b>Very healthy</b>	0.0	3.8	0	7.5

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

**“For each of the following issues, please indicate how much of a problem you believe the issue is in your county” AND “For each of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years.”**

**FIGURE 26: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, BY COUNTY, 2017**

Ranking	Bradford (n=53)		Union (n=92)	
	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact
<b>1</b>	Cost of health care insurance	Not very confident	Cost of health care insurance	Not very confident
<b>2</b>	Cost of healthcare services	Not very confident	Lack of specialty care doctors	Not very confident
<b>3</b>	Lack of knowledge of what health care services are available	Somewhat confident	Cost of healthcare services	Not very confident
<b>4</b>	Lack of knowledge of how to use available health care services	Somewhat confident	Knowledge of where to receive dental services	Somewhat confident
<b>5</b>	Lack of community concern	Somewhat confident	Availability of mental health services	Somewhat confident

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“What is the most important health issue in your own life? Please select one (1) response.”

**FIGURE 27: MOST IMPORTANT PERSONAL HEALTH ISSUE BY COUNTY, 2017**

Personal health care issue	Bradford (n=53)	Union (n=92)
1	Overweight (18.9.0)	Overweight (16.3)
2	Lack of exercise (17.0)	Cost of medical/dental care (12.0)
3	Stress (9.4)	Lack of exercise (10.9)
4	Cost of medical/dental care (7.6)	Stress (9.8)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

### KEY FINDINGS FROM COMMUNITY SURVEY

The demographics of respondents are similar to U.S. Census data for the county with about 79% identifying themselves as White Non-Hispanic and 11% Black or African American. Many more survey respondents in Bradford County were female (81.1%). Bradford County respondents felt the most important factors for a healthy community were access to health care, healthy behaviors and lifestyles, good schools and a clean environment. For their county, Bradford respondents ranked the behaviors with the greatest negative impact on healthy as drug abuse, eating unhealthy foods and drinks, alcohol abuse and no physical activity. Consistent with those rankings was the selection of Bradford County’s five most important health problems. These were obesity, mental health problems, substance/drug abuse, access to healthy foods and access to primary care and diabetes. Respondents also expressed somewhat to very little confidence in the community’s ability to make a substantial impact on those problems. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. Among those barriers were cost, lack of providers, availability of appointments, and transportation. Bradford County respondents rated overall health of county residents as unhealthy (48%) to somewhat healthy (40%) while they rated their own health status as somewhat healthy (39%) to healthy (39%). On a positive note, Bradford County survey respondents strongly agreed that there are support networks for individuals and families in times of stress and that their community is a safe place to live.

**OBSERVATIONS FROM PROVIDER SURVEY**

Figures below summarize the responses to the overarching questions that were asked of health care providers serving Bradford and Union Counties. In general, the top four responses for each question are presented. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Magnitude of health problems and confidence in community’s ability to make a substantial impact
- Barriers to patients’ self-management of chronic diseases or conditions
- Strategies to help improve the health of patients and the community
- Rating of overall community health, health-related quality of life, and accessibility of health care

Each figure shows the total number of completed surveys (n=23) and where appropriate the percentage of providers who indicated the given response for a question is shown in parentheses.

**FIGURE 28: DEMOGRAPHICS OF PROVIDER SURVEY RESPONDENTS, 2017**

Demographics	Bradford/Union Providers	
	Number	Percent
<b>Age</b>		
Less than 30	0	0
30-39	5	22
40-49	5	22
50-59	6	26
60-69	5	22
70-79	1	4
80 or older	1	4
Prefer not to answer	0	0
<b>Gender</b>		
Male	12	52
Female	11	48
Transgender	0	0
Other	0	0
Prefer not to answer	0	0
<b>Race/Ethnicity</b>		
Asian Pacific Islander	2	9

Black or African American (Non-Hispanic)	2	9
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	18	78
Hispanic/ Latino	0	0
Multiracial/ Multiethnic	0	0
Other	0	0
Prefer not to answer	1	4
<b>Length of Time in Profession</b>		
Less than 5 years	2	9.1
5-9 years	3	13.6
10-14 years	3	13.6
15-19 years	4	18.2
More than 20 years	10	45.5
Prefer not to answer	0	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“In the following list, what do you think are the three most important factors that define a “Healthy Community” (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.**

**FIGURE 29: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, 2017**

<b>Factor</b>	<b>All Providers (n=23)</b>
<b>1</b>	Access to health care (26.0)
<b>2</b>	Healthy behaviors and healthy lifestyles (21.7)
<b>3</b>	Job opportunities for all education levels (10.1)
<b>4</b>	Healthy economy (7.3)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in your Bradford and Union County. Please select three (3) choices.”**

**FIGURE 30: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, 2017**

Factor	Providers (n=23)
1	Drug abuse (21.7)
2	Not using health care services appropriately (18.8)
3	Eating unhealthy foods/drinking sweetened beverages (15.9)
4	Tobacco use (14.5)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“In the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in Bradford and Union County? Please select five (5) choices.” AND “How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”**

**FIGURE 31: FIVE MOST IMPORTANT HEALTH PROBLEMS AND CONFIDENCE IN COMMUNITY ABILITY TO MAKE AS SUBSTANTIAL IMPACT, PROVIDERS, 2017**

Ranking	Providers (n=23)	
	Health Problem	Confidence in community impact
1	Diabetes (15.7)	Somewhat confident
2	Substance abuse/Drug abuse (14.8)	Confident
3	Obesity (10.4)	Somewhat confident
4	Mental health problems (7.8)	Very confident
5	Access to healthy foods (7.0)	Somewhat confident

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“How would you rate the overall health-related quality of life in Bradford and Union County?”**

**FIGURE 32: RATING OF OVERALL HEALTH-RELATED QUALITY OF LIFE, PROVIDERS, 2017**

Rating	Providers (n=23)
Poor	13.0
Fair	47.8
Good	39.1
Very Good	0
Excellent	0
Don't Know	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“For each of the following issues, please indicate how much of a problem you believe the issue is in Bradford and Union County” AND “For each of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years.”**

**FIGURE 33: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, PROVIDERS, 2017**

Ranking	Providers (n=23)	
	Health Problem	Confidence in community impact
1	Cost of health care insurance	Not very confident
2	Cost of health care services	Somewhat confident
3	Pain management	Somewhat confident
4	Lack of specialty care doctors	Somewhat confident
5	Availability of mental health services	Not very confident

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“For your patients in Bradford and Union County with chronic diseases or conditions, what do you feel is the biggest barrier to a patient being able to manage his or her own chronic disease or condition? Please select two (2) responses.”**

**FIGURE 34: FOR PATIENTS IN BRADFORD AND UNION COUNTY BIGGEST BARRIERS TO BEING ABLE TO SELF-MANAGE CARE OF CHRONIC DISEASE OR CONDITION, PROVIDERS, 2017**

<b>Barriers</b>	<b>Providers (n=23)</b>
<b>1</b>	Cost (32.6)
<b>2</b>	Lack of coverage by insurance company (19.6)
<b>3</b>	Lack of education (19.6)
<b>4</b>	Self-discipline/motivation (17.4)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**“What can Bradford and Union County do to help improve the health of your patients and others in the community? Check all that apply.”**

**FIGURE 35: STRATEGIES TO IMPROVE THE HEALTH OF PATIENTS AND COMMUNITY, PROVIDERS, 2017**

<b>Ranking</b>	<b>Providers (n=23)</b>
<b>1</b>	Provide education for residents on appropriate use of available services (14.3)
<b>2</b>	Increase access to dental services (11.8)
<b>3</b>	Increase access to mental health services (10.9)
<b>4</b>	Provide education for residents on services available (10.9)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

“What would you say the overall accessibility to health care for residents of Bradford and Union County is? Please select one (1) choice.”

**FIGURE 36: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS OF BRADFORD AND UNION COUNTY, PROVIDERS, 2017**

Rating	Providers (n=23)
Poor	4.4
Fair	30.4
Good	43.5
Very Good	17.4
Excellent	4.4
Don't Know	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

“How would you rate your own personal health?”

**FIGURE 37: RATING OF PERSONAL HEALTH, PROVIDERS, 2017**

Rating	Providers (n=23)
Poor	13.0
Fair	47.8
Good	39.1
Very Good	0
Excellent	0
Don't Know	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

**KEY FINDINGS FROM PROVIDER SURVEY**

Similar to the community at large, providers felt the most important factors for a healthy community were access to health care and healthy behaviors and lifestyles, along with job opportunities and a strong economy. While drug abuse was ranked by both the community and providers as the behavior with the greatest negative impact on health, providers ranked not using health care services appropriately as the second greatest behavior with negative impact. Diabetes, substance and drug abuse, obesity and mental health problems appear on the both the provider

and community lists of most important health problems. Health-related quality of life is rated as fair to good by 87% of providers. The top two most important health problems in Bradford and Union Counties according to community and provider survey respondents are costs of health care insurance and health care services. Providers rank pain management as the third most important problem, followed by lack of specialty care providers and mental health services. Overall accessibility to health care is rated as good to fair by almost 74% of providers. However, challenges to receiving health care are heard repeatedly. A compelling example is in the providers' list of barriers to self-management of chronic diseases and conditions; cost, health insurance coverage, education and self-discipline are high on the list. The strategies ranked highest by providers to improve health outcomes include education on the appropriate use of services, increased access to dental and mental health services, and education and awareness of existing services.

## FOCUS GROUPS

### METHODOLOGY

Two (2) focus groups were facilitated in Bradford County to better understand the community member views on health, health care, quality of life, and health-related priorities in Bradford County. Both focus groups were conducted, by trained facilitators, in order to obtain community members' perspectives of their experiences with health and healthcare in Bradford County. The focus group script was designed and implemented with final approval from the Florida Department of Health in Bradford County Core Team members with concerted efforts to include historically underrepresented groups guided by demographic data and the team's considerable knowledge and experience serving Bradford County communities. The Florida Department of Health in Bradford County Core Team assisted in the identification of focus group host sites and focus group participants. The following focus groups were facilitated in Bradford County:

<b>Date</b>	<b>Location</b>	<b>Time</b>	<b>Number of Participants</b>
<b>August 22, 2017</b>	Church of God by Faith	10:00 am – 12:00 pm	13
<b>August 23, 2017</b>	Bradford County Library, Starke	10:00 am – 12:00 pm	9

Trained facilitators conducted the focus groups using a focus group script, which includes a brief introduction, informed consent forms, and a series of questions asked sequentially. Please see the Appendix for the focus group questions. Focus group questions were developed with and approved by the Core Team.

**Bradford County Focus Group Respondents, 2017.**

Demographics	Number	Percent
Total	22	
Age		
18-29	1	4.5
30-39	3	13.6
40-49	3	13.6
50-59	5	22.7
60-64	5	22.7
65+	4	18.2
Left Blank	1	4.5
Race		
White	4	18.2
Black	17	77.3
Asian	0	-
Native Hawaiian and other Pacific Islander	0	-
Native American/Alaskan Native	0	-
Two or More Races	0	-
Other	0	-
Left Blank	1	4.5
Hispanic		
Yes	2	9.1
No	18	81.8
Left Blank	2	9.1

Gender		
Male	6	27.3
Female	16	72.7
Transgender	0	-
Highest Education Completed		
Less than high school graduate	4	18.2
High School graduate(includes GED)	10	45.5
Some College No Degree	2	9.1
Associate's Degree	1	4.5
Bachelor's Degree	1	4.5
Graduate or professional degree	1	4.5
Left Blank	3	13.6
Zip Code		
Starke 32091	17	77.3
34470	1	4.5
Left Blank	4	18.2

Source: Focus Groups August 22-23, 2017.

**Bradford County Focus Group Respondents, 2017.**

Demographics	Number	Percent
Type of Insurance		
Private Insurance through work or retired from work	3	13.6
Private Insurance through Obamacare/Health Insurance	2	9.1
Medicaid	3	13.6
Medicare	2	9.1
VA/Tri-Care	0	-
No Health Insurance	3	13.6
Other	2	9.1

Other-Health Department Insurance	1	4.5
Other-Sunshine	1	4.5
Medicaid and Medicare	2	9.1
Medicaid and VA/Tri-Care	1	4.5
Private Insurance through Obamacare/Health Insurance and Medicare	1	4.5
Left Blank	2	9.1

Source: Focus Groups August 22-23, 2017.

### ***Focus Group Summary and Key Themes***

The following summary includes key insights from each question asked during the focus groups.

#### 1. What does a healthy community mean to you?

##### *Church of God by Faith*

- Safe place to live
- Live together and help each other
- Provide for children and have neighborhood watches
- No violence or bullying
- Healthcare services are available for babies through elderly ages
- Provide care to elders and teach parents about babies and health education
- Children and adults recreational opportunities (community pool, example)
- Need to provide things for kids so they feel included in the community
- Health meetings
- Health issues are addressed in the community without concern for money

##### *Bradford County Library, Starke*

- People knowledgeable about what gets and keeps them healthy
- Good health care available regardless of who you are or what you can afford

#### 2. What are the most important factors for creating a healthy community?

*Church of God by Faith*

- Strong support groups
- Education plays an important role
- Investment in children

*Bradford County Library, Starke*

- Available, affordable health care services
- Education and awareness about the availability of services
- Responsibility of everyone to be knowledgeable about health
- Making healthy choices

3. Why is living in a healthy community important to you?

*Church of God by Faith*

- Without good health, the community will not thrive and we want to live here and have a place to call home
- A healthy community will help keep our youth safe and provide skills and job opportunities

*Bradford County Library, Starke*

- Because it's a healthy thing to do; health is everything
- Having good health is critical for the emotional and financial support of your family

4. In general, how would you rate the health and quality of life in Bradford County?

*Church of God by Faith*

- Rate as low because investments in jobs, health programs and opportunities are lacking
- Quality of life is low because of drug use and lack of programs to help with anger management and violence
- Need basics such as bus transportation, access to doctors, home health care and medications at reasonable costs. Youth programs are needed.

*Bradford County Library, Starke*

- Mediocre quality of life
- People can't afford health insurance or health care services
- Many people fall through the cracks and go into a downward spiral with their health and financial situation

5. What are the pressing health related problems in Bradford County?

*Church of God by Faith*

- Diabetes and High Blood Pressure
- Lack of primary care, vision and dental services
- Services for the elderly are needed

*Bradford County Library, Starke*

- Diabetes, Hypertension, Obesity, Drug Abuse
- HIV/AIDS and STIs
- Affordability of treatment or medications or testing

6. 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 and why is their quality of life worse in comparison to other members of Bradford County?

*Church of God by Faith*

- People on fixed incomes
- Elderly and children because of the lack of services and programs to meet their needs
- Residents of Lincoln City
- Homeless population

*Bradford County Library, Starke*

- Uninsured people
- Elderly lack specialized care they need and transportation is a barrier

7. What strengths and resources do you have in your community to address these problems?

*Church of God by Faith*

- Senior Citizen Center tries their best but cannot meet all the need
- Board of County Commissioners and Bradford County Sheriff have tried to address homeless

*Bradford County Library, Starke*

- Close-knit community that helps each other
- Good churches and faith communities that help each other, like with food banks, regardless of race or where you live

8. What barriers, if any, exist to improving the health and quality of life in Bradford County?

*Church of God by Faith*

- Abuse of benefits and services
- Lack of communication because people do not know what services are available and how to qualify for programs and services. Racial barriers in communications.
- Basic transportation services

*Bradford County Library, Starke*

- Must go out of town for services
- Need more clinics (family medicine, primary care) that can serve everyone including the elderly
- People have to take responsibility for being educated about health

9. Do you think your county provides enough places to receive routine medical care? Or is it necessary to receive care outside of Bradford County?

*Church of God by Faith*

- Must go out of county for most services including dental, Ob/Gyn
- Health Department provides some services but charges a fee
- Medicaid bus service for transportation to medical appointments is unreliable

*Bradford County Library, Starke*

- Routine care is available for those who can afford it
- Health Department is open for everyone but they do charge for services

10. What healthcare services, including prevention, do you think are missing in Bradford County?

*Church of God by Faith*

- Dental, primary care, vision, Ob/Gyn, essentially everything
- No prevention services
- Must be able to pay out of pocket for all types of care

*Bradford County Library, Starke*

- Not many preventative services
- Need support groups, prevention education
- No specialty care, except cardiology is available
- Education, education, education – even starting in the elementary schools
- Parks with par course style physical activity opportunities

11. What should be done to address these issues?

*Church of God by Faith*

- Communicate about what is available in the county
- Use public resources better, such as schools and community centers and parks
- Remove public transportation barriers with wider availability and higher quality service
- Restore voting rights so more people can have their opinions heard

*Bradford County Library, Starke*

- Finding who will pay for all these services and lead the implementation
- Use the churches and faith-based communities to reach people
- Partner with tobacco quit group

12. How can we build and/or reinforce policy and practices that support health equity? For example, what opportunities exist to influence decisions, policies, investments and rules to benefit the health of all groups?

*Church of God by Faith*

- Large employers could offer job opportunities or volunteer opportunities
- Exercise the right to vote
- Require community service, such as having people do public works jobs (e.g., trash removal, clean ditches)
- Use public buildings for recreation and health services with volunteers to staff

*Bradford County Library, Stake*

- Punishment is not prevention, as can be seen in the tobacco citation program

## 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 Bradford 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 Bradford 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 Bradford County. .

### INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes, which, in essence, comprise an overview of the major health needs/issues in Bradford County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of the community health needs assessment.

#### INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants
  - Lower Income than Florida
  - Higher Poverty than Florida
  - Lower Educational Attainment than Florida
  - Racial Disparities (Black/African Americans fare worse than White counterparts)
  - Transportation Barriers
  - Job Opportunities
- Health Status Measures and Health Behaviors
  - Over All Age-Adjusted Death Rate Higher than Florida
  - Top Causes of Death Rates Higher than Florida:
    - Cancer
    - Unintentional Injury
    - Diabetes
    - Suicide
  - Infant Mortality

- Tobacco Use
- Substance Abuse
- Obesity and Overweight Increasing
- Healthy Eating and Access to Healthy Foods
- Access to Health Care and Services
  - Low Physician Rates
    - Access to Primary Care and Specialty Care
  - Low Dentist Rates
    - Inappropriate Use of Emergency Department for Dental Care
  - Avoidable Emergency Department Rates Higher than Florida
  - Mental Health Hospitalization Rates Higher than Florida (inappropriate use of hospitals)
  - Lower Life Expectancy than Florida
  - Access to Mental Health Care
  - Access to Dental Care
  - Drug and Alcohol Abuse and Access to Treatment

### STRATEGIC PRIORITY ISSUE AREAS

The September 27th meeting of the Bradford County CHA Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review and Community Themes and Strengths primary data collection via the community and provider surveys and focus groups. The committee also discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. A facilitated consensus workshop moved the discussion from creating a list of issues to identifying the intersecting themes. Through the consensus process the intersecting themes converged into three broad strategic priority issue areas for consideration in the Community Health Improvement Plan.

### STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Access to Health Care and Services including
  - Barriers to care including cost, insurance coverage and providers
  - Mental health care
  - Dental care
  - Prenatal care

- Health literacy to promote appropriate use of health care services
- Educating to Change Health Behaviors including
  - Substance and drug abuse
  - Tobacco use
  - Sexually Transmitted Infections (STIs) and HIV
  - Overweight and obesity
  - Nutrition and access to healthy foods
  - Chronic disease self-management
- Social and Economic Infrastructure including
  - Challenges and opportunities for changing family structures
  - Job creation and employment opportunities
  - Economic development

A number of factors related to community infrastructure such as job opportunities, transportation, entitlement program equity, and economic development were discussed. As long-standing, overarching issues these were deemed critical for further attention in venues beyond this assessment. Presentation of the community health assessment findings to elected leaders and the community is the starting point. Poverty, among the social determinants of health, was identified as a cross-cutting factor that impacts all the priority areas. It was recognized that each priority area will likely need to address poverty when selecting strategies and tactics.

As part of the community health assessment process, a number of recommendations and considerations for successful planning and sustained, successful implementation emerged as a result of partner discussions. As Bradford 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 services and programs

- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental illness, 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 programs to address root causes (social determinants of health)

### INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Bradford County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalogue 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 five 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>

- Community Tool Box – The University of Kansas 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/needs areas in Bradford County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Bradford County and need enhancement while others represent new opportunities.

**FIGURE 38: PROMISING 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: <a href="http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients">http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients</a>
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: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3841">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3841</a>
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 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.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status">http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status</a>
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-">http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-</a>

Issue	Practice or Intervention	Effectiveness	Source
	<p>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.</p>		<p><a href="#">counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</a></p>
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>	Evidence-Based	<p>The Community Guide:  <a href="http://www.thecommunityguide.org/oral/schoolsealants.html">http://www.thecommunityguide.org/oral/schoolsealants.html</a></p>
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	Systematic Review	<p>The Community Guide:  <a href="http://www.thecommunityguide.org/oral/fluoridation.html">http://www.thecommunityguide.org/oral/fluoridation.html</a></p>
Mental Health	<p>Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.</p>	Systematic Review	<p>Healthy People 2020:  <a href="http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services">http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services</a></p>
Mental Health	<p>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,</p>	Systematic Review	<p>Healthy People 2020:  <a href="http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0">http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0</a></p>

Issue	Practice or Intervention	Effectiveness	Source
	measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.		
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 work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: <a href="http://www.thecommunityguide.org/violence/schoolbasedprograms.html">http://www.thecommunityguide.org/violence/schoolbasedprograms.html</a>
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: <a href="http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program">http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program</a>
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: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3826">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3826</a>
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 engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices">http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</a>
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	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of">http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</a>

Issue	Practice or Intervention	Effectiveness	Source
	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.		
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.	Evidence-Based	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results">http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results</a>
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: <a href="http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase">http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase</a>
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: <a href="http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss">http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss</a>
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: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=4003">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=4003</a>
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescents and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3542">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3542</a>

Issue	Practice or Intervention	Effectiveness	Source
Obesity	<p>Pounds Off Digitally (POD)</p> <p>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.</p>	Effective Practice	<p>Healthy Communities Institute:  <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3209">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3209</a></p>
Obesity	<p>Obesity Prevention and Control: Worksite Programs</p> <p>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.</p>	Systematic Review	<p>The Community Guide:  <a href="http://www.thecommunityguide.org/obesity/workprograms.html">http://www.thecommunityguide.org/obesity/workprograms.html</a></p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>	Systematic Review	<p>Healthy People 2020:  <a href="http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions">http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions</a></p>
Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>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 &amp; Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator:  <a href="http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices">http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</a></p>
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	<p>Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>		<p><a href="http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of">http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</a></p>
Physical Activity	<p>The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.</p> <p>Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.</p>	Systematic Review	<p>Healthy People 2020:  <a href="http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3">http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3</a></p>
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>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.</p>	Evidence-Based	<p>Healthy Communities Institute:  <a href="http://cdc.thehcn.net/index.php?module=promiseppractice&amp;controller=index&amp;action=view&amp;pid=3616">http://cdc.thehcn.net/index.php?module=promiseppractice&amp;controller=index&amp;action=view&amp;pid=3616</a></p>

Issue	Practice or Intervention	Effectiveness	Source
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> <li>•Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones)</li> <li>•Physical education lesson plans that incorporate fitness and circuit training activities</li> </ul>	Systematic Review	<p>The Community Guide:  <a href="http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html">http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</a></p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>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.</p>	Evidence-Based	<p>National Institute of Health:  <a href="https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies">https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies</a></p>
Poverty	<p>Policies to Address Poverty in America:</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Systemic Review	<p>The Hamilton Project:  <a href="http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf">http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf</a></p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:  <a href="http://evidencebasedprograms.org/about/employment-and-welfare">http://evidencebasedprograms.org/about/employment-and-welfare</a></p>
Poverty	<p>What works? Proven approaches to alleviating poverty</p> <p>The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.</p>	Evidence-Based	<p>University of Toronto, School of Public Policy &amp; Governance:  <a href="https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf">https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf</a></p>

## Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Community Health Surveys
  - Provider Survey
  - Community Survey
- Focus Group Questions



---

## STEERING COMMITTEE MEMBERS

Cheryl Canova

Director, Santa Fe College Andrews Center

Stacy Hendrix

Sr. Registered Nurse Supervisor, Florida Department of Health Bradford/Union Counties

Jenna Hewett

Community Health Advocate, QuitDoc Foundation

Charles Nasem

Chief Executive Officer, Shands Starke Regional Medical Center

Allen Parrish

Director, Emergency Medical Services, Bradford County

Iana Patterson

Church of God by Faith

Annette Pusateri

Nursing Instructor, Bradford-Union Technical Center

John Tillman

*Bradford County Telegraph*

Pam Whittle

President, North Central Florida Chamber of Commerce



---

## COMMUNITY HEALTH SURVEY MATERIALS

### COMMUNITY MEMBER SURVEY

#### 2017 Bradford and Union Community Survey

Dear Community Member,

The Florida Department of Health in Bradford and Union Counties, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by October 31, 2017. We request your input, as a community member, on the most pressing health and health care issues facing our communities now and beyond 2017. Your responses will inform local community health improvement planning and guide efforts to build healthier communities. Your individual responses to this survey will remain confidential. This survey consists of 24 questions and should take approximately 10-15 minutes to complete.

At the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the six (6) \$20 gift cards that will be given away. If you are interested, please provide a telephone number and/or e-mail address so that we may contact you for mailing information if your completed survey is selected as a winner of a gift card. Again, your telephone number and/or email will remain completely confidential and only be used for this stated purpose.

Please note, you must be 18 years of age or older and a resident of Bradford or Union County to participate in this survey and to be eligible for the random drawing.

This survey is being distributed throughout Bradford and Union Counties. This survey will be available from Monday, June 19, 2017 through Friday, August 26, 2017. Please complete this survey only once. Completing it multiple times will not increase your chances of winning a gift card. If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change your responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council ([www.wellflorida.org](http://www.wellflorida.org)). The phone number is 352-727-3767 and her e-mail address is [cabarca@wellflorida.org](mailto:cabarca@wellflorida.org).

1. Please select one response.

- I live in Bradford County.
- I live in Union County.
- I am a seasonal resident of Bradford or Union County.
- I don't live in Bradford or Union County. If you selected this response you are not eligible to take this survey. Please do not continue. Thank you for your interest.

2. I am 18 years of age or older.

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

3. In which zip code do you live?

- 32026
- 32042
- 32044
- 32054
- 32058
- 32083
- 32091
- 32622
- Other, please specify \_\_\_\_\_



4. What do you think are the **three (3)** most important factors that define a "Healthy Community" (that is, those factors that most contribute to a healthy community and good quality of life)? Please select **three (3)** choices from the list below.

- Access to health care
- Affordable goods/services
- Affordable housing
- Affordable utilities
- Arts and cultural events
- Clean environment
- Emergency preparedness
- Good place to raise children
- Good race/ethnic relations
- Good schools
- Healthy behaviors and healthy lifestyles
- Strong economy
- Job opportunities for all levels of education
- Low preventable death and disease rates
- Low crime/safe neighborhoods
- Low level of child abuse
- Low level of domestic violence
- Low rates of infant and childhood deaths
- Parks and recreation
- Religious or spiritual values
- Strong family ties
- Other (please specify) \_\_\_\_\_

5. From the list below, please identify the **three (3) behaviors** that you believe have the greatest negative impact on the overall health of people in your county. Please select **three (3)** choices.

- Alcohol abuse
- Distracted driving (e.g. texting and driving)
- Dropping out of school
- Drug abuse
- Eating unhealthy foods/drinking sugar sweetened beverages
- Lack of sleep
- No physical activity
- Not getting immunizations to prevent disease (e.g. flu shots)
- Not using birth control
- Not using health care services appropriately
- Not using seat belts/child safety seats
- Overeating
- Race/ethnic relations
- Starting prenatal care late in pregnancy
- Stress management
- Tobacco use
- Unsafe sex
- Unsecured firearms
- Violence
- Other (please specify) \_\_\_\_\_

6. From the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in your county? Please select **five**

**(5)** choices. In Question 7 you will answer a follow-up question about the 5 health problems you select below.

- Access to healthy food
- Access to long-term care
- Access to primary care
- Affordable assisted living facilities
- Age-related issues (e.g. arthritis, hearing loss, etc.)
- Cancer
- Child abuse/neglect
- Dementia
- Dental problems
- Diabetes
- Disability
- Domestic violence
- Elderly caregiving
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Mental health problems
- Motor vehicle crash injuries
- Obesity
- Pollution (e.g. water and air quality, soil, etc.)
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)
- Stress
- Substance abuse/drug abuse
- Suicide
- Tobacco use
- Teenage pregnancy
- Vaccine preventable diseases (e.g., flu, measles)
- Other (please specify) \_\_\_\_\_

---

7. For the **five (5)** issues you selected in Question 6, please rate how confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years? Note that all the issues are listed but you **only have to rate the 5 you selected in Question 6.**

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Access to healthy food	<input type="radio"/>				
Access to long-term care	<input type="radio"/>				
Access to primary care	<input type="radio"/>				
Affordable assisted living facilities	<input type="radio"/>				
Age-related issues (e.g. arthritis, hearing loss, etc.)	<input type="radio"/>				
Cancer	<input type="radio"/>				
Child abuse/neglect	<input type="radio"/>				
Dementia	<input type="radio"/>				
Dental problems	<input type="radio"/>				
Diabetes	<input type="radio"/>				
Disability	<input type="radio"/>				
Domestic violence	<input type="radio"/>				
Elderly caregiving	<input type="radio"/>				
Firearm-related injuries	<input type="radio"/>				
Heart disease and stroke	<input type="radio"/>				
High blood pressure	<input type="radio"/>				
HIV/AIDS	<input type="radio"/>				
Homicide	<input type="radio"/>				
Infant death	<input type="radio"/>				
Mental health problems	<input type="radio"/>				
Motor vehicle crash injuries	<input type="radio"/>				
Obesity	<input type="radio"/>				
Pollution (e.g. water and air quality, soil, etc.)	<input type="radio"/>				
Rape/sexual assault	<input type="radio"/>				
Respiratory/lung disease	<input type="radio"/>				
Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)	<input type="radio"/>				
Stress	<input type="radio"/>				
Substance abuse/drug abuse	<input type="radio"/>				

Suicide	<input type="radio"/>				
Tobacco use	<input type="radio"/>				
Teenage pregnancy	<input type="radio"/>				
Vaccine preventable diseases (e.g., flu, measles)	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

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? Select all that apply.

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Transportation, couldn't get there
- Other, please specify \_\_\_\_\_

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

- 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 care** you needed during the past 12 months? Select all that apply.

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Transportation, couldn't get there
- Other, please specify \_\_\_\_\_

12. During the past 12 months, was there a time when you needed **mental health care** but couldn't get it?

- Yes. Please go to Question 13.
- No. I got the mental health care I needed or didn't need mental health care. Please go to Question 14.

13. What were the reasons you could not get the **mental health care** you needed during the past 12 months? Select all that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers available
- Transportation, couldn't get there
- Other, please specify \_\_\_\_\_

14. For **each** of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in our community	<input type="radio"/>				
There are sufficient levels of trust and willingness to work together to achieve community goals.	<input type="radio"/>				
There are networks of support (such as church groups, social service agencies, etc.) for individuals and families during times of stress and need.	<input type="radio"/>				
Our community is a safe place to live.	<input type="radio"/>				
There is a sense of civic responsibility in our community.	<input type="radio"/>				
There is a sufficient number of health and social services in the community.	<input type="radio"/>				
There is a sufficient number of dental services.	<input type="radio"/>				
There is a sufficient number of medical services.	<input type="radio"/>				
There is a sufficient number of mental health/substance abuse services.	<input type="radio"/>				

15. How would you rate the overall health of residents in your county? Please select one (1) choice.

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

16. For **each** of the following issues, please indicate how much of a problem you believe the issue is in your county.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	<input type="radio"/>				
Availability of mental health services	<input type="radio"/>				
Cost of health care insurance	<input type="radio"/>				
Cost of health care services	<input type="radio"/>				
Knowledge of where to receive dental services	<input type="radio"/>				
Lack of community concern about health issues	<input type="radio"/>				
Lack of knowledge of how to use available health care services	<input type="radio"/>				
Lack of knowledge of what health care services are available	<input type="radio"/>				
Lack of primary care or family doctors	<input type="radio"/>				
Lack of specialty care doctors	<input type="radio"/>				
Limited health care services for children (less than age 18)	<input type="radio"/>				
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>				
Long wait times to get an appointment with a doctor	<input type="radio"/>				
Quality of health care services	<input type="radio"/>				
Transportation to health care services	<input type="radio"/>				

17. For **each** of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	<input type="radio"/>				
Availability of mental health services	<input type="radio"/>				
Cost of health insurance	<input type="radio"/>				
Cost of health care services	<input type="radio"/>				
Knowledge of where to receive dental services	<input type="radio"/>				
Lack of community concern about health issues	<input type="radio"/>				
Lack of knowledge of how to use available health care services	<input type="radio"/>				
Lack of knowledge of what health care services are available	<input type="radio"/>				
Lack of primary care or family doctors	<input type="radio"/>				
Lack of specialty care doctors	<input type="radio"/>				
Limited health care services for children (less than age 18)	<input type="radio"/>				
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>				
Long wait times to get an appointment with a doctor	<input type="radio"/>				
Quality of health care services	<input type="radio"/>				
Transportation to health care services	<input type="radio"/>				

18. How would you rate your own personal health?

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

19. What is the most important health issue in your own life? Please select **one (1)** response.

- Access to healthy food
- Alcohol use
- Allergies
- Alzheimer's or Dementia
- Brain injury
- Cancer
- Caregiving for another
- Cost of medical/dental care
- Developmental disability
- Diabetes
- Dental issues
- Domestic violence
- Eating choices
- Heart disease
- HIV/AIDS
- Injuries
- Kidney disease
- Lack of health insurance
- Lack of exercise
- Liver disease
- Mental illness
- My child's health
- Orthopedic issues
- Overweight
- Physical disability
- Poor eyesight
- Poor hearing
- Poor nutrition
- Pregnancy complications
- Stress
- Stroke
- Substance abuse
- Tobacco use
- Unwanted/unintended pregnancy
- Other (please specify) \_\_\_\_\_

Now we need to find out a little about you.

20. Which of the following best describes your current employment status?

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

21. What is your age?

- 0-17
- 18-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 or older
- I prefer not to answer

22. What is your gender?

- Male
- Female
- Transgender
- I prefer not to answer
- Other (please specify) \_\_\_\_\_

23. What racial/ethnic group do you most identify with?

- American Indian or Alaskan Native
- Asian Pacific Islander
- Black or African American (Non-Hispanic)
- Hispanic or Latino
- Multiracial/Multiethnic
- White (Non-Hispanic)
- I prefer not to answer
- Other (please specify) \_\_\_\_\_

24. What is the highest level of school you have completed? Please select one (1) response.

- 12th grade or less, no diploma
- High school diploma or GED
- Some college, no degree
- Technical or trade school certificate
- Associate's degree (i.e., AA or AS)
- Bachelor's degree (i.e., BA or BS)
- Master's degree (i.e., MA or MS)
- Graduate degree or professional degree (i.e., PhD, MD, JD, etc.)
- I prefer not to answer



25. What type of health insurance do you currently have? Please select one (1) response.

- Medicaid
- Medicare
- Medicare + Supplement
- Private insurance
- VA/Tri-Care
- I have no health insurance
- I prefer not to answer
- Other (please specify) \_\_\_\_\_

If you want to be entered in the drawing to win a \$25 gift card, please provide your email address or phone number. If your survey is drawn as the winner, you will be contacted by phone or email, whichever you prefer.

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return your completed survey to the agency/organization that provided it to you. You may also return the survey to:

- Florida Department of Health in Bradford County, 1801 N. Temple Avenue, Starke, FL 32091
- Florida Department of Health in Union County, 495 E. Main Street, Lake Butler, FL 323054

**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.**



---

**PROVIDER SURVEY**

**2017 Bradford and Union County Provider Survey**

Dear Provider,

The Florida Department of Health in Bradford and Union County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed between June and October 2017. As a provider, we are requesting your input on the most pressing health and health care issues facing our community in 2017 and beyond. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 17 questions and should take approximately 10-15 minutes to complete.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Lindsey K. Redding of WellFlorida Council, who is coordinating the needs assessment on our behalf, at [lredding@wellflorida.org](mailto:lredding@wellflorida.org) or 352-313-6500 ext. 110.

1. Do you provide healthcare services to Bradford or Union County residents?

Yes  
No

2. What type of provider are you?

---

Advance Registered Nurse Practitioner  
Dentist  
Dietitian/Nutritionist  
Mental Health Counselor/Substance Abuse Counselor  
Nurse  
Occupational Therapist  
Pharmacist  
Physician  
Physician Assistant  
Physical Therapist  
Speech Language Pathologist  
Other (please specify) \_\_\_\_\_

2a. If physician is selected in Question 2, what is/are your specialties?

Addiction Medicine  
Allergy/Immunology  
Anesthesiology  
Cardiology  
Cosmetic/Plastic Surgery  
Chiropractic Medicine  
Critical Care Medicine  
ENT/Otolaryngology  
Family Practice  
Internal Medicine  
Dermatology  
Emergency Medicine  
Endocrinology  
Gastroenterology  
General Practice  
General Surgery  
Geriatrics  
Gynecology  
Hematology  
Hospitalist  
Immunology  
Infectious Diseases  
Internal Medicine  
Neonatology  
Nephrology  
Neurology  
Neurosurgery  
Obstetrics and Gynecology  
Oncology  
Ophthalmology  
Orthopedics  
Orthopedic Surgery  
Osteopathic Medicine  
Pain Management  
Palliative Care  
Pathology  
Pediatrics  
Physical Medicine and Rehabilitation  
Pulmonology

Psychiatry  
Radiology  
Specialized Surgery  
Sports Medicine  
Other (please specify) \_\_\_\_\_

3. In the following list, what do you think are the **three** (3) most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

Access to health care  
Affordable housing  
Affordable utilities  
Affordable goods/services  
Arts and cultural events  
Clean environment  
Emergency preparedness  
Good race/ethnic relations  
Good place to raise children  
Good schools  
Healthy behaviors and healthy lifestyles  
Healthy economy  
Job opportunities for all education levels  
Low adult death and disease rates  
Low crime/safe neighborhoods  
Low level of child abuse  
Low level of domestic violence  
Low rates of infant and childhood deaths  
Parks and recreation  
Religious or spiritual values  
Strong family life  
Other (please specify) \_\_\_\_\_

4. In the list below, please identify the **three (3)** behaviors that you believe have the greatest negative impact on the overall health of people in Bradford and Union County. Please select three (3) choices.

- Alcohol abuse
- Distracted driving (e.g. texting and driving)
- Dropping out of school
- Drug abuse
- Eating unhealthy foods/drinking sweetened beverages
- Lack of sleep
- Not exercising
- Not getting immunizations to prevent disease (e.g. flu shots)
- Not using birth control
- Not using health care services appropriately
- Not using seat belts/child safety seats
- Overeating
- Racism
- Starting prenatal care late in pregnancy
- Stress management
- Tobacco use
- Unsafe sex
- Unsecured firearms
- Violence
- Other (please specify) \_\_\_\_\_

5. In the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in Bradford and Union

County? Please select five (5) choices. You will be asked a follow-up question on the five problems you select.

- Access to healthy food
- Access to long-term care
- Access to primary care
- Affordable assisted living
- Age-related issues (e.g. arthritis, hearing loss, etc.)
- Cancer
- Child abuse/neglect
- Dementia
- Dental problems
- Diabetes
- Disability
- Domestic violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Mental health problems
- Obesity
- Pollution (e.g. water and air quality, soil, etc.)
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)
- Stress
- Substance abuse/Drug abuse
- Suicide
- Teenage pregnancy
- Vaccine preventable diseases (e.g. flu, etc.)
- Other (please specify) \_\_\_\_\_

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Access to healthy food					
Access to long-term care					
Access to primary care					
Affordable assisted living					
Age-related issues (e.g. arthritis, hearing loss, etc.)					
Cancer					
Child abuse/neglect					
Dementia					
Dental problems					
Diabetes					
Disability					
Domestic violence					
Firearm-related injuries					
Heart disease and stroke					
High blood pressure					
HIV/AIDS					
Homicide					
Infant death					
Mental health problems					
Obesity					
Pollution (e.g. water and air quality, soil, etc.)					
Rape/sexual assault					
Respiratory/lung disease					
Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)					



Stress					
Substance abuse/Drug abuse					
Suicide					
Teenage pregnancy					
Vaccine preventable diseases (e.g. flu, etc.)					
Other (please specify)					

6. How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years? Please answer only for the five issues you selected in Question 5

7. Would you say the overall health-related quality of life in Bradford and Union County is? Please select **one** (1) response.

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

8. For each of the following issues, please indicate how much of a problem you believe the issue is in Bradford and Union County.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor					
Availability of mental health services					
Cost of health care insurance					
Cost of health care services					
Knowledge of where to receive dental services					
Lack of community concern about health issues					
Lack of knowledge of how to use available health care services					
Lack of knowledge of what health care services are available					
Lack of primary care or family doctors					
Lack of specialty care doctors					
Limited health care services for children (less than age 18)					
Limited health care services for senior adults (age 65 and over)					
Long wait times to get an appointment with a doctor					
Pain Management					
Quality of health care services					
Transportation to health care services					

9. For each of the following issues, please indicate how confident you are that Bradford and Union County can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor					
Availability of mental health services					
Cost of health care services					
Cost of health insurance					
Knowledge of where to receive dental services					
Lack of community concern about health issues					
Lack of knowledge of how to use available health care services					
Lack of knowledge of what health care services are available					
Lack of primary care or family doctors					
Lack of specialty care doctors					
Limited health care services for children (less than age 18)					
Limited health care services for senior adults (age 65 and over)					
Long wait times to get an appointment with a doctor					
Pain Management					
Quality of health care services					
Transportation to health care services					

10. For your patients in Bradford and Union County with chronic diseases or conditions, what do you feel is the biggest barrier to a patient being able to manage his or her own chronic disease or condition? Please select **two (2)** responses.

Cost

Inability to use technology effectively

Lack of access to sufficient time with me or my staff

Lack of coverage by insurance company

Lack of education

Self-discipline/motivation

Other (please specify) \_\_\_\_\_

11. What can Bradford and Union County do to help improve the health of your patients and others in the community? Please check all that apply.

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

12. Would you say the overall accessibility to health care for residents of Bradford and Union County is? Please select **one (1)** choice.

- Poor (1)
- Fair (2)
- Good (3)
- Very Good (4)
- Excellent (5)
- Don't Know (6)

The next series of questions are general demographic questions.

13. What is your age?

Less than 30

30-39

40-49

50-59

60-69

70-79

80 or older

I prefer not to answer

14. How would you rate your own personal health?

Very unhealthy

Unhealthy

Somewhat healthy

Healthy

Very healthy

I prefer not to answer

15. What is your gender?

Male

Female

Transgender

I prefer not to answer

Other (please specify) \_\_\_\_\_

16. What racial/ethnic group do you most identify with?

- American Indian or Alaskan Native
- Asian Pacific Islander
- Black or African American (Non-Hispanic)
- Hispanic or Latino
- Multiracial/Multiethnic
- White (Non-Hispanic)
- I prefer not to answer
- Other (please specify) \_\_\_\_\_

17. How long have you practiced your profession?

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

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the needs assessment process, please do not hesitate to contact Lindsey K. Redding of WellFlorida Council at [lredding@wellflorida.org](mailto:lredding@wellflorida.org) or 352-313-6500 ext. 110.

Please return this completed survey to Joy Johnson at either of these locations:

- Florida Department of Health in Bradford County, 1801 N. Temple Avenue, Starke, FL 32091
- Florida Department of Health in Union County, 495 E. Main Street, Lake Butler, FL 323054

---

## FOCUS GROUP QUESTIONS

- What does a healthy community mean to you?
- What are the most important factors for creating a healthy community?
- Why is living in a healthy community important to you?
- In general, how would you rate the health and quality of life in Bradford (or Union) County?
- What are the pressing health related problems in Bradford (or Union) County?
- 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 and why is their quality of life worse in comparison to other members of Bradford (or Union) County?
- What strengths and resources do you have in your community to address these problems?
- What barriers, if any, exist to improving the health and quality of life in Bradford (or Union) County?
- Do you think your county provides enough places to receive routine medical care? Or is it necessary to receive care outside of Bradford (or Union) County?
- What healthcare services, including prevention, do you think are missing in Bradford (or Union) County?
- What should be done to address these issues?
- How can we build and/or reinforce policy and practices that support health equity? For example, what opportunities exist to influence decisions, policies, investments and rules to benefit the health of all groups?