COMMUNITY HEALTH ASSESSMENT
FEBRUARY 2023

March 1, 2023-February 28, 2028

Department of Health in Jefferson County

Florida HEALTH Jefferson County

Department of Health Mission

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Department of Health Vision

To be the healthiest state in the Nation

Department of Health Values (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

Acknowledgements

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Big Bend Area Health Education Center, Florida Department of Health Region 2B HIV/AIDS Program, Florida Department of Health Minority Health Program, Apalachee Center, Inc., Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc., UF Jefferson IFAS Extension Office, DISC Village, American Cancer Society, Jefferson County School District, North Florida College, ECB Publishing, Advantage Aging Solutions, TMH Memory Disorder Clinic, Jefferson County Fire Rescue, DSR Public Health Foundation

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

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Executive Summary

The Department of Health in Jefferson County (DOH-Jefferson) and community partners have collaborated to produce the 2023 Community Health Assessment for Jefferson County. This meets the Public Health Accreditation Board (PHAB) requirement to involve the community in a participatory process to plan health priorities for the next three to five years.

This Community Health Assessment (CHA) serves to inform the Jefferson County community for the purposes of decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

- Analysis of the Socioeconomic Barriers to Health and the impact on the health of Jefferson County residents;
- Examination of the current health status across Jefferson County as compared to Florida;
- Identification of the current health concerns among Jefferson County residents within the social and economic context of their community; and,
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Jefferson County.

Collaboration Process

To begin the Community Health Assessment process, the DOH-Jefferson Administrator approached potential community partners through mail, email and by phone to ensure that the invitation list was all-inclusive. This initiative ensured that all four assessments were well-attended. New partnerships for have resulted from community outreach efforts, particularly from our legislative partners.

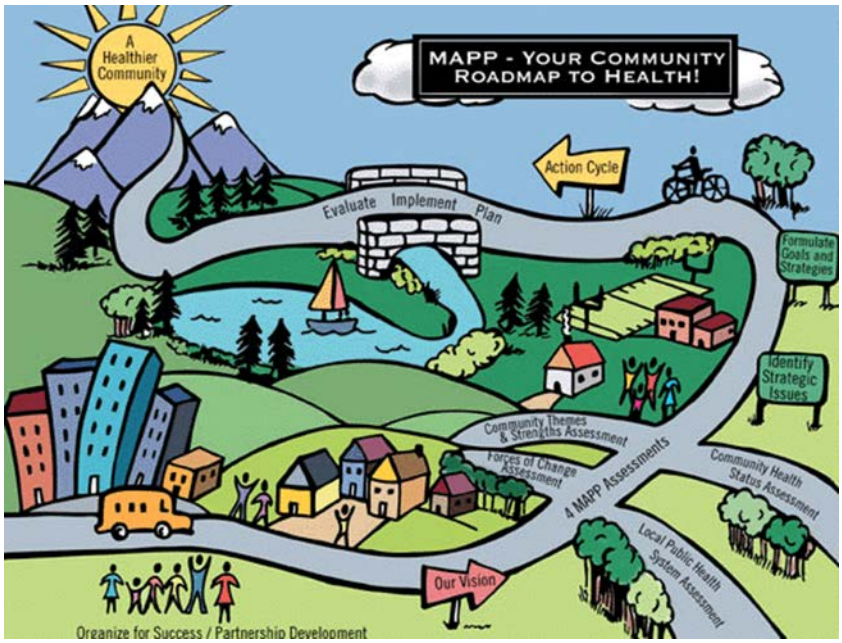
DOH-Jefferson was the designated lead of the CHA Steering Committee. Once the three priority areas were chosen for the Community Health Improvement Plan (CHIP), committee chairs were chosen from community partners to ensure that the community felt ownership of the assessment and the plan. This cycle of the CHA/CHIP focused on service mapping and preventing service duplication, particularly in the Chronic Disease priority area.

The Steering Committee reviewed drafts of the CHA document. The final draft was reviewed and approved the participating community partners, and by DOH-Jefferson.

Mobilizing for Action Through Planning and Partnerships (MAPP) Process

An overview of the Mobilizing for Action through Planning and Partnership (MAPP) process was discussed to educate the community about the development process of the CHA. The MAPP process serves a resource to classify the priorities of the community and functions to identify resources to develop action plans in the community. This strategic planning tool, driven by the community, is conducted to assess the health within the community in order to identify issues and improve the well-being of the public. The MAPP process alters how we see public health planning and creates a health model focused on the community at large.

Figure 1. Roadmap of MAPP Process



Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment, identifies issues that residents of the community deem as the most important, along with distinguishing any resources available to aid in improving the health of the community.

The Community Themes and Strengths Assessment was performed in 2022 by direct solicitation of residents to complete a standardized survey (See Appendices). Residents were approached at county school board meetings, county commission meetings, community events, health fairs and at local establishments. Residents had the option to complete a printed survey at the solicitation location or to access an online platform to complete the survey.

Community Health Status Assessment

The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues. The Jefferson County Health Summit to discuss the Community Health Status Assessment was held on February 3, 2023, at the Monticello Opera House in Monticello, Florida. Community participants developed the Visioning Statement that is included in the assessment, listened to data presentation on health indicators, and broke into groups to discuss the major health indicator topic areas. At the end of the day, the group voted to choose the three priority areas to address in the CHIP that will begin April 1, 2023.

Local Public Health System Assessment

The Local Public Health System Assessment puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services are being delivered. The Local Public Health Assessment was divided into two parts, an external assessment and an internal assessment. The external assessment was held at the health summit. During that time, we discussed Essential Public

Health Services 3, 4, 5, 7 and 9. The internal assessment was held with DOH-Jefferson staff. Essential Services 1, 2, 6, 8 and 10 were addressed.

Forces of Change Assessment

The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system. The Forces of Change Assessment was performed on February 3, 2023, in conjunction with the Community Health Status Assessment, in order to identify community strengths, weaknesses, opportunities and threats in specific topic areas.

Data Sources

The following data sources were utilized to develop this community health assessment. These data include both primary and secondary data sources. According to the National Association of County and City Health Officials (NACCHO), primary data is defined as data collected directly, such as surveys, focus groups and key informant interviews. Secondary data are defined as data not collected directly, such as surveillance data, population data and incidence rates.

Florida Cancer Registry – Secondary Data

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS – Primary and Secondary Data

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time. This resource includes primary data through several surveys, and secondary data, including health indicator data.

Behavioral Risk Factor Surveillance System (BRFSS) – Primary Data in Florida CHARTS

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.

Florida Youth Tobacco Survey (FYTS) – Primary Data in Florida CHARTS

The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

Florida Youth Substance Abuse Survey (FYSAS) – Primary Data in Florida CHARTS

This survey is given to middle and high school youth in public schools. This survey tracks indicators assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. The FYSAS and the FYRBS below are administered on alternating years.

Florida Youth Risk Behavior Survey – Primary Data in Florida CHARTS

This survey is given to middle and high school youth in public schools. The survey tracks indicators of behaviors that contribute to unintentional injuries and violence, substance use, physical activity, and dietary behaviors.

Florida-HealthFInder, Florida Agency for Health Care Administration (AHCA) – Secondary Data

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Robert Wood Johnson County Health Rankings

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

United States Census Bureau – Primary and Secondary Data

The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty. Data are also collected through the American Community Survey.

Data Limitations

All data presented in the following assessment are current as of February 2023, and whenever possible, comparisons were made between Jefferson County and the state of Florida as a whole. Some trend lines are three-year discrete rates to control for static trend lines and years where the rate was zero. Three- year discrete rates can give a more fluid view of the overall trend up or down.

It should be noted that data from the Community Themes and Strengths and Strengths Assessment, and the Forces of Change Assessment are representative of the persons who participated in the assessment. Data may or may not be generalizable to the entire Jefferson County community.

All survey data were used as supplemental information to further inform the group about health indicators. These data can offer supporting or negating documentation of health indicators found in Florida CHARTS and other quantifiable sources.

Vision Statement

Vision is the fundamental basis for guidance, both physically and metaphorically. Ultimately, it facilitates the direction of the planning process and creates the foundation for the CHA and the CHIP. Prior to beginning the data presentation on the health indicators in Jefferson County, a Themes and Strengths Visioning Assessment session was conducted. After a brief discussion about ideal qualities of health, the attendees were asked two significant questions, "What does a healthy community mean?" and, "What are the characteristics of a healthy Jefferson County?" The participants worked independently and collectively to identify common community themes and strengths and brainstormed to discuss and answer the above questions.

Answers were self-recorded on a notecard and then placed on a sticky wall in the front of the auditorium. Once responses were compiled, the attendees conjoined as each response was read aloud and categorically placed. Accordingly, the community members envisioned a healthy Jefferson County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.

Elements of the visioning exercise included participants engaging group discussions and creating vision statements that reflected on the themes and key values examined throughout the summit. Although all of the statements varied, the priority key values were consistent in all the statements. Each of the statements were presented and the community members voted to select the ideal vision statement for Jefferson County. After minor revisions, by a show of hands, the partners favored the adoption of, "Jefferson County will build community resilience through providing equal access to quality healthcare, health literacy, housing, transportation, healthy food and recreation for all of its residents," as the new vision.

Vision Statements

The following vision statements were created during the visioning session.

- A healthy Jefferson County is one where all residents have a normal BMI, routine preventative care, including dental and abstain from tobacco.
- Every citizen of Jefferson County will have access to available services for health care, transportation, healthy food and recreation, while increasing community resilience.
- A healthy Jefferson County is a place with total agency cooperation accessible to residents.
- Jefferson County will support healthy lifestyles through a community-wide culture of health and access to safe environments that provide healthy opportunities for youth, families and seniors.
- Achieving a healthier Jefferson County through the development of infrastructure, increasing access to care and services, and ensuring that all residents have the health literacy to make independent choices.

Table 1. Visioning Information by Category

Access	
We desire Jefferson County to be a place where everyone:	***We want to create a community that encompasses:***
Has access to care for all populations	Health care resources (mental, physical, spiritual, and substance abuse help)
Has access to education, mental health services, and substance abuse treatment	Un-fragmented system of care
Has resources to meet the needs of residents:	Specialized Health Training
• Health Care	• Comprehensive health care availability
• Mental and social health	Local, affordable healthcare, quality care access
• Transportation	Vibrant ancillary services – including rehabilitation and nursing homes
• Education	Access to preventative resources and public health availability
• Employment	Coordination of hospital and public health services
Knows what resources are available and where to find them	Healthy Babies
Has healthy food options and access to grocery stores with affordable choices	• Higher birth weights, lower body mass index (BMI), lower teen pregnancy, and lower STD rates
Has access to parks and recreational activities	Improved nutritional food options to support a healthy lifestyle
Has opportunities for residential activities	Safe built environments free from crime, drugs, and police brutality
Removes silos to allow everyone to support needs	Career and education opportunities
	Cooperation among residents

Comprehensive, Collaborative Cooperation	
A healthy community is one that is:	
Knowledgeable of the concerns of its citizens	Able to provide quality healthcare
Able to identify health needs	Can react and/or provide timely services
Thriving – where everyone is moving forward (i.e., health, economics, and education)	Tailors community development of creative solutions to address the issues of citizens
Conducts monthly community town hall meetings to resolve issues	Reaches common goals together as a group
Puts positive words into successful actions	Increases faith-based outreach and participation
Unified	

Resource and Infrastructure Development	
We desire Jefferson County to be a place with improved infrastructure – medical facilities, businesses, and opportunities – that is more enticing for people to move here.	
What does a healthy community look like?	
Residents thriving in all aspects of their lives to include physical, emotional, financial, and social well-being and health	A community with services such as hospitals, public health senior center, day care, and psychological counseling that meet the health and family needs
A healthy community is one that not only has jobs, but good paying jobs	Attractive environments for businesses and professionals
Well maintained roads, bridges, sewer systems, and water infrastructure	Access to good schools and colleges
Steady growth and planning	Progressive infrastructure
Adequate medical facilities	Controlled/low crime rates

After voting, the chosen vision statement was, “Jefferson County will build community resilience through providing equal access to quality healthcare, health literacy, housing, transportation, healthy food and recreation for all of its residents.”

Jefferson County Profile

Geography

Jefferson County, Florida is a rural county in North Florida that lies east of Tallahassee (Leon County). According to the U.S. Census Bureau, the county comprises 637 square miles, of which 598 (94%) square miles is land, and 38 (6%) square miles is water. Jefferson County is a conduit between South Georgia and the Gulf Coast. Part of the nationally protected St. Marks Wildlife Refuge is in Jefferson County.

Jefferson County includes 21 unincorporated communities and one city, Monticello, which serves as the county seat. The unincorporated areas are Alma, Ashville, Aucilla, Capps, Casa Blanca, Cody, Dills, Drifton, Fanlew, Festus, Fincher, Jarrott, Lamont, Limestone, Lloyd, Lois, Montivilla, Nash, Thomas City, Wacissa, and Waukeenah.

Education and Libraries

Public schools are managed under the Jefferson County School District. There is one public school for K-12 students and one second-chance school for K-12. In addition, there is one private school, Aucilla Christian Academy.

There is no secondary school, college or university in Jefferson County. The public school system works with Tallahassee Community College and North Florida College to offer dual enrollment classes on campus.

Jefferson County public libraries operate under the Panhandle Regional Library System. There is one library in Monticello, the R. J. Bailar Public Library.

Transportation

Interstate 10 runs east to west through the county and is considered the unofficial division between north and south Jefferson County. Other state highways through Jefferson County are US 90, US 19/27 and US 98. Major county roads include county roads 142 (Lake Road), 149 (Boston Highway), 257 (Salt Road), and 259 (Old Lloyd Road). State Road 59 intersects with US 90, Interstate 10 and US 27. The closest airports are Thomasville, Georgia, and Tallahassee, Florida.

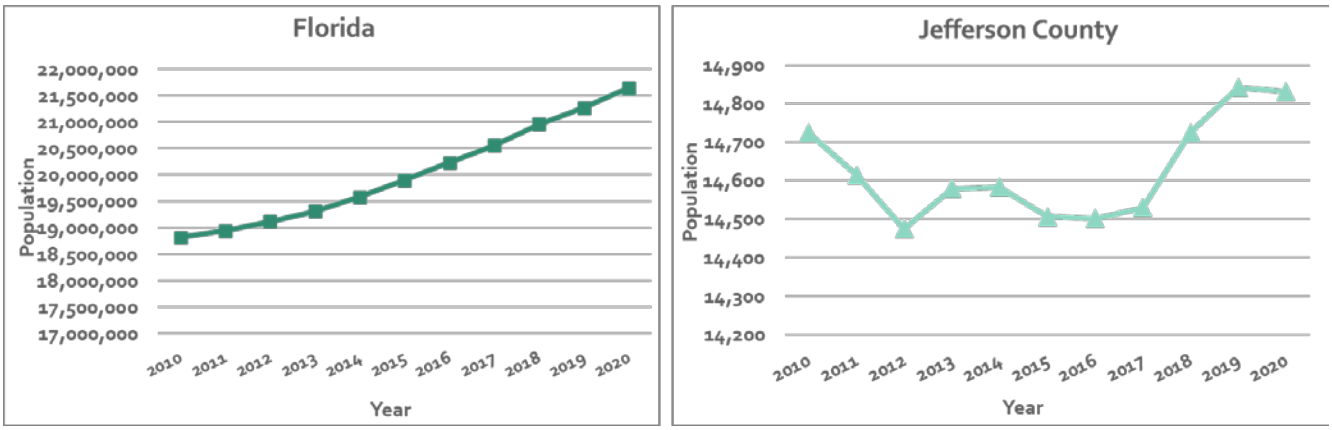
Water

Jefferson County has three major bodies of water, the Aucilla River, the Wacissa River, and Lake Miccosukee. Jefferson County is part of the Suwannee River Water Management District and the Northwest Florida Water Management District.

Jefferson County Population Demographics

Figure 2 shows population trends over time for Jefferson County and Florida. Jefferson County experienced a slight population decrease in 2020. Note that 2020 is the most current year for confirmed population data. Provisional population data show a decrease in 2021 and an increase in 2022. Jefferson County's 2020 population was 14,831.

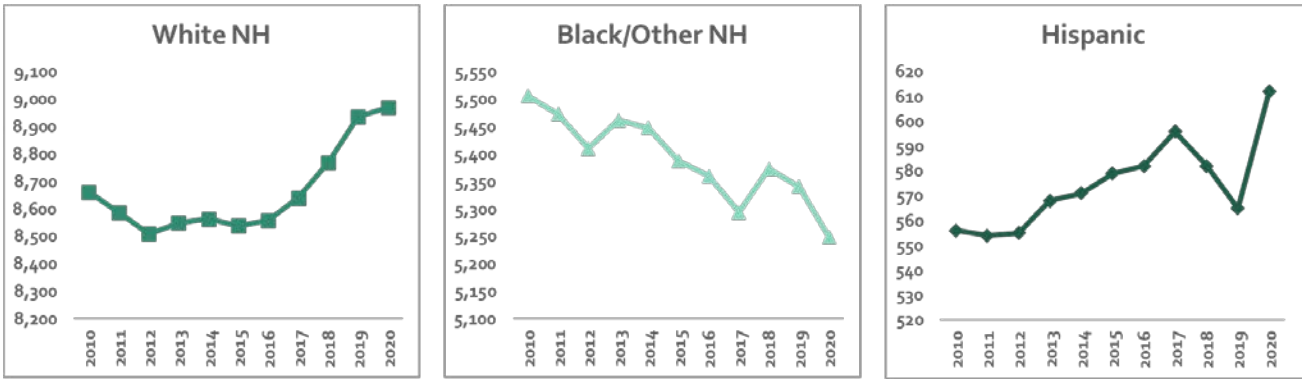
Figure 2. Population Trends for Jefferson County and Florida



Population by Race/Ethnicity, Gender, and Age

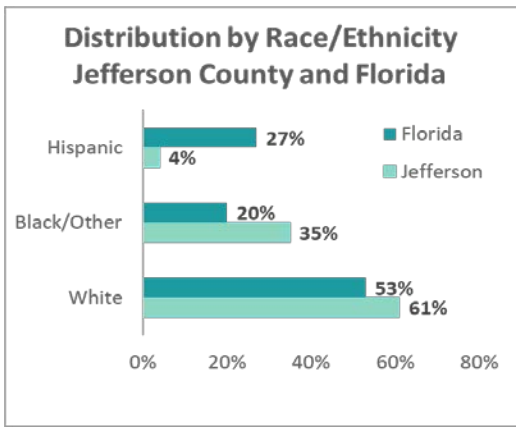
Figure 3 depicts population trends by race and ethnicity for Jefferson County. Note that Black and Other, non-Hispanic includes residents who are listed in the 2020 Census as Black, American Indian, Alaskan, Asian, Other, Unknown and Multiracial. Minority races other than Black represent a small percentage of residents. Florida CHARTS data are combined into a Black & Other category. Data for this assessment is consistent with Florida CHARTS.

Figure 3. Population Trends by Race and Ethnicity, Jefferson County



There have been decreases in the Black & Other, non-Hispanic population for Jefferson County. Provisional 2022 data for Jefferson County shows the population for White, non-Hispanics as 9,062, followed by 5,032 for Black & Other, non-Hispanics and 692 for Hispanics.

Figure 4. 2020 Population by Race and Ethnicity



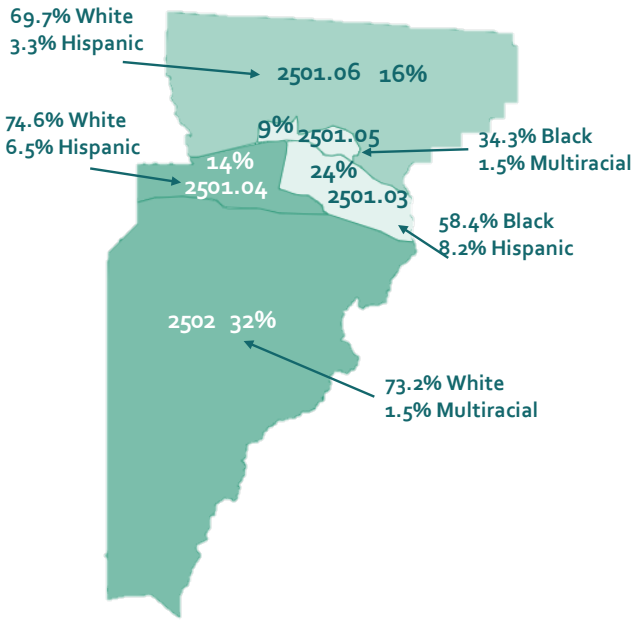
White, non-Hispanic residents comprised the majority for both Jefferson County and Florida in 2020. Jefferson County had higher percentage of Black & Other non-Hispanics compared to Florida. The state of Florida had a much higher percent of Hispanic residents than Jefferson County.

Males represented 53% of Jefferson County's population in 2020 and females accounted for 47%. The median age of Jefferson County residents was 47.2 years, higher than the state of Florida at 42.2 years.

Population by Census Tract, Jefferson County

Figure 5 shows the percent of population by census tract, along with race/ethnicity distributions. More than half of Jefferson County's population reside in census tracts 2502 and 2501.03. Census tracts with the highest percentage of Hispanic residents were 2501.03 and 2501.04. Black residents were more likely to live in census tracts 2501.03 and 2501.05. Census tracts 2501.04 and 2502 had the highest percentage of White residents.

Figure 5. Population Distribution by Census Tract, Jefferson County, 2016-2020



Census tract information by race/ethnicity, gender and age group are listed in Table 2. Data are shown as percent of population for each census tract. Summary information for specific populations is listed below for years 2016-2020 combined.

- Census tracts with the highest number of school age children (ages 5-19) were tracts 2501.06 and 2501.03

- Census tracts 2501.04 and 2501.05 had the highest number of women of childbearing ages 15-44
- Census tracts 2501.05 and 2501.06 had the highest number of seniors ages 65+

Table 2. Percent of Population Distributions by Census Tract, Jefferson County, 2016-2020

Race	**2501.03**	**2501.04**	**2501.05**	**2501.06**	**2502**
White	37.7	74.6	63.5	69.7	73.2
Black	58.4	20.3	34.3	28.6	24.8
Other	1.2	2.3	0.6	1.7	0.5
Multiracial	2.7	2.7	1.5	0.0	1.5
Hispanic (All Races)	8.2	6.5	1.2	3.3	1.1
Gender	**2501.03**	**2501.04**	**2501.05**	**2501.06**	**2502**
Male	74.3	47.1	40.2	44.6	49.2
Female	25.7	52.9	59.8	55.4	50.8
Age Group	**2501.03**	**2501.04**	**2501.05**	**2501.06**	**2502**
< 5	4.9	2.5	2.4	1.9	6.2
5-9	2.8	3.2	4.7	6.2	5.5
10-14	4.7	3.3	3.9	3.7	6.2
15-19	7.2	4.3	3.5	5.2	5.3
20-24	5.9	7.3	3.7	2.0	2.6
25-34	20.1	13.5	6.5	4.5	9.0
35-44	21.2	13.9	10.6	8.7	9.1
45-54	12.1	11.8	14.2	21.7	12.1
55-59	5.6	8.2	6.0	6.2	8.6
60-64	4.2	8.7	7.8	11.9	10.0
65-74	5.9	12.9	21.7	20.0	13.7
75+	5.6	10.4	15.2	8.0	11.7

Disabled Population Estimates for Jefferson County

The American Community Survey conducted by the U.S. Census Bureau asks questions about household members with disabilities. Data gathered from these surveys are used to estimate the number and percent of a county or state population with a disability. These data are reported annually for large counties, every three years for medium size counties and every five years for small counties. Because Jefferson County has less than 20,000 population, it is considered to be small.

The American Community Survey questions cover the six types of disability listed below. Anyone in the household meeting one or more of these criteria are considered to have a disability. More detailed information is available on the U.S. Census website www.census.gov/health/disability.

- Hearing - deaf or having serious difficulty hearing.
- Vision - blind or having serious difficulty seeing, even when wearing glasses.
- Cognitive - Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.

- Ambulatory - Having serious difficulty walking or climbing stairs.
- Self-care - Having difficulty bathing or dressing.
- Independent living - Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.

The 2017-2021 American Community Survey conducted by the U.S. Census Bureau shows that approximately 2,312 residents, or 18.0% of Jefferson County's population were disabled. Table 3 below provides estimates and percentages by age group. Data were not available by gender or race/ethnicity.

Table 3. Disabled Population Estimates by Age Group, Jefferson County

Age Group	Estimated Number	Percent of Population
< 18 Years	73	3.0%
18-64 Years	888	10.4%
65+ Years	1,351	38.3%

Table 4 provides the percent of Jefferson County population with a disability for 2016-2020 combined. The total percent of disabled population in Jefferson County was listed as 18.0%. Census tract 2501.05 had the highest percent of population with a disability, followed by census tract 2502, 2501.06, 2501.03 and 2501.04. Census tract 2502 had the highest percent of disabled population for ages under 18. Census tract 2501.03 had the highest percent of disabled population ages 18-64, and census tract 2501.06 had the highest percent of disabled population for ages 65 and older.

Table 4. Percent of Jefferson County Population with a Disability by Census Tract
2016-2020 Combined

	2501.03	2501.04	2501.05	2501.06	2502
Percent of Population with a Disability (18.0%)	17.1	12.4	21.1	19.3	19.9
Under Age 18 With a Disability (2.9%)	0.0	0.0	2.8	0.0	6.3
Ages 18-64 With a Disability (12.2%)	19.7	10.6	19.6	8.7	10.7
Ages 65+ With a Disability (43.1%)	42.5	25.1	30.1	54.3	52.2

English as Second Language (ESL) in Jefferson County

According to Bureau of the Census American Community Survey for 2020, about 2.1% of Jefferson County residents ages five and older could speak English less than very well. This is significantly less than the 11.8% of Florida total residents who could speak English less than very well in 2020. The average percent of Jefferson County residents who could speak English less than very well during 2009-2020 was 2.1%. ESL-specific data are not reported by census tract. However, the majority of known Hispanic residents resided in census tracts 2501.03 and 2501.04 during 2016-2020.

DOH-Jefferson Service Population

Data are provided for the calendar years 2020, 2021 and 2022. The advent of the COVID-19 epidemic starting in March 2020 impacted the demographics of DOH-Jefferson's service population. This is due to the numbers of people seeking testing and later vaccines for COVID-19. The majority of people seen for COVID-19 services were new patients that did not seek other services at the health department.

Females represented the majority of patients during all three years with 60% in calendar year 2020, 56% in 2021 and 61% in 2022. The percent of total patients ages 65+ grew from 21% in 2020 to 51% in 2021 due to COVID-19 vaccination clinics. The percent of total patients for this age group dropped to 44% in 2022; however, ages 65+ accounted for the highest percent of patients in all three years.

Figure 6. DOH-Jefferson Client Demographics, 2020-2022, by Year

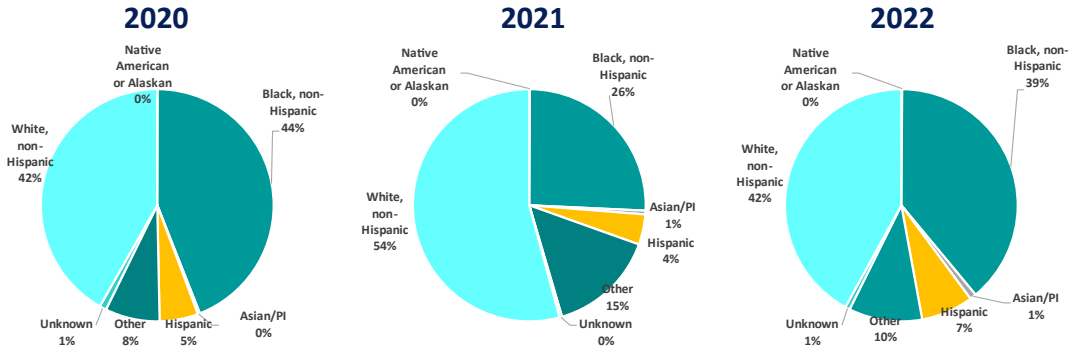


Table 5 shows clients, visits, and services for calendar years 2020, 2021 and 2022. These include COVID-19 testing in 2020, COVID-19 testing and vaccines in 2021, and a gradual return to normal business operations in 2022. There was a spike in the number of clients, visits and services in 2021 because of COVID-19 testing and vaccine activities.

Table 5. DOH-Jefferson Clients, Visits and Services by Year, 2020-2022

2020			
Program	**Clients**	**Visits**	**Services**
01 Immunizations – State Provided Vaccines	115	130	367
02 Sexually Transmitted Disease Services	120	194	678
03 HIV/AIDS Services	43	52	55
04 TB Control Services	43	78	132
05 Immunizations – Non-state Provided Vaccines	39	44	77
09 Hepatitis	3	3	6
16 Public Health Preparedness and Response	1,550	2,079	2,147
17 Adult Federal Vaccine	84	97	100
23 Family Planning Services	214	472	30,038
24 Improved Pregnancy Outcome (IPO) (Non-CHD)	2	2	12
25 Improved Pregnancy Outcome	36	215	990
27 Healthy Start Prenatal – CHD	20	20	40
29 Comprehensive Child Health	36	36	51
37 Comprehensive Adult Health Services	82	120	222
82 General Public Health	16	16	16

2021			
Program	**Clients**	**Visits**	**Services**
01 Immunizations – State Provided Vaccines	76	83	258
02 Sexually Transmitted Disease Services	131	193	635
03 HIV/AIDS Services	15	15	15
04 TB Control Services	34	58	89
05 Immunizations – Non-state Provided Vaccines	5	6	11
09 Hepatitis	4	4	4
16 Public Health Preparedness and Response	698	789	791
17 Adult Federal Vaccine	3,830	8,078	8,109
23 Family Planning Services	182	368	19,214
25 Improved Pregnancy Outcome	29	239	805
27 Healthy Start Prenatal – CHD	7	7	14
29 Comprehensive Child Health	39	39	62
37 Comprehensive Adult Health Services	36	64	126
82 General Public Health	8	8	8

2022			
Program	**Clients**	**Visits**	**Services**
01 Immunizations – State Provided Vaccines	132	189	728
02 Sexually Transmitted Disease Services	147	254	1,086
03 HIV/AIDS Services	2	4	13
04 TB Control Services	15	30	74
05 Immunizations – Non-state Provided Vaccines	1	1	2
06 Communicable Disease Surveillance & Investigation	96	116	117
09 Hepatitis	5	5	5
16 Public Health Preparedness and Response	19	19	19
17 Adult Federal Vaccine	1,137	1,490	1,504
23 Family Planning Services	214	435	26,838
25 Improved Pregnancy Outcome	46	228	870
27 Healthy Start Prenatal – CHD	11	11	22
29 Comprehensive Child Health	64	64	91
37 Comprehensive Adult Health Services	26	45	91
82 General Public Health	3	3	3

Health Disparity and Population

The Centers for Disease Control and Prevention defines health disparities as, “preventable circumstances relating to individuals' health status based on social factors such as income, ethnicity, education, age and gender.” This report will include health disparities as part of the analyses of reportable diseases, injuries, chronic conditions, birth outcomes, mental health diagnoses and substance use indicators.

In the following analysis, a disease or condition will be reported as a health disparity if the percentage of total disease or health condition exceeds the percent of total population by race/ethnicity or gender. For example, if the percent of Black & Other, non-Hispanic diabetes deaths is higher than 40%, which is the percent of population for Black & Other, non-Hispanics in Jefferson County, it shows that Black & Other, non-Hispanic residents are disproportionately impacted.

Socioeconomic Barriers to Health

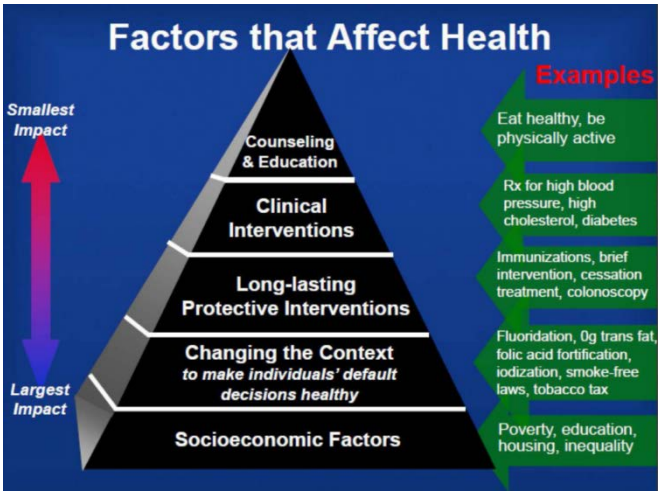
Overview

When analyzing health indicators, it is important to also examine the socioeconomic barriers to health. These are non-health related issues that affect individual health outcomes and by extension, the overall health of a community. This concept was introduced to the public originally through the Healthy People 2020 initiative.

The updated Healthy People 2030 initiative definition of socioeconomic barriers to health as, "The conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The Healthy People 2030 goal is, "Create social and physical environments that promote good health for all."

Figure 7. Factors that Affect Health

The World Health Organization and the National Academies of Sciences, Engineering and Medicine have emphasized the importance and cost effectiveness of addressing the socioeconomic barriers to health in order to improve overall health outcomes. Figure 7 shows that addressing socioeconomic factors has the broadest impact on public health, when compared to individual counseling and education, patient treatments, preventive interventions, and legal or educational campaigns.



The Socioeconomic Barriers to Health are divided into the categories of Access to Health Care, Economic Stability, Education, Neighborhood and Built Environment, and Social and Community Context. Each of these categories is addressed in this section.

Access to Health Care

Access to health care includes access to primary care, health insurance, health literacy and transportation/telehealth access. Some of the negative outcomes that can occur without access to health care include:

- Limited or no access to primary care means less preventive health services and no early detection of health care issues
- Lack of insurance and/or high out-of-pocket costs means less preventive care
- Physician shortages can mean longer wait times and delayed care
- Lack of transportation can lead to only emergency care
- Limited or no access to broadband internet is a barrier to accessing telehealth services
- Persons who do not speak English are less likely to receive health care services and preventive screenings

Figures 8 and 9 give an inventory of health care facilities and health care providers. Jefferson County has two nursing homes and no hospital. There are no inpatient mental health, substance abuse, or rehabilitation/skilled nursing facilities. Note that the licensed clinicians shown below may not practice in Jefferson County. Residential address is linked to clinician licenses in the Department of Health Medical Quality Assurance system.

In 2020, the ratio of Jefferson County Health Department employees to residents was 1 employee for every 148.3 Jefferson County residents. This compares to 1 employee for every 47.8 residents for the state of Florida combined.

Figure 8. Health Care Facilities, by Type, Jefferson County, 2020

▪ 0 Hospital Beds	▪ 0 Intensive Residential Treatment Facility (IRTF) Beds
▪ 0 Acute Care Beds	▪ 0 NICU Beds
▪ 0 Adult Psychiatric Beds	▪ 0 Rehab Beds and 0 Skilled Nursing Unit Beds
▪ 0 Adult Substance Abuse Beds	▪ 0 Specialty Beds
▪ 0 Child/Adolescent Psychiatric Beds	▪ 157 Nursing Home Beds

Figure 9. Health Care Providers, by Type, Jefferson County, Fiscal Year 2020-2021

▪ 8 Licensed, Active MDs o 2 Family Practice Physician o 0 Internal Medicine o 0 OB/GYN o 1 Pediatrician o 5 Other practice	▪ 22 Full-Time Health Department employees
▪ 13 EMTs/Paramedics	▪ 19 APRNs ▪ 146 Registered Nurses
• 1 Licensed Dentist	▪ Licensed Mental/Behavioral Health Providers o 8 Clinical Social Workers o 0 Marriage and Family Therapists o 7 Mental Health Counselors o 1 Psychologist
▪ 9 Dental Hygienists	

The most recent Robert Wood Johnson Foundation County Health Rankings estimates the ratio of residents to primary care physicians to be 2,850 residents to one physician in Jefferson County, 1,370 residents per one physician for Florida and 1,310 residents for one physician for the United States. Table 6 shows the ratios for dentists and mental health providers from the County Health Rankings.

Table 6. Ratio of Health Care Providers to Residents, Robert Wood Johnson Foundation, 2022

	Jefferson	Florida	U.S.
Dentists	1:2,910	1:1,630	1:1,400
Mental Health Providers	1:1,820	1:550	1:350

Health insurance can impact the ability to access health care. There may be primary care providers located in a local area; however, these providers may not accept certain types of health insurance. This is particularly true for Medicaid and Medicaid HMOs.

In 2020, approximately 12.7% of residents ages 19-64 were uninsured, as were 1% of residents less than 19 years of age. About 45% of Jefferson County's residents were enrolled in either Medicaid or Medicare. Approximately 19.8% were enrolled in Medicaid and 25% were enrolled in Medicare. The most recent Robert Wood Johnson County Health Rankings estimate the number of uninsured people in Jefferson County to be 15%, compared to 16% for Florida and 11% for the United States.

Figure 10. Percent of Population Enrolled in Medicaid, Jefferson County and Florida

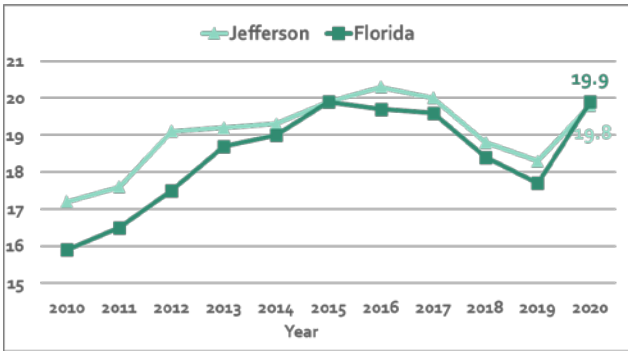


Figure 10 shows an increase in the percent of population enrolled in Medicaid for Jefferson County and for Florida in 2020. This is most likely due to the advent of the COVID-19 epidemic. Jefferson County had a higher percent of population enrolled in Medicaid than the state of Florida until 2020. Medicaid eligibility data as of December 31, 2021, calculate 3,198 residents, or 22% of the population for Jefferson County, are eligible for Medicaid.

Jefferson County ranked 37 out of 67 counties for the highest percent of population enrolled in Medicaid. The Northwest and North Central areas of Florida include most of the counties with high Medicaid enrollment rates.

Table 7 provides health insurance data by census tract for the years 2016-2020 combined. Census tracts 2501.04 and 2501.06 had the highest percent of population without health insurance. Tract 2501.03 had the highest percent of population with public health insurance. Residents in census tracts 2501.04 and 2502 were more likely to have private health insurance.

Table 7. Health Care Coverage by Census Tract, Jefferson County, 2016-2020 Combined

	2501.03	2501.04	2501.05	2501.06	2502
With private health insurance	48.2	69.8	63.4	61.7	69.1
With public health insurance	64.0	30.3	52.0	49.3	45.8
No health insurance coverage	3.3	16.3	6.8	8.7	3.5
<19 years of age no health insurance	0.0	0.0	8.5	0.0	1.2

With telehealth becoming more widely utilized, the need for broadband internet connections is increasing. In 2020, 75.3% of Jefferson County households had access to broadband internet, compared to 85.4% for Florida as a whole.

Economic Stability

Economic stability includes employment, wages, poverty, and food insecurity. Some of the negative outcomes associated with economic stability are listed below.

- Persons who are unemployed or underemployed will most likely not have access to health insurance or be able to pay out-of-pocket
- Poverty can lead to issues with health insurance, food insecurity, inadequate housing, access to medical services and transportation
- Adults who are food insecure are more likely to be obese and suffer from chronic diseases
- Children who do not eat regularly or do not eat a variety of healthy foods are at risk for developmental and mental health issues, as well as obesity

The link between economic stability and health outcomes was recently reinforced in the Journal of American Medical Association (JAMA) publication, "History of Low Hourly Wage and All-Cause Mortality Among Middle-aged Workers," released on February 21, 2023. The findings stated that workers who had wages below the poverty line for a family of four over a long period time were 38% more likely to die within 12 years than those who did not have low wages. The risk doubled for workers who met the poverty criteria above and also had periods of unemployment. Follow the link JAMA Article February 2023 to read the entire article.

Figure 11. Individual Poverty Rates
Jefferson County and Florida

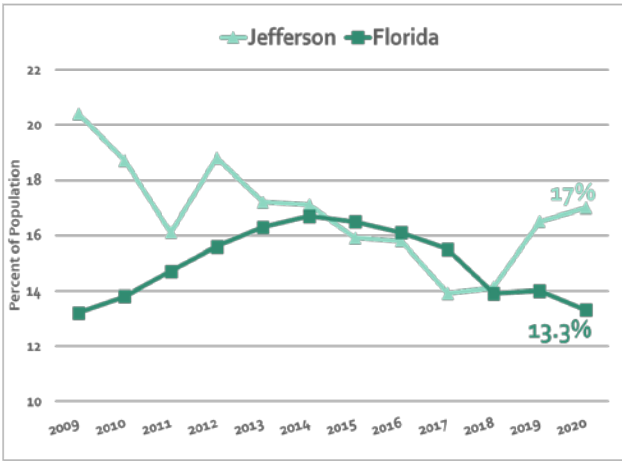
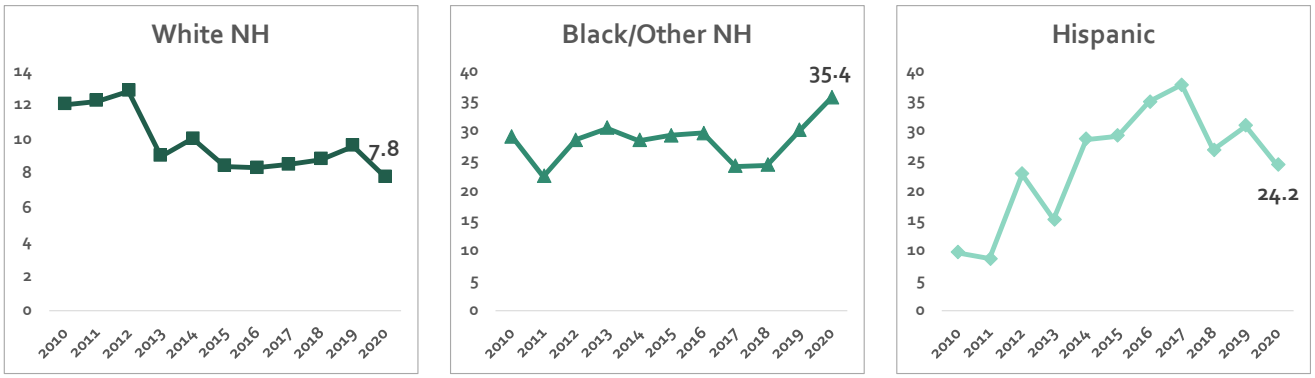


Figure 11 depicts the individual poverty rates for Jefferson County and Florida. Refer to Appendix 1 for the definition of poverty levels for 2020. The poverty rate for Jefferson County ranked 26 highest out of 67 counties in 2020. The percent of persons under age 18 living in poverty in Jefferson County in 2020 was 27.8%, compared to 18.7% for Florida. Approximately 17.8% of Jefferson County residents ages 65+ were living below 150% poverty level in 2020, compared to 20.0% for Florida. About 35% of individuals in Jefferson County were living below 200% poverty level in 2020, compared to 33% for Florida.

2020 individual poverty rates by race and ethnicity show a disparity. Approximately 7.8% of White, non-Hispanic residents were below poverty level in 2020, compared to 35.4% for Black & Other, non-Hispanic residents and 24.2% of Hispanic residents. Figure 12 shows Jefferson County trend lines for years 2010-2020 by race and ethnicity.

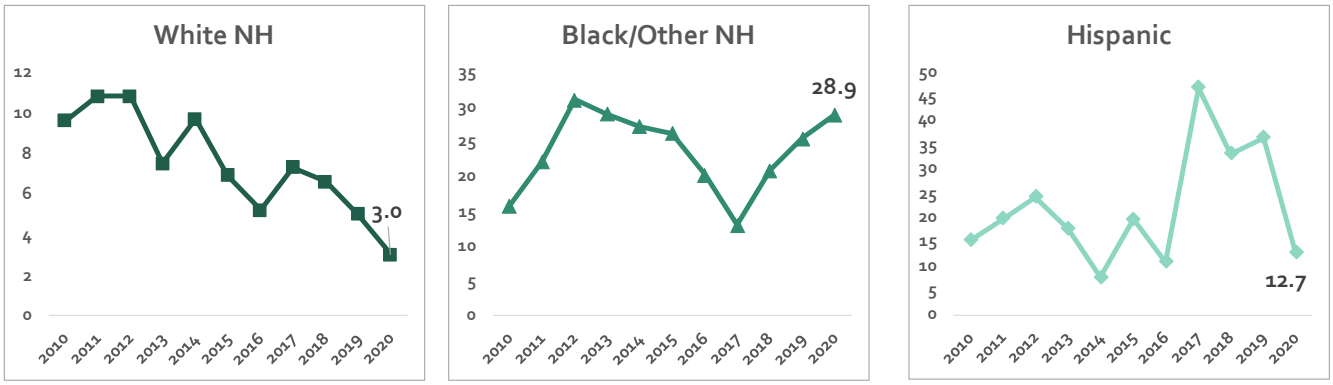
Figure 12. Percent of Individuals Below Poverty Level, by Race & Ethnicity
Jefferson County, 2010-2020



Jefferson County poverty rates for families was lower than Florida until 2018. In 2020, 11.8% of Jefferson County families lived below the poverty level, compared to 9.4% for Florida. For female head of household families with children under age 18, the percent living below poverty level was 42.4% for Jefferson County and 31.8% for Florida. In this area, Jefferson County had higher poverty rates.

Family poverty rates by race and ethnicity also show disparities. The percent of Black & Other, non-Hispanic families and the percent of Hispanic families living below poverty in 2020 was significantly higher than that of White, non-Hispanic families. Figure 13 shows Jefferson trend lines for years 2010-2020 by race and ethnicity.

Figure 13. Percent of Families Below Poverty Level, by Race & Ethnicity, Jefferson County, 2010-2020



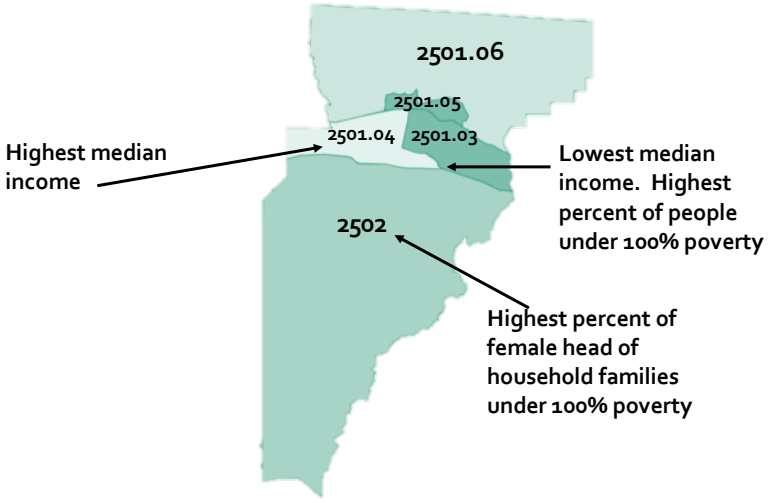
The median income for Jefferson County residents in 2020 was $49,081, compared to $57,703 for the state of Florida. Data by race and ethnicity for 2020 were not reported but were reported for 2021. The 2021 data show that the median income for White residents in Jefferson County was $66,062. This compares to $37,525 for Black residents and $60,625 for Hispanic residents. Note that the Hispanic data includes all races and will be duplicated in either the White or Black income data.

Table 8 and Figure 14 below show income and poverty data by census tract for Jefferson County for years 2016-2020 combined. Census tract 2501.03 had the lowest median income for the time period. Census tract 2501.03 also had the highest percent of residents living below poverty level. Census tract 2502 had the highest percent of female head of households living below poverty level.

Table 8. Income and Poverty Data by Census Tract, Jefferson County, 2016-2020 Combined

	2501.03	2501.04	2501.05	2501.06	2502
Median Income ($)	45,087	73,385	53,393	76,143	66,583
Percent of People Under 100% Poverty	38.3	11.1	19.6	9.5	14.7
Percent of Families Under 100% Poverty	28.0	3.0	12.6	6.5	13.3
Percent of Female HOH Families Under 100% Poverty	32.7	25.4	21.7	33.3	37.4

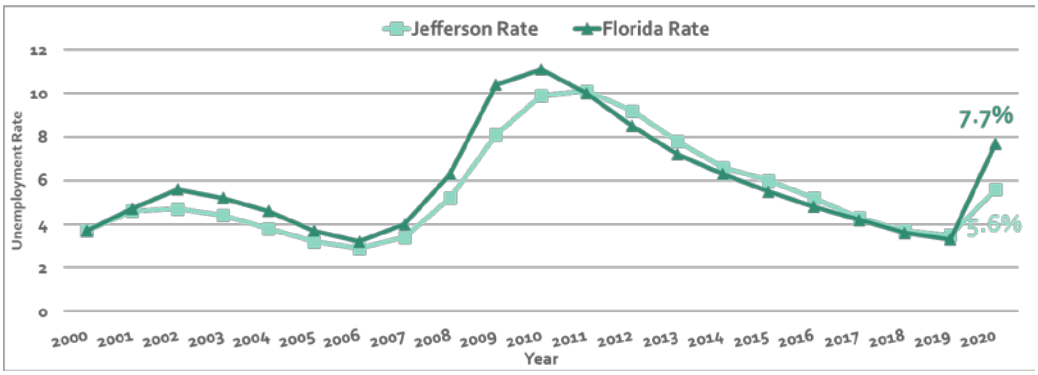
Figure 14. Income and Poverty Data by Census Tract, Jefferson County, 2016-2020 Combined



Employment data are provided as unemployment rates and percent of civilian labor force unemployed. The Unemployment Rate is the ratio of unemployed to the civilian labor force, expressed as a percent. For these data, just a percentage is provided. The data source is the United States Department of Labor, Bureau of Labor Statistics. The Unemployed Civilian Labor Force is the number of persons in the civilian labor force age 16 and over who are unemployed divided by the total number of people in the civilian labor force age 16 and over, expressed as a percent. For this data, both a count and a percentage are provided. The data source is United States Bureau of the Census, American Community Survey, Table DP03.

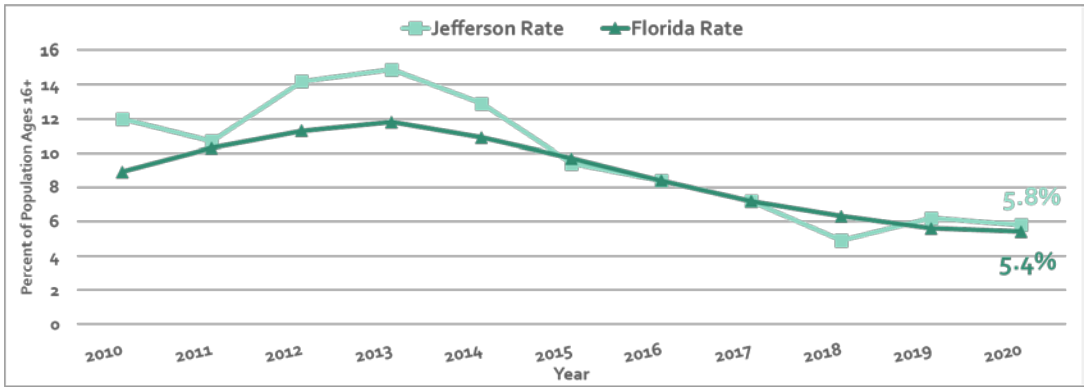
Jefferson County's unemployment rates and percent of civilian workforce unemployed are less than the state of Florida. The unemployment rates statewide, and in Jefferson County, increased significantly in 2020, from 3.3% to 5.6% for Jefferson County, and from 3.3% to 7.7% for Florida. This is most likely due to the beginning of the COVID-19 epidemic.

Figure 15. Unemployment Rates, 2000-2020, Jefferson County and Florida



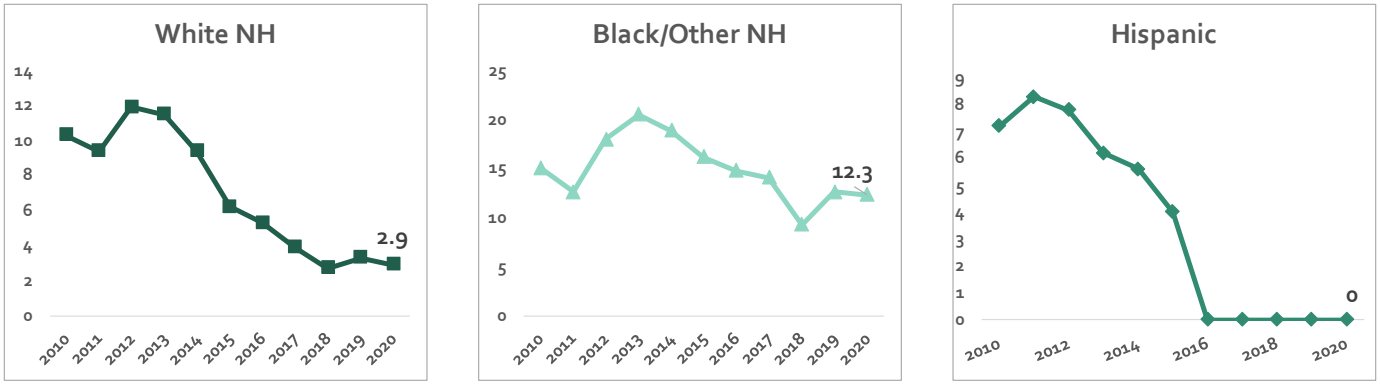
The percent of civilian workforce unemployed does not reflect the same increase for 2020. The percent of unemployed residents ages 16+ for Jefferson County was higher at 5.8%, compared to 5.4% for Florida.

Figure 16. Percent of Civilian Workforce Ages 16+ Unemployed, 2010-2020
Jefferson County and Florida



There are some differences when looking at these data by race and ethnicity. Figure 17 shows that the percent of White, non-Hispanic Jefferson County residents ages 16+ and unemployed, was 2.9% in 2020, compared to 12.3% for Black & Other, non-Hispanic residents and 0.0% for Hispanic residents.

Figure 17. Percent of Civilian Workforce Ages 16+ Unemployed by Race and Ethnicity
2010-2020, Jefferson County



Access to nutritional food is a subset of economic stability. Food insecurity rates for adults and children are available through 2019. The food insecurity rate is the percent of population that does not have consistent access to healthy food. From 2014-2018, Jefferson County's food insecurity rate was higher than the state. This rate dropped below the state in 2019, prior to the start of the COVID-19 epidemic in 2020. Data for 2020 and 2021 are not yet available. These data are not available by race or ethnicity.

Figure 18. Food insecurity rates for adults and children, 2014-2019, Jefferson County

Data from Feeding America estimates that the overall food insecurity rate for Jefferson County in 2020 was 12.4%, with 1,770 residents who were food insecure. Breakdowns by race and ethnicity show the food insecurity rate for White, non-Hispanic residents to be 6.0%, and 23.0% for Black residents of all ethnicities. Hispanic data were not available. Food insecurity rates for Jefferson County residents under age 18 was 21.9% in 2020, with 510 residents who were food insecure.

Education

This Socioeconomic Barrier to Health category includes early childhood education and development, high school graduation, enrollment in higher education, English as a Second Language, and literacy levels. Some of the negative outcomes associated with education are listed below.

- Lack of higher education can mean lesser-paying jobs with more safety hazards, less opportunity for health insurance, and less opportunity for adequate housing.
- Health literacy is linked to overall literacy. People with low literacy levels may find it difficult to understand written or verbal instructions from a health care provider or pharmacist.

The Early Steps Program serves infants and toddlers under three years of age who have developmental delays or an established condition likely to result in a developmental delay. Examples of these conditions are autism spectrum disorder, cerebral palsy, Down Syndrome, deafness and hard of hearing and visual impairment.

Positive early learning experiences are crucial for later success in school, the workplace, and the community. Families benefit from early intervention by being able to better meet their children's needs. Early intervention services also benefit the community by lowering the costs of special education and social welfare programs.

Figure 19. Percent of Children < 3 Served by Early Steps

Figure 19 depicts the percent of children under age 3 served by Early Steps in Jefferson County and Florida. The percent of children served by Early Steps was higher for Jefferson County than for Florida from 2016-2018. There was a substantial decrease in the percent served for 2019 in Jefferson County, followed by an increase in 2020.

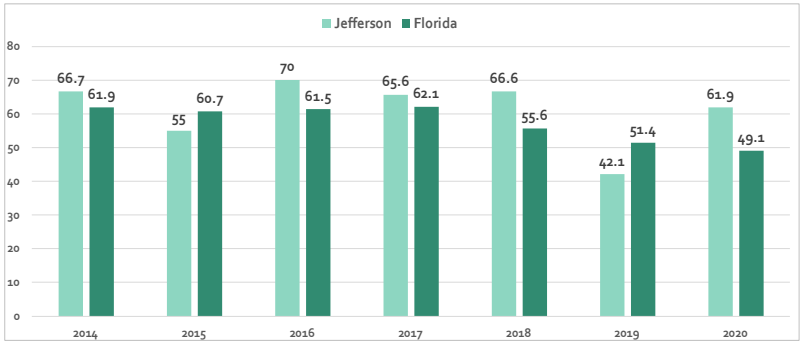


Table 9 lists the percent of children entering Kindergarten who score 500 or higher on the Florida Kindergarten Readiness Screener. State law requires screening for all public-school kindergarten students within the first 30 days of the school year. Kindergarten teachers use the results to help understand each child's readiness for school and plan lessons to meet individual needs. Jefferson County's scores have been significantly lower than that of Florida during the five-year period. There was a slight increase in 2020 for Jefferson County. Note that the school year indicated below runs from September through June annually.

Table 9. Percent of Children Entering Kindergarten Determined Ready, 2017-2020
Jefferson County and Florida

School Year	Jefferson County	Florida
2017	30.8	53.9
2018	38.0	52.7
2019	29.8	53.4
2020	32.3	56.9

Table 10 compares the percent of third grade students with passing Florida Standards Assessment (FSA) English and Math scores by school year. Jefferson County's percent of passing English and Mathematics scores fluctuated during the time frame. There were significant decreases in the percents of passing English and Math scores during 2020-21 compared to 2018-2019. Note that testing did not take place during the 2019-2020 school year due to COVID-19. These trends are consistent with the state and show the impact of the COVID-19 epidemic on test scores.

Table 10. Percent of Third Grade Students with Passing FSA English and Math Scores, 2014-2020
Jefferson County and Florida

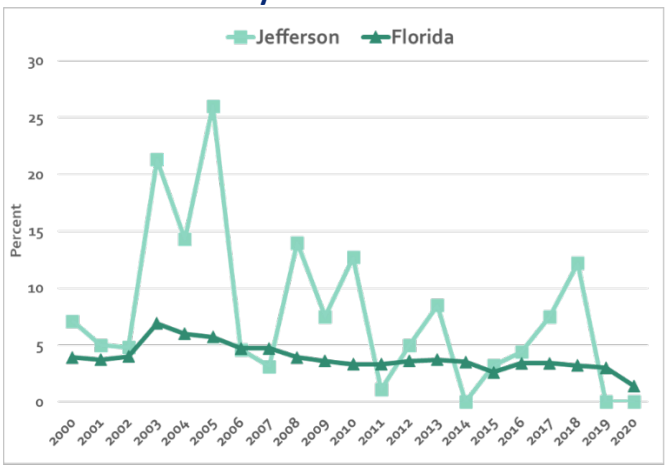
School Year	Jefferson English %	Florida English %	Jefferson Math %	Florida Math %
2014	25	54	43	59
2015	30	54	45	61
2016	41	58	37	62
2017	36	57	57	62
2018	45	58	51	62
2019	Not Reported	Not Reported	Not Reported	Not Reported
2020	28	56	43	51

Figure 20 represents trend lines for the percent of elementary and middle school students not promoted for both Jefferson County and Florida. The trend lines for Florida show declines over time, while Jefferson County's trend lines are more static. Data are not available by race/ethnicity or gender.

Data were not reported for Jefferson County during school years 2014-15, 2019-20 and 2020-21. During 2018-2019, the percent of Jefferson County Elementary School students not promoted was at a high of 12.2%. The percent of Jefferson County Middle School students not promoted was 16.3% for 2018-2019, which was a decrease from the 31.1% during the prior school year.

Figure 20. Percent of Elementary and Middle School Students Not Promoted, 2000-2020
Jefferson County and Florida

Elementary School Students



Middle School Students

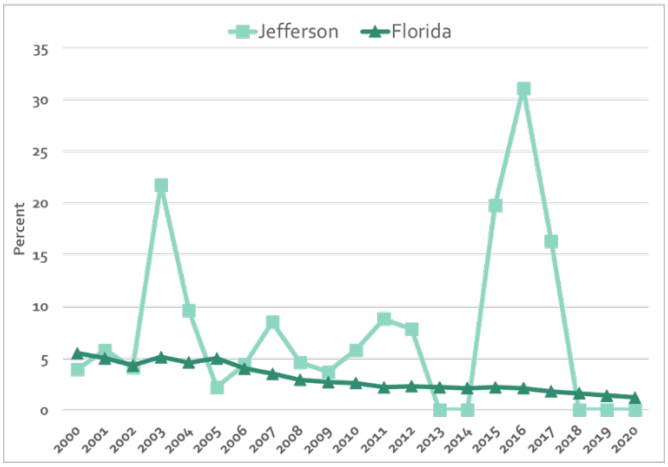


Figure 21. Graduation Rates for Jefferson County and Florida, 2001-2020

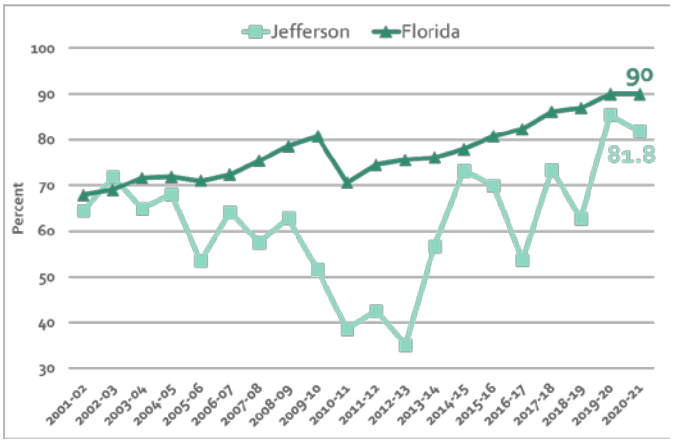


Figure 21 provides graduation rate trend lines for Jefferson County and Florida. Jefferson County's graduation rates were less than those of Florida during the time frame. Jefferson County's rates decreased during the 2020-2021 school year.

When analyzing data for the 2020-2021 school year by gender, the graduation rate for males was 85.2%, compared to 75.0% for females. Data by race shows that the graduation rate for Black & Other, non-Hispanics was 83.3% and 81.8% for White, non-Hispanics. Data for Hispanic students was not available.

School year 2020-2021 graduation rates for students with a disability was 0.0% and 84.2% for students who did not have a disability. The graduation rate for disadvantaged students was 80.0%, compared to 0.0% for students not disadvantaged. The definition of disadvantaged is any student determined to be eligible for free or reduced-price school meals under the National School Lunch Program.

In 2020, the percent of Jefferson County's population ages 25 and older with no high school diploma was 17.4%, compared to 11.5% for Florida. Figure 22 compares the percent of Jefferson County population ages 25+ with no high school diploma by race and ethnicity over the time frame 2010-2020. The percent of non-white residents of Jefferson County ages 25+ with no high school diploma was more than twice that of white, non-Hispanic residents in 2020. The percent in 2020 decreased for white, non-Hispanic residents and Black and Other, non-Hispanic residents of Jefferson County and increased for Hispanic residents.

Figure 22. Percent of Population Ages 25+ With No High School Diploma, by Race and Ethnicity Jefferson County, 2010-2020

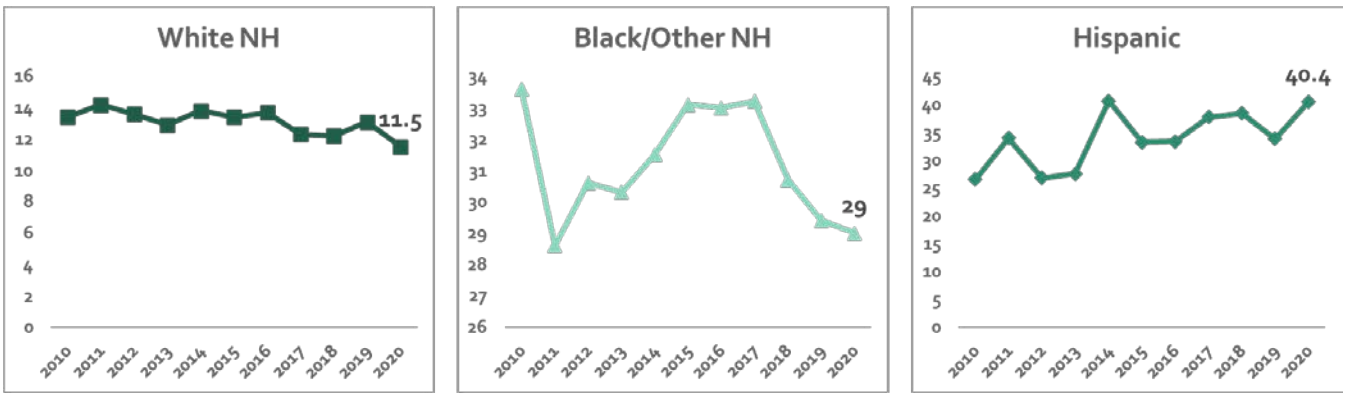


Figure 23 shows the percent of population with a bachelor's degree or higher for Jefferson County and Florida from 2009-2020. Jefferson County residents were less likely to have a college degree compared

to the state. In 2020, 30.5% of Florida residents had a bachelor's degree or higher, compared to 23.3% for Jefferson County residents. About 31% of White, non-Hispanic residents of Jefferson County had a bachelor's degree or higher in 2020, followed by 7.5% of Black & Other, non-Hispanic residents and 4.9% of Hispanic residents.

Figure 23. Percent of Population with a Bachelor's Degree or Higher, 2009-2020
Jefferson County and Florida

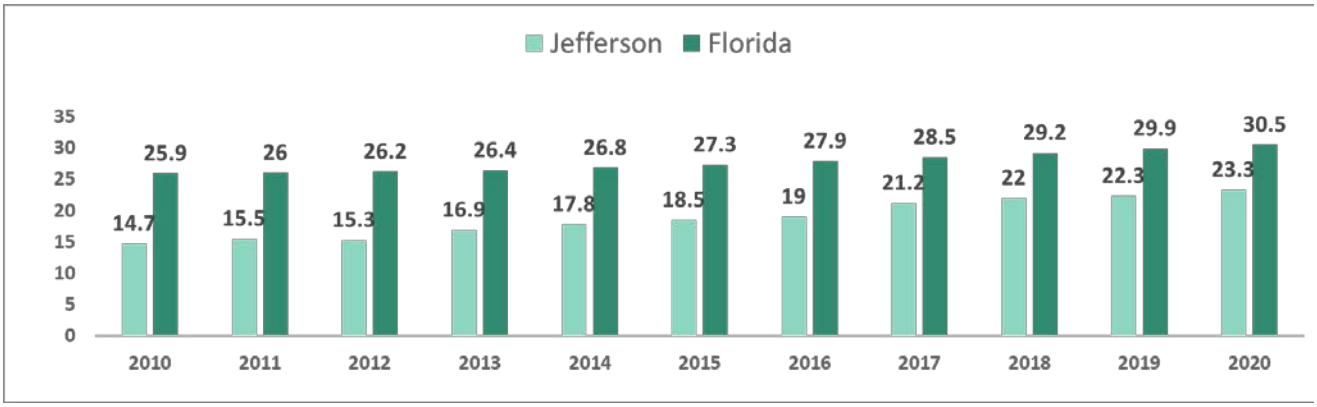
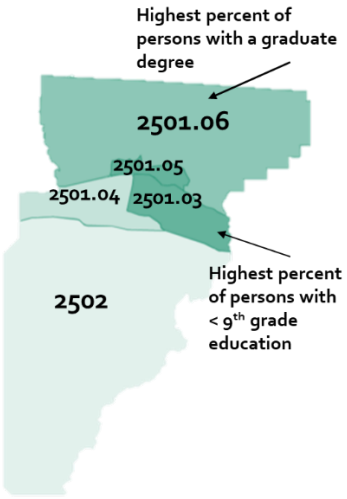


Table 11 and Figure 24 shows Jefferson County education data by census tract for the combined years of 2016-2020. Data are shown as percent of population ages 25+ for each census tract. Census tract 2501.03 had the highest percent of population with less than a 9th grade education. Census tract 2501.04 had the highest percent of population with a bachelor's degree. The highest percent of population with a graduate degree during the time frame was 2501.06.

Table 11. Education Data by Census Tract, 2016-2020, Percent of Population Ages 25+
Jefferson County

	2501.03	2501.04	2501.05	2501.06	2502
Less than 9th grade completed	9.6	3.6	2.4	2.1	3.5
Some high school completed	24.7	9.8	15.1	11.6	5.6
High school graduate	34.6	30.7	36.5	36.1	35.2
Some college	16.2	15.0	20.1	13.3	24.0
Associate degree	4.9	7.4	3.6	6.9	8.1
Bachelor's degree	7.3	21.0	13.2	16.3	16.5
Graduate degree	2.8	12.4	9.2	13.7	7.2

Figure 24. Education Data by Census Tract, 2016-2020, Percent of Population Ages 25+
Jefferson County



Neighborhood and Built Environment

Neighborhood and Built Environment includes access to housing, quality and safety of housing, quality and safety of neighborhood, transportation, and homelessness. Substandard housing can impact health outcomes by increasing the likelihood of asthma or other conditions related to a poor environment. Injuries also happen more often if a property has not been maintained. Substandard housing may have health risks like vermin, water leaks, mold, heat/AC issues. Some of the negative health outcomes associated with neighborhood and built environment are listed below.

- Poor water quality can lead to illnesses such as Giardia.
- Poor air quality can lead to cardiovascular issues and to issues with fetal and child development.
- Lack of air conditioning can lead to heat-related disease and death, as well as health hazards associated with mold growth.

Figure 25. Percent of Individuals Living in a Different House in the Prior Year, 2009-2020
Jefferson County and Florida

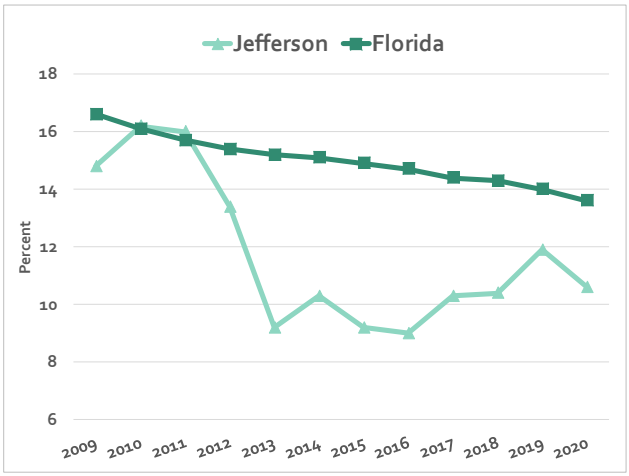


Figure 25 shows the percent of Jefferson County residents who lived in a different house in the previous year. This measure is an indicator of housing stability, which is essential information for analyses about employment, housing, education, health care, and the elderly. It is also used by local governments to forecast the demand for new public facilities such as schools, hospitals, libraries, and fire and police stations.

The trend line shows that Jefferson County has historically had lower percentages of residents who

moved annually, when compared to Florida. The percentage of movers has decreased over time for Florida and increased over time in Jefferson County until 2019. This percentage decreased in 2020 for Jefferson County and Florida. In 2020, the percent of residents who moved in the previous year was 10.6% in Jefferson County and 13.6% for Florida.

When analyzing these data by race and ethnicity, data show that Black & Other, non-Hispanic residents were less likely to have moved in the previous 12 months, compared to White, non-Hispanic residents and Hispanic residents. Data for 2020 show that 16.6% of Hispanic residents moved in the prior year, compared to 13.1% for Florida. Approximately 7.8% of Black & Other, non-Hispanic Jefferson County residents moved in the prior year, compared to 15.5% for Florida. Percentages for White, non-Hispanic residents in 2020 were 11.3% in Jefferson County and 13.1% in Florida.

Figure 26. Percentage of Owner-Occupied Housing Units, 2009-2020, Jefferson County and Florida

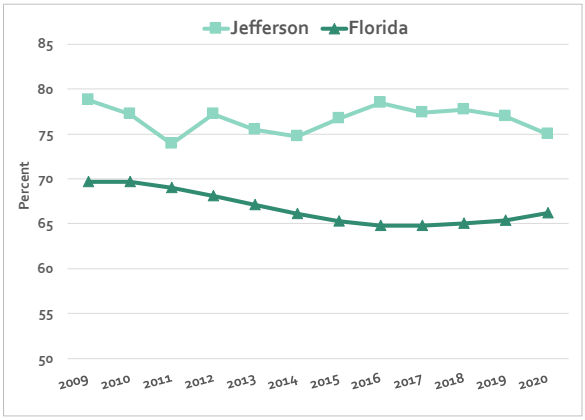
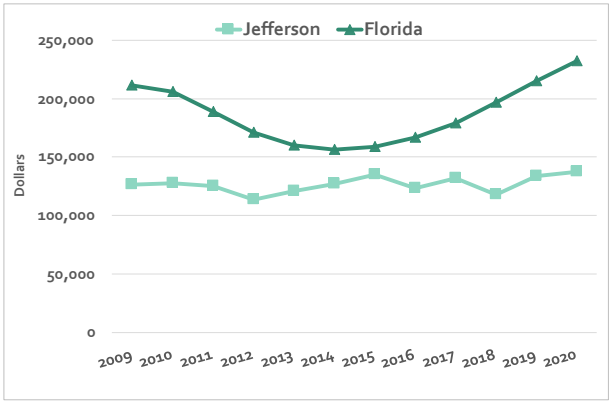


Figure 26 is trend lines for the percent of owner-occupied housing units for Jefferson County and Florida. This indicator refers to the percent of housing units that are lived in by their owners. Housing units can be a house, apartment, mobile home, a single room, or group of rooms that are considered separate. A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. This is another indicator of housing stability.

Jefferson County has consistently had a higher percentage of owner-occupied housing units than the state of Florida, although the percentage has been decreasing since 2018. In 2020, 75% of housing units in Jefferson County were owner occupied, compared to 66.2% in Florida. Data by race and ethnicity for 2020 show that 35% of Hispanic residents owned their home, compared to 52.7% for Florida. The percentage of Black & Other, non-Hispanic homeowners was 64.4% in Jefferson County and 46.4% in Florida in 2020. For White, non-Hispanic homeowners, the 2020 percentages were 80.6% in Jefferson County and 70.9% in Florida.

Figure 27. Median Owner-Occupied Unit Values 2009-2020, Jefferson County and Florida



Another indicator of housing stability is the median value of owner-occupied housing, shown in Figure 27. The median value is defined as the value where half of the housing values are higher, and half are lower. This indicator is used to develop assistance plans that target low-income, disabled, and elderly residents.

Median home values in Jefferson County have consistently been below those of the state and have

not experienced the increases in value that Florida has. In 2020, Jefferson County's median home value was $137,300, compared to $232,000 for Florida.

Table 12 shows housing quality indicators for Jefferson County for 2016-2020 combined. There were no housing quality indicators in Jefferson County that were identified as an issue. Only 0.2% of owner-occupied housing units in Jefferson County lacked kitchen facilities, compared to 0.7% for Florida. There were 0.7% of housing units in Jefferson County with no heat source identified, compared to 2.0% for Florida.

Table 12. Housing Quality Data by Census Tract, 2016-2020, Jefferson County

	2501.03	2501.04	2501.05	2501.06	2502
Percent of homes lacking complete plumbing facilities	0.0	0.0	0.0	0.0	0.5
Percent of homes lacking kitchen facilities	0.0	0.0	0.0	0.0	0.5
Percent of homes heated with electricity	85.2	93.0	93.6	86.5	86.9
Percent of homes heated with utility gas	1.4	0.5	0.0	0.0	0.6
Percent of homes heated with bottled, tank or LP gas	12.3	4.5	3.1	8.8	8.8
Percent of homes heated with fuel oil, kerosene	1.1	1.5	0.0	0.0	0.0
Percent of homes heated with wood	0.0	0.0	3.4	3.2	2.4
Percent of homes not heated	0.0	0.5	0.0	1.5	0.9

Access to transportation is included under neighborhood and built environment although it could be included in most of the other socioeconomic barriers to health. As noted in previous sections, transportation has an impact on Access to Health Care, and Economic Stability and Education.

The majority of Jefferson County residents ages 16+ commuted to work alone in a car, truck, or van. Census tracts 2501.03 and 2501.04 had the highest percent of population driving alone to work. There were about 9% of workers who carpooled to work. Workers carpooled more often in census tract 2501.06. Census tract 2501.03 had the highest percent of households with no vehicle. Less than 1% of Jefferson County residents walked to work. No households were documented as using public transportation.

Table 13. Transportation to Work by Census Tract, Ages 16+, 2016-2020, Jefferson County

	2501.03	2501.04	2501.05	2501.06	2502
Carpooled in Car, Truck or Van (9.2%)	5.2	6.7	18.0	24.2	9.6
Drove Alone in Car, Truck or Van (82.5%)	92.0	88.1	71.3	74.8	82.9
Used Public Transportation (0.0%)	0.0	0.0	0.0	0.0	0.0
Used Taxicab, Motorcycle, Bicycle or Other Means (0.8%)	2.1	0.0	4.1	0.0	0.7
Walked to Work (0.4%)	0.8	0.0	3.1	0.0	0.0
Worked at Home (4.3%)	0.0	5.2	3.5	1.0	6.8
Mean Travel Time to Work – Minutes (29.3)	20.5	28.7	29.9	30.7	31.4
No Vehicles in the Household (5.7%)	16.6	5.0	10.2	1.1	3.0
1 Vehicle in the Household (31.6%)	44.7	23.9	44.3	25.4	30.2
2 Vehicles in the Household (36.0%)	14.8	36.2	18.2	52.9	41.0
3 or More Vehicles in the Household (26.7%)	23.8	34.9	27.4	20.5	25.9

Social and Community Context

Factors that are included in this social determinant of health are discrimination and segregation, crime and incarceration, and social cohesion. Healthy People 2030 defines Social Cohesion as, "the strength of relationships and the sense of solidarity among members of a community." A community with high social cohesion is one that works toward the well-being of everyone, fights exclusion and marginalization of subpopulations, offers opportunities for upward mobility, and promotes trust. Discrimination is a barrier to social cohesion. Some of the negative health outcomes associated with social and community context are listed below.

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

Figure 28 shows trends of neighborhood racial segregation. Racial residential segregation as measured through the Dissimilarity Index, the differential distribution of individuals by race or other social or income factors. When the Racial Residential Segregation Index is less than 0.3 the county's population is "well integrated". Values between 0.3 and 0.6 indicate the county's population is "moderately segregated". Values above 0.6 indicate the county's population is "very segregated." In 2020, the Racial Residential Segregation Index was 0.3 for Jefferson County and 0.5 for Florida.

Figure 28. Racial Residential Segregation, 2015-2020, Jefferson County and Florida

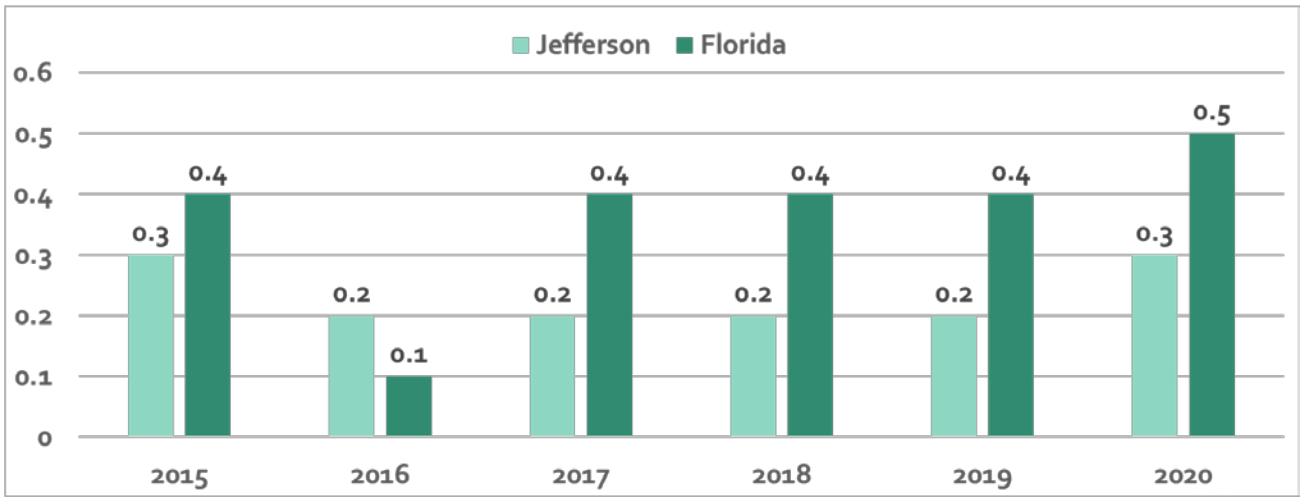


Figure 29 is the incarceration rate per 1,000 population for Jefferson County and Florida over time. The incarceration rate is the percent of resident population incarcerated at the state or county level during the year. Figure 29 shows the decrease in the incarceration rate in 2020 for both Jefferson County and Florida. This is most likely due to the COVID-19 epidemic when some law enforcement agencies made the decision to limit arrests to violent crimes. Data are not available by race/ethnicity or gender.

Figure 29. Incarceration Rate Per 1,000 Population, 2014-2020, Jefferson County and Florida

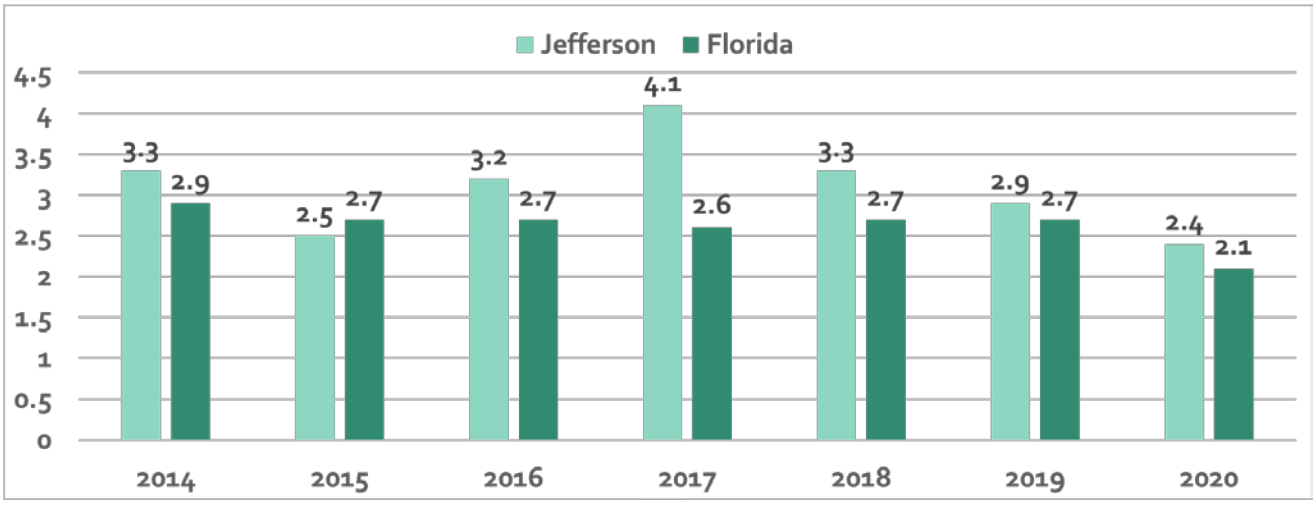
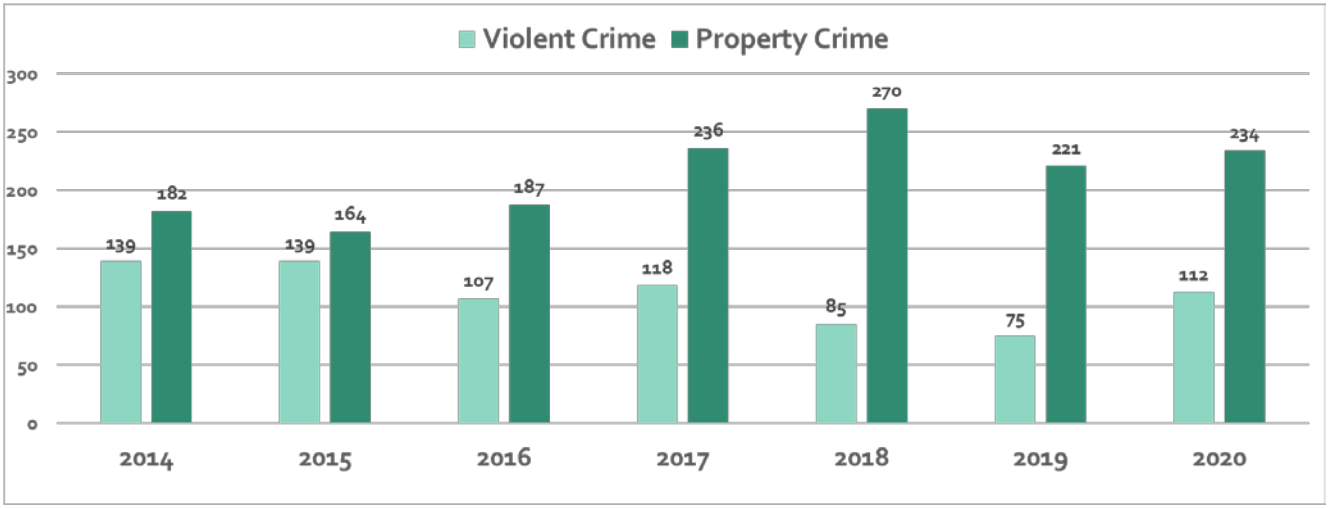


Figure 30 provides data on the number of violent crimes and property crimes committed in Jefferson County from 2014-2020. Data show a decrease in both types of crime in 2019 and an increase for both violent crime and property crimes in 2020. Data shown are actual numbers of crimes.

Figure 30. Jefferson County Crime Trends, 2014-2020



Significant Findings, Socioeconomic Barriers to Health

This section details some of the significant findings for all the socioeconomic barriers to health. These are listed below by category.

Access to Health Care

- Robert Wood Johnson County Health Ranking data for health care provider to resident ratios were disproportionately larger for Jefferson County, compared to the state.
    - 1 physician per 2,850 residents
    - 1 dentist per 2,910 residents
    - 1 mental health provider per 1,820 residents
- There was a dramatic increase in the number of Medicaid enrollees for Jefferson County and Florida during 2020. This is most likely due to the beginning of the COVID-19 pandemic.
- Approximately 20% of Jefferson County residents were enrolled in Medicaid and 25% were enrolled in Medicare.
- Approximately 75.3% of Jefferson County residents had access to broadband internet needed for telehealth services.

Economic Stability

- Although Jefferson County's individual poverty rates were only 9% higher than the state of Florida in 2020, poverty rates for racial and ethnic minorities were high. The percent of White, non-Hispanic individuals living below poverty level was 7.8%, compared to 35.4% of Black & Other, non-Hispanic residents and 24.2% of Hispanic residents.
- The percent of Jefferson County female head of household families with children under age 18 living below poverty level was 42.4%, compared to 31.8% for Florida.
- Jefferson County unemployment rates and the percent of civilian workforce ages 16+ who were unemployed were both less than the state of Florida in 2020. These increased slightly, most likely due to the start of the COVID-19 epidemic. These rates were significantly higher for Hispanic and Black & Other, non-Hispanic residents in Jefferson County.

- Data from Feeding America estimated that 12.4%, or 1,770 Jefferson County residents, were food insecure in 2020. The percentage of food insecure Black residents was 23%, compared to 6.0% for White residents. Hispanic data were not available. The percent of food insecure Jefferson County residents under age 18 was 22%.

Education

- Jefferson County had a lower percentage of kindergarten students who were determined to be ready (32.3%), compared to Florida (56.9%) in 2020.
- Only 23% of Jefferson County third grade students had a passing English FSA score in 2020. Only 43% of Jefferson County third grade students had a passing Math FSA score in 2020.
- The 2020 graduation rate for Jefferson County was 81.8%, compared to 90% for Florida.
- Approximately 17% of Jefferson County's residents ages 25+ did not have a high school diploma, compared to 11.5% for Florida. The percent for Black & Other, non-Hispanic residents with no high school diploma was 29%, compared to 40% for Hispanic residents and 12% for White, non-Hispanic residents.
- Jefferson County residents were less likely to have a bachelor's degree or higher in 2020 (23.3%), compared to Florida (30.5%).

Neighborhood and Built Environment

- During 2020, Jefferson County had a lower percentage of residents who moved in the previous 12 months, compared to Florida. This is a housing stability indicator.
- The percent of Jefferson County residents who own the housing unit in which they live is higher than the state of Florida. The percentage has been decreasing since 2018. This is also a housing stability indicator.
- 81% of White, non-Hispanic residents of Jefferson County owned their home, followed by 64% for Black & Other, non-Hispanic residents, and 35% for Hispanic residents.
- The median home value for Jefferson County was far below that of Florida in 2020. Home values in Florida are increasing annually, while Jefferson County home values remain level.
- For the combined period of 2016-2020, about 6% of Jefferson County households did not have a vehicle. Approximately 9% of residents carpooled to work.

Social and Community Context

- The 2020 Dissimilarity Index places Jefferson County in the moderately segregated category with a score of 0.3. This compares to 0.5 for the state of Florida.
- Jefferson County's 2020 incarceration rate was 2.4 per 1,000 residents, compared to 2.1 for Florida.
- The numbers of violent crimes and property crimes for Jefferson County increased in 2020 compared to 2019.

Life Expectancy and Cause of Death

The Robert Wood Johnson County Health Rankings for 2022 ranks Jefferson County 53 out of the 67 counties in Florida for overall health, which is in the fourth quartile for the state. One indicator of measurement for this is years of potential life lost (YPLL) to persons under age 75. This is expressed as number of years per 100,000 people in order to compare Jefferson County to other counties or to the state as a whole. For the combined years of 2018-2020, the YPLL for persons ages 75 and younger was 7,300 for the United States, 7,500 for the state of Florida and 9,700 for Jefferson County. The YPLL for Black residents of Jefferson County was 11,900, compared to 8,600 for White residents.

Table 14 shows estimated life expectancy in years by census tract as well as overall for Jefferson County and Florida for the time period of 2015-2019 combined. The chart includes average years as a total and by gender. Note that census tracts are those listed prior to 2020 when they were updated. Jefferson County residents lived almost two years less than residents of Florida. Females had a higher life expectancy than males in Jefferson County and Florida. Data were not available by race or ethnicity.

Table 14. Life Expectancy, Jefferson County and Florida, Years 2015-2019

Census Tract Code	Total	Males	Females
2501.01	78.1 (76.2 - 80.0)	76.7 (73.8 - 79.6)	79.0 (76.5 - 81.6)
2501.02	78.1 (75.4 - 80.7)	73.9 (70.0 - 77.8)	81.5 (77.7 - 85.2)
2502	77.1 (74.9 - 79.4)	72.9 (69.5 - 76.2)	81.5 (78.5 - 84.6)
Jefferson County	77.7 (76.4 – 78.9)	75.1 (73.3 – 76.8)	80.4 (78.7 – 82.2)
State Total	79.7 (79.7 - 79.8)	76.9 (76.9 - 77.0)	82.6 (82.5 - 82.6)

Table 15 shows the leading causes of death in Jefferson County in 2020. Note that chronic diseases represented five of the ten leading causes of deaths and accounted for 49% of the deaths in 2020.

Table 15. Ten Leading Causes of Death, Jefferson County, 2020 (N=221)

Cause of Death	Deaths	% of Total
Malignant Neoplasm (Cancer)	46	21%
Heart Diseases	37	17%
COVID-19	13	6%
Diabetes Mellitus	12	5%
Cerebrovascular Diseases	7	3%
Chronic Lower Respiratory Disease	7	3%
Unintentional Injury	7	3%
Influenza and Pneumonia	5	2%
Septicemia	4	2%
Suicide	4	2%

Included in the 221 total deaths for 2020 were 70 deaths among racial and ethnic minorities. Table 16 shows the ten leading causes of death for non-white residents in Jefferson County in 2020. Some of the ranking order was different when comparing to overall deaths; however, chronic diseases still

represented five out of ten minority resident causes of death in 2020. Chronic diseases accounted for 52% of minority deaths in 2020. Note that homicide was represented in the ten leading causes of death for minorities but not in the total deaths.

Table 16. Ten Leading Causes of Death for Minorities, Jefferson County, 2020 (N=70)

Cause of Death	Deaths	% of Total
Malignant Neoplasm (Cancer)	15	21%
Heart Diseases	13	19%
COVID-19	7	10%
Diabetes Mellitus	4	6%
Cerebrovascular Diseases	2	3%
Chronic Lower Respiratory Disease	2	3%
Perinatal Period Conditions	2	3%

Chronic Diseases

As noted in the previous section, chronic diseases represented 66% of all deaths for Jefferson County residents in 2020. Table 17 provides more information on chronic disease deaths in 2020. Any chronic disease with zero deaths in 2020 is not listed in the table below.

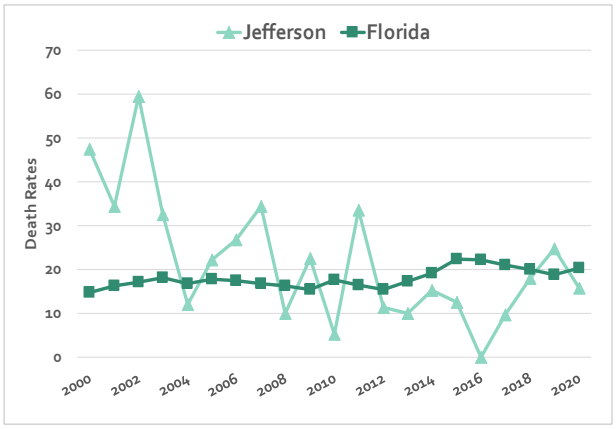
Table 17. Deaths Due to Chronic Diseases, Jefferson County, 2020

Cause of Death	Deaths
All Cancers	46
Coronary Heart Disease	24
Diabetes	12
Heart Attack	11
Chronic Lower Respiratory Disease	7
Stroke	7
Alzheimer's Disease	4
Anemias	2
Chronic Liver Disease and Cirrhosis	2
Nutritional Deficiencies	1
Parkinson's Disease	1
Renal Failure	1

The analysis below includes chronic diseases that have high numbers of deaths and hospitalizations, or those that are a priority statewide. This includes Alzheimer's Disease, cancer, diabetes, heart disease, stroke and hypertension.

Alzheimer's Disease

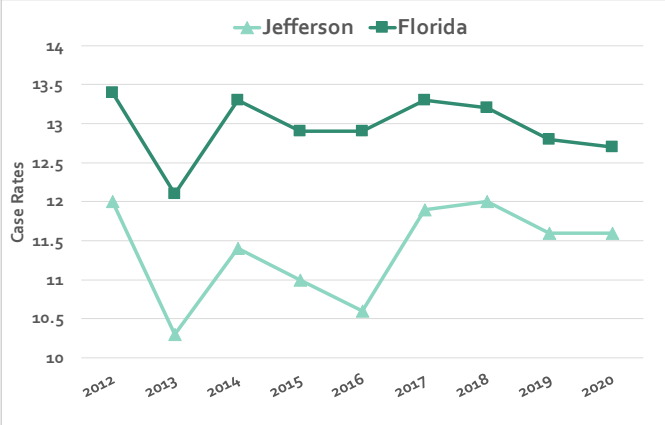
Figure 31. Alzheimer Disease Death Rates 2002-2020, Jefferson County and Florida



Jefferson County was ranked in the second quartile for Alzheimer's Disease death rates in 2020, meaning that Jefferson County's death rates were lower than 50% of the counties in Florida. Death rates due to Alzheimer's Disease were below that of Florida from 2012-2018. Jefferson County's death rate increased above the state in 2019 and dropped below the state in 2020.

Of the 77 Alzheimer's Disease deaths among Jefferson County residents during 2001-2020, 74% were White, non-Hispanic, 26% were Black & Other, non-Hispanic, and 0% were Hispanic. Females represented 71% of Jefferson County Alzheimer Disease deaths and males accounted for 29%.

Figure 32. Probable Alzheimer's Disease Case Rates Ages 65+, 2012-2020, Jefferson County and Florida

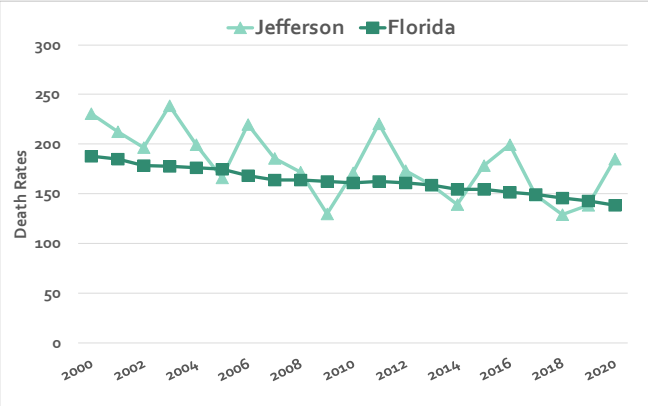


Jefferson County ranked in the second quartile for probable Alzheimer's Disease case rates in 2020. The case rate for Jefferson County was 11.6 per 100,000 population, compared to 12.7 for Florida.

There were 3,159 probable Alzheimer's Disease cases reported for Jefferson County between 2012 and 2020. This translates to an average of 351 probable cases per year. Data are not available by race, ethnicity or gender.

Cancer

Figure 33. Cancer Death Rates, 2000-2020 Jefferson County and Florida (All Cancers)



Jefferson County ranked 15th highest in the state for cancer death rates in 2020. The trend line in Figure 33 shows a large increase in cancer deaths in 2020. Deaths from cancers represented 21% of all deaths in Jefferson County in 2020.

There were 401 cancer deaths among Jefferson County residents between 2010-2020. Of these, 71% were white, non-Hispanic, 28% were black & other, non-Hispanic and 1% were Hispanic.

One of the primary contributing causes of cancer deaths is the percent of cancer cases that are at an advanced stage when diagnosed. Cancer cases that have spread from the primary site to other lymph nodes, organs or tissues are considered to be at an advanced stage. As shown in Figure 34, the percent of advanced stage cases diagnoses for Jefferson County has been higher than the state since 2016. In 2020, approximately 47.4% of cancer cases in Jefferson County were at an advanced stage when diagnosed. The average percent of cancer cases diagnosed at an advanced stage between 2005 and 2020 was 45.8%.

Figure 34. Percent of Cancer Cases at Advanced Stage When Diagnosed, 2005-2020
Jefferson County and Florida

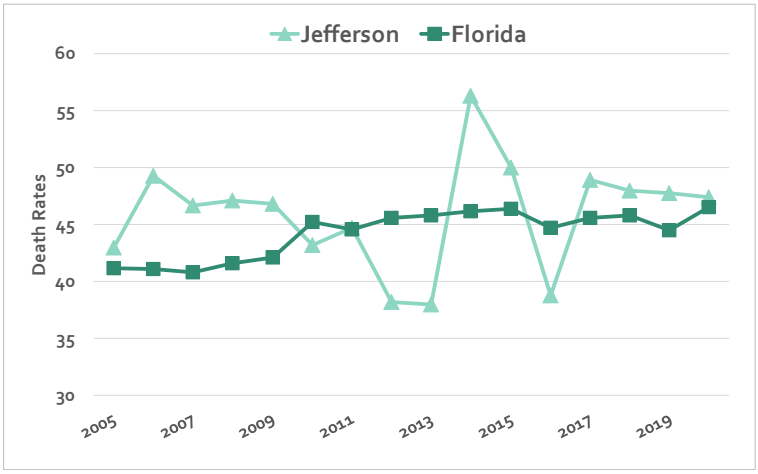


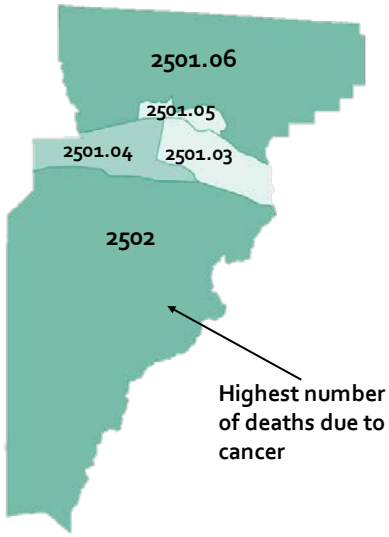
Table 18 shows cancer deaths type of cancer for calendar year 2020. Any type of cancer with a zero value in 2020 is not listed below. Lung cancer accounted for the highest number of deaths in Jefferson County in 2020, followed by bladder, breast, colorectal, lymphoid and prostate cancers.

Table 18. 2020 Cancer Deaths, by Type of Cancer, Jefferson County

Type of Cancer	Deaths
Lung	12
Bladder	3
Breast	3
Colorectal	3
Lymphoid and Related Tissue	3
Prostate	3
Cervical	2
Leukemia	2
Pancreatic	2
Uncertain/Unknown Behavior Neoplasms	2
Brain and Central Nervous System	1
Liver & Bile Ducts	1
Non-Hodgkin's Lymphoma	1
Ovarian	1
Stomach	1
Uterine	1

Jefferson County cancer deaths by census tract for the combined years of 2016-2020 are shown below in Figure 35. Census tract 2502 had the highest number of cancer deaths with 72, followed by tracts 2501.05 and 2501.06 with 26 each, and tracts 2501.03 and 2501.04 with 25 deaths respectively.

Figure 35. Cancer Deaths by Census Tract, 2016-2020 Combined, Jefferson County



The death rate trend line for Tobacco-Related Cancers mirrors that of the trend line for all cancers. Many of the most commonly diagnosed cancers among Jefferson County residents are considered to be tobacco-related cancers. These include Acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea cancers.

Figure 36. Tobacco Related Cancer Death Rates 2010-2020, Jefferson County and Florida

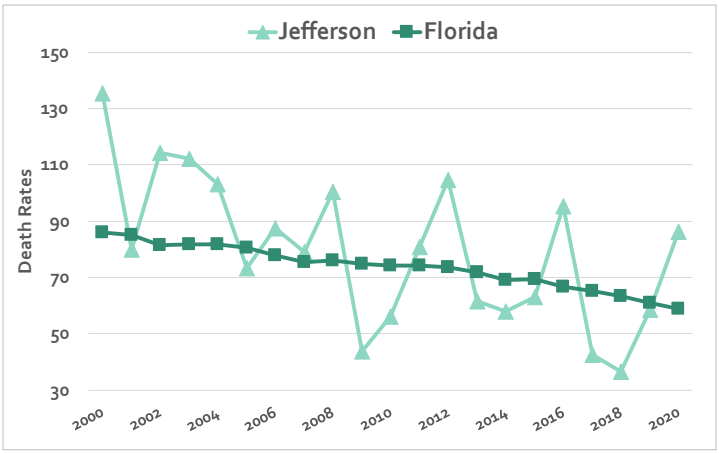


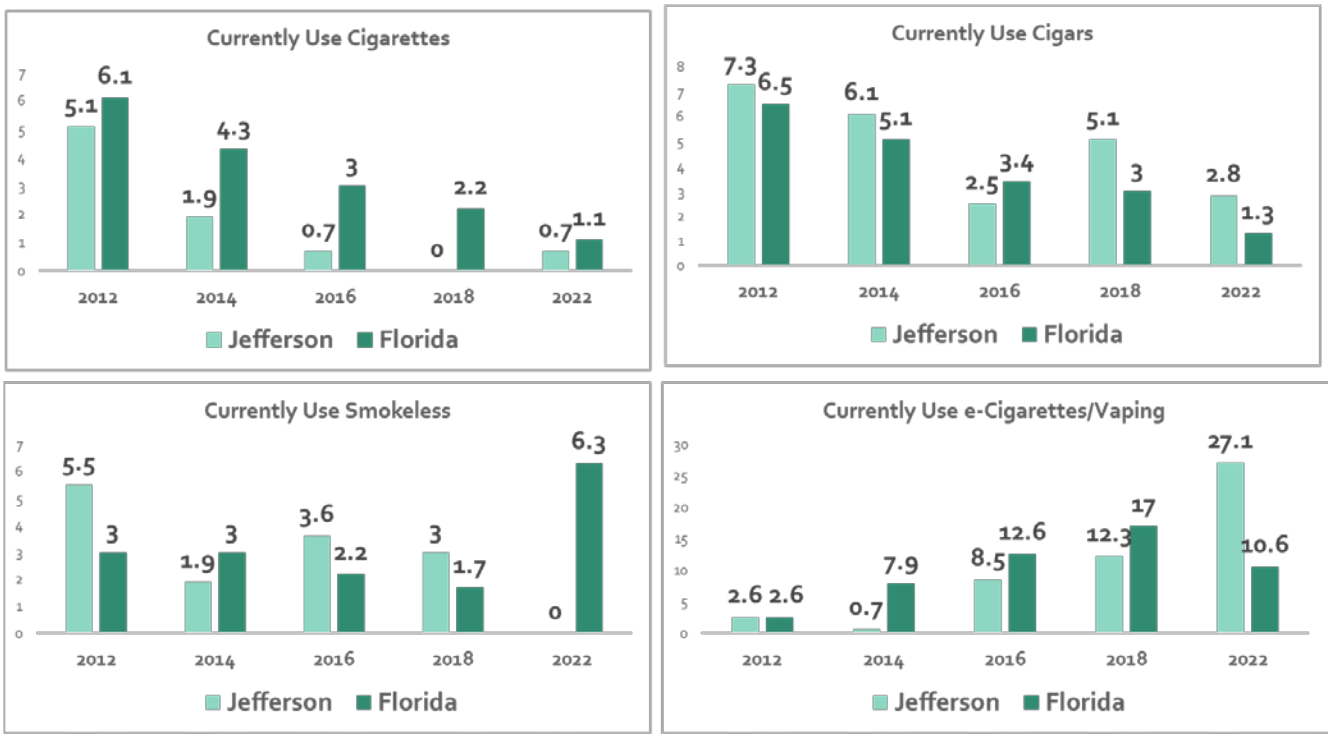
Figure 36 shows the trend line for tobacco-related cancer death rates per 100,000 population. The rate for Jefferson County was 86.4 in 2020, significantly higher than the state at 58.9.

Of the 170 Jefferson County deaths due to tobacco-related cancers between 2010 and 2020, 128, or 75%, were white, non-Hispanic. 40, or 24%, were black and other, non-Hispanic, and two, or 1%, were Hispanic.

The Youth Tobacco Survey is a survey conducted by the Florida Department of Health in public middle and high schools in Florida. Data are released for the state and for the 67 county health departments on alternating years. County level data were released in 2022. Note that Jefferson County data are not available for the 2020 survey cycle. Figure 37 below shows that the percent of Jefferson County public school students currently using cigarettes increased slightly between 2018 and 2022. The percent of Jefferson County students currently using cigars decreased slightly during the same time period. There was a decrease in the percent of Jefferson County students currently using smokeless tobacco. There have been significant increases in the percent of Jefferson County students using vape

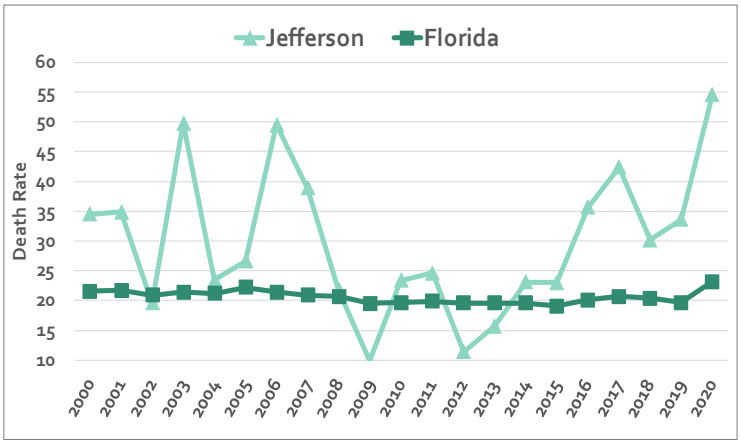
products. In 2022, almost 30% of Jefferson County students responded that they currently used e-cigarettes. 2022 Youth Tobacco Survey data for Jefferson County is not available by school, gender, or race/ethnicity due to small cell sizes.

Figure 37. Youth Tobacco Survey Results, 2014-2022, Jefferson County and Florida



Diabetes

Figure 38. Diabetes Death Rates, 2010-2020
Jefferson County and Florida



Jefferson County has consistently had higher death rates due to diabetes than the state of Florida since 2014 as shown in Figure 38. Jefferson County ranked third highest in the state for diabetes death rates in 2020.

When analyzing the 73 diabetes deaths that occurred during 2010-2020 among Jefferson County residents by race, ethnicity and gender, 52% were white, non-Hispanic, 48% were black & other, non-Hispanic and 0% were Hispanic. Fifty-eight percent of the deaths were male and 42% were female.

Figure 39 is a map of diabetes deaths that occurred between 2016 and 2020 in Jefferson County. There was a total of 48 deaths reported for the time period. Of these, 17, or 35% were reported in census tract 2502 and 10, or 21% were reported in census tract 2501.06.

Figure 39. Diabetes Deaths by Census Tract, Jefferson County, 2016-2020 Combined

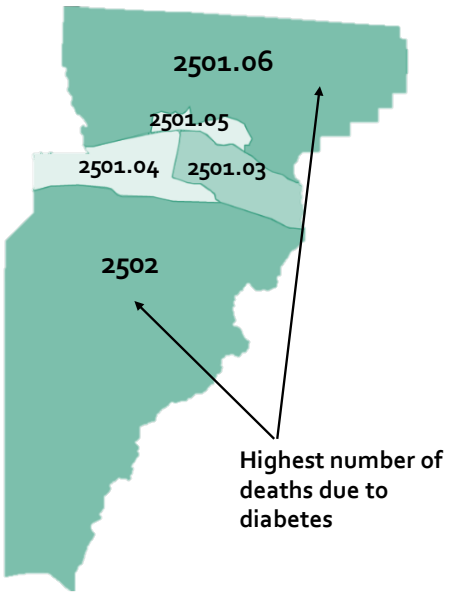
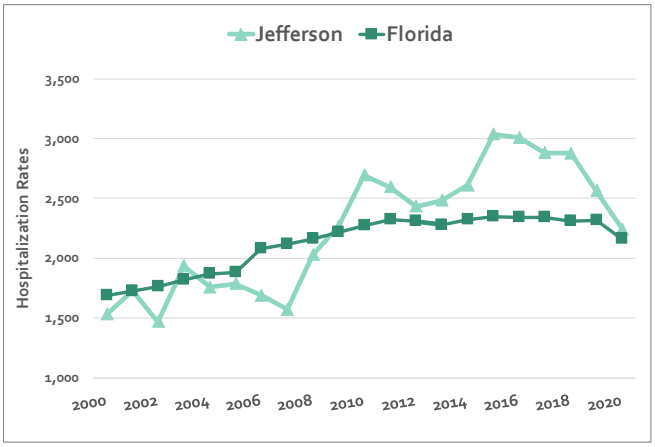


Figure 40. Hospitalization Rates Per 100,000 Population 2000-2020, Jefferson County and Florida



Jefferson County hospitalization rates for diabetes have been higher than the state of Florida since 2010. Hospitalization rates for diabetes in Jefferson County and Florida decreased in 2020, possibly due to the beginning of the COVID-19 pandemic.

Diabetes hospitalization data for the time period 2010-2020 indicate that the majority of Jefferson County resident hospitalizations occurred among White, non-Hispanics (52%). Black & Other, non-Hispanic residents represented 47% of the hospitalizations during the time period and Hispanic residents accounted for 1%. Data are not available by gender.

There were 86 Florida hospitalizations of Jefferson County residents for diabetes related amputations during the years 2010-2020. The majority of these were Black & Other, non-Hispanic (62%), followed by White, non-Hispanic (38%). There were no hospitalizations among Hispanics reported. Data are not available by gender.

Table 19 shows risk factors for diabetes reported by the 2022 Robert Wood Johnson County Health Rankings. Jefferson County had higher percentages of diabetics, adult obesity and physically inactive residents than the state of Florida. Jefferson County had lower percentages with respect to access to exercise opportunities. Jefferson County's food environment index was slightly higher than that of Florida. Note that the food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year, or food insecurity.

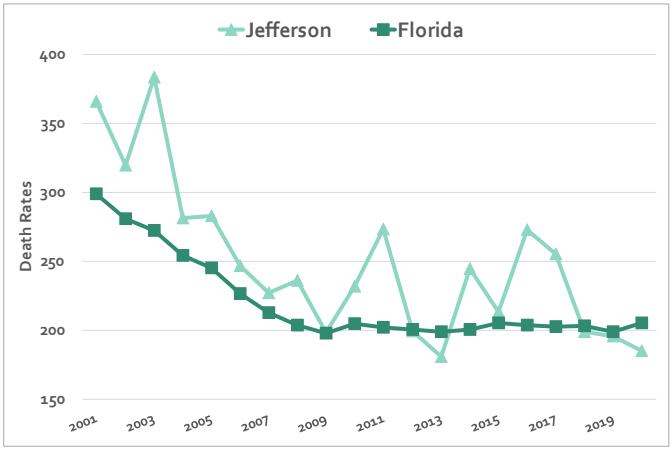
Table 19. Risk Factors for Diabetes, Jefferson County and Florida
2022 Robert Wood Johnson County Health Rankings

Risk Factor	Jefferson County	Florida
Diabetic	12%	9%
Adult Obesity	33%	26%
Physically Inactive	32%	26%
Access to Exercise Opportunities	43%	87%
Food Environment Index	7.8	7.0

Cardiovascular Diseases

This category includes major cardiovascular diseases such as coronary heart disease, stroke, peripheral arterial diseases, heart disease, and aortic aneurysm and dissection. Heart diseases include Acute Myocardial Infarction (heart attack) and heart failure.

Figure 41. Cardiovascular Disease Death Rates
2000-2020, Jefferson County and Florida



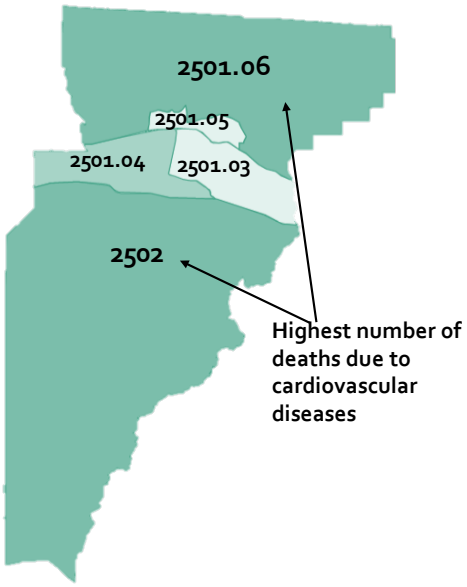
Analysis of all major cardiovascular diseases combined show that Jefferson County had disproportionately higher death rates than the state until 2017. Jefferson County ranked in the 1st quartile for these death rates in 2020.

Data by race and ethnicity for the years 2010-2020 show that 62% of the deaths were White, non-Hispanic, 37% were Black & Other, non-Hispanic and 1% were Hispanic. Data by gender show that 56% of major cardiovascular disease deaths were males and 44% were females.

It is worth noting that the majority of deaths were among White, non-Hispanic residents; however, when comparing death rates per 100,000 population, racial and ethnic minorities in Jefferson County are impacted. For example, in 2020 the death rate for Jefferson County White, non-Hispanic residents was 185.4, for Black & Other, non-Hispanic residents was 197.9 and 193.9 for Hispanic residents.

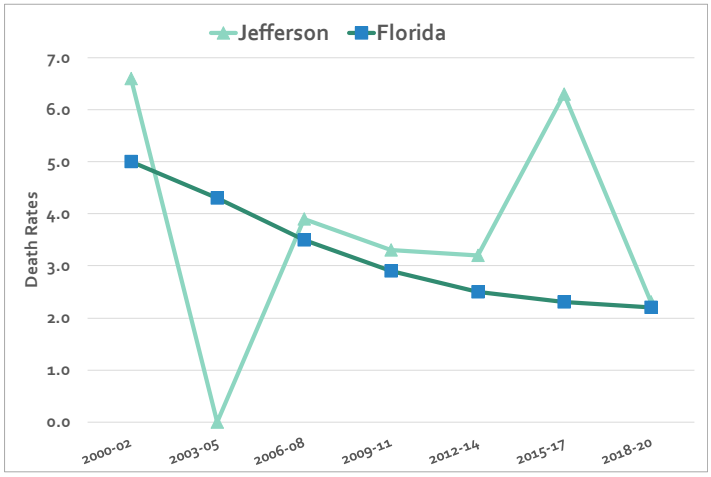
Data by census tract for Jefferson County for years 2016-2020 show that census tracts 2502 and 2501.06 accounted for 27% of deaths each during the five-year period, followed by tract 2501.04 with 20%, tract 2501.03 with 14%, and tract 2501.05 with 12%.

Figure 42. Deaths Due to Major Cardiovascular Disease, 2016-2020, Jefferson County



Aortic Aneurysm and Dissection

Figure 43. Aortic Aneurysm and Dissection Death Rates, 2000-2020, 3-Year Discrete Rates Jefferson County and Florida



An aortic aneurysm occurs when a weak spot in the wall of the aorta begins to bulge. An aneurysm increases the risk of dissection, which is a tear in the lining of the aorta.

Actual numbers of deaths due to aortic aneurysm and dissection are small, therefore rates are shown as 3-year discrete trends. The Jefferson County death rate in 2020 was 0.0 per 100,000 population, compared to 2.1 for Florida. It should be noted that Jefferson County has not had a reported death due to Aortic Aneurysm and Dissection since 2018.

Of the 15 deaths due to aortic aneurysm and dissection between 2000-2020, 73% were white, non-Hispanic and 27% were Black & Other, non-Hispanic. There were no Hispanic deaths during the time frame. A total of 60% of these deaths were male and 40% were female.

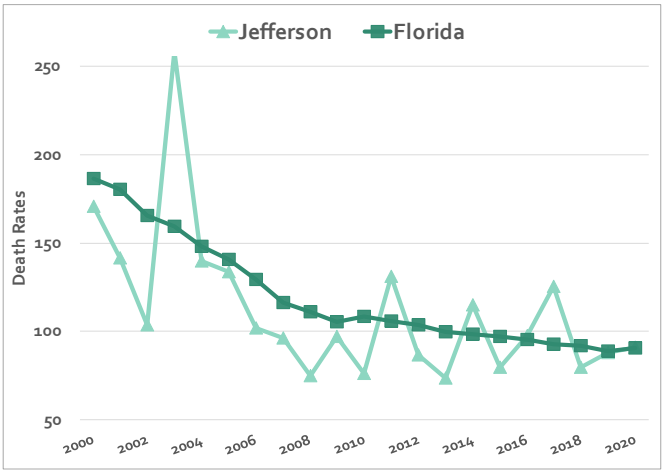
Atherosclerosis

Atherosclerosis is a disease in which plaque builds up in arteries and interferes with the flow of oxygen-rich blood to the body. Atherosclerosis can lead to serious problems, including coronary artery disease, carotid artery disease, and peripheral arterial disease that blocks the blood supply to the heart, brain or arms, legs or pelvis.

During 2000-2020, there was six deaths due to Atherosclerosis in Jefferson County. Fifty percent were among White, non-Hispanic residents and 50% among Black & Other, non-Hispanic residents. Males accounted for 17% of deaths and females represented 83% of the deaths during the time frame.

Coronary Heart Disease

Figure 44. Coronary Heart Disease Death Rates 2000-2020, Jefferson County and Florida



Coronary heart disease (CHD) is a narrowing of the small blood vessels that supply blood and oxygen to the heart, also known as hardening of the arteries. Jefferson County ranked in the second quartile for coronary heart disease death rates in 2020.

Of the 225 CHD deaths among Jefferson County residents during 2010-2020, 63% were White, non-Hispanic, 36% were Black & Other, non-Hispanic and 1% were Hispanic. Males accounted for 65% of the CHD deaths and females represented 35% of the deaths during the time frame.

Figure 45 shows Jefferson County coronary heart disease deaths by census tract for the years 2016-2020. Census tract 2502 accounted for 30% of the deaths, followed by tract 2501.06 with 28%, 2501.03 and 2501.04 with 15% each, and 2501.05 with 11%.

Figure 45. Coronary Heart Disease Deaths by Census Tract, 2016-2020, Jefferson County

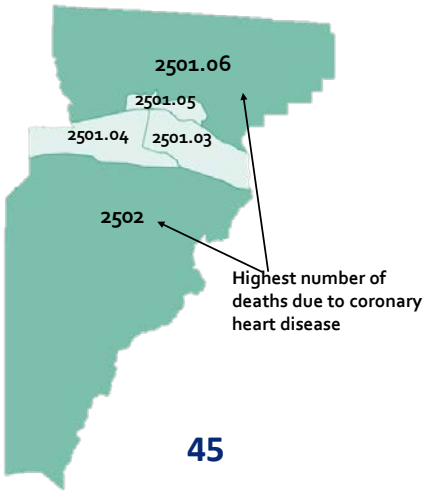


Figure 46. CHD Hospitalization Rates, 2000-2020
Jefferson County and Florida

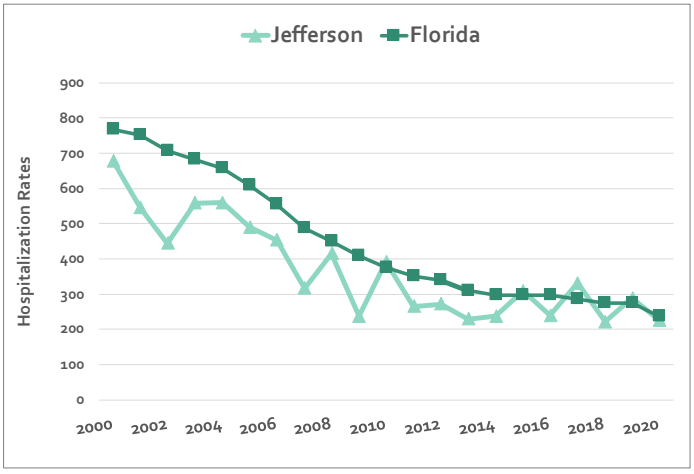


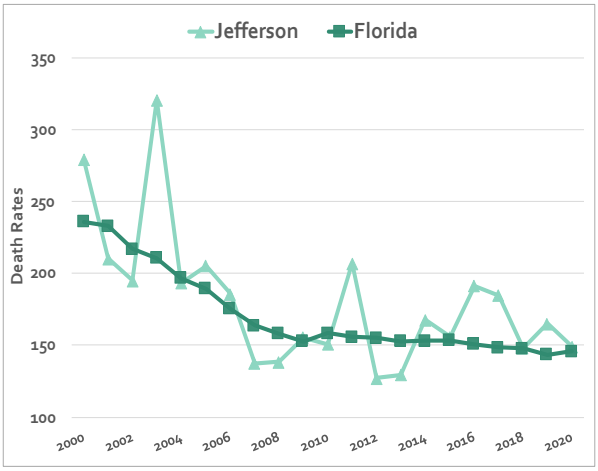
Figure 46 shows that hospitalizations due to coronary heart disease have been decreasing for both Jefferson County and Florida. The hospitalization rates for Jefferson County have been below those of Florida for the time frame except for 2017.

There were 650 hospitalizations during 2010-2020 among Jefferson County residents in Florida hospitals. Approximately 64% were White, non-Hispanic and 36% were Black & Other, non-Hispanic. There were no documented hospitalizations among Hispanic residents during the time frame.

Heart Diseases

The data for heart diseases is consistent with the larger category of cardiovascular diseases. This includes the trendline data below, as well as data by race/ethnicity, and census tract.

Figure 47. Heart Disease Death Rates, 2000-2020
Jefferson County and Florida

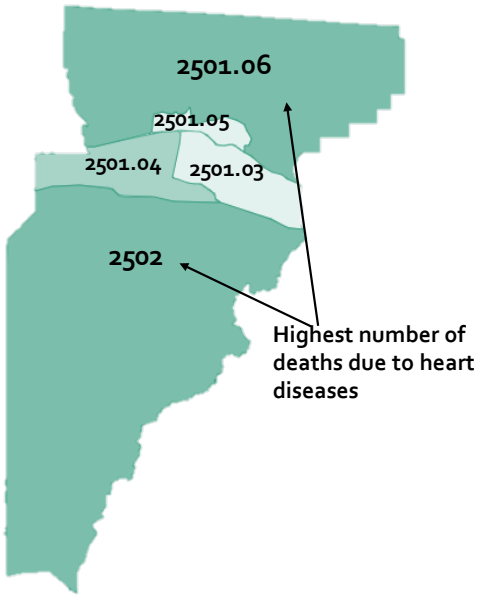


Analysis of heart diseases show that Jefferson County's death rates have fluctuated during the 20-year time frame. Jefferson County ranked in the second quartile for heart disease death rates in 2020. Jefferson County's death rate (149.2) was slightly higher than the state (145.7) in 2020.

Data by race and ethnicity for the years 2010-2020 show that 61% of the deaths were White, non-Hispanic, 38% were Black & Other, non-Hispanic and 1% were Hispanic. Data by gender show that 60% of heart disease deaths were males and 40% were females.

Data by census tract for Jefferson County for years 2016-2020 show higher numbers of deaths in census tracts where higher proportions of higher income residents reside. Census tract 2502 accounted for 29% of deaths during the five-year period, followed by tract 2501.06 with 28%, tract 2501.04 with 16%, tract 2501.03 with 15% and tract 2501.05 with 12%.

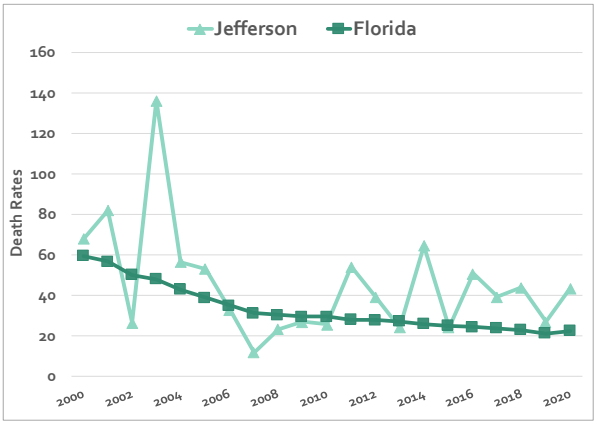
Figure 48. Heart Disease Deaths by Census Tract, 2016-2020, Jefferson County



Acute Myocardial Infarction (Heart Attack)

Acute Myocardial Infarction, or heart attack, is a subset of heart diseases and data are generally consistent with the larger category. Although the actual numbers of annual heart attack deaths in Jefferson County are small, the rates per 100,000 population are higher compared to Florida for most of the time frame.

Figure 49. Death Rates Due to Heart Attack 2000-2020, Jefferson County and Florida

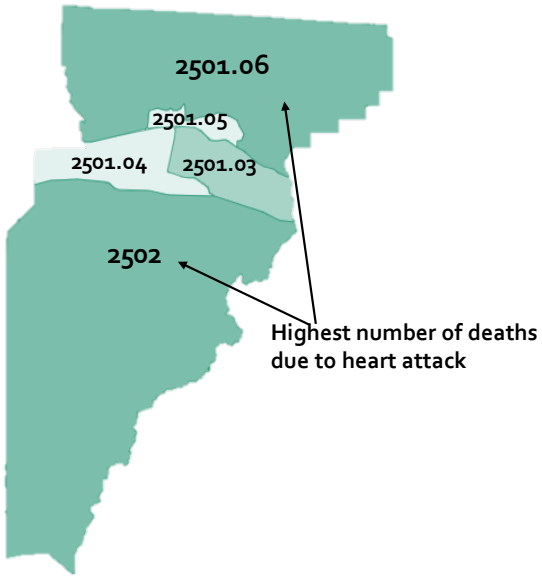


Jefferson County ranked in the fourth quartile for heart attack death rates in 2020. It should be noted that the 2020 death rate per 100,000 population for Jefferson County was 43.3, twice that of Florida at 22.3.

Data by race and ethnicity for the years 2010-2020 show that 54% of the deaths were White, non-Hispanic, 46% were Black & Other, non-Hispanic and 0% were Hispanic. Data by gender show that 64% of heart attack deaths were males and 36% were females.

Figure 50 shows Jefferson County heart attack deaths by census tract for the years 2016-2020. Of the 42 deaths during the time frame, census tract 2501.06 accounted for 31% of the deaths, followed by tract 2502 with 21%, 2501.03 with 19%, 2501.04 with 17% and 2501.05 with 12%.

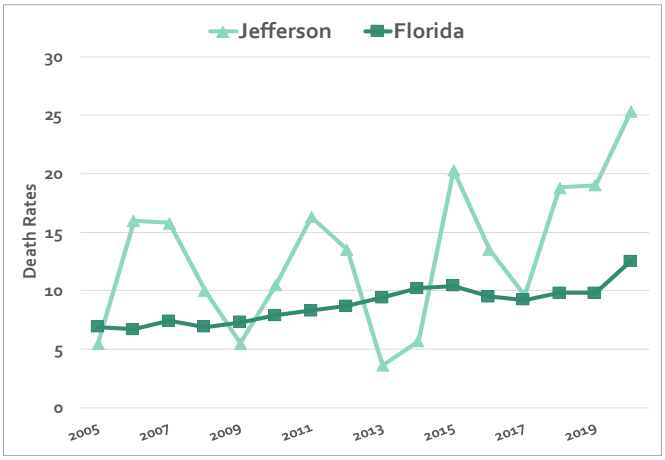
Figure 50. Heart Attack Deaths by Census Tract, 2016-2020, Jefferson County



Congestive Heart Failure

Congestive heart failure is also a subset of heart diseases. Congestive heart failure is a condition in which the heart can no longer pump enough blood to the rest of the body.

Figure 51. Congestive Heart Failure Death Rates 2005-2020, Jefferson County and Florida



Analysis of congestive heart failure shows that Jefferson County has disproportionately higher death rates than the state as a whole. Jefferson County ranked in the 3rd quartile for these death rates in 2020 with a death rate of 25.3 per 100,000 population.

Data by race and ethnicity for the years 2010-2020 show that 61% of the deaths were White, non-Hispanic, 36% were Black & Other, non-Hispanic and 3% were Hispanic. Data by gender were not available.

Congestive heart failure death data by census tract reflect the differences in demographics, compared to major cardiovascular diseases. Data by census tract for the years 2016-2020 show a total of 24 deaths during the time period. Of the total, census tract 2502 accounted for 38% of the deaths, followed by tract 2501.05 with 21%, tracts 2501.03 and 2501.06 with 17% each, and 2501.04 with 8%.

Figure 52. Congestive Heart Failure Deaths by Census Tract, 2016-2020, Jefferson County

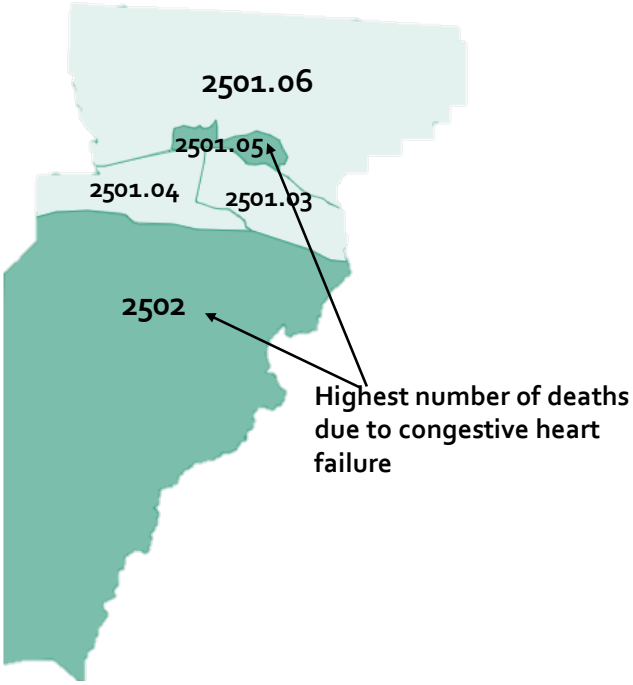
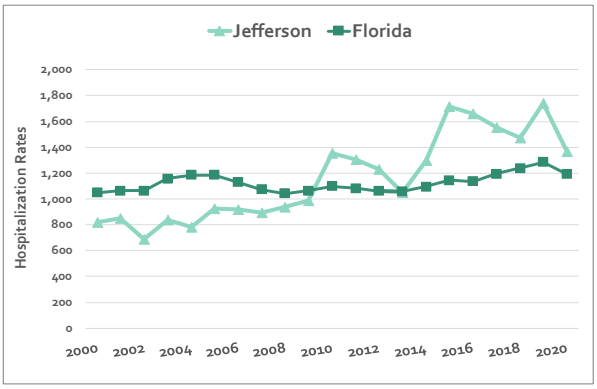


Figure 53. Congestive Heart Failure Hospitalizations
2000-2020, Jefferson County and Florida

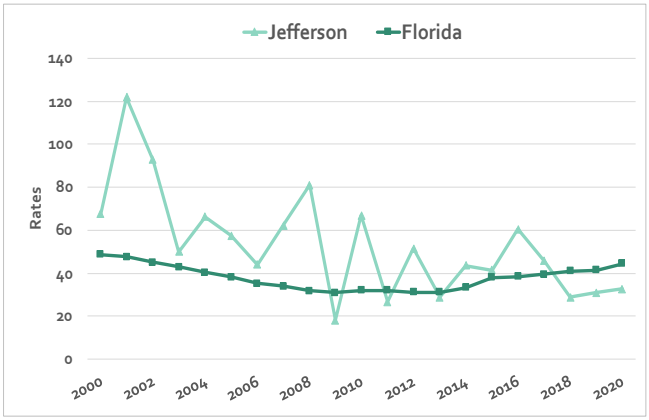


Hospitalizations due to congestive heart failure in Jefferson County have been higher than the state since 2014. Jefferson County and Florida experienced an increase in the hospitalization rate in 2019 and a decrease in 2020.

Jefferson County congestive heart failure hospitalization data for 2010-2020 show that White, non-Hispanics represented 49% of hospitalizations while Black & Other, non-Hispanics accounted for 50%. Hispanics represented 1% of the hospitalizations for the time period. Data are not available by gender.

Stroke and Hypertension

Figure 54. Stroke Death Rates, 2000-2020
Jefferson County and Florida



Jefferson County had higher death rates due to stroke than the state of Florida until 2018. Jefferson County ranked in the first quartile for stroke deaths in 2020. The 2020 stroke death rate was 32.6 per 100,000 population for Jefferson County and 44.4 for Florida.

Of the 93 reported stroke deaths among Jefferson County residents during 2010-2020, 65% were white, non-Hispanic, 35% were black & other, non-Hispanic, and 0% were among Hispanics. Females accounted for more deaths during the time period than males. Females represented 58% of the Jefferson County stroke deaths and males accounted for 42% of stroke deaths.

Figure 55 gives an illustration of stroke deaths in Jefferson County by census tract for 2016-2020 combined. The highest number of stroke deaths were in census tracts 2501.04 and 2502.

Figure 55. Jefferson County Stroke Deaths, by Census Tract, 2016-2020

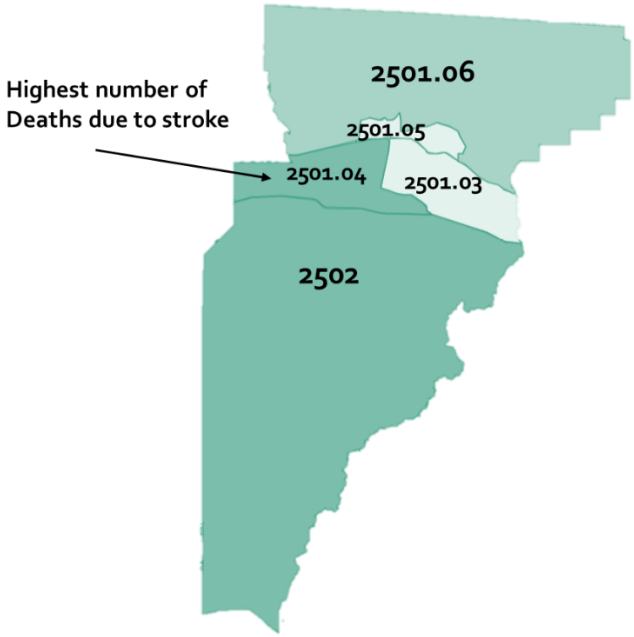
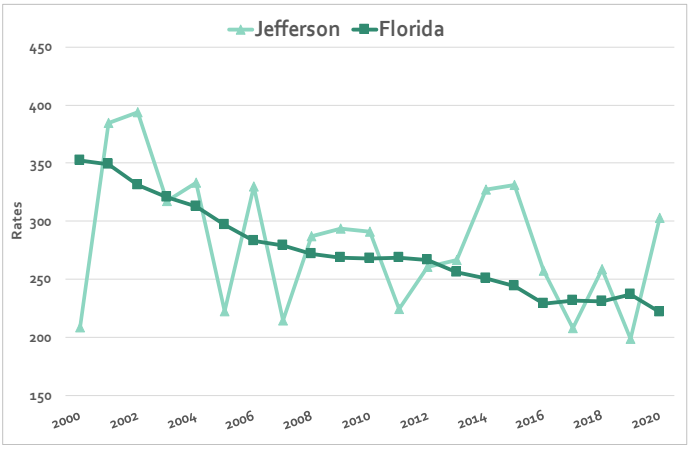


Figure 56. Stroke Hospitalization Rates, 2000-2020
Jefferson County and Florida



Stroke hospitalization rates for Jefferson County have fluctuated from year to year during the time frame. The stroke hospitalization rate for Jefferson County increased in 2020 to be significantly higher than the state of Florida.

Stroke hospitalization trends by race/ethnicity are different from the demographic data regarding stroke deaths. The 2020 hospitalization rate for white, non-Hispanic residents was 199.7, compared to 477.7 for Black & Other, non-Hispanic residents and 164.6 for Hispanic residents.

One of the contributing factors to strokes is hypertension. Figure 57 provides a trend line for hypertension deaths for Jefferson County and Florida. Jefferson County had significantly higher death rates due to hypertension compared to Florida until 2019. During the time period 2016-2020, 57% of total hypertension deaths were among White, non-Hispanic residents and 43% were Black & Other, non-Hispanic. There were no Hispanic hypertension deaths recorded during the time period. The majority of Jefferson County stroke deaths were female; however, the majority of hypertension deaths were male (86%), with only 14% attributed to females.

Figure 57. Hypertension Death Rates, 2010-2020, Jefferson County and Florida

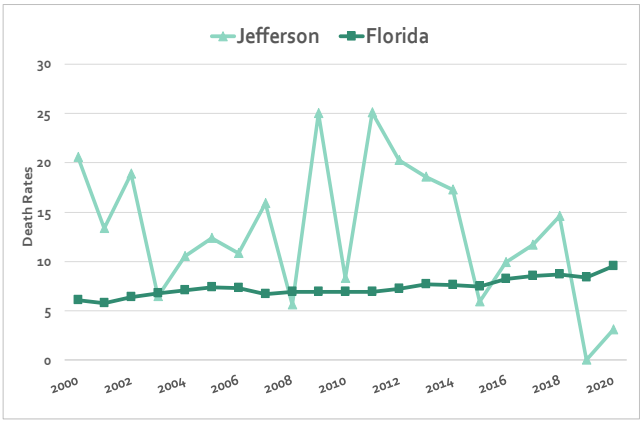


Table 20 lists risk factors for cardiovascular disease according to the Robert Wood Johnson Foundation 2022 County Health Rankings. Jefferson County had higher percentages of adult current smokers, adult obesity and physically inactive residents.

Table 20. Risk Factors for Cardiovascular Disease and Stroke, Jefferson County and Florida
2022 Robert Wood Johnson County Health Rankings

Risk Factor	Jefferson County	Florida
Adults who are current smokers	23%	15%
Adult Obesity	33%	26%
Physically Inactive	32%	26%

Significant Findings Chronic Disease

This section details some of the significant findings for priority chronic diseases. These are listed below by category.

Overall Findings – Robert Wood Johnson Foundation

- According to the Robert Wood Johnson 2022 County Health Rankings, Jefferson County had a higher percentage of obese or overweight residents, compared to the state of Florida.
- About 32% of Jefferson County residents were determined to be physically inactive, compared to 26% for Florida. Only 43% of Jefferson County residents had access to exercise opportunities, compared to 80% for Florida.
- About 23% of Jefferson County adults were smokers in 2020, compared to 15% for Florida.
- These are all contributing risk factors for most chronic diseases.

Cancer

- Jefferson County experienced a large increase in the number of cancer deaths in 2020.
- While most of the Jefferson County deaths from cancers were white, non-Hispanic, cancer deaths were also the leading cause of death for the minority population in Jefferson County.
- Lung, bladder, breast, colorectal, lymphoid, and prostate cancers represented 67% of all cancer deaths in 2020.
- The tobacco-related cancer death rate for Jefferson County was 86.4 in 2020, compared to 58.9 for Florida.
- In 2020, almost half of the cancer cases among Jefferson County residents were diagnosed at an advanced stage.
- Jefferson County youth were more likely to use cigars and e-cigarettes in 2022, compared to Florida. Data were not available for 2020 as the Youth Tobacco Survey was not conducted in Jefferson County Schools during that school year.

Cardiovascular Diseases

- Jefferson County ranked in the first quartile for major cardiovascular disease deaths in 2020.
- Although White, non-Hispanics represented the majority of cardiovascular disease deaths and hospitalizations, all race and ethnic groups had high death and hospitalization rates.
- Census tracts 2502 and 2501.06 had the highest number of deaths due to cardiovascular diseases, including coronary heart disease, heart disease, and heart attack during 2016-2020.
- Census tract 2501.05 had high number of deaths due to congestive heart failure during 2016-2020.

Diabetes

- Jefferson County ranked 4th highest in the state for diabetes death rates in 2020.
- For years 2010-2020, approximately 52% of Jefferson County deaths were White, non-Hispanic, 48% were Black & Other, non-Hispanic and 0% were Hispanic. Fifty-eight percent of deaths were male and 42% were female.
- Census tracts 2502 and 2501.06 had the highest number of diabetes deaths during 2016-2020.
- Black & Other, non-Hispanics comprised the majority of Jefferson County residents who were hospitalized due to amputation from diabetes.

Stroke and Hypertension

- Jefferson County ranked in the 1st quartile for stroke deaths in 2020.
- Jefferson County females had a higher death rate due to stroke than males in 2020.
- Census tract 2501.04 had the highest number of stroke deaths during 2016-2020.
- 2020 hypertension deaths in Jefferson County were among white, non-Hispanic residents and males.

Injury and Violence

This category encompasses all external causes of death and/or injury. It should be noted that data are attributed to Jefferson County if the crime or injury event occurred in Jefferson County. The persons who are crime victims or accident victims may not be Jefferson County residents.

Figure 58. Death Rates for All External Causes 2000-2020, Jefferson County and Florida

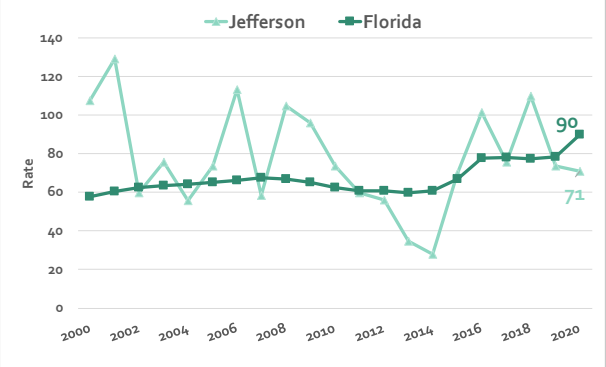


Figure 58 is a trend line for deaths due to all external causes for Jefferson County and Florida. Jefferson County's death rates were higher than Florida's until 2019. The death rate for Jefferson remained lower in 2020.

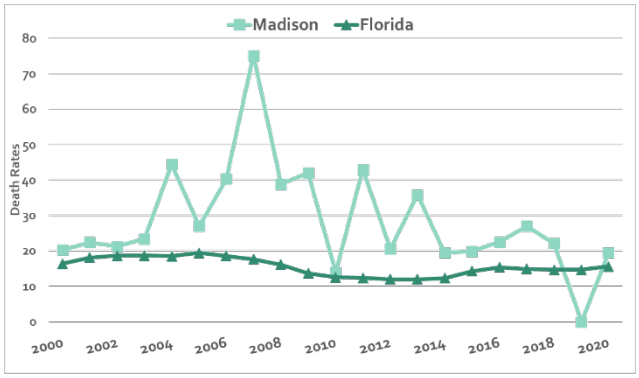
Data for 2016-2020 combined show that 71% of Jefferson County deaths were male and 29% were female. The majority of deaths during the time period were white, non-Hispanic (74%), followed by black and other, non-Hispanic (23%), and Hispanic (3%).

Injury

Injuries include motor vehicle crashes, firearm discharge, drowning, falls, unintentional fires, surgical and medical complications, and poisoning.

Motor Vehicle Crash

Figure 59. Motor Vehicle Crash Death Rates 2000-2020, Jefferson County and Florida



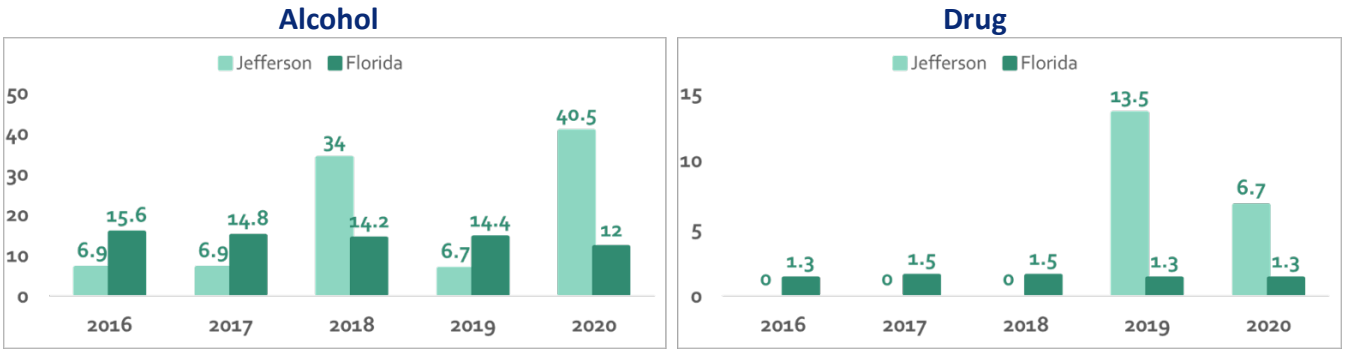
Motor vehicle crash death rates are shown in Figure 59. Of the 92 deaths due to motor vehicles between 2000-2020 in Jefferson County, 66% were white, non-Hispanic, 30% were black & other, non-Hispanic and 3% were Hispanic. Two thirds of the deaths occurring in the twenty-year time period were males and one third were females.

Jefferson County has had higher death rates due to alcohol-confirmed motor vehicle crashes than the state of Florida. This indicator has only been measured since 2016. Data are not available by race, ethnicity, or gender.

Jefferson County has also had higher death rates due to drug-confirmed motor vehicle crashes than the state of Florida. This indicator has also been measured since 2016. There were two drug-confirmed fatal crashes in 2020 in Jefferson County. Data are not available by race, ethnicity, or gender.

Figure 60 shows alcohol and drug-confirmed motor vehicle crash injury rates for Jefferson County and Florida. Injury rates fluctuate for small counties like Jefferson. Because the population is small, low numbers of crashes still produce large rates per 100,000 population. These include any crashes that occur in Jefferson County, regardless of the driver's residence county or state. Data are not available by race, ethnicity, or gender.

Figure 60. Alcohol and Drug Confirmed Injury Rates, 2016-2020, Jefferson County and Florida



Motor vehicle crash data are available by age group for ages 15-17 and for ages 18-20. In 2020, the motor vehicle crash rate for ages 15-17 was 28.7 for Jefferson County and 33.3 for Florida. 2020 crash rates for ages 18-20 were 99.7 for Jefferson County and 61.5 for Florida. Data are not available by race, ethnicity, or gender.

Firearm Discharge

Figure 61. Firearm Discharge Death Rates 2000-2020, Jefferson County and Florida

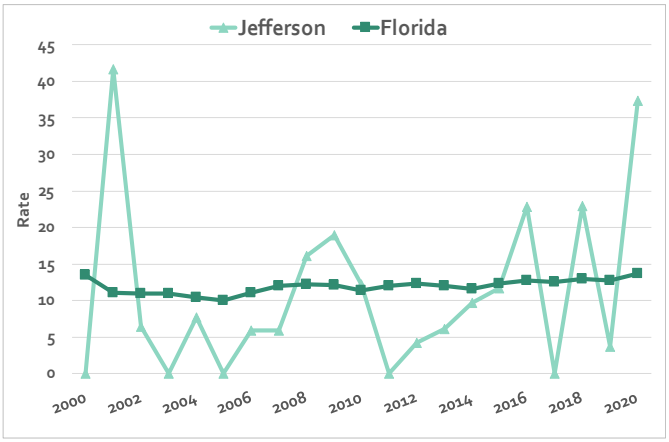


Figure 61 provides trend lines for death rates due to firearms discharge for Jefferson County and Florida. Jefferson County had lower death rates than Florida for most of the time frame. There were 38 deaths due to firearms discharge in Jefferson County from 2000-2020. Of these, 30 or 79% were white, non-Hispanic, and 8 or 21% were black and other, non-Hispanic. There were no reported Hispanic deaths during the time frame. Note that five firearm discharge deaths occurred in 2020 alone in Jefferson County.

Table 21 provides the number of fatal injuries due to drowning, falls, unintentional fire, surgical and medical complications, and unintentional poisoning for the time period 2000-2020.

Table 21. Demographic Data for Fatal Injury Events, Jefferson County, 2000-2020

Injury Type and Total Cases	White	Black & Other	Hispanic	Male	Female
Drowning (N=7)	14%	72%	14%	86%	14%
Falls (N=34)	91%	3%	6%	53%	47%
Unintentional Fire (N=10)	60%	40%	0%	60%	40%
Surgical & Medical Complications (N=4)	66%	34%	0%	25%	75%
Unintentional Poisoning (N=23)	65%	30%	5%	70%	30%

Violence

Violence includes homicide, aggravated assault, domestic violence, and forcible sex offenses.

Homicide

Figure 62. Homicide Death Rates 2000-2020
3-Year Discrete Rates
Jefferson County & Florida

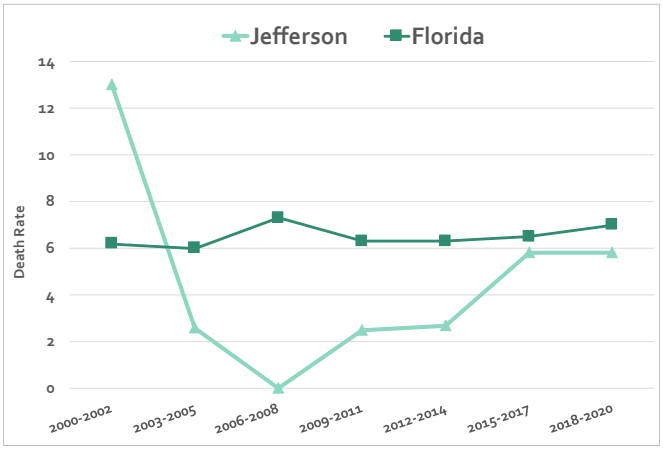


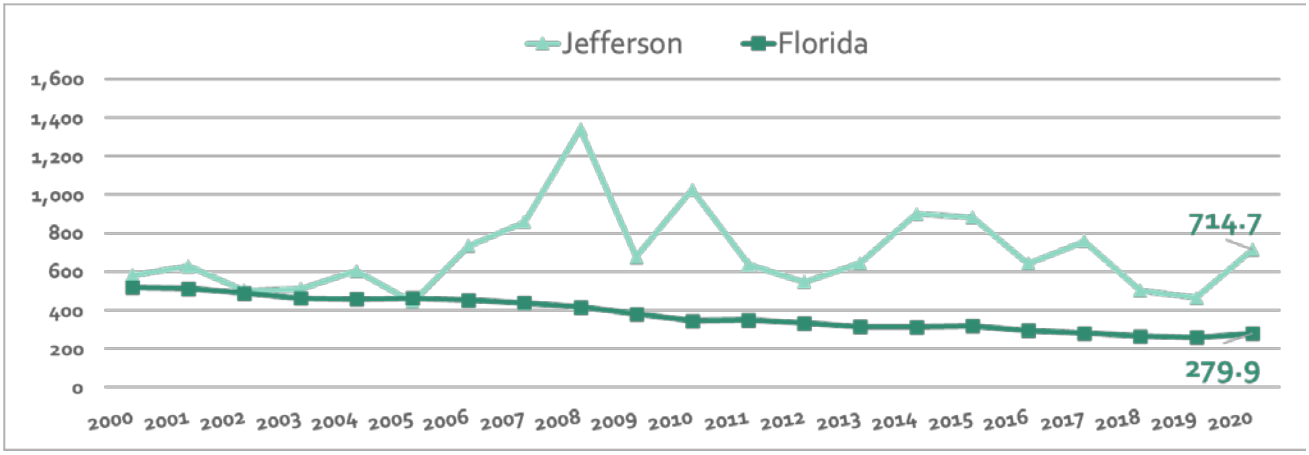
Figure 62 shows homicide death rates for Jefferson County and Florida. The trend lines are presented as three-year discrete data because there are some years with zero values for Jefferson County.

Jefferson County had 12 homicide deaths between 2000 and 2020. Of these, 9 (75%) were male and three (25%) were female. Nine deaths (75%) were white, non-Hispanic, and 3 deaths (25%) were black and other, non-Hispanic. There were no Hispanic deaths during the time frame.

Aggravated Assault

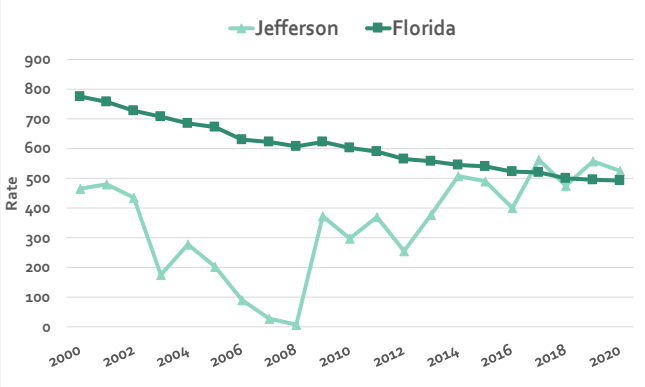
Jefferson County has had higher rates of aggravated assault compared to Florida. In 2020, the aggravated assault rate for Jefferson County was 714.7 per 100,000 population, compared to 279.9 for Florida. Data are not available by race/ethnicity or gender.

Figure 63. Aggravated Assault Rates Per 100,000 Population, 2000-2020, Jefferson County and Florida



Domestic Violence

Figure 64. Domestic Violence Offense Rates 2000-2020, Jefferson County and Florida



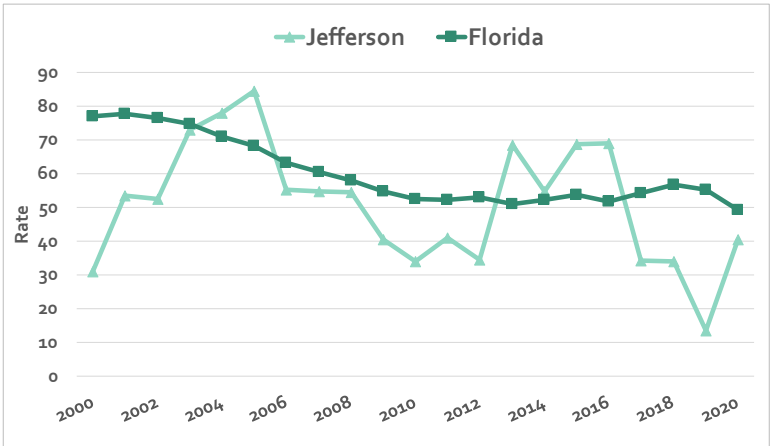
Jefferson County had lower rates of reported domestic violence offenses compared to the state of Florida until 2017. Jefferson County ranked 34th out of 67 counties for domestic violence offense rates.

In 2020, the domestic violence offense rate for Jefferson County was 525.91 per 100,000 population, compared to 492.2 for Florida. Data are not available by race/ethnicity or gender.

Forcible Sex Offenses

Jefferson County's rate of reported sex offenses increased in 2020 but continues to be lower than the state. These rates were 40.5 for Jefferson County and 49.2 for Florida. There were 149 reported forcible sex offenses in Jefferson County during 2000-2020. Data are not available by race/ethnicity or gender.

Figure 65. Forcible Sex Offense Rates, 2000-2020, Jefferson County and Florida



Significant Findings – Injury and Violence

- External cause events that occur in Jefferson County are attributed to Jefferson County regardless of the residence location of the injured person.
- The majority of deaths due to all external causes were white, non-Hispanic and male.
- Jefferson County experienced a sharp increase in the death rate due to firearm discharge in 2020. There were five deaths due to firearm discharge in 2020 alone.
- Black & Other, non-Hispanics accounted for the majority of drowning deaths during 2010-2020.
- Homicide victims were more likely to be White, non-Hispanic and male.

Maternal and Child Health

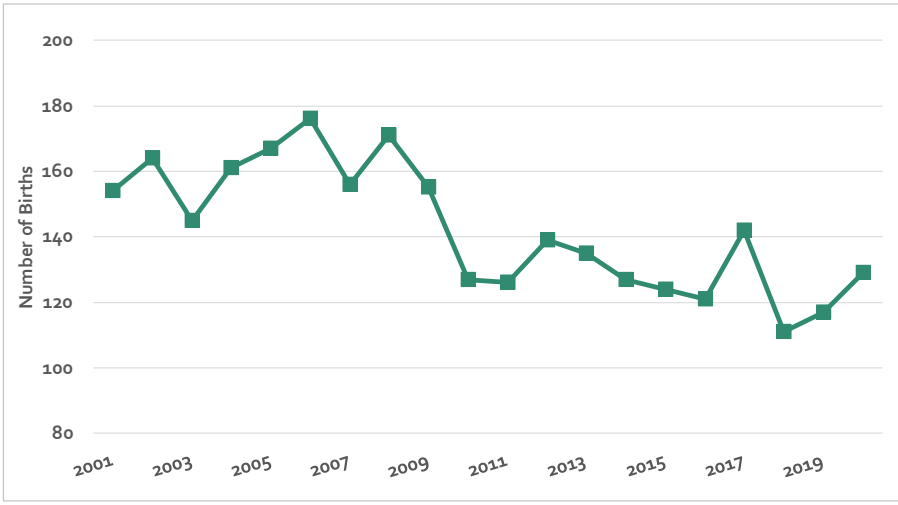
Included in this priority area are birth trends, infant mortality and contributing factors, characteristics of birth mothers, and indicators listed in the 2020 Pregnancy and Young Child Profile for Jefferson County. Jefferson County ranked in the fourth quartile for the indicators listed below in 2020.

- Births among unwed mothers ages 15-19
- Females ages 17+ with pap smear in previous year
- Women ages 15-34 with bacterial STIs
- Births to overweight mothers
- Multiple births
- Non-fatal intentional injuries for ages < 1
- Asthma hospitalizations in ages < 1, in ages 1-5
- Children ages 1-4 in foster care
- Severe maternal morbidity, which is the presence of a complication during a birth hospitalization. This complication occurred in four births in 2020, of which 100% were Black & Other, non-Hispanic.

Birth Trends

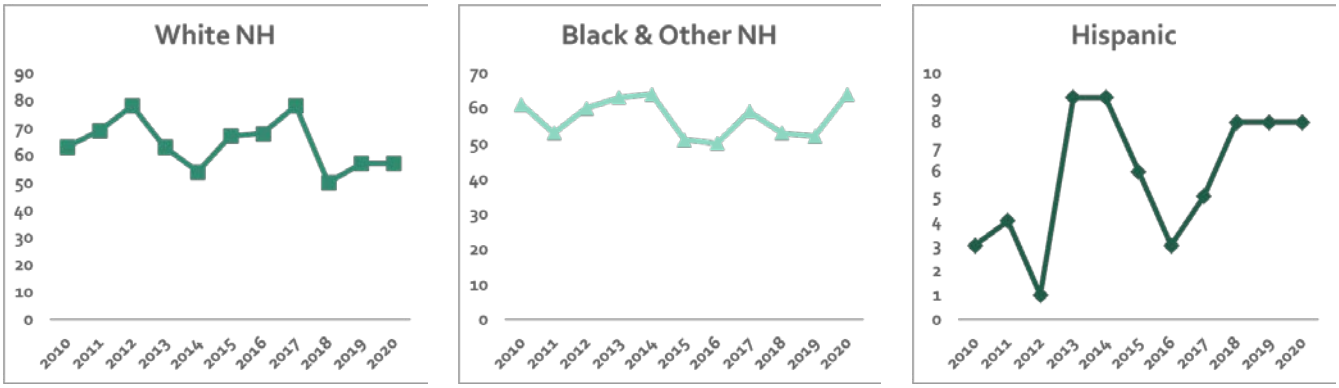
Figure 66 shows number of annual births for Jefferson County from 2001 until 2020. There was a gradual decrease in the number of births between 2013-2017. After an increase in 2017 and a decrease in 2018, the number of births has been increasing. The average number of annual births for the time period was 142.

Figure 66. Number of Births by Year, Jefferson County, 2001-2020



Of the 2,847 Jefferson County births that occurred during 2001-2020, 49% were White, non-Hispanic, 46% were Black & Other, non-Hispanic and 5% were Hispanic. Birth trend lines by race and ethnicity are shown below in Figure 67.

Figure 67. Birth Trends by Race and Ethnicity, Jefferson County, 2010-2020



Infant Mortality

Jefferson County ranked in the third quartile in 2020 and 2021. While infant mortality numbers are small, the rates per 1,000 births are high due to the small population.

A total of 12 infant deaths occurred during the time period 2010-2020. Of these, 10 were Black & Other, non-Hispanic, two were White, non-Hispanic and none were Hispanic. Data show that Black & Other, non-Hispanic births accounted for 45% of total births during 2010-2020 and 83% of the infant deaths during the same time period.

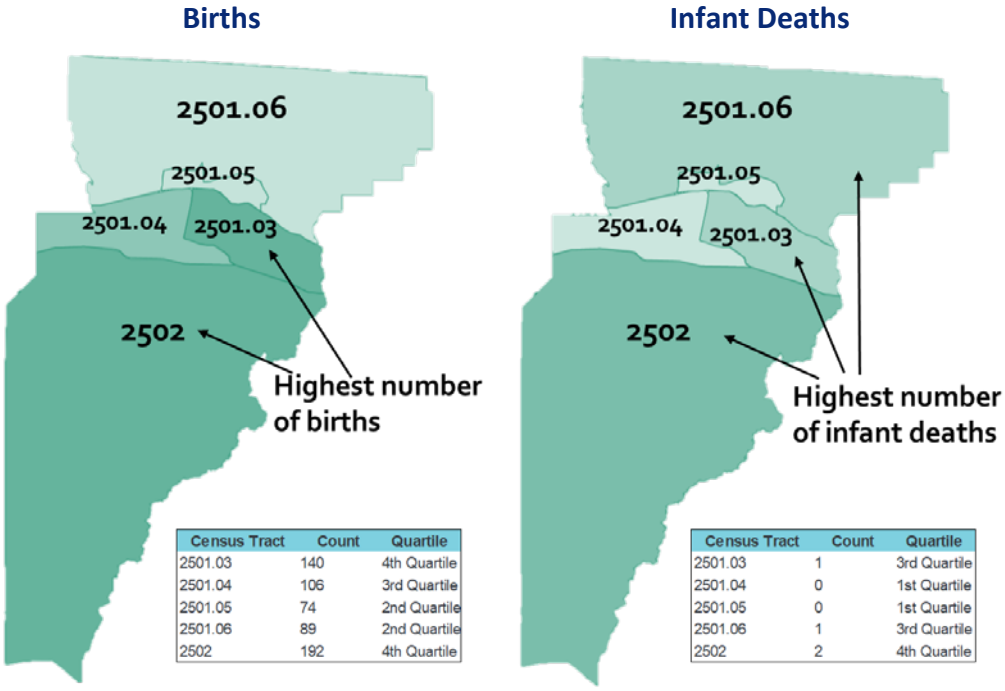
Table 22 lists the leading causes of infant deaths during 2010-2020, and the percent of infant deaths. There were four causes of death documented for the ten-year period and each accounted for three deaths, or 25% of the total.

Table 22. Causes of Infant Deaths, 2010-2020 Combined, Jefferson County

Cause of Death (N=12)	% of Total Deaths
Disorders Related to Short Gestation and Low Birth Weight	25%
Newborn Affected by Maternal Complications of Pregnancy	25%
Sudden Infant Death Syndrome	25%
Congenital Malformations, Deformations and Chromosomal Abnormalities	25%

Figure 68 compares census tract information for birth rates and infant mortality rates for the combined time period of 2016-2020. The comparison of births and infant deaths by census tract is almost similar. Tract 2502 had the highest number of births and the highest number of infant deaths, followed by census tract 2503.03. However, census tract 2501.06 ranked fourth for the number of births and had the same number of infant deaths as tract 2503.03, which ranked second in the number of births. Note that infant death numbers are small for the five-year time period.

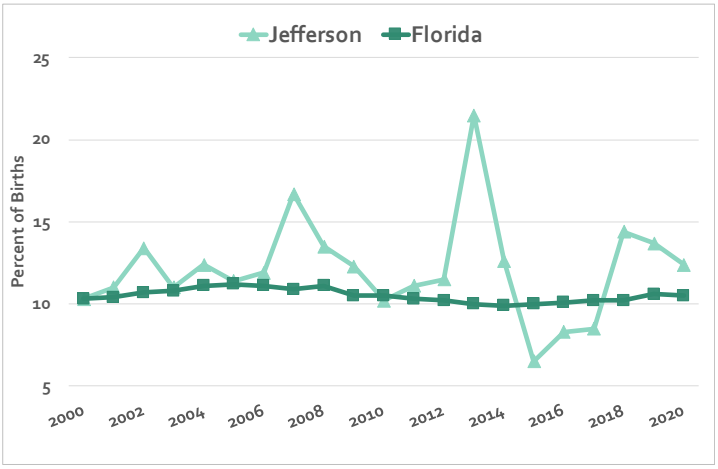
Figure 68. Census Tract Comparison of Births and Infant Deaths, 2016-2020
Jefferson County



Preterm Births

Preterm birth is defined as a live birth that occurs before 37 weeks gestation. Infants who are born preterm are more likely to have short and long-term health issues, and less likely to survive. Some of the causes of preterm births are pregnancy with twins or other multiples, less than six months between pregnancies, and chronic diseases such as high blood pressure or diabetes.

Figure 69. Percent of Preterm Births, 2000-2020
Jefferson County and Florida



Preterm birth < 37 weeks

Jefferson County ranked in the second quartile for preterm births in 2020, with 12.4% of births classified as preterm. Figure 69 shows preterm birth trend lines for Jefferson County and Florida. Jefferson County preterm birth rates have been decreasing since 2018.

During the time period 2016-2020, there were 70 preterm births out of 620 total births to Jefferson County women, or 11% of all births were preterm. A total of 28, or 9% of the 324 births to White non-Hispanic women were preterm. Forty (40), or 15% of

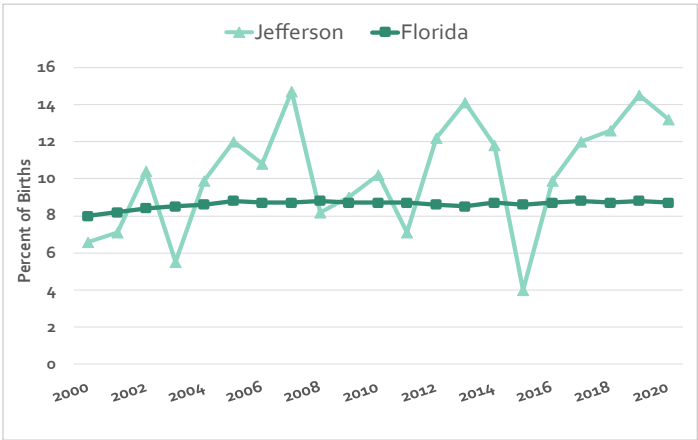
the 264 births to Black & Other, non-Hispanic women were preterm. Two (2), or 6% of the 32 births to Hispanic women were preterm.

Data by census tract for 2016-2020 show the highest percent of preterm births to be in tracts 2502 and 2501.03. These data are consistent with infant mortality data as preterm births are a contributing factor.

Low Birthweight Births

Low birth weight is another contributing factor to infant mortality. Low birthweight is defined as newborns weighing less than 2,500 grams, or about 5.5 pounds. Babies who have a low birthweight may have problems with feeding, gaining weight and fighting off infections. Some low birthweight infants have long-term health issues. Some of the causes of low birthweight include preterm births, chronic health conditions like diabetes and high blood pressure, some prescribed medications for epilepsy and high blood pressure, smoking or drinking alcohol during pregnancy, and infections during pregnancy, especially sexually transmitted infections.

Figure 70. Percent of Low Birthweight Births 2000-2020, Jefferson County and Florida



Low birth weight < 2500 grams

Jefferson County was in the fourth quartile for low birthweight births in 2020. Figure 70 provides trend lines for Jefferson County and Florida. Jefferson County has typically had higher percentages of low birthweight births compared to Florida.

During the time period of 2016-2020, there were 77 low birthweight births, or 12% of the 620 total births. The number and percent of low birthweight births is close to that of preterm births because preterm births are a primary reason for low birth weights.

During 2016-2020, 8 or 8% of the 324 births to White, non-Hispanic women were low birthweight. Forty-eight (48), or 17%, of the 264 births to Black & Other, non-Hispanic women were low birthweight. One (1), or 9%, of the 32 births to Hispanic women were low birthweight.

Data by census tract for 2016-2020 show the highest percent of low birthweight births to be in tracts 2502 and 2501.03. These data mirror that of infant mortality as low birthweight is a contributing factor.

Within the category of low birthweight is a subset of very low birthweight. Any newborn weighing less than 1,500 grams, or 3.3 pounds is classified as very low birthweight. These data are also included in the low birthweight data. Of the 17 low birthweight births to Jefferson County mothers in 2020, seven (41%) met the criteria of very low birthweight. Data by race and ethnicity were comparable to low birthweight data.

Prenatal Care

Early and regular prenatal care is necessary to identify potential health problems for the mother and baby as early as possible, with the goal of addressing these issues and increasing the likelihood of positive birth outcomes. The recommendations are to have monthly visits from 4-28 weeks of pregnancy, twice monthly visits for 28-36 weeks, and weekly visits for 36 weeks until birth. Guidelines may differ for women with higher risk pregnancies.

Figure 71. Percent of Births to Mothers with 1st Trimester Prenatal Care, 2001-2020, Jefferson County and Florida

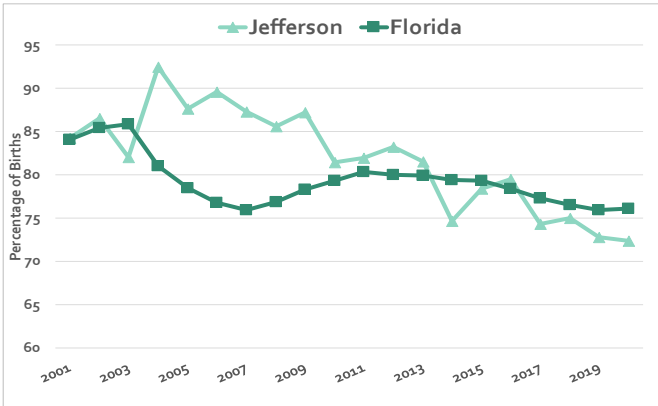


Figure 71 shows the percent of live births to mothers who entered prenatal care in their first trimester. Jefferson County ranked in the first quartile statewide for this indicator in 2020, although the percentages have been decreasing since 2017.

Data for 2020 by race and ethnicity indicate that 78% of White, non-Hispanic births, 67% of Black & Other, non-Hispanic births and 88% of Hispanic births had 1st trimester prenatal care.

Pregnancy Interval

It is ideal for women to wait at least 18 months between pregnancies in order to allow the body to recover from the pregnancy and birth. Waiting this length of time allows the mother to bond with each baby individually and be less stressed from multiple children who are close in age. Shorter pregnancy intervals can result in a higher risk of maternal health issues, and negative birth outcomes such as preterm births and low birthweight.

Figure 72. Percent of Repeat Pregnancies With < 18 Months Interval, 2000-2020

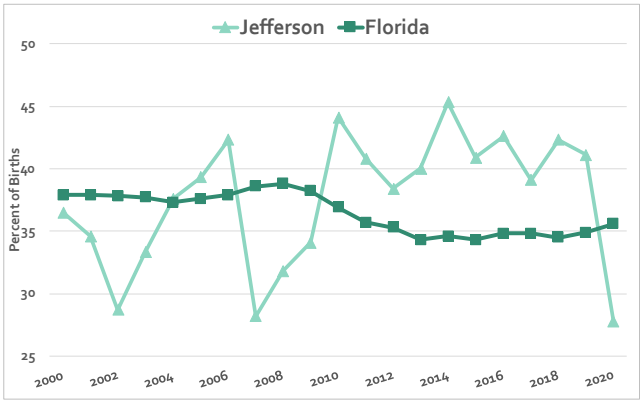
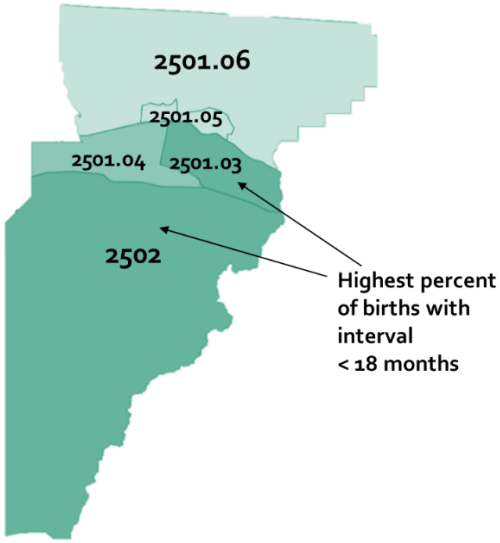


Figure 72 shows the percent of repeat births with an interval of less than 18 months for Jefferson County and Florida. In 2020, the percent for Jefferson County was 27.8%, compared to 35.6% for Florida. Jefferson County experienced a large decrease in the percent of pregnancies with less than 18-month interval in 2020.

For the time period of 2016-2020, 127 of the 334 repeat births to Jefferson County mothers had an interval of less than 18 months. This includes 69 of 185 repeat births to White, non-Hispanic mothers (37%), 58 of 149 repeat births to Black & Other, non-Hispanic mothers (39%) and 3 of 17 repeat births to Hispanic mothers (18%).

Figure 73 shows 2016-2020 combined data by census tract for pregnancy intervals less than 18 months. Census tracts 2502 and 2501.03 had the highest percent of repeat pregnancies with an interval of less than 18 months.

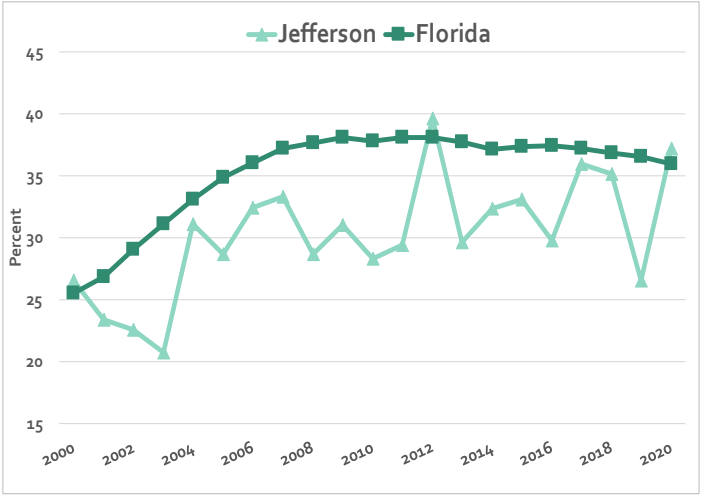
Figure 73. Percent of Births with Inter-Pregnancy Interval < 18 Months, Jefferson County, 2016-2020



Cesarean Section Deliveries

The percent of deliveries that occurred through a cesarean section is possible indicator of complicating issues such as multiple pregnancies, maternal high blood pressure, breech birth, issues with the placenta or umbilical cord or obstructed labor.

Figure 74. Percent of Deliveries by C-Section 2000-2020, Jefferson County and Florida



The trend line in Figure 74 shows that the percent of cesarean section deliveries for Jefferson County was less than Florida until 2020. There was a significant increase in Jefferson County cesarean section deliveries in 2020. The percent of deliveries via c-section for Jefferson County was 37.2% in 2020, compared to 35.9% for Florida.

The overall percent of deliveries through c-section for the combined years of 2016-2020 for Jefferson County was 33%. This included 34% of deliveries to White, non-Hispanic women, 32% of deliveries to Black & Other, non-Hispanic women and 44% of deliveries to Hispanic women.

Characteristics of Birth Mother

This section examines some characteristics of the birth mother that can impact birth outcomes. These include weight, age, and the extent to which the birth mother has a support network. Breastfeeding initiation is also discussed in this section.

Overweight or Obese

Women who are overweight or obese at the time of pregnancy are more likely to be diagnosed with chronic diseases like diabetes, which in turn, can impact birth outcomes and the health of the baby. Figure 75 provides trend lines for the percent of women overweight and the percent of women obese at the time of pregnancy, for Jefferson County and Florida. Pregnant women in Jefferson County were less likely to be overweight but more likely to be obese, when compared to all pregnant women in Florida.

Figure 75. Percent of Pregnant Women Overweight or Obese at Time of Pregnancy 2010-2020, Jefferson County and Florida

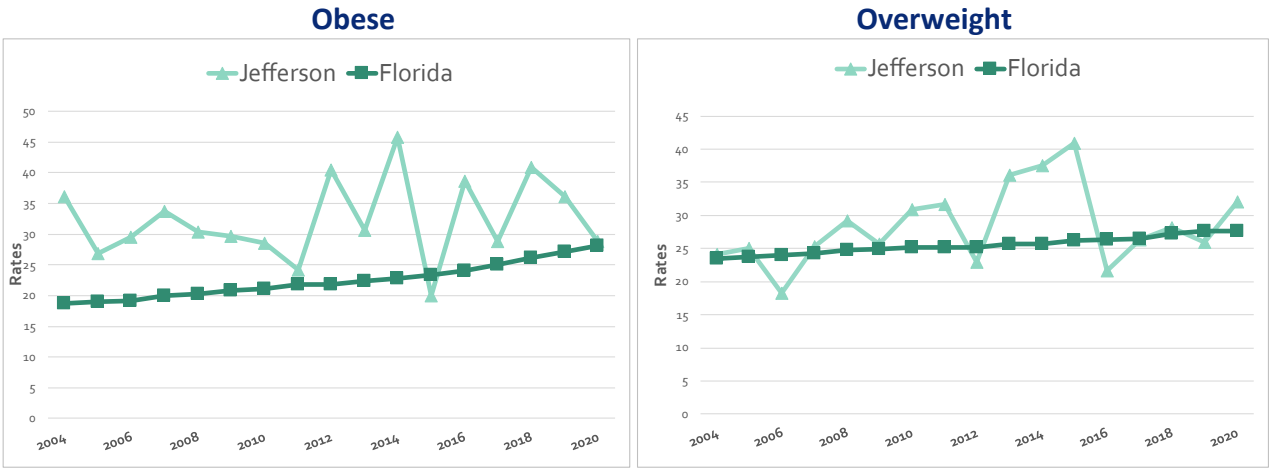


Table 23 provides Jefferson County overweight and obesity data by race and ethnicity for the combined years of 2010-2020. Hispanic women were more likely to be overweight or obese at the time of pregnancy.

Table 23. Percent of Pregnant Women Overweight or Obese at Time of Pregnancy By Race and Ethnicity, Jefferson County, 2010-2020 Combined

Race/Ethnicity	Percent Overweight	Percent Obese
White, non-Hispanic	29%	28%
Black & Other, non-Hispanic	29%	38%
Hispanic	33%	39%

Age

Pregnancies among women under age 20 are more likely to result in preterm and low birth-weight births. Adolescents are more likely to have anemia, high blood pressure/preeclampsia during pregnancy and there is a greater risk of the baby's head being wider than the pelvic opening, known as

cephalopelvic disproportion. Teen mothers are more likely to drop out of school, which limits employment opportunities.

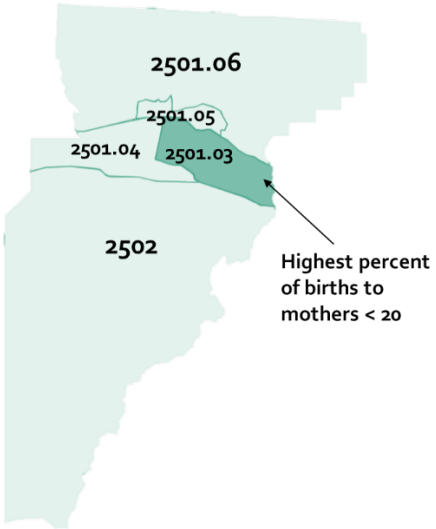
Table 24 breaks down annual teen births for Jefferson County by year and age group. Table 24 also shows the percent of total births that were teen births by year. Teen births represented 13% of all births in Jefferson County in 2010. This percentage decreased to 7% of all births in 2020.

Table 24. Teen Births by Year, Jefferson County, 2010-2020

Year	Number Births to Ages < 14	Number Births to Ages 15-17	Number Births to Ages 18-19	Total Births to Ages < 20	% of Total Births That Were to Ages < 20
2010	0	2	15	17	13%
2011	0	6	6	12	10%
2012	0	2	10	12	9%
2013	0	2	10	12	9%
2014	0	0	4	4	3%
2015	0	2	4	6	5%
2016	0	2	6	8	7%
2017	0	5	7	12	8%
2018	0	1	2	3	3%
2019	0	1	2	3	3%
2020	0	1	8	9	7%

There were 35 births to mothers less than 20 years of age in Jefferson County for the time period 2016-2020 combined. Of these, 20% were to White, non-Hispanic mothers, 74% were to Black & Other, non-Hispanic mothers and 6% were to Hispanic mothers. Figure 76 shows births to mothers ages less than 20 by census tract for the time period 2016-2020.

Figure 76. Births to Mothers Ages < 20 By Census Tract, 2016-2020 Jefferson County



Pregnancies among women ages 35 and older are also more likely to result in complications. There is a higher risk of birth defects and chromosomal conditions such as Down Syndrome. Fertility treatments make multiple pregnancies more likely, and these present a higher risk. Miscarriages are also more likely among women ages 35 and older.

Table 25 provides the number of births to mothers ages 35 and older for Jefferson County during 2010-2020, along with the percent of all births that occurred to mothers ages 35 and older. The percent of births to mothers ages 35+ is increasing over time.

Table 25. Births to Mothers Ages 35+, Jefferson County, 2010-2020

Year	Total Births to Ages 35+	Total Births Jefferson County	% of Total Births That Were to Ages 35+
2010	20	129	16%
2011	20	117	17%
2012	19	111	17%
2013	13	142	9%
2014	18	121	15%
2015	13	124	10%
2016	14	127	11%
2017	23	135	17%
2018	14	139	10%
2019	21	126	17%
2020	21	127	17%

There were 117 births to mothers ages 35+ in Jefferson County for the time period 2016-2020 combined. Of these, 61% were to White, non-Hispanic mothers, 30% were to Black & Other, non-Hispanic mothers and 9% were to Hispanic mothers. These data are not available by census tract.

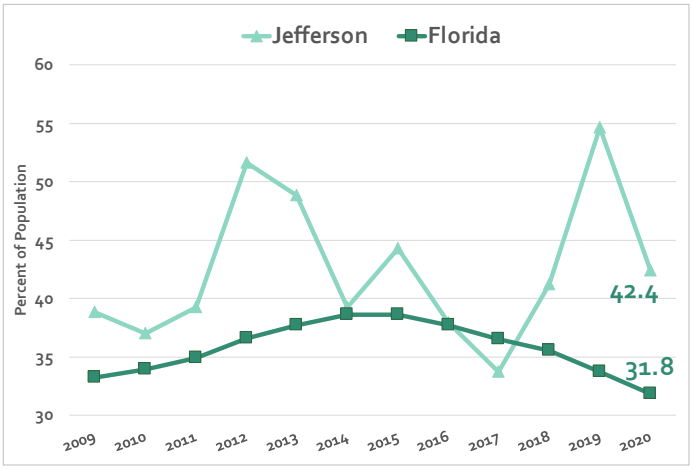
Support Network

Pregnant women who do not have a support network, meaning a financially contributing partner or family member or friend, have a higher risk of pregnancy and birth complications. This is mainly due to stress associated with economic stability and all of the socioeconomic barriers to health. In the past, this has been measured through the two indicators of births to unwed mothers, and births with fathers acknowledged on the birth certificate. These indicators are no longer an accurate predictor because of the trend to have relationships and families without the arrangement of marriage.

The most reliable data available is poverty data. As previously stated in the Socioeconomic Barriers to Health Section, poverty is an issue for Jefferson, and this is especially true where females are the head of the household and the primary means of financial support for children. Figure 77 depicts trend lines for percent of female head of households with children ages 0-17 living below poverty level for Jefferson County and Florida. Jefferson County had a higher percent of female head of households

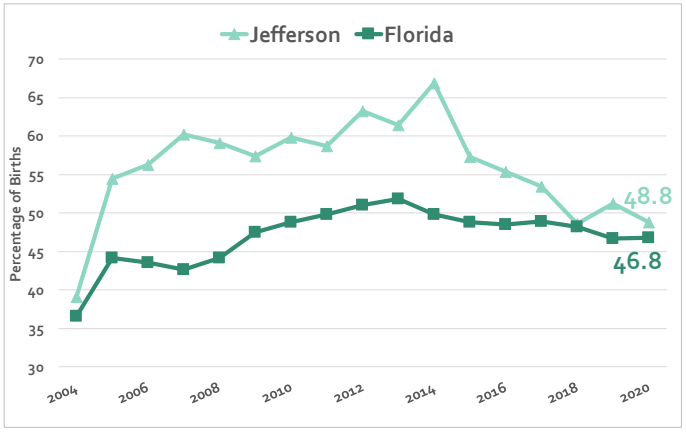
with children 0-17 were living below poverty level compared to Florida, except for 2017. Almost 45% were living below poverty level in 2020 in Jefferson County.

Figure 77. Percent of Female Head of Households with Children 0-17 Living Below Poverty Level 2009-2020, Jefferson County and Florida



Another possible indicator is the percent of births covered by Medicaid. Many women who are unemployed or underemployed do not have access to private health insurance. Figure 78 provides a trend line for the percent of births covered by Medicaid for Jefferson County and Florida. The percent of births covered by Medicaid for Jefferson County has been higher than that of Florida; however, these percentages have been decreasing since 2015. In 2020, 48.8% of Jefferson County births were covered by Medicaid, compared to 46.8% for Florida.

Figure 78. Percent of Births Covered by Medicaid, 2004-2020, Jefferson County and Florida

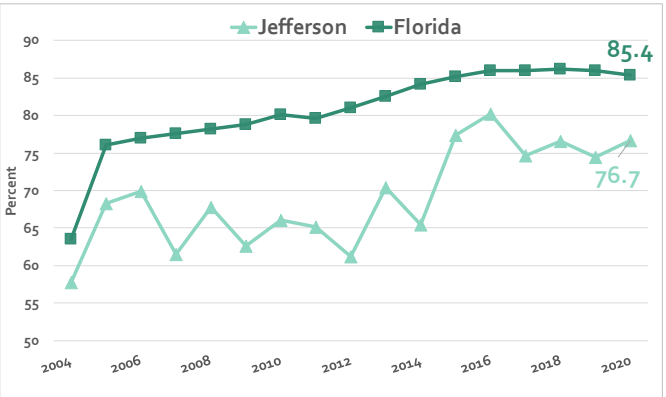


Data for years 2016-2020 by race and ethnicity show that 31% of births to White, non-Hispanic mothers were covered by Medicaid, followed by 76% of births to Black & Other, non-Hispanic mothers and 41% of births to Hispanic mothers.

Breastfeeding Initiation

Breastfeeding has benefits for nursing mothers and their infants. According to the American Academy of Pediatrics, breastfeeding can reduce the risk of sudden infant death syndrome (SIDS), and help protect the baby from infectious diseases, obesity, diabetes, leukemia, and tooth decay. Some studies have linked higher IQ scores to breastfeeding. Nursing mothers benefit by helping to form a bond with their infants, as well as help the mother's body to recover from pregnancy and childbirth.

Figure 79. Breastfeeding Initiation Rates, 2004-2020
Jefferson County and Florida



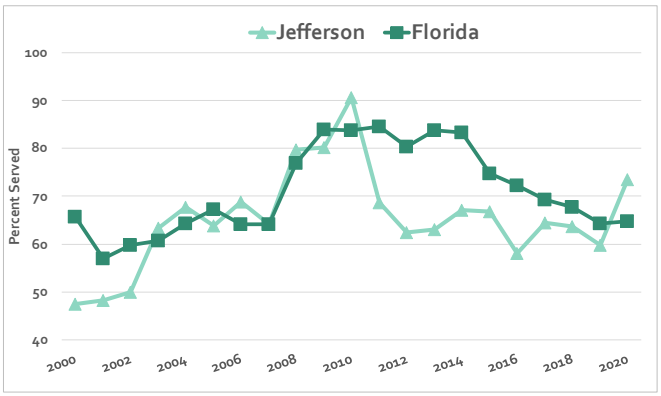
Jefferson County mothers have been less likely to breastfeed, compared to Florida. Figure 79 shows that breastfeeding initiation rates for Jefferson County have been significantly below those of Florida since 2004.

It should be noted that there have been discrepancies in the breastfeeding initiation data collection across county health department programs and the Bureau of Vital Statistics. In an effort to promote data integrity, the local Healthy Start Coalition of Jefferson, Madison and Taylor Counties has worked with local hospitals to educate staff on data collection.

Data for the five-year time period of 2016-2020 indicate an overall initiation rate of 76%. This includes 85% of White, non-Hispanic mothers, 66% of Black & Other, non-Hispanic mothers and 78% of Hispanic mothers who initiated breastfeeding.

Women, Infants and Children (WIC) Services

Figure 80. Percent of Population Eligible for WIC Services and Received Services
2000-2020, Jefferson County and Florida



The percent of women, infants and children who are eligible for services and were served by the WIC program has been significantly lower than the state until 2020. The percentage of eligible women and children served in 2020 was 73.5% in Jefferson County and 64.8% in Florida. Preliminary data for 2021 show that Jefferson's percent served in 2021 was 72.0%, compared to 63.0% for Florida.

The increase for Jefferson County may be due to the fact that telehealth and other remote services were used due to the COVID-19 pandemic. It should be noted that WIC client breastfeeding initiation

services dropped significantly during the same time period. The percent of WIC infants ever breastfed was 82.8% for Jefferson County in 2020 and 73.5% in 2021. This is likely due to the fact that breastfeeding education usually takes place in-person.

Breast, Cervical and Ovarian Cancer Among Females

Figure 81. Breast Cancer Death Rates, 2000-2020
Jefferson County and Florida

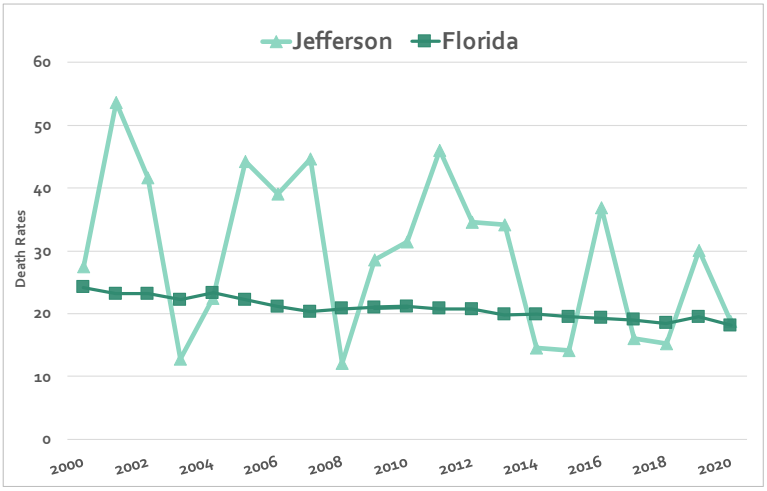


Figure 81 shows breast cancer death rates among females in Jefferson County and in Florida. Jefferson County experienced an increase in breast cancer deaths in 2019, and a decrease in 2020. Jefferson County's rates exceeded those of Florida in 2019 and was almost equal in 2020.

There were 12 breast cancer deaths in Jefferson County in 2016-2020. Eight, or 67%, were White, non-Hispanic. Four deaths, or 33%, were Black & Other, non-Hispanic. Note there were no deaths due to breast cervical or ovarian cancer among Hispanic females in Jefferson County during 2000-2020.

There have been 21 ovarian cancer deaths among Jefferson County female residents during 2000-2020. Eleven, or 52% were White, non-Hispanic and 10, or 48% were Black & Other, non-Hispanic.

There have been four cervical cancer deaths among Jefferson County female residents during 2000-2020. One of the four was White, non-Hispanic and three of the four were Black & Other, non-Hispanic.

Significant Findings Maternal and Child Health

This section details some of the significant findings for maternal and child health. These are listed below by category.

Infant Mortality

- Black & Other, non-Hispanic births accounted for 45% of total births during 2010-2020. During the same time period, Black & Other, non-Hispanic infant deaths accounted for 83% of the total deaths.
- The majority of infant deaths in 2016-2020 occurred to mothers who resided in census tracts 2502 and 2501.03.

Factors Contributing to Infant Mortality

- The majority of preterm births and low birth-weight births occurred to Black & Other, non-Hispanic mothers.
- Infants born to Black & Other, non-Hispanic mothers were more likely to be preterm or low birthweight.

- Hispanic women were more likely to be either overweight or obese at the time of pregnancy.
- Teen births dropped from 13% of all births in 2010 to 7% of all births in 2020.
- Births to mothers ages 35+ increased to 17% in 2020. The majority of these births were among White, non-Hispanic mothers.
- The poverty rate for female head of household families with children ages 0-17 in Jefferson County was 45% in 2020.
- Medicaid data for years 2016-2020 combined by race and ethnicity show that 31% of births to White, non-Hispanic mothers were covered by Medicaid, followed by 76% of births to Black & Other, non-Hispanic mothers and 41% of births to Hispanic mothers.

Breastfeeding

- The breastfeeding initiation rate for Jefferson County in 2020 was 76.7 compared to 85.4 for Florida.
- Black & Other, non-Hispanic mothers were less likely to breastfeed compared to Hispanic mothers and White, non-Hispanic mothers.

Other Factors

- The percent of WIC eligible persons served in 2020 in Jefferson County was 72%, higher than that of Florida at 63%.
- The percent of WIC infants ever breastfed was 82.8% for Jefferson County in 2020 and 73.5% in 2021. This is likely due to the fact that breastfeeding education usually takes place in-person.

Reportable Diseases

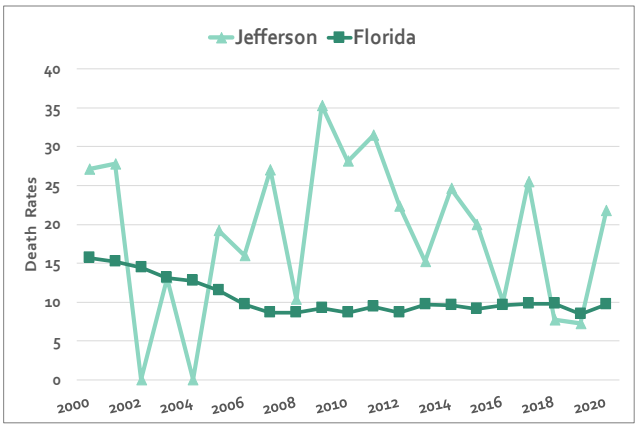
The following analysis details cases of reportable diseases by category. These include COVID-19, Influenza and Pneumonia, Tuberculosis HIV/AIDS and Sexually Transmitted Infections Including HIV/AIDS, COVID-19, Influenza and Pneumonia, and Tuberculosis. Other reportable diseases will be listed by the following categories: Central Nervous System Diseases and Bacteremias, Enteric, Food and Waterborne Diseases, Vaccine Preventable Diseases, Vector-borne and Zoonotic Diseases, and Non-categorized Reportable Diseases.

COVID-19

There were 13 deaths due to COVID-19 in Jefferson County in 2020, the first year of the pandemic, and 32 deaths in 2021. Of the 45 total deaths, 62% were White, non-Hispanic, and 38% were Black & Other, non-Hispanic. Approximately 56% of the deaths were male and 44% were female.

Influenza and Pneumonia

Figure 82. Influenza and Pneumonia Death Rates 2000-2020, Jefferson County and Florida

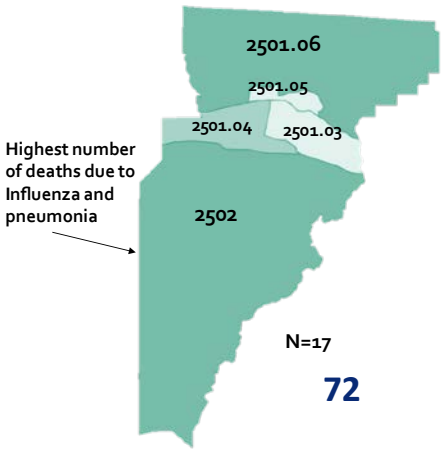


Jefferson County has typically had higher death rates due to influenza and pneumonia than the state. However, rates dropped below the state in 2018 and increased in 2020. Jefferson County was in the fourth quartile for influenza and pneumonia death rates in 2020.

Of the 45 deaths among Jefferson County residents during 2010-2020, 60% were White, non-Hispanic, 40% were Black & Other, non-Hispanic and 0% were Hispanic. Males accounted for 58% of the deaths and females accounted for 42%.

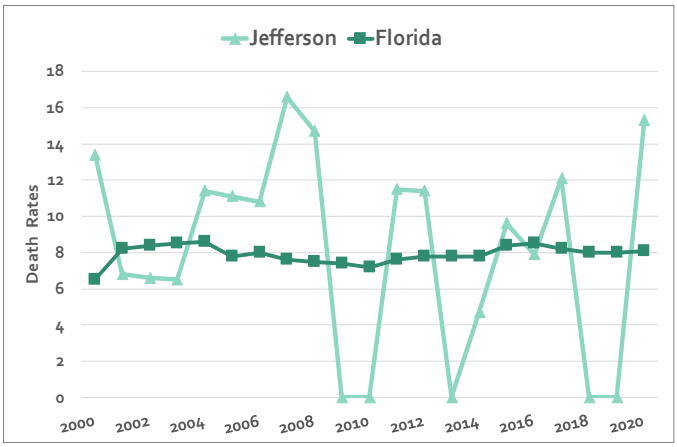
Census tract data for Jefferson County during 2016-2020 show that the majority of deaths occurred in tract 2502 at 53%, followed by tract 2501.06 at 24%, tract 2501.04 at 12% and tracts 2501.03 and 2501.05 at 6% each.

Figure 83. Influenza and Pneumonia Deaths by Census Tract, 2016-2020, Jefferson County



Septicemia

Figure 84. Septicemia Death Rates 2000-2020, Jefferson County and Florida

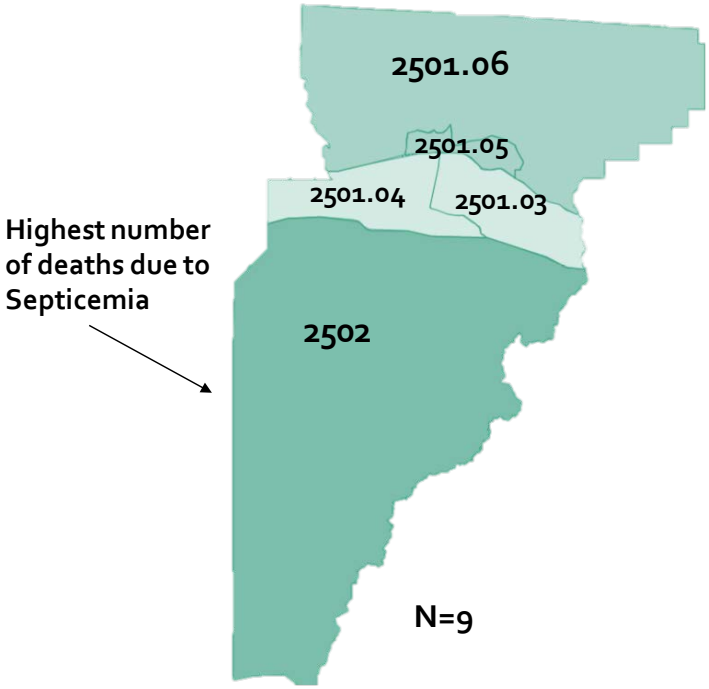


Septicemia is an infection which can be life-threatening by damaging tissues and organs in the body. Children and elderly persons are more at-risk for septicemia, along with persons who have weakened immune systems. Jefferson County ranked in the fourth quartile for septicemia deaths in 2020.

Of the 16 deaths that occurred during 2010-2020 among Jefferson County residents, 50% were White, non-Hispanic, 50% were Black & Other, non-Hispanic and 0% were Hispanic. Fifty percent (50%) of the deaths were male and 50% were female.

Census tract data for Jefferson County during 2016-2020 show that the majority of septicemia deaths occurred in tract 2501 at 56%, followed by tracts 2501.05 and 2501.06 at 22% each. The remaining census tracts had no reported deaths during the time period.

Figure 85. Septicemia Deaths by Census Tract, 2016-2020, Jefferson County

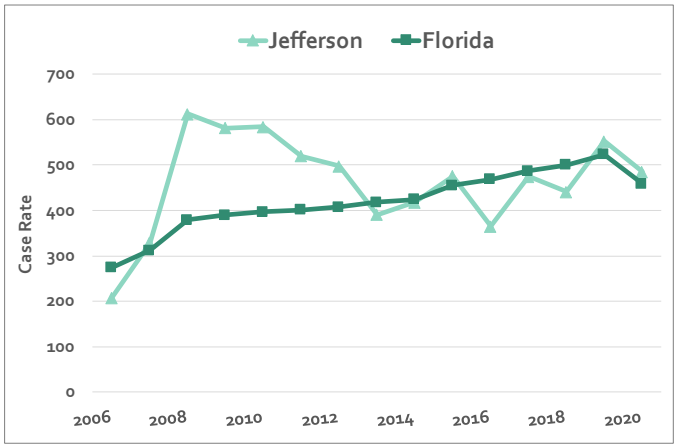


Sexually Transmitted Infections

HIV/AIDS and Viral Hepatitis are included in this section although they can be acquired through multiple transmission routes.

Chlamydia

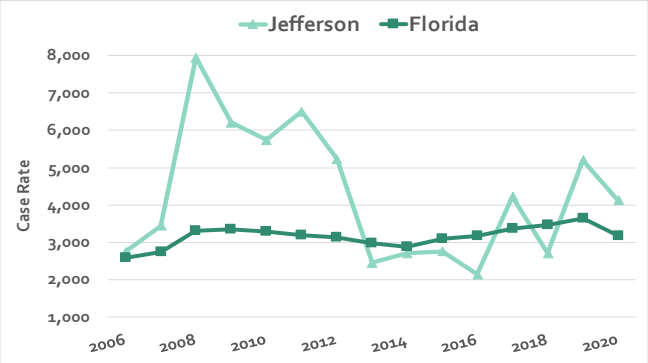
Figure 86. Chlamydia Case Rates
2006-2020, Jefferson County and Florida



Jefferson County ranked in the third quartile for reported chlamydia cases in 2020. Jefferson County had the 19th highest rate per 100,000 population at 485.5, compared to 458.5 for Florida. The 2020 rate per 100,000 population for White, non-Hispanic residents in Jefferson County was 48.8, compared to 633.2 for Black & Other non-Hispanic residents and 0.0 for Hispanic residents.

The highest percent of reported chlamydia cases for Jefferson County during 2010-2020 were among Black & Other, non-Hispanic residents at 84%, followed by White, non-Hispanic residents at 15% and Hispanic residents at 1%.

Figure 87. Chlamydia Case Rates for Females Ages 15-19
2006-2020, Jefferson County and Florida

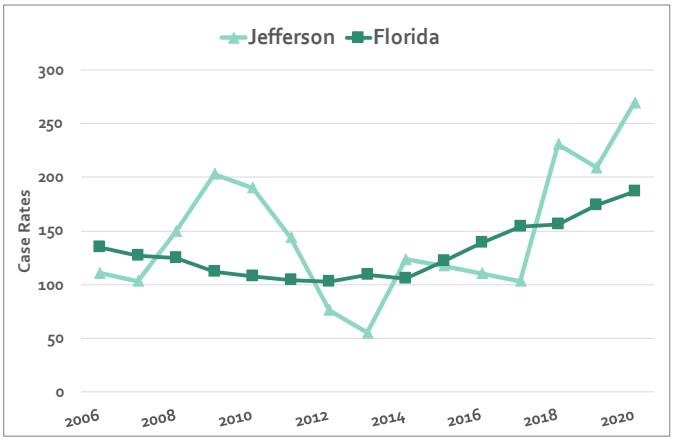


Untreated bacterial STDs like chlamydia can result in long-term fertility issues in females. Figure 87 shows that case rates among females ages 15-19 in Jefferson County decreased in 2020. Data are consistent with the overall chlamydia case rates for Jefferson County as this is a subset of the total. The 2020 case rate for Jefferson County females ages 15-19 was 4,127.0, compared to 3,169.3 for Florida.

There were 158 cases of chlamydia reported among females ages 15-19 for Jefferson County during 2010-2020. Of these, there were 96 chlamydia cases reported with a known race and ethnicity. The racial and ethnic breakdown for the 96 cases shows that 80% were Black & Other, non-Hispanic, 19% were White, non-Hispanic and 1% were Hispanic.

Gonorrhea

Figure 88. Gonorrhea Case Rates
2006-2020, Jefferson County and Florida



Gonorrhea cases and case rates increased in 2020 in Jefferson County. Jefferson County ranked in the fourth quartile in 2020 for gonorrhea case rates. Jefferson County had the tenth highest rate per 100,000 population at 269.7, compared to 187.1 for Florida. The 2020 rate per 100,000 population for White, non-Hispanic residents in Jefferson County was 22.3, compared to 510.6 for Black & Other non-Hispanic residents and 0.0 for Hispanic residents.

The highest percent of reported gonorrhea cases for Jefferson County during 2010-2020 were among Black & Other, non-Hispanic residents at 89%, followed by White, non-Hispanic residents at 11% and Hispanic residents at 0%.

Figure 89. Gonorrhea Case Rates for Females
Ages 15-19
2006-2020, Jefferson County and Florida

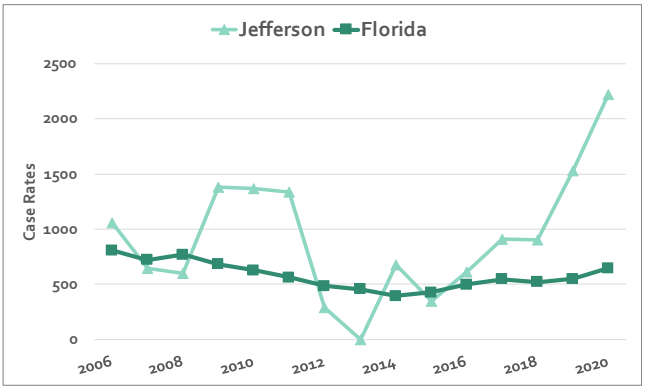


Figure 89 shows that gonorrhea case rates among females ages 15-19 in Jefferson County increased in 2020. Data are consistent with the overall gonorrhea case rates for Jefferson County as this is a subset of the total. The 2020 case rate for Jefferson County was 2,222.2, compared to 645.3 for Florida. Approximately 80% of the reported gonorrhea cases among Jefferson County females ages 15-19 in 2020 were Black & Other, non-Hispanic, and 20% were White, non-Hispanic.

There were 40 cases of gonorrhea reported among females ages 15-19 for Jefferson County during 2010-2020. Of these, there were 26 gonorrhea cases reported with a known race and ethnicity. The racial and ethnic breakdown for the 26 cases shows that 85% were Black & Other, non-Hispanic, 15% were White, non-Hispanic and 0% were Hispanic.

HIV/AIDS

Figure 90. HIV Infection Case Rates
3-Year Discrete Rates
2000/2002-2018/2020, Jefferson County and Florida

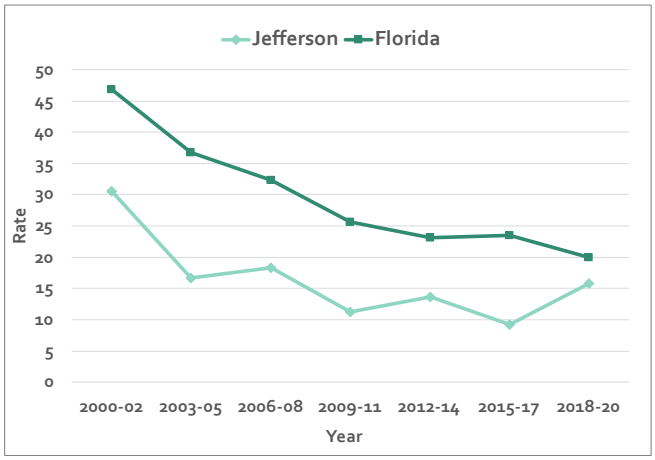
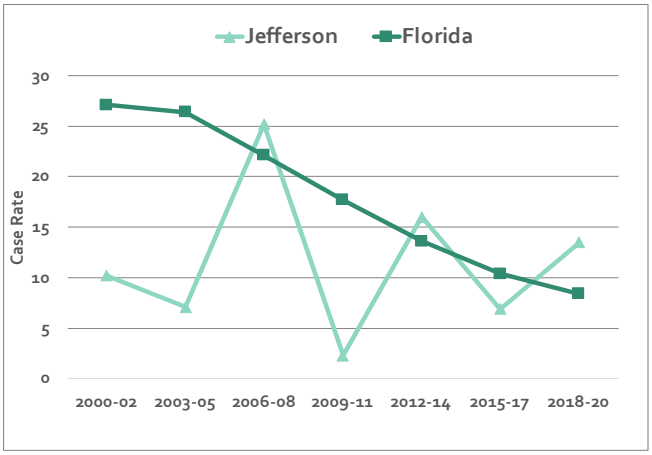


Figure 90 shows three-year discrete case rates for HIV infection for Jefferson County and Florida. Three-year discrete rates were chosen as there are several years that Jefferson County had no HIV cases reported. Jefferson County had an increase in HIV case rates during the 2018-2020 time period, although the rate is still less than Florida.

Of the 22 HIV cases reported during 2010-2020 in Jefferson County, 64% were Black & Other, non-Hispanic, 36% were White, non-Hispanic, and 0% were Hispanic. Males accounted for 77% of these cases and females accounted for 23%.

Figure 91. AIDS Case Rates
3-Year Discrete Rates 2000/2002-2018/2020
Jefferson County and Florida



AIDS case rates are also expressed as three-year discrete case rates for Jefferson County and Florida. An AIDS case is reported when a person with HIV has a laboratory test CD4 count less than 200 cells/mm^3, a CD4 percent less than 14%, or is diagnosed with an opportunistic infection. Cases are reported in the year in which the criteria are met. This may or may not be in the same year as a person's HIV diagnosis.

Jefferson County experienced an increase in the AIDS case rate during 2018-2020 and exceeded that of Florida. Of the 17 AIDS cases reported during 2010-2020 in Jefferson County, 75% were among Black & Other residents, 25% were among White, non-Hispanic residents and 0% were among Hispanic residents.

Figure 92 below shows the percent of Jefferson County and Florida residents living with HIV as well as whether they are receiving medical care and whether they have a suppressed viral load. The HIV Care Continuum is important because having a suppressed viral load means that HIV cannot be transmitted to sex partners.

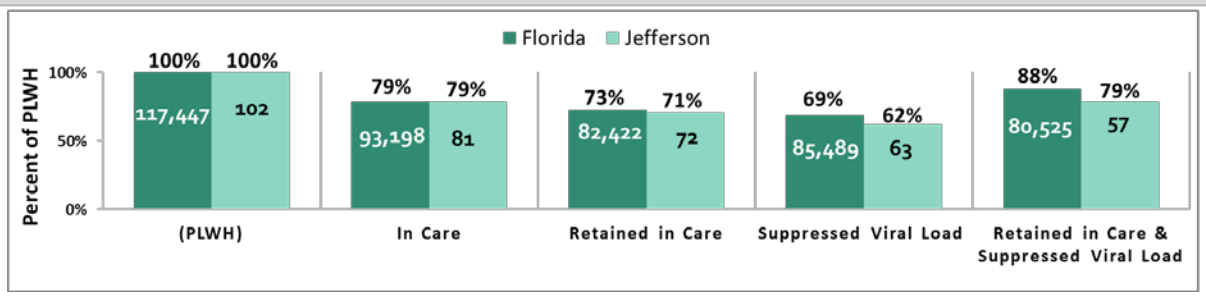
Approximately 79% of Jefferson County people living with HIV/AIDS (PLWH) were in care in 2020. This means they had documentation of a lab test, medical visit or prescription. Seventy-one percent (71%)

of Jefferson PLWH were retained in care, meaning they had two or more lab tests, medical visits or prescriptions that were at least three months apart in 2020.

79% of the PLWH in Jefferson County who had at least one documentation of medical care had a suppressed viral load. Jefferson County had a lower percentage of persons in care and retained in care and lower percentages of suppressed viral loads than the state. This may be an indication of issues with referrals to medical care, as well as patients dropping out of medical care.

Figure 92. Persons Living with HIV Along the HIV Care Continuum, 2020, Jefferson County and Florida

- Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2021.
- In Care: PWH with at least one documented VL or CD_4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021. Out of Care: PWH with no documented VL or CD_4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021.
- Retained in Care: PWH with two or more documented VL or CD_4 labs, medical visits, or prescriptions at least three months apart from 1/1/2020 through 6/30/2021, data as of 6/30/2021.
- In Care with Suppressed Viral Load: PWH with at least one documented VL or CD_4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021 that also has a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021, data as of 6/30/2021.



Syphilis

Syphilis infections are increasing in Florida and in Jefferson County. There were five infectious syphilis cases diagnosed in Jefferson County in 2020. There have been 12 cases since 2013.

There have been 27 early syphilis cases diagnosed in Jefferson County from 2006 through 2020.

- 5 cases were White, non-Hispanic males,
- 10 cases were Black & Other, non-Hispanic males,
- 4 cases were White, non-Hispanic females,
- 1 case was Black & Other, non-Hispanic female,
- 7 cases had unknown race/ethnicity

There have been no congenital syphilis cases diagnosed in Jefferson County during 2006-2020.

Viral Hepatitis

Viral hepatitis has several strains. For this analysis, Hepatitis A, B and C are included. There have been no cases of Hepatitis D, E or G reported in Jefferson County since data collection in 2006. Data for Hepatitis A, B and C are not available by race, ethnicity or gender.

People are infected with Hepatitis A from contaminated food or water, or close contact with a person or object that is contaminated. There is a vaccine available to prevent Hepatitis A. There were four cases of Hepatitis A diagnosed in Jefferson County during 2000-2020. Three cases were diagnosed in 2020.

Hepatitis B is transmitted through body fluids from an infected person. This can occur through sexual contact, sharing needles or paraphernalia or from a mother to baby during birth. Some people have acute Hepatitis B infections, or short-term. For others, Hepatitis B infections are chronic, or long-term. There is a vaccine to prevent Hepatitis B.

During 2000-2020, Jefferson County had three acute Hepatitis B cases, the most recent was diagnosed in 2013. There were 35 cases of chronic Hepatitis B reported during the time frame, including two cases in 2020. There were no cases of perinatal transmission of Hepatitis B during the time frame. There were four reported positive Hepatitis B Surface Antigen Results in Pregnant Women; however, the most recent was reported in 2007.

Hepatitis C is transmitted via contact with infected blood, most often by sharing needles or injection drug supplies. For some people, Hepatitis C is an acute infection, but most people have chronic Hepatitis C. A lot of people are unaware that they are infected with Hepatitis C because they have no symptoms. There is no vaccine for Hepatitis C.

During 2000-2020, there was one acute Hepatitis C case reported for Jefferson County. There have been 256 chronic Hepatitis C cases reported during the time frame, including 11 cases reported in 2020.

Tuberculosis

There were five Tuberculosis cases diagnosed in Jefferson County during the twenty-year period of 2000-2020. There have been no cases diagnosed since 2008. There were no cases of Tuberculosis diagnosed in children under age 15 during the time period. There were no deaths due to Tuberculosis during the timeframe. Data are not available by race, ethnicity or gender.

Other Reportable Diseases

These diseases are listed in table format by category. The number of cases shown are for the time period 2001-2020 for Jefferson County. Diseases with reported cases in 2020 are highlighted in red. More information is available in the Annual Epidemiology report.

Central Nervous System Diseases and Bacteremias

Infections of the brain and spinal cord are most often caused by bacteria, fungi and viruses. These diseases can be serious or life-threatening. These diseases require quick diagnosis and immediate effective treatment.

Table 26. Cases of Central Nervous System Diseases and Bacteremias, 2001-2020, Jefferson County

Disease or Condition and Definition	Number of Cases
Creutzfeldt-Jakob Disease – a fatal neurodegenerative disease	0
Haemophilus influenzae Invasive Disease – a bacterial infection that can cause anything from mild ear infections to bloodstream infections	4
Meningitis, Bacterial or Mycotic - A bacterial or viral infection of the fluid surrounding the brain and spinal cord that causes swelling of the membranes covering the brain and spinal cord	2
Staphylococcus aureus Infection Resistant to Vancomycin VISA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0
Staphylococcus aureus Infection Resistant to Vancomycin VRSA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0
Streptococcus pneumoniae Invasive Disease – this bacteria can cause many types of illnesses, including ear infections and meningitis	24

Enteric, Food and Waterborne Diseases

These diseases are caused by viruses, bacteria and parasites. Enteric diseases are initially acquired by contaminated food and water, through animal contact or contact with the animal's environment and through contact with feces of an infected person. Some of the diseases in this category can spread between people after initial infection.

Table 27. Cases of Enteric, Food and Waterborne Diseases, 2001-2020, Jefferson County

Disease or Condition	Cases	Disease or Condition	Cases
Amebic Encephalitis	0	Listeriosis	0
Campylobacteriosis	28	Neurotoxic Shellfish Poisoning	0
Cholera	0	Salmonella Typhi Infection	0
Ciguatera Fish Poisoning	0	Salmonellosis	97
Cryptosporidiosis	6	Saxitoxin Poisoning	0
Cyclosporiasis	0	Shiga Toxin Producing Escherichia coli	10
Giardiasis, Acute	17	Shigellosis	22
Hemolytic Uremic Syndrome (HUS)	1	Staphylococcal Enterotoxin B Poisoning	0
Legionellosis	4	Vibriosis Excluding Cholera	8

Vaccine Preventable Diseases

These are diseases that have available vaccines to prevent acquiring the disease.

Table 28. Cases of Vaccine Preventable Diseases, 2001-2020, Jefferson County

Disease or Condition	Cases
Diphtheria	0
Measles (Rubeola)	0
Meningococcal Disease	1
Mumps	0
Pertussis	2
Poliomyelitis	0
Rubella	0
Tetanus	0
Varicella (Chickenpox)	11

Vector-borne and Zoonotic Diseases

Vector-borne diseases are transmitted to people and animals through mosquitoes, ticks and fleas. Zoonotic diseases are animal diseases which are transmissible to people.

Table 29. Cases of Vector-borne and Zoonotic Diseases, 2001-2020, Jefferson County

Disease or Condition	Cases	Disease or Condition	Cases
Anaplasmosis	0	Rabies, Animal	7
Brucellosis	0	Rabies, Human	0
California Serogroup Virus Disease	0	Rabies, Possible Exposure	19
Dengue Fever	0	Rocky Mountain Spotted Fever	3
Eastern Equine Encephalitis	0	Severe Acute Respiratory Syndrome	0
Ehrlichiosis	8	St. Lous Encephalitis	0
Hantavirus Infection	0	Trichinellosis	0
Leptospirosis	0	Tularemia (Francisella tularensis)	0
Malaria	1	Typhus Fever	0
Middle East Respiratory Syndrome	0	Venezuelan Equine Encephalitis	0
Plague	0	West Nile Virus	0
Psittacosis (Ornithosis)	0	Western Equine Encephalitis	0
Psittacosis (Ornithosis)	0	Yellow Fever	0

Non-Categorized Reportable Diseases

These reportable diseases do not have an assigned category. Note that Smallpox was formerly a vaccine-preventable disease. Vaccines are no longer given due to the world-wide eradication.

Table 30. Cases of Other Reportable Diseases, 2001-2020, Jefferson County

Disease or Condition	Cases
Anthrax	0
Botulism, Foodborne	0
Botulism, Infant	0
Botulism, Wound	0
Glanders (Burkholderia mallei)	0
Hansen's Disease (Leprosy)	0
Melioidosis (Burkholderia pseudomallei)	0
Smallpox	0
Vaccinia Disease	0
Viral Hemorrhagic Fever	0

Significant Findings Reportable Diseases

This section details some of the significant findings for reportable diseases. These are listed below by category.

COVID-19

- For 2020-2021, there were 45 deaths. Of these, 62% were White, non-Hispanic, 47% were Black & Other, non-Hispanic and 3% were Hispanic. Deaths were equal among male and female residents, at 17 respectively.

Influenza and Pneumonia

- Of the 45 deaths among Jefferson County residents during 2010-2020, 60% were White, non-Hispanic and 40% were Black & Other, non-Hispanic. The majority of deaths were among males.

Sexually Transmitted Diseases

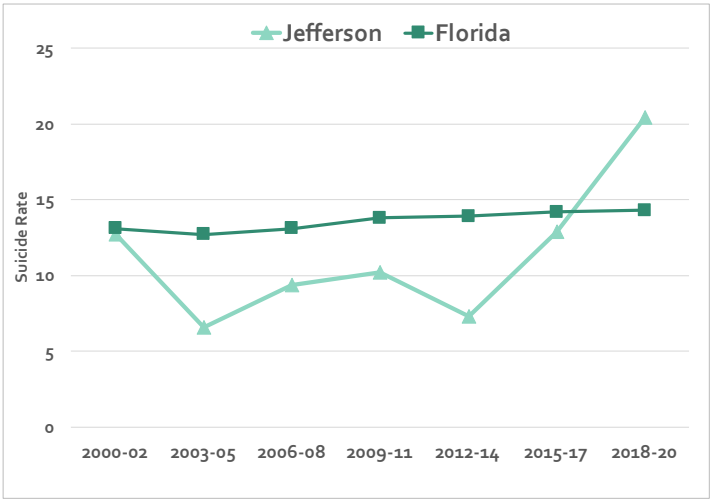
- Black & Other, non-Hispanic residents of Jefferson County were disproportionately impacted by all bacterial STDs and HIV/AIDS.
- Gonorrhea cases increased significantly in 2020 among females ages 15-19.
- HIV and AIDS case rates increased during 2018-2020. The HIV case rate was still below the state of Florida but is now almost equal to that of Florida.
- Jefferson County had a lower percentage of persons in care and retained in care and lower percentages of suppressed viral loads than the state. This may be an indication of issues with referrals to medical care, as well as patients dropping out of medical care.
- There were five infectious syphilis cases reported for Jefferson County in 2020.

Social and Behavioral Health

This section includes mental health indicators and substance use disorder indicators.

Suicide

Figure 93. Suicide Death Rates, 2000-2020
3-Year Discrete Rates, Jefferson County and Florida



Three-year discrete rates were chosen for this indicator to reduce annual fluctuation in rates and to better show trends for Jefferson County. Jefferson County experienced a significant increase in suicide death rates for the time period 2018-2020. The Jefferson County rate was 20.4 per 100,000 population compared to 14.3 for the state of Florida. Jefferson County had the 5th highest suicide rate in the state in 2020.

There was a total of 22 suicide deaths in Jefferson County during 2010-2020, including four in 2020. Data by race and ethnicity show that 95% of the suicide deaths were among White, non-Hispanics, 5% were among Black & Other, non-Hispanics and 0% were among Hispanics. Data by gender show that 73% of the suicide deaths during the time frame were male and 27% were female.

Table 31 shows 2010-2020 suicide death data for Jefferson County by age group. Age group 75+ accounted for the highest percentage; however, all age groups had at least one suicide death over the ten years except for ages 25-34.

Table 31. Suicide Deaths by Age Group, Jefferson County, 2010-2020 Combined

Age Group	Suicide Deaths
< 18	2 (9%)
18-24	1 (5%)
25-34	0 (0%)
35-44	2 (9%)
45-54	4 (18%)
55-64	3 (14%)
65-74	1 (5%)
75+	9 (41%)

Table 32 lists the number of Jefferson County suicide deaths by method for the years 2010-2020 combined. The majority of suicides occurred through the use of firearms, followed by Other or Unspecified Means and Drug Poisoning.

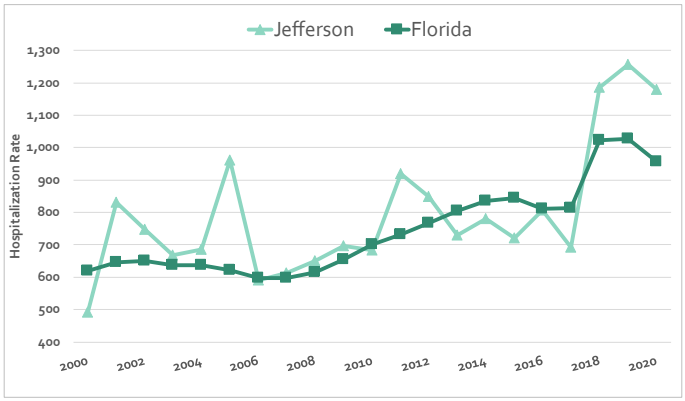
Table 32. Suicide Deaths by Method, Jefferson County, 2010-2020 Combined

Method	Suicide Deaths
Firearms Discharge	12 (55%)
Drug Poisoning	4 (18%)
Other/Unspecified Means	6 (27%)

Note that there were 18 non-fatal self-harm injuries reported during 2019 and < 5 in 2020. Of the reported 18 in 2019, seven were hospitalized and 11 were emergency room visits. Numbers for 2020 were suppressed due to small numbers.

Behavioral Disorders

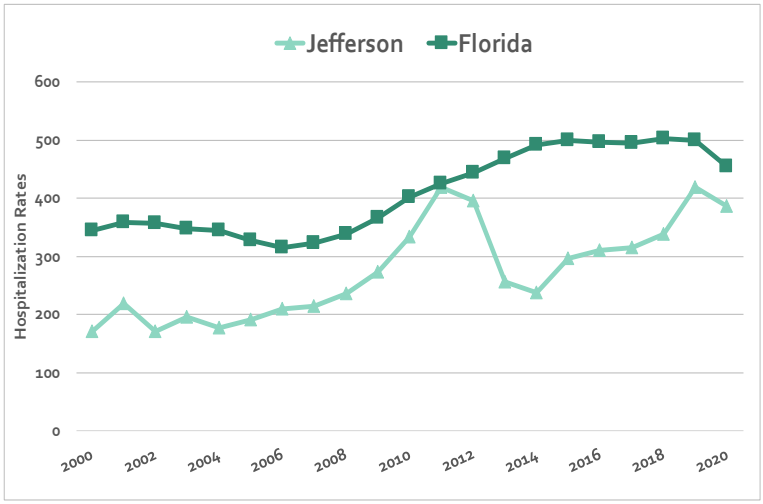
Figure 94. Hospitalization Rates for Mental Disorders 2000-2020, Jefferson County and Florida



Jefferson County's mental disorder hospitalization rate per 100,000 population decreased slightly in 2020 but was higher than that of Florida. The 2020 hospitalization rates were 1,179.5 for Jefferson County and 956.1 for Florida.

Of the 1,466 hospitalizations among Jefferson County residents during 2010-2020, 51% were White, non-Hispanic, 48% were Black & Other, non-Hispanic and 2% were Hispanic.

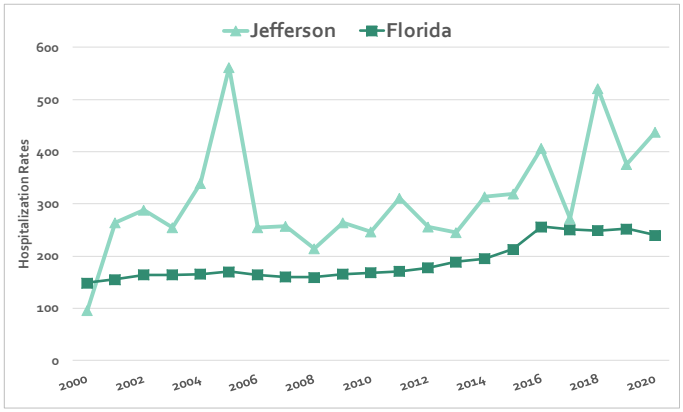
Figure 95 Hospitalization Rates for Mood & Depressive Disorders, 2000-2020 Jefferson County and Florida



Hospitalization rates due to Mood and Depressive disorders are a subset of Figure 94 above; however, the trend line for Jefferson County in Figure 95 does not mirror the trend line for all hospitalizations above in figure 94. The hospitalization rates for Jefferson and Florida decreased in 2020.

Of the 489 hospitalizations for mood and depressive disorders among Jefferson County residents during 2010-2020, 70% were White, non-Hispanic, 28% were Black & Other, non-Hispanic and 2% were Hispanic.

Figure 96 Hospitalization Rates
for Schizophrenic Disorders
2000-2020, Jefferson County and Florida

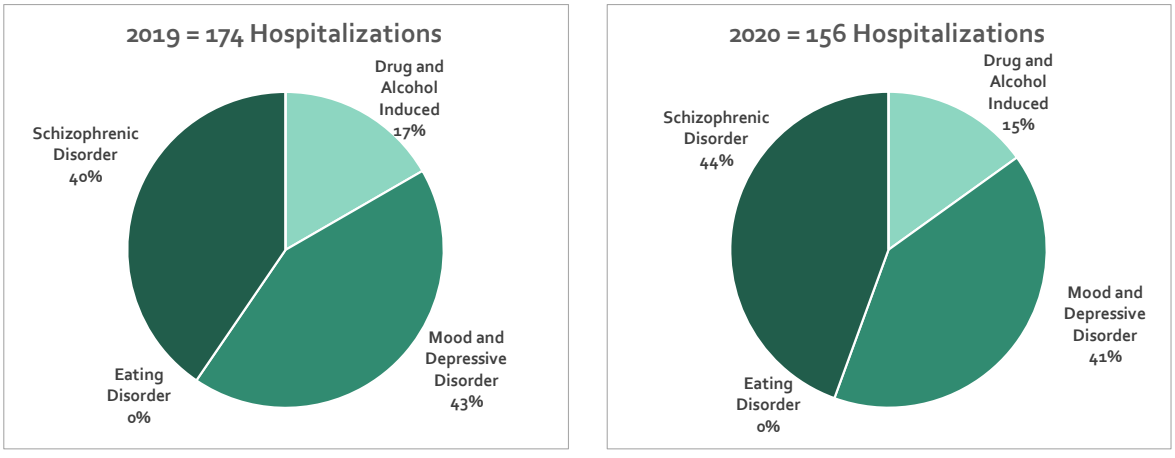


Hospitalization rates for schizophrenic disorders is also a subset of Figure 94; and this trend line is similar. Jefferson County's hospitalization rates for schizophrenic disorders have been higher than the state since 2001. The 2020 rates were 437.8 per 100,000 population for Jefferson County and 240.7 for Florida.

Of the 520 hospitalizations for schizophrenic disorders among Jefferson County residents during 2010-2020, 26% were White, non-Hispanic, 73% were Black & Other, non-Hispanic and 1% were Hispanic.

Figure 97 shows total mental disorder hospitalizations for Jefferson County for years 2019 and 2020 by type of mental disorder. Mood and depressive disorders represented the majority of hospitalizations for 2019 and schizophrenic disorders accounted for the highest percent in 2020. Note that hospitalizations for drug and alcohol accounted for 17% of hospitalizations in 2019 and 15% in 2020.

Figure 97. Hospitalizations by Type of Mental Disorder, 2019 and 2020, Jefferson County

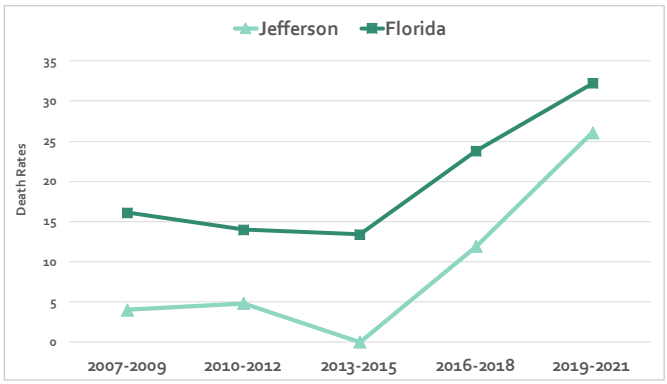


There were an estimated 508 seriously mentally ill adults residing in Jefferson County in 2020. This is defined as having a diagnosed mental disorder that results in serious functional impairment that substantially interferes major life activities in the prior 12 months. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, and other mental disorders that result in serious impairment. These counts are estimates based on the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates of serious mental illness among the population aged 18 and older.

Note that the indicator of students with emotional or behavioral disabilities among children Kindergarten through 12th grade has not been measured for Jefferson County since 2017.

Substance Use Disorders

Figure 98. Drug Poisoning Death Rates, 2009-2020
3-Year Discrete Rates, Jefferson County and Florida



Drug poisoning deaths include intentional and unintended overdose deaths, including taking the wrong drug, taking a drug in error and taking a drug inadvertently. Three-year discrete rates were chosen in order to show trends, including years where there were no deaths. Jefferson County's death rates continue to be lower than Florida's; however, they are increasing.

Of the 21 drug poisoning deaths that occurred among Jefferson County residents during 2010-2020, 79% were White, non-Hispanic, 16% were Black & Other, non-Hispanic and 5% were Hispanic.

Figure 99 shows drug poisoning deaths by census tract for the years 2016-2020 combined. The majority of deaths occurred in census tract 2501.03, followed by tracts 2502, and 2501.04. There were no drug poisoning deaths among residents of census tracts 2501.05 and 2501.06 during the five-year time frame.

Figure 99. Drug Poisoning Deaths by Census Tract, 2016-2020 Combined, Jefferson County

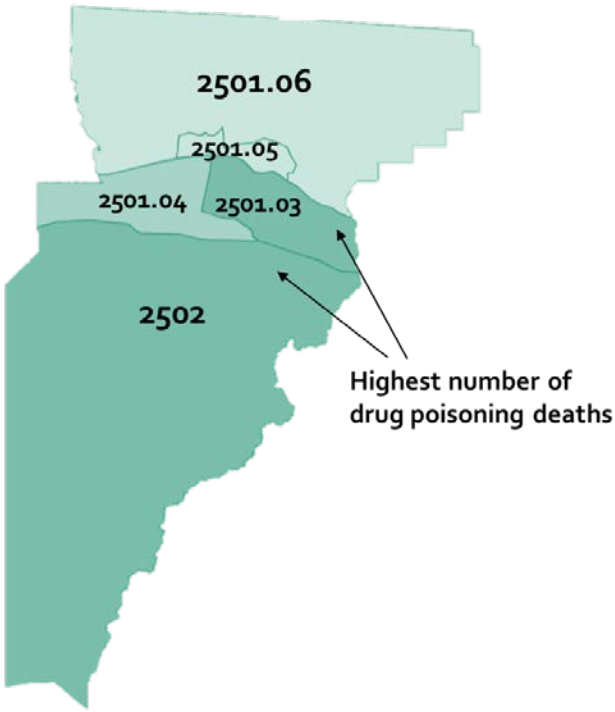
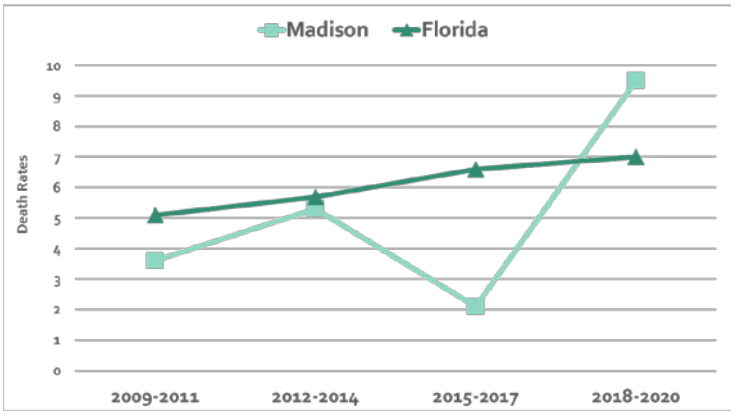


Figure 100. Alcoholic Liver Disease Death Rates
2009-2020, 3-Year Discrete Rates
Jefferson County and Florida



Three-year discrete rates were chosen in order to show trends, including years where there were no deaths. Jefferson County experienced a large increase in the death rate for 2015-17 and decreased during 2018-20. The alcoholic liver poisoning death rate in 2020 for Jefferson County was 6.5 per 100,000 population, compared to 7.0 for Florida.

Of the 10 alcoholic liver disease deaths that occurred among Jefferson County residents during 2010-2020, 80% were White, non-Hispanic, 20% were Black & Other, non-Hispanic and 0% were Hispanic. Males accounted for 80% of the deaths and females represented 20% of the deaths.

According to the Substance Abuse Dashboard in Florida CHARTS, there were five fatal overdoses in Jefferson County in 2020. There were 5,386 opioid prescriptions dispensed to Jefferson County residents in 2020. There were 72 drug arrests among Jefferson County residents in 2020.

There were six non-fatal opioid overdoses with an EMS response during 2020, the most current year of data. There were nine documented instances when Naloxone was administered. There were no documented cases of neonatal abstinence syndrome among live births to Jefferson County residents in 2019.

Table 33 provides additional data on drug use and opioid use in Jefferson County. Data are provided for the most recent year available.

Table 33. Opioid and Drug Use Data, Jefferson County, by Year of Latest Report

Indicator	Jefferson County
Overdose Data 2020	
Drug Overdose Deaths	1
Opioid Overdose Deaths	5
Drug Overdose Death Rate per 100,000 Population	31.5
Opioid Overdose Death Rate per 100,000 Population	3.7
EMS Response to Suspected Non-Fatal Drug Overdose	48
EMS Response to Suspected Non-Fatal Opioid Overdose	6
Non-Fatal Drug Overdose ER Visits	7
All Drug Non-Fatal Overdose Hospitalizations	9
Naloxone Administered	9

Prescriptions and Treatment 2021	
Number of Opioid Prescriptions Dispensed	5,386
Number of Unique Patients	1,576
Prescriptions Dispensed Per Patient	3.4
Adult Substance Abuse Program Enrollees	16
Child Substance Abuse Program Enrollees	1
Risk Behaviors, 2018-2020	
% Adults Who Engage in Heavy or Binge Drinking – 2019	18.7%
% Students Who Rode in a Car Driven by Someone Who Had Been Drinking – 2018	9.6%
% Students Using Vape Products with Marijuana Oil – 2020	Not measured
Consequences, 2019-2020	
Drug Arrests	72 71 Adults, 1 Child
Alcohol Confirmed Motor Vehicle Crashes	7 1 fatality
Drug Confirmed Motor Vehicle Crashes	1 1 fatality
Neonatal Abstinence Syndrome	0

Significant Findings Social and Behavioral Health

This section details some of the significant findings for social and behavioral health. These are listed below by category.

Suicide

- Jefferson County had the 5th highest suicide death rate in Florida in 2020.
- Of the 22 suicide deaths during 2010-2020, the majority were White, non-Hispanic (95%), male (73%) and ages 75+ (41%).
- 55% of suicide deaths during 2010-2020 occurred through the use of a firearm.

Behavioral Disorders

- Hospitalizations for mental disorders during 2010-2020 were almost equally distributed by race and ethnicity. 51% were White, non-Hispanic, 48% were Black & Other, non-Hispanic and 2% were Hispanic.
- The majority of hospitalizations in 2019 were due to mood and depressive disorders. Schizophrenic Disorder accounted for the highest percentage of hospitalizations in 2020.

Substance Use Disorders

- Jefferson County's death rates due to drug poisoning were lower that the state's. There was a significant increase in Jefferson County death rates during 2010-2020.
- Of the 21 drug poisoning deaths that occurred among Jefferson County residents during 2010-2020, 79% were White, non-Hispanic, 16% were Black & Other, non-Hispanic and 5% were Hispanic.

- During 2016-2020, the highest number of drug poisoning deaths took place in census tracts 2501.03 and 2502.
- Jefferson County death rates due to alcoholic liver poisoning increased significantly during 2018-2020 and were higher than Florida.
- Deaths from alcoholic liver poisoning during 2010-2020 in Jefferson County were more likely to be White, non-Hispanic (80%) and male (80%).
- There were five fatal opioid overdoses in Jefferson County in 2020.

Community Themes and Strengths

DOH-Jefferson conducted the Community Themes and Strengths assessment in the form of a community survey that was conducted from June through November 2022. DOH-Jefferson received supplemental funding to conduct a Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) Assessment. The Steering Committee decided to combine the Community Themes and Strengths survey questions with the larger PACE-EH survey tool.

The final survey tool included the following sections: Community Values; Access to Care, Economic Stability, Access to Healthy Foods, Impact of COVID-19 pandemic, Neighborhood and Built Environment, and Mental Health Assessment. The survey was voluntary; however, participants were offered a grocery store gift certificate if they completed the survey. Participants were required to be age 18 or older and a resident of Jefferson County. The data analysis shown below is based on 239 surveys of residents.

Demographics of Participants

All participants were asked core demographic information. Participants were asked about age group, race/ethnicity, gender, education, employment status and area of residence within Jefferson County.

Participants were asked which area of the county described where they resided. Figure 101 shows the breakdown by area. Most residents lived within the city of Monticello, followed by North Jefferson County, LLoyd, Aucilla, Waukeenah, Lamont and Drifton.

Figure 101. Survey Respondents by Area of Residence, Jefferson County

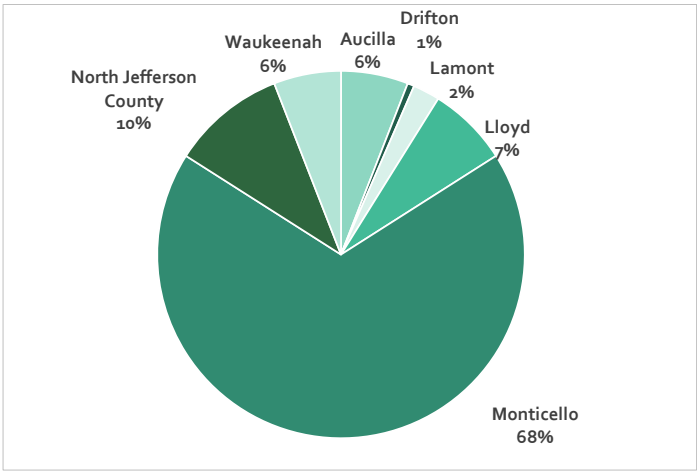


Figure 102 provides self-reported race/ethnicity and gender information for the 239 respondents. The majority of survey participants were female and Black, non-Hispanic. Hispanic participants comprised 4% of the sample.

Figure 102. Survey Repondent Data by Gender and Race/Ethnicity, Jefferson County

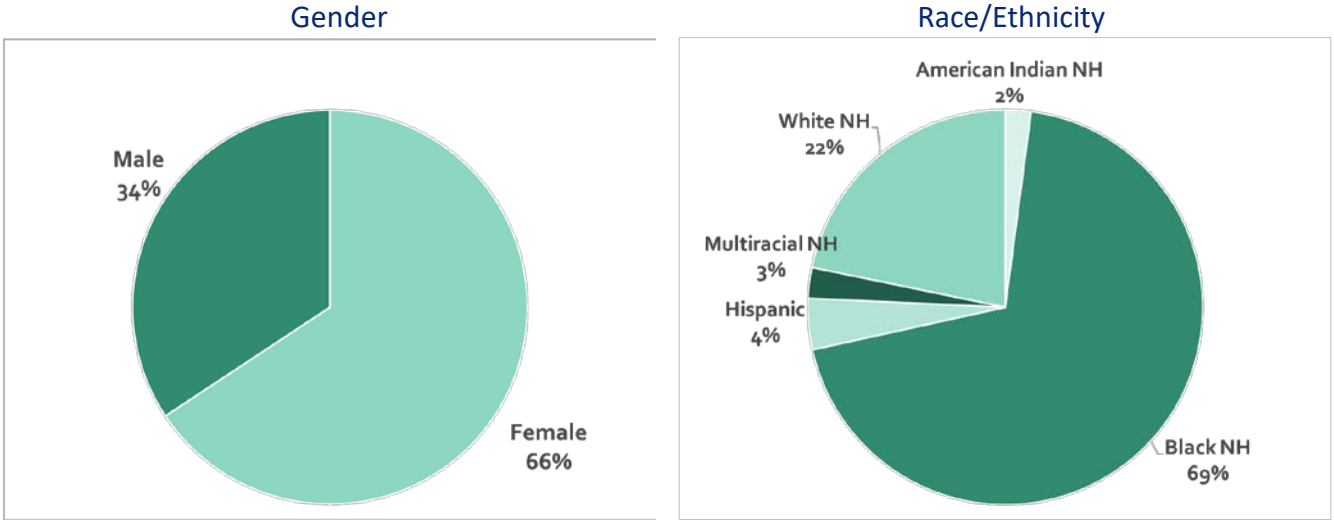


Table 34 shows survey respondent data by age group and area of residence. Participants were required to be at least 18 years of age to be eligible. Overall, about 43% of respondents were ages 60 and older. Lamont and Wacissa participants were more likely to be ages 18-29.

Table 34. Survey Respondents Data by Age Group and Area, Jefferson County

Area	18-29	30-39	40-49	50-59	60-69	70-79	80%
Aucilla	10%	0%	30%	10%	30%	10%	10%
Drifton	0%	0%	0%	20%	20%	40%	20%
Lamont	25%	12%	13%	25%	13%	13%	0%
Lloyd	6%	11%	6%	28%	11%	33%	6%
Monticello	12%	18%	14%	17%	29%	9%	2%
N Jefferson County	4%	12%	19%	35%	19%	8%	4%
Wacissa	13%	7%	7%	13%	13%	47%	0%
Waukeenah	24%	12%	12%	6%	24%	29%	6%
Total Participants	11%	14%	13%	19%	25%	15%	3%

Table 35 lists the education level of respondents by area of residence. About 18% of all respondents had less than a high school diploma and 35% of participants had at least some college. Ten percent of participants had a bachelor's degree or higher.

Table 35. Survey Respondents Data by Education Level, Jefferson County

Area	< High School	Some High School	Graduated or GED	Some College/AA	Bachelor's Degree	Graduate Degree
Aucilla	10%	0%	30%	50%	0%	10%
Drifton	0%	0%	80%	0%	20%	0%
Lamont	0%	0%	75%	25%	0%	0%
Lloyd	11%	11%	11%	44%	17%	6%
Monticello	11%	10%	46%	24%	5%	4%
N Jefferson County	4%	15%	46%	19%	12%	4%
Wacissa	7%	0%	73%	20%	0%	0%
Waukeenah	6%	6%	53%	18%	18%	0%
Total Participants	9%	9%	47%	25%	7%	3%

Table 36 shows survey respondent data by employment status. Approximately 31% of all respondents were employed full or part-time. Twenty percent of all participants stated they were disabled and 16% were either a full-time student or unemployed.

Table 36. Survey Respondents Data by Employment Status, Jefferson County

Area	Disabled	Part-time Job	Full-time Job	Retired	Home Parent	Student Unemployed
Aucilla	30%	10%	20%	30%	10%	0%
Drifton	0%	0%	0%	100%	0%	0%
Lamont	38%	0%	38%	25%	0%	0%
Lloyd	17%	11%	22%	33%	17%	0%
Monticello	19%	11%	24%	22%	3%	21%
N Jefferson County	23%	4%	23%	19%	12%	19%
Wacissa	13%	7%	7%	53%	13%	7%
Waukeenah	18%	0%	29%	35%	0%	18%
Total Participants	20%	8%	23%	28%	5%	16%

Survey participants were asked about their access to email and broadband internet. About 73% of Jefferson County participants stated they had access. Participants from Monticello (68%), and Wacissa (67%) were less likely to have access than other areas of the county.

Access to Care

Survey participants were asked to choose three health issues they considered to be most important. Note that participants could choose up to three responses. Table 37 shows the top ten health issues that were chosen. The most important health issue chosen overall was infectious diseases, including hepatitis, TB, COVID and others. Infectious diseases were the most important issue for Black & Other, non-Hispanic participants and by Hispanic participants.

Table 37. Three Most Important Health Issues Chosen by Survey Respondents, Jefferson County

Health Issue	Percent of Responses
Infectious Diseases (Hepatitis, TB, COVID, etc.)	46%
Diabetes	36%
Cancer	35%
Obesity, Overweight	28%
Dental Issues	27%
Sexually Transmitted Diseases, and HIV/AIDS	15%
Mental Health Issues	14%
Teen Pregnancy	14%
Heart Disease and Stroke	11%
Drug Use (Prescribed and Other)	10%

Survey participants were asked to identify the most difficult health care services to access in Jefferson County. Respondents could choose any or all of the listed services. Table 38 lists the top ten services that were the most difficult to obtain. Dental care including dentures and primary medical care was chosen most often with 44%, followed by primary medical care with 38%.

Table 38. Most Difficult Health Care Services to Obtain, Jefferson County

Health Issue	Percent of Responses
Dental Care Including Dentures	44%
Primary Medical Care	38%
Vision Care	33%
Hospital Care	32%
Specialty Medical Care (Specialist Doctors)	31%
Mental Health Care	27%
X-Rays or Mammograms	27%
Physical Therapy/Rehabilitation	19%
Emergency Medical Care	18%
Laboratory Services	16%

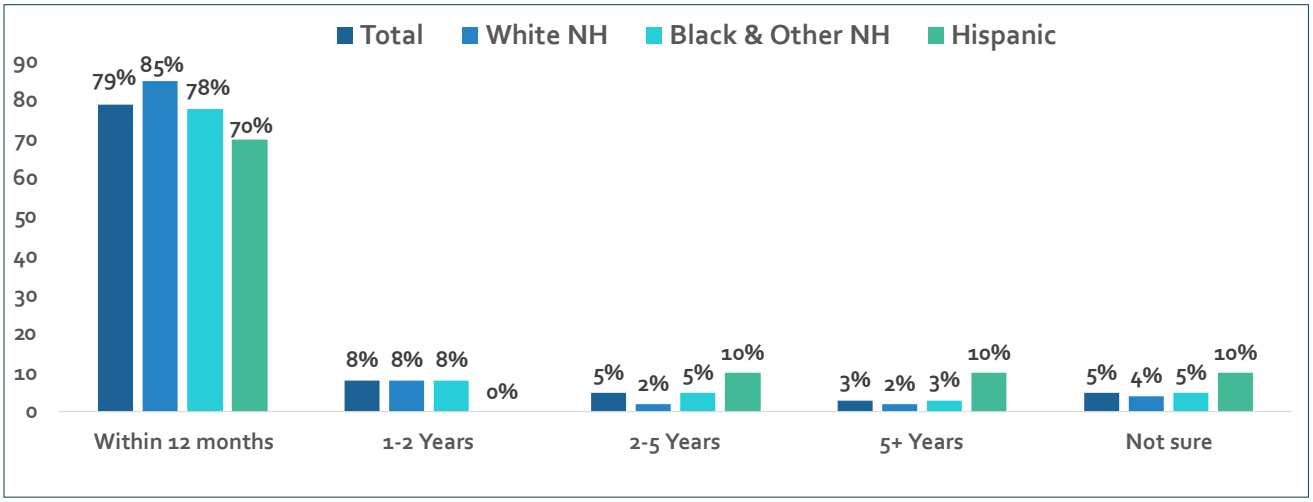
Survey participants were asked about which type(s) of health insurance they currently had. Respondents were able to choose all types of insurance that applied to them. About 12% of survey respondents indicated they did not have any health insurance.

Table 39. Types of Health Insurance, Jefferson County Survey Participants

Type of Insurance	Percent of Responses
Medicaid or Medicaid HMO	31%
Medicare	24%
Insurance From an Employer	20%
I do not have any health insurance	13%
Other	12%
Affordable Care Act self-pay plan	6%
Tricare, Military or VA benefits	3%

Survey participants were asked how long it had been since their last wellness exam or physical, excluding emergency care or sick visits. Figure 103 below shows that 79% of survey respondents had been seen for a wellness exam within the previous 12 months, 8% within 1-2 years, 5% within 2-5 years, 3% more than five years and 5% were not sure. Hispanic participants were more likely to respond that it had been five or more years since their last wellness visit. Hispanic participants were also more likely to respond they were not sure how long it had been.

Figure 103. Length of Time Since Last Wellness Exam, by Race and Ethnicity
Jefferson County Participants



Participants were asked to identify reasons for a delay in seeking medical care and were encouraged to choose all that applied to them. Participants who responded they had medical care in the past 12 months were excluded. No insurance was chosen most often, followed by provider did not take the participant's insurance and lack of transportation.

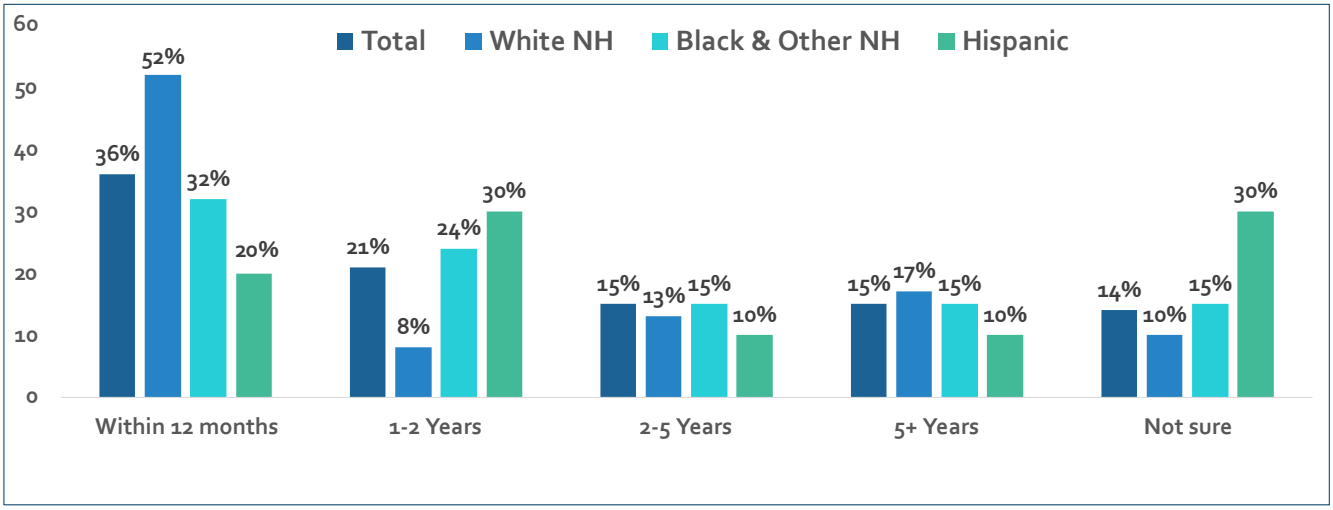
Table 40. Reasons for Delay in Seeking Medical Care, Jefferson County Participants

Reason	Percent of Responses
No insurance	12%
Provider did not take my insurance	9%
Lack of transportation	9%
Could not afford care	7%
Could not get an appointment soon enough	5%
Provider was not taking new patients	4%
Could not get an evening/weekend appointment	3%
Language barrier/could not communicate	1%

Survey participants were asked about the length of time since their last dental visit. Figure 104 below shows that 36% of survey respondents had been seen the dentist within the previous 12 months, 21% within 1-2 years, 15% within 2-5 years, 15% more than five years and 14% were not sure. White, non-Hispanic participants were more likely to have seen the dentist in the previous year. Hispanic

participants were more likely to have been seen within 1-2 years. Black & Other, non-Hispanic participants were more likely to have waited five or more years.

Figure 104. Length of Time Since Last Dental Visit, by Race and Ethnicity
Jefferson County Participants



Economic Stability

Survey participants were asked a series of questions about issues paying for necessities, public assistance and food insecurity. Table 41 shows survey participant responses regarding goods and services that were difficult to pay for. Respondents could choose response any that applied to them. Food was chosen most often, followed by utility bills, rent or mortgage and home repairs.

Table 41. Necessities Difficult to Pay For, Jefferson County Survey Participants

Type of Necessity	Percent of Responses
Food for yourself and/or family	30%
Utility bills	30%
Rent or mortgage	20%
Home repairs	18%
Transportation costs	15%
Medical bills/prescription drugs	12%
Clothing	10%
Childcare	5%
Care for a disabled family member	5%
Elder care	5%

Participants were asked about any type of public assistance they were currently receiving. A total of 137 participants, or 57%, indicated they were not receiving any public assistance. Of the remaining participants, food assistance was most often received, followed by rent and utilities, workforce assistance and refugee assistance.

A total of 91 participants, or 38%, indicated they receive assistance with food. Monticello and Aucilla residents were more likely to receive food assistance than the other areas.

Table 42. Percent of Respondents Receiving Food Assistance, by Area

Area	Receiving Food Assistance Percent of Total Participants
Aucilla	40%
Drifton	20%
Lamont	13%
Lloyd	17%
Monticello	47%
N Jefferson County	35%
Wacissa	20%
Waukeenah	38%

Participants were asked what type of food assistance they received. Respondents could choose all that applied to them. A total of 72 participants, or 30%, received SNAP assistance. A total of 58 participants, or 24%, visited a food bank or food distribution site. Only 18 participants, or 7%, stated they had their own garden.

Participants were asked how often they skipped a meal or cut down on the size of their meal so others in their household could eat. A total of 98 respondents, or 41%, indicated they had skipped a meal or reduced their meal size some of the time, most of the time or all of the time. About 24% of participants stated they went hungry in the past year because there was not enough money to buy food.

The majority of participants (80%) stated that it was very important to eat healthy. However, 66% also indicated that the cost of buying healthy food is a barrier to eating healthy. Approximately 29% of participants stated they ate fast food once a week or more. Participants were asked what would make it easier to eat healthy. These are listed below in Table 43. Participants were able to choose up to three responses.

Table 43. What Would Make Healthier Food Choices Easier, Jefferson County Participants

Choice	Percent of Yes Responses
Less Expensive	82%
More Grocery Stores Where I Live/Work	41%
Community Garden & Teach How to Grow Food	37%
More Convenience Stores That Sell Healthy Food	25%
More Farmer's Markets or Farm Stand	25%
Knowing How to Grow and Have Space	23%
More Time to Prepare/Cook Meals	21%
Having Healthy Items at Food Bank/Pantry	20%
Knowing How to Prepare Healthy Food	15%
Public Transportation to Healthy Food Markets	12%

Housing and Neighborhood

Participants were asked about their current living situation. Less than half of respondents (44%) owned their home, 38% rented their home, 13% lived with friends or family and 5% had other living arrangements. Of the 92 respondents who were renting their home, 36% stated they were getting rental assistance. Thirty-four percent of participants who were renting their home stated they had difficulty getting the landlord to make repairs. Twenty-two participants stated they were homeless in the previous 12 months.

Table 44 shows current living situation by area. Participants from Aucilla, Lamont and Monticello were less likely to own their home.

Table 44. Current Living Situation, By Area, Percent of Respondents

Area	Own Home	Live With Friends/Family	Rent Home	Other
Aucilla	50%	10%	40%	0%
Drifton	80%	0%	20%	0%
Lamont	49%	25%	13%	13%
Lloyd	67%	11%	22%	0%
Monticello	31%	10%	50%	9%
N Jefferson	58%	23%	19%	0%
Wacissa	74%	13%	13%	0%
Waukeenah	58%	18%	24%	0%

About 90% of respondents felt safe in their home and 91% of respondents felt safe in their neighborhood. The majority, 61%, said their neighborhood had adequate street lighting. Only 13% of respondents had no smoke detector, carbon monoxide detector or fire extinguisher in their home. Almost half of participants, 47%, said they drank bottled water at home, rather than tap water. Approximately 27% of respondents said they were concerned about bugs in their home.

Mental Wellness

Participants were asked if they knew where to get adult mental health services and child mental health services. A total of 54% stated they knew where to get adult mental health services, and 55% said they knew where to get child mental health services.

Most respondents (76%) said they could tell when someone was depressed. More than half, 56%, indicated they knew someone with bipolar disorder. About 35% stated they knew someone with schizophrenic disorder.

Participants were asked if they would look for mental health, alcohol or substance use services in a different county. Forty-three percent of the respondents stated they would seek services in a different county. Slightly less than half, 46%, said they would not tell anyone if they were diagnosed with a mental illness.

Table 45 shows participant responses to the standard mental health assessment questions. They were asked to identify how many days in the past two weeks they experienced the symptoms. The table

shows the combined percent of respondents who chose, “mild, several days,” “moderate, more than half the days,” or “severe, nearly every day.”

Table 45. Standard Mental Health Assessment Responses, Jefferson County Participants

Indicator	Mild, Moderate or Severe
Little interest or pleasure in doing things	21%
Feeling down, depressed, or hopeless	19%
Feeling more irritated, grouchy or angry than usual	14%
Sleeping less than usual, but still have a lot of energy	18%
Starting lots more projects than usual or doing more risky things than usual	11%
Feeling nervous, anxious, frightened, worried or on edge	14%
Feeling panic or being frightened	12%
Avoiding situations that make you anxious	17%
Unexplained aches and pains in your head, back, joints, abdomen or legs	28%
Feeling that your illnesses are not being taken seriously enough	13%
Thoughts of actually hurting yourself	7%
Hearing things other people can’t hear, such as voices even when no one was around	7%
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking	6%
Problems with sleep that affected your sleep quality over all	15%
Unpleasant thoughts, urges or images that repeatedly enter your mind	10%
Feeling driven to perform certain behaviors or mental acts over and over again	6%
Feeling detached or distant from yourself, your body, your physical surroundings or your memories	9%
Not knowing who you really are or what you want out of life	11%
Not feeling close to other people or enjoying your relationships with them	10%
Drinking at least 4 drinks of any kind of alcohol in a single day	8%
Using any tobacco products	15%
Using any recreational drugs or prescription medicine that you do not have a prescription for	7%

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces that are, or might be, influencing the quality and health of Jefferson County and the local public health system. Evaluating the events, trends, and factors that impact Jefferson County will enable opportunities to determine the impact of such events and take it into account as action plans are developed to make the community what it aspires to be. The Forces of Change Assessment was held on February 2, 2023, during the Community Health Summit.

The Forces of Change Assessment identifies factors and trends that affect the health of the community and the local public health system. Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as an increasing aging population or decreasing high school graduation rates.
- Factors are discrete elements, such as being a rural community.
- Events are one-time occurrences, such as a business closure, a hurricane or chemical spill, or the passage of new legislation.

Table 46. Forces of Change by Category

Technological		
Force	**Threats**	**Opportunities**
• Poor or no Internet connectivity • Telemedicine	• There is not enough Internet availability	• New initiative to increase bandwidth and decrease connection issues

Social		
Force	**Threats**	**Opportunities**
• Mental health • Substance use • Gang activities • Partnerships	• No inpatient facility for mental health or substance use • Increase in suicides and mental health crisis situations • Increased substance use • Increased gang activities in Monticello	• Deployment of Community Action Teams and Mobile Response Teams by Apalachee Center • DISC Village located in Greenville • NARCAN distribution • Coordination of youth mental health and substance use services through the Community Health Improvement Plan Committee

Environmental		
Force	**Threats**	**Opportunities**
• Affordable Housing • Storms and natural disasters • Emerging epidemics and pandemics • Parks • Transportation	• Lack of affordable housing • Lack of resources to treat, respond to infectious disease epidemics • Power outages risk connection • Lack resources for education • Fluctuations with economy risks provision of Big Bend transit • Limitations in ridership	• Working with Big Bend Continuum of Care on Housing • Strong Emergency Operations Center • COVID-19 pandemic funding increased capacity to respond to epidemics • Received funds to refurbish parks and add exercise equipment • Shift towards a more user-friendly shuttle system.

Education		
Force	**Threats**	**Opportunities**
• Education	• Retention of teachers • High school graduation rates decreasing • Negative education outcomes due to impact of mental health and substance use on schools	• Changes to teacher pay scale at the state level • Coordination of youth mental health and substance use services through the CHIP Committee

Scientific		
Force	**Threats**	**Opportunities**
• Infant Mortality • Causes of Death	• Increasing infant mortality rates in Jefferson County • High death rates due to chronic diseases	• Move to Healthy Start LPN nurse model • Provision of nutrition and mental health counseling services to pregnant women • Breast cancer screening initiatives • Blood pressure self-monitoring classes • Community partners provide education for tobacco cessation and diabetes

Economic		
Force	**Threats**	**Opportunities**
• Poverty • Employment • Food deserts	• Limited to no access to fresh fruits and vegetables • Increasing risk of becoming a food desert in outlying areas	• Potential for increasing economic development • Food locker installed at health department • Resource fairs at libraries to assist residents with obtaining social services

Table 47. Jefferson County Asset Inventory

City/County Institutions	Associations/Organizations
Florida Department of Health- Jefferson County	Tallahassee Memorial Hospital
Jefferson Emergency Operations Office	Apalachee Center
Jefferson County Sheriff's Office	Healthy Start Coalition of Jefferson, Madison, Taylor Counties, Inc.
Jefferson Correctional Institution	Faith-based Community
Big Bend Transit	Kids Incorporated of the Big Bend
Jefferson Senior Citizen's Center	Department of Children and Families
City and County Governments	University of Florida County Extension Office
Jefferson County School District	Florida State University
Early Learning Coalition	Florida A&M University
Jefferson County Fire Rescue	DISC Village
Community Partnership Schools	Big Bend CARES
	HCA Hospital
Other	TMH Physician's Partners
Strong legislative delegation	North Florida College
Shared Services Council	

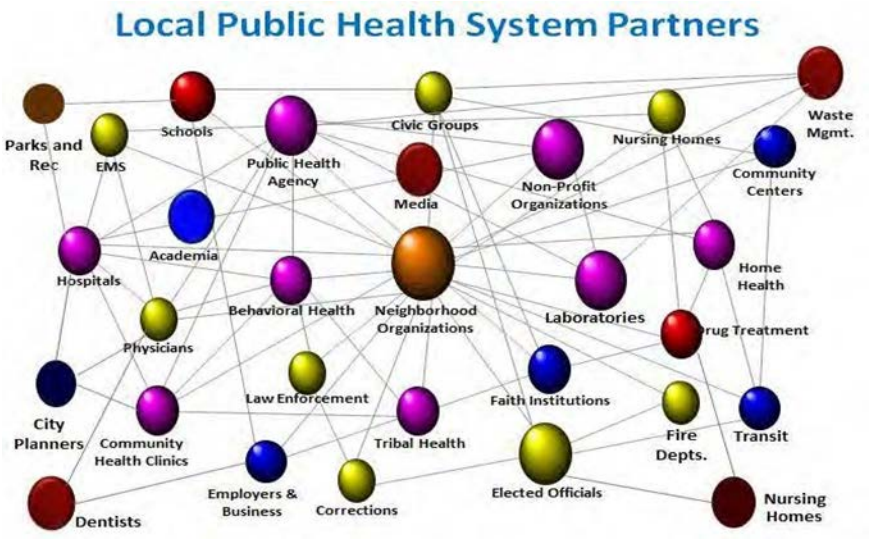
Local Public Health Assessment

The Local Public Health Assessment (LPHSA) Workshop for Jefferson County was conducted using the National Public Health Performance Standards (NPHPS). The National Public Health Performance Standards evaluate the involvement of all the local organizations and entities contributing to the health within the community. The NPHPS provides performance standards for public health systems. These standards engage and leverage partnerships to create a stronger foundation for public health preparedness. Subsequently, it helps to identify areas of improvement in order to address the health issues of the community and promote continuous quality standards.

The LPHSA answers the questions: "What are the activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The Local Public Health Assessment was broken into two parts; an external partner workshop was held, in partnership MCMH, during the health summit and an internal staff workshop was conducted with DOH-Jefferson staff.

The Local Public Health System is a vast network composed of agencies, organizations, businesses, and individuals who are collectively involved in providing the essential public health services in their community. The LPHSA focuses on the overall "public health system" in order to assure that the contributions of all entities are recognized in the provision of these services. The diagram below accurately illustrates the complex interconnectedness of each entity involved in providing optimal health. The purpose of this assessment is to recognize areas of improvement, strengthen system networks, and quantify the performance of the local system in comparison to the National Public Health Performance Standards.

Figure 105. Jellybean Diagram of the Local Public Health System



Community partner recruitment was conducted via phone call, email, and in-person invitations. Included in the invitation and reminder email was a preparatory document outlining the ten essential public health services. In the external LPHSA, five of the Essential Health Services (3, 4, 5, 7, 9) were discussed, as the county decided it was most important to get community input on these specific

services. A second internal meeting was held to assess the remaining five Essential Health Services (1, 2, 6, 8, 10), as the county health department has jurisdiction over these services within the public health system.

After the discussion of each Essential Public Health Service, the participants were asked to vote on how well they thought the local public health system met each Model Standard using the voting cards. Prior to each poll, the respective National Public Health Performance Standard of each Essential Service was explained in detail by the facilitator to ensure that all constituents understood them. Each standard was discussed and followed by questions to clarify the current performance of the public health system. Using the ranking system shown in Table 12, participants voted on the LPHS performance for each Model Standard. The results of each poll were displayed in bar graph form after each poll. The facilitator then stimulated a discussion for any results that did not receive a strong consensus. Re-polling was conducted until consensus was reached.

Table 46. Essential Service Performance Level System, relative to Optimal Activity

No activity (0%)	0% or absolutely no activity
Minimal Activity (1%-25%)	Greater than zero, but no more than 25% of the activity described within the question is met within the public health system.
Moderate Activity (26%-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.
Significant Activity (51%-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.
Optimal Activity (76%-100%)	Greater than 75% of the activity described within the question is met within the public health system.

Ten Essential Public Health Services

1. Monitoring health status to identify community health problems comprises the following:
   - Assessing, accurately and continually, the community's health status.
   - Identifying threats to health.
   - Determining health service needs.
   - Paying attention to the health needs of groups that are at higher risk than the total population.
   - Identifying community assets and resources that support the public health system in promoting health and improving quality of life.
   - Using appropriate methods and technology to interpret and communicate data to diverse audiences.
   - Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

2. Diagnosing and investigating health problems and health hazards comprises the following:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity of epidemiologic investigation of disease outbreaks and patterns of the following: a) infectious and chronic disease, b) injuries, and c) other adverse health behaviors and conditions.

3. Informing, educating, and empowering people about health issues comprises the following:
   - Creating community development activities.
   - Establishing social marketing and targeted media public communication.
   - Providing accessible health information resources at community levels.
   - Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
   - Working with joint health education programs with schools, churches, worksites, and others.

4. Mobilizing community partnerships to identify and solve health problems comprises the following:
   - Convening and facilitating partnerships among groups and associates including those not typically considered to be health related.
   - Undertaking defined health improvement planning process and health projects, including preventative, screening, rehabilitation, and support programs.
   - Building a coalition to draw on the full range of potential human and material resources to improve community health.

5. Developing policies and plans that support individual and community health efforts comprises the following:
   - Ensuring leadership development at all levels of public health.
   - Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
   - Developing and tracking measurable health objective from the CHIP as a part of a continuous quality improvement plan.
   - Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
   - Developing policy and legislation to guide the practice of public health.

6. Enforcing laws and regulations that protect health and ensure safety comprises the following:
   - Enforcing sanitary codes, especially in the food industry.
   - Protecting drinking water supplies.
   - Enforcing clean air standards.
   - Initiating animal control activities.
   - Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
   - Monitoring quality of medical services.
   - Reviewing new drug, biologic, and medical device applications.

7. Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable comprises the following:
   - Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
   - Providing culturally and linguistically appropriate materials to ensure linkage to services for special population groups.
   - Ensuring ongoing care management.
   - Ensuring transportation services.
   - Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.

8. Ensuring a competent public health and personal healthcare workforce comprises the following:
   - Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
   - Establishing efficient processes for professionals to acquire licensure.
   - Adopting continuous quality improvement and lifelong learning programs.
   - Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
   - Continuing education in management and leadership development programs for those charged with administrative/executive roles.

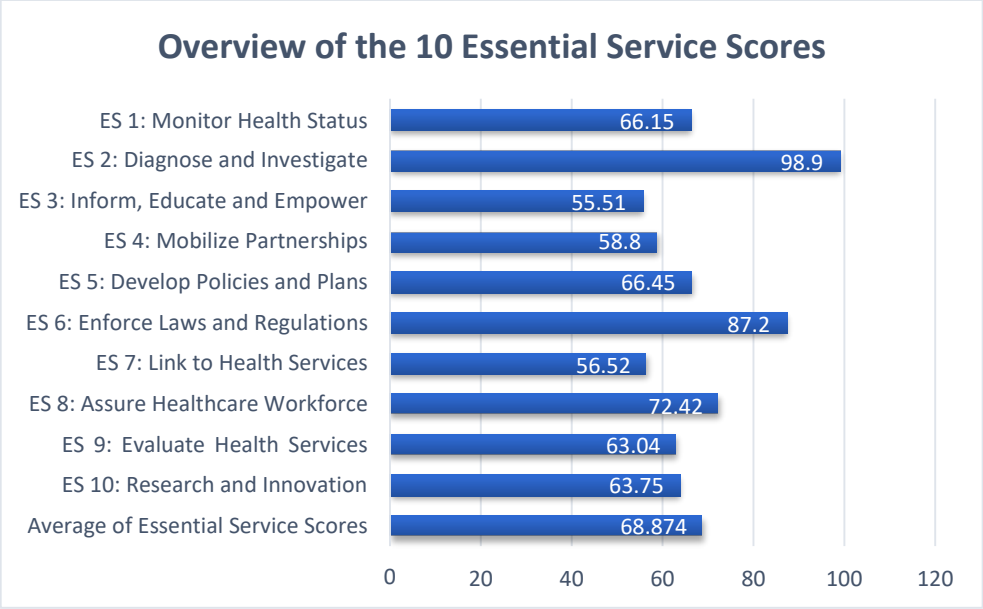
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services comprises the following:
   - Assuring program effectiveness throughout monitoring and evaluating implementation, outcomes and effect.
   - Providing information necessary for allocating resources and re-shaping programs.

10. Researching new insights and innovative solutions to health problems comprises the following:
   - Establishing full continuum of innovation, ranging from practical field-based effort to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
   - Continually linking with institutions of higher learning and research
   - Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

LPHSA Results – General

The polling assesses how participants feel the local public health system is rated based on national standards. The standards reflect the ideal and serve as a gold standard for quality improvement in the community's public health system. The process provides in-depth descriptions of public health practice. These data can be used to identify areas for system improvement, identify system capacity strengths and weaknesses and strengthen connections between system partners.

Figure 106. Overview of the 10 Essential Service Scores



LPHSA Results – External

The polling assesses how accurately the results reflect the local system. This graph illustrates the average performance level of each essential service as voted on by the community participants. Of these five services, it is evident which services rank stronger in Jefferson County.

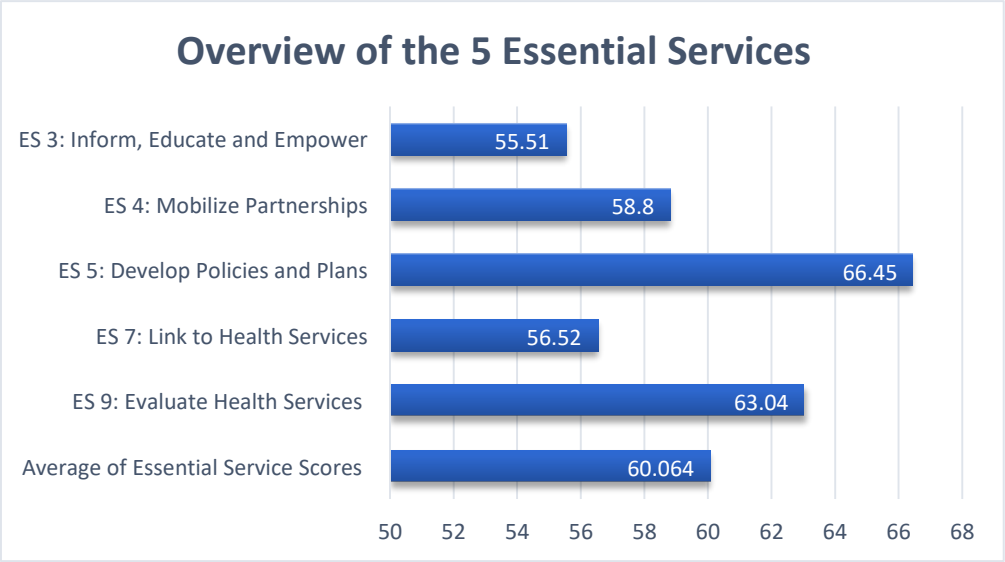
The strongest two essential services within the local public health system:

- ES 5: Developing policies and plans that support individual and community efforts (66.45%).
- ES 9: Evaluating effectiveness, accessibility, and quality of personal and population-based health services (63.04%).

The remaining three essential services were selected by the community members that the local public health system could improve upon include:

- ES 3: Informing, educating, and empowering people about health issues (55.51%).
- ES 7: Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable (56.52%).
- ES 4: Mobilizing community partnerships to identify and solve health problems (58.8%).

Figure 107. Overview of the 5 Essential Services Scores



Challenges and Ideas

Throughout the course of the LPHSA workshop, the participants identified the various challenges Jefferson County faces in achieving optimal activity for each of the essential services discussed. In the few instances in which consensus was not reached, outstanding questions were answered through an additional discussion and successively re-polled. The community identified some major challenges associated with lack of understanding/knowledge and access to the Incidence Command System (ICS) training within individual departments. There is a major challenge with managed care in Jefferson County as it is hard to attract medical personnel and there are still barriers with access to care, due especially to transportation issues and health information exchange. In addition, there is minimal school and business representation, which inhibits communication between these entities and the public health system.

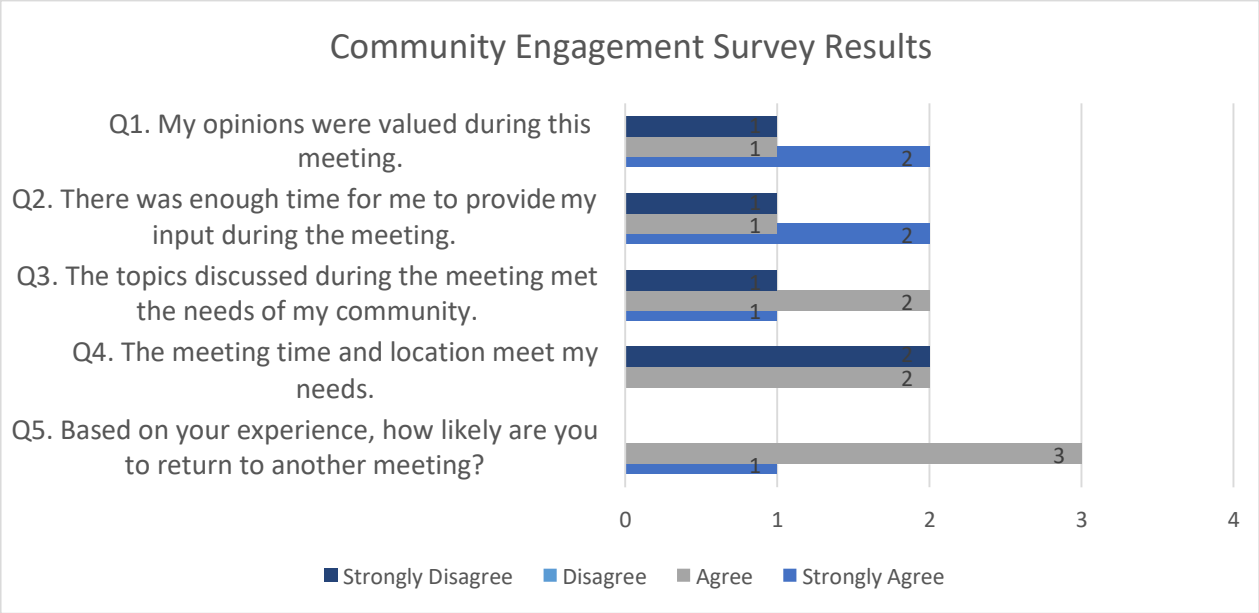
Another major communication challenge stems from the social media utilization restrictions placed on organizations. Some suggestions to mitigate these access challenges were publishing a directory of community resources of the organizations involved with specific priorities, encouraging the use of Big Bend Transportation buses (which are funded by the city and county commission); and continuing to strengthen the collaborative partnerships between the local health department, the hospital, and the city commission.

The community members acknowledge that Jefferson County succeeds at evaluating what is needed in order to advocate and effectively communicate to higher departments and agencies in order to gain better access. They know the barriers and areas in which they lack the most but struggle to produce the resources to overcome the barriers. This is due, in part, to the peculiar, isolated geographical location of Jefferson County. Thus, in order to advance progressively, they need to extend involvement and promote community partnerships.

Evaluation

After the LPHSA meeting, a community engagement survey was emailed to all of the participants via Survey Monkey. Each member was strongly encouraged to complete the survey and provide feedback, suggestions/concerns regarding the quality of the meeting in order to ensure that future meetings will be improved. The survey also asked participants to list any additional needs for the community that were not discussed during the workshop. Three respondents skipped the question; one noted that "there were a lot of topics discussed through the event and we touched on many of the local public health system areas that needed to be focused on." There were four respondents who completed the survey. The results are as follows:

Figure 108. Community Engagement Survey Results This chart needs help on showing #s is this correct?



LPHSA Results – Internal

A total of nine staff members participated in the second portion of the LPHSA. This graph illustrates the average performance level of each essential service as voted on by the participants. Of these five services, it is evident which services rank stronger in Jefferson County.

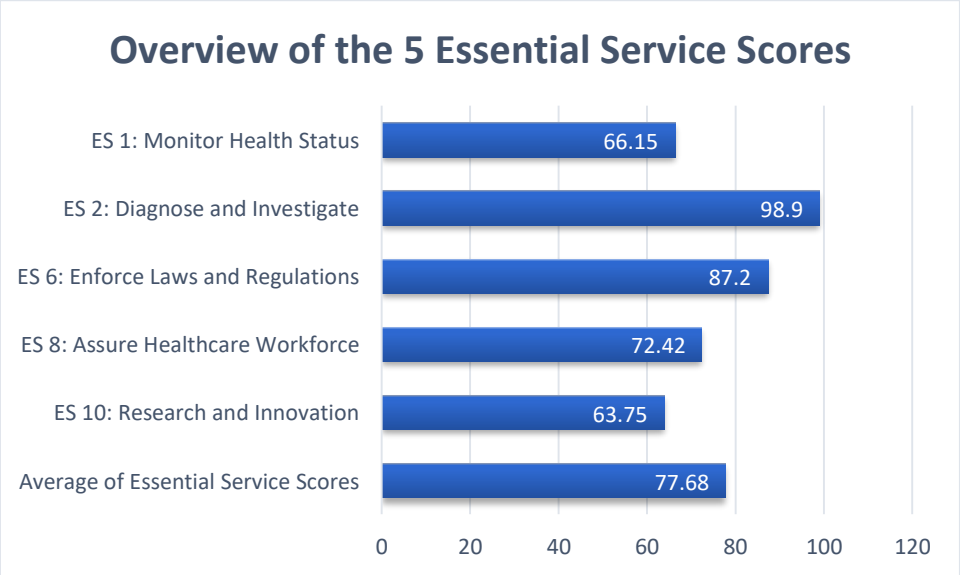
The strongest two essential services scoring at optimal activity level within the local public health system:

- ES 2: Diagnosing and investigating health problems and health hazards (98.9%).
- ES 6: Enforcing laws and regulations that protect health and ensure safety (87.2%).

The remaining essential services were selected by the local public health executives that the local public health system could improve upon include:

- ES 8: Ensuring a competent public health and personal healthcare workforce (72.42%).
- ES 1: Monitoring health status to identify community health problems (66.15%).
- ES 10: Researching new insights and innovative solutions to health problems (63.75%).

Figure 109. Overview of the 5 Discussed Essential Service Scores



Challenges and Ideas

Throughout the workshop, it was apparent that the internal and external local public health system participate as they should. Cohesively, they do everything they are supposed to be doing with the resources that they have. Unfortunately, being a rural community, they are not always able to specifically identify community health status, assets and resources, threats to health, or use technology to interpret and communicate data. Jefferson County continuously analyzes the data within their community. Public health officials know related information and pay attention to changes in health indicators within the local population. They have a strong baseline understanding of their capacity, which catalyzes conversations to determine how to move forward and make substantial improvements.

Across all essential services and model standards, areas of weakness were identified, often due to lack of jurisdiction over the data. The majority of information is collected and maintained by the State DOH, Jefferson County only has control over the data they input locally. The local health department can measure their internal competency and capability. However, there is ambiguity within the ranking of activity levels making it difficult to understand whether to rank the strengths and weaknesses in the system from a centralized or decentralized perspective.

In regard to enforcing laws and regulations, the upstream systems within the State write the laws, thus, the LPHS has limited authority over the enactment of legislation. This is another sector of ambiguity within the ranking of activity levels because it is difficult to determine the involvement from a centralized or decentralized stance. However, where Jefferson County does have jurisdiction, they measure their internal capabilities and initiate appropriate responses to the local ordinances in which they can influence. Workforce development was identified as an area for improvement. However, some progress has been made through agreements with FSU, TCC, FAMU, and NFCC. There are few opportunities to advance the public health sector within the county due to lack of resources and accessibility.

The local public health system in Jefferson County communicates on a regular basis via quarterly meetings. They produce an annual report with the most recently updated data available. In addition, they have consistently conducted CHA and CHIP assessments every 3-5 years. Yet in every entity, there is always room for improvement. Currently, the LPHS is developing strategies to better promote community involvement with the CHA. They also plan to disseminate more up-to-date written reports online for the community.

Priority Areas

While all of the health indicators are important, the community participants were asked to choose three areas that would be addressed by the development of the 2023-2026 Community Health Improvement Plan. Participants voted during the Community Health Assessment and the areas chosen to address were Chronic Disease, Maternal and Child Health, and Social and Mental Health.

The individual community organizations will continue to address communicable diseases, environmental health, emergency planning and injury/violence both separately and as an integrated entity when applicable. Listed below are the goals and strategies for all of the priority areas.

Reportable Infectious Diseases

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

Chronic Diseases

Issue	Diabetes, Obesity, Lung Cancer and Heart Disease
Barriers	Lack of providers, specialty care providers, limitations of insurance plans
Success	Decrease in rates, increase in available services and increase in health literacy
Socioeconomic Barriers	Transportation, Access to Care, Affordable Health Insurance, Provider Staff Turnover
Next Steps	Refer to CHIP committee for objectives and action plan, connect with faith-based leaders, utilize trusted businesses.
Agencies Involved	DOH-Jefferson, Local hospitals, Big Bend AHEC, Jefferson County School District, Extension Office, Local physicians

Maternal and Child Health

Issue	Access to newborn and child health care
Barriers	No full-time provider
Success	Access to local pediatrician five days per week
Socioeconomic Barriers	Access to health care, education, racial discrimination
Next Steps	Refer to CHIP Committee for objectives and action plan
Agencies Involved	DOH-Jefferson, Healthy Start Coalition of JMT, Private clinicians, medical schools

Injury and Violence

Issue	Gun violence, domestic violence
Barriers	No background checks, no adequate training, lack of funding, no leadership
Success	Less school shootings, more security, more trainings, less social platforms, more gun laws
Socioeconomic Barriers	Access to mental health services
Next Steps	Impact children through schools
Agencies Involved	Law enforcement, School district, Department of Children and Families, Hospitals, Mental health agencies, EMS

Social and Mental Health

Issue	Service Provision in the School
Barriers	Access, lack of providers, stigma
Success	Increase in service provision, decrease in suicide and negative events, decrease in stigma, more trust
Socioeconomic Barriers	Transportation, access to services, health literacy
Next Steps	Education starting in elementary school, refer to CHIP committee for objectives and action plan
Agencies Involved	Apalachee Center, Inc., DISC Village, Private clinicians, Big Bend AHEC, Jefferson K-12 School, private schools

Conclusion

Having followed the MAPP process and considered all of the data, the CHIP membership approved the three priority areas on March 15, 2023. The group will develop a corresponding CHIP and implementation strategy to address Chronic Diseases, Maternal and Child Health, and Social and Mental Health issues in Jefferson County.

Partners on the CHIP distribution list and the Shared Services distribution list received copies of this assessment. All county and city agencies have uploaded this document to their website. An electronic copy is available on the DOH-Jefferson website. Hard copies are available at DOH-Jefferson and the county libraries.

The CHIP development will include a more comprehensive analysis of services offered in the Jefferson County area to ensure that efforts are not duplicative and to ensure that the community is aware of services currently being offered. The CHIP membership will also consider focus groups and/or community surveys to ascertain what the community perceives as the issues and solutions to health issues in Jefferson County.

The CHIP membership will consider health equity concerns and implement strategies to address health equity when developing the CHIP. The data show that minority communities have been disproportionately affected in some areas of chronic diseases, maternal and child health and social and mental health. CHIP membership will also educate the community wherever possible about the benefits to achieving health equity in Jefferson County, and strategies to move toward health equity.

Together, the CHIP partners move forward and resolve to be cognizant of the visioning statement created during the health summit, “Jefferson County will build community resilience through providing equal access to quality healthcare, health literacy, housing, transportation, healthy food and recreation for all of its residents.”

Appendices

Appendix 1	Poverty Calculations
Appendix 2	Community Themes and Strengths Survey
Appendix 3	Health Summit Agenda and Sign-in Sheet
Appendix 4	Meeting Package with Data Slides
Appendix 5	CHIP Distribution List

Appendix 1
Poverty Calculations

How the Census Bureau Measures Poverty

Share

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

For historical information, see the History of the Poverty Measure page in the About section of the Poverty subtopic site.

The History of the Official Poverty Measure

Learn about the history of the poverty measure through OMB Statistical Policy Directive 14, several reports, & a visualization on the topic.

Money Income: Income Used to Compute Poverty Status

The income used to compute poverty status includes (before taxes):

- Earnings
- Unemployment compensation
- Workers' compensation
- Social Security

- Supplemental Security Income
- Public assistance
- Veterans' payments
- Survivor benefits
- Pension or retirement income
- Interest

- Dividends
- Rents
- Royalties
- Income from estates
- Trusts
- Educational assistance
- Alimony
- Child support
- Assistance from outside the household
- Other miscellaneous sources

Money income does not include:

- Capital gains or losses
- Noncash benefits (e.g. food stamps and housing subsidies)
- Tax credits

Poverty Thresholds: Measure of Need

Poverty thresholds are the dollar amounts used to determine poverty status.

The Census Bureau assigns each person or family one out of 48 possible poverty thresholds.

- Thresholds vary by the size of the family and age of the members.
- The same thresholds are used throughout the United States (they do not vary geographically).
- Thresholds are updated annually for inflation using the Consumer Price Index for All Urban Consumers (CPI-U).
- Although the thresholds in some sense reflect a family's needs, they are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

Table

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years Source: Current Population Survey (CPS)

Computation

To calculate total family income, the incomes of all related family members that live together are added up to determine poverty status. If an individual or group of individuals (such as housemates) are not living with family members, their own individual income is compared with their individual poverty threshold.

Thus, all family members have the same poverty status, and some families may be composed of single unrelated individuals.

If total family income:

- Is less than the poverty threshold for that family - that family and everyone in it is considered to be in poverty.
- Equals or is greater than the poverty threshold - the family is not considered to be in poverty.

People Whose Poverty Status Cannot Be Determined

Poverty status cannot be determined for people in:

- Institutional group quarters (such as prisons or nursing homes)
- College dormitories
- Military barracks
- Living situations without conventional housing (and who are not in shelters)

Additionally, poverty status cannot be determined for unrelated individuals under age 15 (such as foster children) because income questions are asked of people age 15 and older and, if someone is under age 15 and not living with a family member, we do not know their income. Since we cannot determine their poverty status, they are excluded from the "poverty universe" (table totals).

Example

Situation

Family A has five members: two children, one mother, one father, and one great-aunt.

Step 1: Determine the family's poverty threshold for that year

The family's 2021 poverty threshold (below) is $33,148.

Appendix 2
Community Themes and Strengths Survey

Survey Number _____
County _____
PACE-EH Address (Y/N) _____

Thank you for taking part in this survey. The survey has several parts so that we can combine several surveys into one document. This survey is voluntary; however, we hope that you will take the time to answer our questions. Your answers will help us to make these services better and more available to people who live in this county. Your answers are anonymous. Nobody will contact you unless you ask them to.

Demographics

1. Do you consider yourself to be? **Choose one**
   _____ Female _____ Male _____ Transgender

2. Do you consider yourself to be? **Choose one**
   _____ American Indian _____ Asian
   _____ Black _____ Multiracial
   _____ White

3. Do you consider yourself to be? **Choose one**
   _____ Hispanic _____ Non-Hispanic

4. What is your age?
   _____

5. Which area best describes where you live?

Jefferson Residents
_____ Monticello City Limits
_____ Lloyd
_____ Aucilla
_____ Waukeenah
_____ Wacissa
_____ Drifton
_____ North Jefferson County
_____ Lamont

Madison Residents
_____ Greenville
_____ Madison City Limits
_____ Lee
_____ Pinetta
_____ Cherry Lake
_____ Lamont

6. How many years have you lived in this county?
   _____

7. Do you have access to internet and/or email at home?
   _____ No _____ Yes

8. What is your education level?

_____ Less than high school	_____ Some high school
_____ High school graduate/GED	_____ Some college/AA degree
_____ Bachelor's degree	_____ Master's degree or higher

9. What is your job status?

_____ Unemployed, looking for work	_____ Part-time job
_____ Full-time work	_____ Student
_____ Stay-at home parent	_____ Retired
_____ Disabled	

10. Do you receive any public assistance? **Check all that apply**

_____ Food assistance	_____ Refugee assistance
_____ Temporary cash assistance	_____ Workforce assistance
_____ Rent and Utilities	Other, please specify

11. Are any of these difficult for you to pay for? **Check all that apply**

_____ Food for yourself and/or family	_____ Rent or mortgage
_____ Clothing for yourself and/or family	_____ Transportation costs
_____ Child-care	_____ Elder care
_____ Care for a disabled family member	_____ Medical bills and prescription drugs
_____ Utility bills	_____ Home repairs

My Health Care

12. What kind of health insurance do you have? **Check all that apply**

_____ Insurance from an employer
_____ Insurance you pay for yourself like "Obama Care" or Affordable Care Act
_____ Indian or Tribal Health Services
_____ I do not have any health insurance
_____ Medicaid or Medicaid HMO
_____ TRICARE, military or VA benefits
_____ Medicare
_____ Other

13. How long has it been since your last visit to a doctor for a wellness exam or physical? (Please don't include visits for injuries or illnesses)

_____ Within past 12 months _____ 1 to 2 years ago _____ 2 to 5 years ago
_____ 5 or more years ago _____ Do not know/Not sure

14. How long has it been since your last dental exam or cleaning?

_____ Within past 12 months _____ 1 to 2 years ago _____ 2 to 5 years ago
_____ 5 or more years ago _____ Do not know/Not sure

15. In the past 12 months did you delay getting needed medical care for any of the following reasons? **Check all that apply**

_____ Provider did not take my insurance
_____ Could not get an appointment soon enough
_____ Could not afford care
_____ Language barriers/could not communicate
_____ No insurance
_____ Could not get an evening or weekend appointment
_____ Provider was not taking new patients
_____ Lack of transportation

16. When you are sick, where do you go for health care?

_____ Hospital emergency room
_____ My family doctor
_____ Any available doctor
_____ Urgent care clinic
_____ I usually go without care
_____ Community health center
_____ Free clinic
_____ VA/military facility
_____ Health department
_____ Other _____

17. When a doctor prescribes medicine for you, what do you do?

_____ Fill the prescription at the pharmacy
_____ Use leftover medicine at home
_____ Buy an over-the-counter medicine
_____ Use herbal or natural therapies
_____ Go without medicine
_____ Use someone else's medication

Community Life and Community Health

18. Which of the following do you consider to be the most important to make your county a great community? **Choose three**

_____ Religious or spiritual values
_____ Clean water, air, etc.
_____ Good public transportation
_____ Affordable housing
_____ Low numbers of homeless
_____ Low crime and safe neighborhoods
_____ Arts and cultural events
_____ Good schools
_____ Good race relations
_____ Active lifestyle/outdoor activities
_____ Social support services like food pantries, Salvation Army, Catholic Charities, etc.
_____ Good employment opportunities
_____ Access to healthy food
_____ Good place to raise children

19. Do you do any of the following? **Check all that apply**

_____ Organized sports
_____ Membership in local clubs
_____ Visit the library
_____ Attend local government meetings
_____ Take classes to pursue a hobby
_____ Read books or magazines regularly
_____ Garden as a hobby
_____ Attend church regularly
_____ Volunteer with local groups
_____ Register to vote
_____ Take classes to pursue education
_____ Exercise three times a week
_____ Use local rivers or lakes to swim, boat or fish
_____ Visit local parks

20. Which of the following do you consider to be the most important health issues for your county? **Choose three**

_____ Infectious diseases (hepatitis, TB, COVID, etc.)
_____ Obesity, overweight
_____ Cancer
_____ Diabetes
_____ Dental issues
_____ Accidental injuries
_____ Fire-arm related injuries
_____ Homicide
_____ Suicide
_____ Teen pregnancy
_____ Tobacco use
_____ Sexually transmitted diseases and HIV/AIDS
_____ Heart disease and stroke
_____ Respiratory, lung issues
_____ Aging problems (mobility, vision)
_____ Infant birth issues (low birth-weight), premature birth, birth defects
_____ Motor vehicle crashes
_____ Domestic violence
_____ Homelessness
_____ Mental health issues
_____ Child abuse, neglect
_____ Drug use (prescribed and other)

21. Which of the following unhealthy behaviors have the biggest impact on the health of your county? **Choose one**

_____ Poor eating habits/nutrition
_____ Lack of exercise
_____ Not getting vaccines to prevent diseases
_____ Alcohol abuse
_____ Tobacco Use
_____ Excess Weight
_____ Not seeing a doctor or dentist
_____ Unprotected/unsafe sex
_____ Drug Abuse
_____ Homelessness

22. Which health care services are hard to get in your county? **Check all that apply**

_____ Primary medical care (a primary doctor or clinic)
_____ Dental care including dentures
_____ Hospital care
_____ Laboratory services
_____ Vision care
_____ Physical therapy/rehabilitation
_____ Alternative therapy (herbal, acupuncture, etc.)
_____ Specialty medical care (specialist doctors
_____ Mental health care
_____ Emergency medical care
_____ X-rays or mammograms
_____ Prescriptions/Pharmacy services
_____ Prenatal/OB/Labor and Delivery

COVID-19

23. Since the beginning of COVID-19 on March 1, 2020 how has your employment status changed?

_____ I work at the same place with the same number of hours
_____ I changed jobs because of COVID-19
_____ I had to quit my job because I needed to take care of people who depend on me
_____ I was not employed before March 1 and I am not employed now
_____ I work at the same place but my hours have been reduced
_____ I lost my job and have not found another
_____ I am working from home

24. Since the beginning of COVID-19 on March 1, 2020, have you been tested for COVID-19?

_____ No _____ Yes

25. If you have been tested, about how many times have you tested?

_____ # Times _____ N/A, did not get tested

26. If you have been tested, where did you go? **Check all that apply**

_____ CVS Pharmacy
_____ Drive thru-testing in this county
_____ Doctor's office
_____ The health department
_____ Drive-thru testing in another county
_____ Hospital

27. Since the beginning of COVID-19 on March 1, 2020 have you or someone in your home been told you had COVID-19?

_____ No one in the house
_____ Yes, more than one person in the home, not including me
_____ Yes, both someone in my home and me
_____ Yes, someone in the house, not including me
_____ Yes, only me
_____ Yes, more than one person in the home and me

28. If you had COVID-19, what medical care did you receive? **Check all that apply**

_____ Did not seek medical care
_____ Received monoclonal therapy
_____ Went to the doctor's office
_____ Was hospitalized

29. How effective are these actions to keep you safe from getting COVID-19?

	Not Effective	Somewhat Effective	Effective	Very Effective
Wearing a face mask				
Praying				
Washing your hands with soap or using hand sanitizer				
See a health care provider if you are sick				
Seeing a health care provider if you are exposed to someone with COVID-19				
Avoiding public spaces, gatherings and crowds				
Avoiding contact with people who are at high-risk				
Avoiding hospitals and clinics				
Avoiding restaurants				
Avoiding public transportation				
Getting a vaccine and booster(s)				

30. Have you received any COVID-19 vaccines?

_____ No _____ 1 dose _____ Completed series (1 or 2) _____ 3-4 shots

31. If you have not been vaccinated, which of these reasons prevented you from getting the vaccine? **Check all that apply**

_____ Don't know where to get it	_____ Transportation issues
_____ My doctor told me not to get it	_____ Afraid of side effects
_____ I think the vaccines are unsafe	_____ I can't get time off from work
_____ I had COVID so I don't need it	_____ I can't go on my own (need help)
_____ Don't trust the government	_____ Other _____

32. Do you think your physical health has gotten worse in the past two years because of COVID-19?

_____ No _____ Yes

33. Do you think your mental health has gotten worse in the past two years because of COVID-19?

_____ No _____ Yes

Food Access and Nutrition

34. Do you get food for yourself and/or the people who live with you either by shopping or through a foodbank?

_____ No _____ Yes

35. Where do you buy your food?

Jefferson residents **Check all that apply**

_____ Winn Dixie	_____ Bob and Jeff's
_____ Dollar General	_____ Jefferson Farmer's Market
_____ Dollar Tree	_____ Other _____

OR

Madison residents **Check all that apply**

_____ Winn Dixie	_____ Bob and Jim's	_____ Other _____
_____ Family Dollar	_____ Dollar General	
_____ Dollar Tree	_____ Clover Farms	

36. Do you receive SNAP benefits?

_____ No _____ Yes

37. Do you get food from foodbanks, Farm Share, churches, and/or community gardens?

_____ No _____ Yes

38. Do you have your own garden?

_____ No _____ Yes

39. How do you get to the grocery store or source of food?

_____ Own vehicle _____ Ride with friend or family member
_____ Big Bend Transit _____ Bicycle
_____ Walk _____ Other _____

40. In the past year, were you ever hungry because there was not enough money to buy food for your home?

_____ No _____ Yes

41. How often does the cost of food stop you from buying healthy food?

_____ All of the time _____ Most of the time
_____ Some of the time _____ None of the time

42. In the past year, how often have you skipped a meal or cut down on the size of your meal so that others in your house could eat?

_____ All of the time _____ Most of the time
_____ Some of the time _____ None of the time

43. How important do you think it is to eat healthy?

_____ Very important _____ Important
_____ Somewhat important _____ Not important

44. What are the top three reasons that prevent you from eating healthier foods and being active? **Choose three**

_____ It is too expensive to cook/eat healthy foods
_____ Healthier food is not available in my neighborhood
_____ Do not want to change what I eat
_____ It is not safe to exercise in my neighborhood
_____ Do not know how much more active I need to be
_____ Do not want to be more active
_____ I am happy the way I am
_____ I do not know how to change my diet
_____ Do not have time to cook or shop for healthy food
_____ I already eat healthy and am active
_____ Cannot afford exercise equipment or gym membership
_____ Do not have time to be more active
_____ Tried before and failed to change
_____ Fear of failure

45. What would make healthier food choices easier choices for you? **Choose three**

_____ Less expensive
_____ More of these items provided at my food bank/food pantry/delivery meal program
_____ A community garden in my neighborhood where I can learn to grow my own food
_____ More farmers markets or farm stand
_____ Knowing how to grow my own food/having space to grow food
_____ More time to prepare/cook meals
_____ More grocery stores near where I live/work
_____ More convenience stores that sell fruits, vegetables, and lean proteins
_____ Public transportation to places that sell fruits, vegetables, and lean protein
_____ Knowing how to prepare fruits, vegetables, and lean protein

46. How often do you eat fast food?

_____ Daily or more than once a day
_____ Several days a week
_____ Once a week
_____ 1-2 times a month
_____ Several times a year
_____ Never

47. How often do you eat home-cooked meals?

_____ Daily or more than once a day
_____ Several days a week
_____ Once a week
_____ 1-2 times a month
_____ Several times a year
_____ Never

Housing and Neighborhood

48. What is your current living situation?

_____ Own home
_____ Rent home
_____ Live with friends/family
_____ Other _____

49. **For people renting homes:** Is part or all of your rent paid for by the federal government or other source?

_____ No _____ Yes

50. **For people renting homes:** have you had trouble getting your landlord to make repairs?

_____ No _____ Yes

51. Have you been homeless in the past year?

_____ No _____ Yes

52. Do you feel safe in your home?

_____ No _____ Yes

53. Do you feel safe in your neighborhood?

_____ No _____ Yes

54. Does your neighborhood have good street lighting?

_____ No _____ Yes

55. Are there abandoned/parked cars in your neighborhood that you think should be removed?

_____ No _____ Yes

56. How would you rate the police service in your neighborhood?

_____ Very good _____ Good
_____ Fair _____ Poor
_____ Not sure

57. Do you have any of the following in your home?

Smoke detector	_____ No	_____ Yes
Carbon monoxide detector	_____ No	_____ Yes
Fire extinguisher	_____ No	_____ Yes

58. What is the main source of water for your home? **Choose one**

_____ City, town or county water _____ Private well
_____ Not sure _____ Other _____

59. Which of the following best describes the water that you drink at home most often?

Choose one

_____ Unfiltered tap water _____ Filtered tap water
_____ Bottled water _____ Other

60. Are there areas of standing water near or around your home?

_____ No _____ Yes _____ Not sure

61. Do you know if there is contaminated water in your neighborhood?

_____ No _____ Yes _____ Not sure

62. Is your home connected to a city sewer system or to a septic tank system? **Choose one**

_____ City sewer system _____ Septic tank
_____ Not sure

63. Can you smell sewage or foul smelling water outside of your home?

_____ No _____ Yes

64. Do you have problems with plumbing in your home?

_____ No _____ Yes

65. Do you have problems with toilets not flushing or flushing slowly or overflowing in your home?

_____ No _____ Yes

66. Do you notice a foul smell from any plumbing fixtures in your home?

_____ No _____ Yes

67. How would you describe the quality of the air you breathe in your home?

_____ Very good _____ Good
_____ Fair _____ Poor
_____ Not sure

68. Are any of these an issue that affects the air quality in your home?

	No	Yes	Not sure
Dust			
Pollen			
Chemicals/Pollutants			
Bad Smell			
Tobacco Smoke			

69. Do you currently have any mold spots in your home larger than a dollar bill?

_____ No _____ Yes _____ Not sure

70. Are you concerned about bugs in your home?

_____ No _____ Yes

Mental Health and Substance Use

71. If I or an adult family member needed mental health services, I know where to find services
    _____ No _____ Yes Where would you go? _____

72. If I or an adult family member needed alcohol or drug counseling services, I know where to find services
    _____ No _____ Yes Where would you go? _____

73. I know where to find mental health services or alcohol or drug counseling services for a child I care for
    _____ No child
    _____ No
    _____ Yes Where would you go? _____

74. I can tell when someone is depressed.
    _____ No _____ Yes

75. I know someone who has bipolar disorder.
    _____ No _____ Yes

76. I know someone who has schizophrenic disorder.
    _____ No _____ Yes

77. I would not tell anyone close to me if I had a mental illness.
    _____ No _____ Yes

78. I would not tell anyone close to me if I had a drug or alcohol problem.
    _____ No _____ Yes

79. If I had a mental illness or drug or alcohol problem, I would look for treatment in another county.
    _____ No _____ Yes

Please check the box that represents your answer to each of the statements below

During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several Days	**Moderate** More than half the days	**Severe** Nearly Every Day
Little interest or pleasure in doing things?					
Feeling down, depressed or hopeless?					
Feeling more irritated, grouchy or angry than usual?					
Sleeping less than usual, but still have a lot of energy?					
Starting lots more projects than usual or doing more risky things than usual?					
Feeling nervous, anxious, frightened, worried or on edge?					
Feeling panic or being frightened?					
Avoiding situations that make you anxious?					
Unexplained aches and pains in your head, back, joints, abdomen or legs?					
Feeling that your illnesses are not being taken seriously enough?					
Thoughts of actually hurting yourself?					
Hearing things other people can't hear, such as voices even when no one was around?					
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?					
Problems with sleep that affected your sleep quality over all?					
Unpleasant thoughts, urges or images that repeatedly enter your mind?					
Feeling driven to perform certain behaviors or mental acts over and over again?					
Feeling detached or distant from yourself, your body, your physical surroundings or your memories?					
Not knowing who you really are or what you want out of life?					
Not feeling close to other people or enjoying your relationships with them?					
Drinking at least 4 drinks of any kind of alcohol in a single day?					
Using any tobacco products?					
Using any recreational drugs or prescription medicine that you do not have a prescription for?					

Appendix 3
Health Summit Agenda and Sign-in Sheet

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

AGENDA

Purpose:
To develop Jefferson County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Topic		Facilitator
10:00 a.m. to 10:15 a.m.	*Welcome, Opening Remarks*	Kimberly Allbritton
10:15 a.m. to 10:45 a.m.	*Overview of MAPP Process and Visioning Statement*	Shamarial Roberson, DrPH, MPH
10:45 a.m. to 12:00 p.m.	*Data Presentation* • *Health Indicators* • *Community Themes and Strengths*	Pam Beck
12:00 p.m. to 1:00 p.m.	*Lunch Provided*	
1:00 p.m. to 1:45 p.m.	*Forces of Change Assessment*	Shamarial Roberson, DrPH, MPH
1:45 p.m. to 2:30 p.m.	*Break Out Session* • *Identifying Community Priorities*	Shamarial Roberson, DrPH, MPH
2:30 p.m. to 3:00 p.m.	*Share Thoughts and Ideas from Break Out Session*	Shamarial Roberson, DrPH, MPH
3:00 p.m. to 3:55 p.m.	*Local Public Health Assessment*	Pam Beck
3:55 p.m. to 4:00 p.m.	*Closing Remarks*	Kimberly Allbritton
4:00 p.m.	*Adjourn*	

Florida HEALTH
Jefferson County

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Sign In Sheet

Purpose:
To develop Jefferson County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Name	Organization/Title	Email	Signature
1. Elizabeth Fuentes	Apalachee Center	elizabethf@apalacheecenter.org	[signature]
2. Lisa Hayes	Dept of Health	lisa.Hayes@flhealth.gov	[signature]
3. Tristan Hope	FL DOH	tristan.hope@flhealth.gov	[signature]
4. Michael Angeles	FL DOH	Michael.Angeles2@flhealth.gov	[signature]
5. Nevin Baggett	FL DOH	Nevinperry@yahoo.com	[signature]
6. Kimberly Allbritton	FDOH Jefferson/Madison	Kimberly.Allbritton@flhealth.gov	[signature]
7. Anna Messick	FDOH / Tobacco Free Jefferson	anna.messick@flhealth.gov	[signature]
8. Carol Gibson	FL DOH	Caroline.gibson@flhealth.gov	[signature]
9. Melanie Southerland	UF/IFAS	melmcafee@ufl.edu	[signature]
10. Chelsea Vogtle	Big Bend AHEC	cvogtle@bigbendahec.org	[signature]
11. Storm Goodlin	ACS CAN	Storm.Goodlin@Cancer.org	[signature]
12. Shamaiel Roberson	[illegible]	sroberson@[illegible]	[signature]
13. Shanetha Mitchell	FL DOH	Shanetha.mitchell@flhealth.gov	[signature]
14. Gladys Roane-Watson	Retired	roann6@aol.com	[signature]
15. Jamie Holland	North Florida College	hollandj@nfc.edu	[signature]
16. Margaret Levings	DOH Jefferson	margaret.levings@flhealth.gov	[signature]
17. Laura Young	Monticello News		

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Sign In Sheet

Name	Organization/Title	Email	Signature
18. Kristal Cooley	Advantage Aging Solutions	kristalc@aaanf.org	Kristal Cooley
19. Katie Desorcy	TMH Memory Disorder Clinic	Katie.Desorcy@TMH.ORG	
20. Brittainie Hay	TMH Memory Disorder Clinic	Brittainie.Hay2@TMH.ORG	
21. Jessica Long	FDOH Jefferson	jessica.long2@flhealth.gov	
22. Paula Carroll	Jefferson County EMS	Paula.Carroll@jcso.fl.org	
23. Yolanda Gillette	BBAHEC	Ygillette@bigbendahec	
24. Amye Edwards	Big Bend Cares	CEdwards@bigbendcares.org	
25. Rep. Allison Tant	State House	allison.tant@myfloridahouse.gov	
26. Tracy Gallo	Community	Tgfete@aol.com	
27. Cumi Allen	FDOH Jefferson/Madison	Cumi.allen@flhealth.gov	
28. Derrick Burns	Fire Rescue	dburns@jeffersoncountyfl.gov	
29. Chelsey Mccoy	FDOH Jefferson	Chelsey.mccoy@flhealth.gov	
30.			
31.			
32.			
33.			
34.			

Appendix 4
Meeting Package with Data Slides

JEFFERSON COUNTY HEALTH SUMMIT

February 3, 2023

10:00 a.m. to 4:00 p.m.

Florida HEALTH
Jefferson County

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

MAPP Process

Mobilizing for Action Through Planning and Partnerships (MAPP) Process

An overview of the Mobilizing for Action through Planning and Partnership (MAPP) process was discussed to educate the community about the development process of the Community Health Assessment (CHA). The MAPP process serves a resource to classify the priorities of the community and functions to identify resources to develop action plans in the community. This strategic planning tool, driven by the community, is conducted to assess the health within the community in order to identify issues and improve the well-being of the public. The MAPP process alters how we see public health planning and creates a health model focused on the community at large.

Roadmap of MAPP process

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment, identifies issues that residents of the community deem as the most important, along with distinguishing any resources available to aid in improving the health of the community.

The Community Themes and Strengths Assessment was performed in 2022 by direct solicitation of residents to complete a standardized survey. Residents were approached at county school board meetings, county commission meetings, community events, health fairs and at local establishments. Residents had the option to complete a printed survey at the solicitation location or to access a survey monkey link to complete a survey on-line.

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Community Health Status Assessment

The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues. Community participants will develop the Visioning Statement that is included in the assessment, listen to data presentation on health indicators, and break into groups to discuss the major health indicator topic areas. At the end of the day, the group will vote to choose the three priority areas to address in the Community Health Improvement Plan that will begin March 2023.

Local Public Health System Assessment

The Local Public Health System Assessment puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services (ES) are being delivered. This will be scheduled for February.

Forces of Change Assessment

The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system. This is combined with the Community Health Status Assessment summit on February 3, 2023.

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Visioning Statement

Visioning Statement from 2017 Community Health Assessment

"Every citizen of Jefferson County will have access to available services for health care, transportation, healthy food, and recreation while increasing community resilience."

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Presentation Questions

Purpose:

To develop Jefferson County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

6. _____

_____

7. _____

_____

8. _____

_____

9. _____

_____

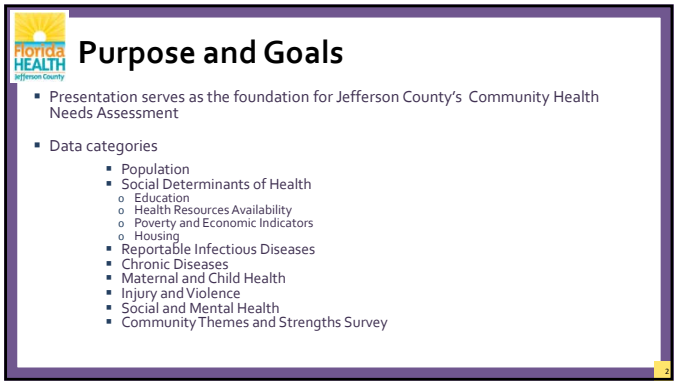
10. _____

_____

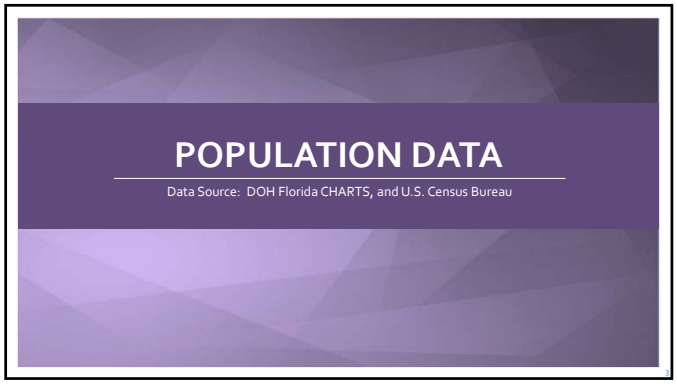
Presentation Slide Set

Florida HEALTH Jefferson County
JEFFERSON COUNTY HEALTH INDICATORS
2023 Community Health Summit
Data as of December 31, 2022

1


Purpose and Goals
Presentation serves as the foundation for Jefferson County's Community Health Needs Assessment
Data categories
Population
Social Determinants of Health
Education
Health Resources Availability
Poverty and Economic Indicators
Housing
Reportable Infectious Diseases
Chronic Diseases
Maternal and Child Health
Injury and Violence
Social and Mental Health
Community Themes and Strengths Survey
2

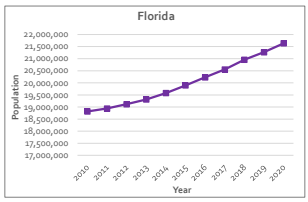
2

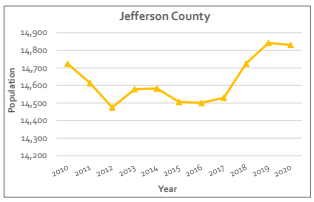

POPULATION DATA
Data Source: DOH Florida CHARTS, and U.S. Census Bureau
3

3

Population Trends (2010-2020) Jefferson County and Florida

- Average population over the ten years is 14,628
- Jefferson County's population decreased slightly in 2020
- Population estimates project a slight decrease for 2021 (-2.8%) and an increase for 2022 (0.2%)





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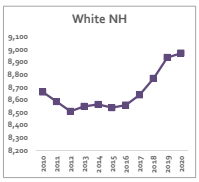
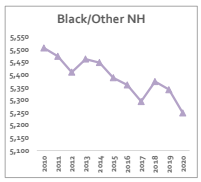
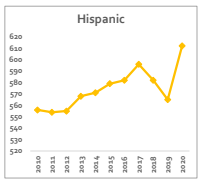
Population Trends by Race & Ethnicity Jefferson County, 2010-2020







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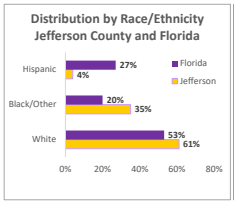
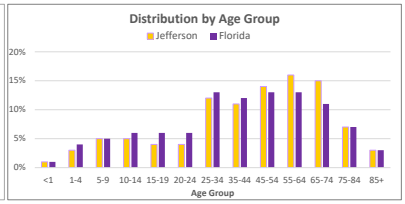
Jefferson County Demographics (2020)

- Slightly more males (53%) than females (47%)
- 4% identified as Hispanic, regardless of race, compared to 27% for the state of Florida
- Median age was 47.2; higher than Florida at 42.3





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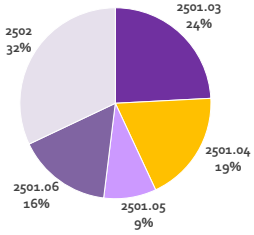
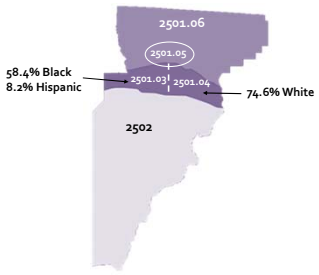
2016-2020 Population by Census Tract Jefferson County





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Access to Health Care

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

8

Health Care Facilities (2020)

▪ 0 Hospital Beds	▪ 0 Intensive Residential Treatment Facility (IRTF) Beds
▪ 0 Acute Care Beds	▪ 0 NICU Beds
▪ 0 Adult Psychiatric Beds	▪ 0 Rehab Beds and 0 Skilled Nursing Unit Beds
▪ 0 Adult Substance Abuse Beds	▪ 0 Specialty Beds
▪ 0 Child/Adolescent Psychiatric Beds	▪ 157 Nursing Home Beds

9

Health Care Providers (FY 2020-2021)

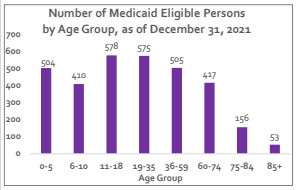
- 8 Licensed, Active MDs
  - 2 Family Practice Physician
  - 0 Internal Medicine
  - 0 OB/GYN
  - 1 Pediatrician
  - 5 Other practice
- 13 EMTs/Paramedics
- 1 Licensed Dentist
- 9 Dental Hygienists
- 22 Full-Time Health Department employees
- 19 APRNs
- 146 Registered Nurses
- Licensed Mental/Behavioral Health Providers
  - 8 Clinical Social Workers
  - 0 Marriage and Family Therapists
  - 7 Mental Health Counselors
  - 1 Psychologist

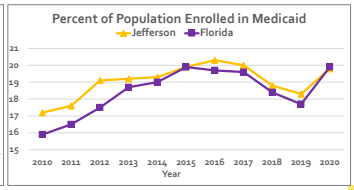
10

10

Medicaid Eligibility and Insurance Information

- 12.7% of residents ages 19-64 were uninsured in Jefferson County in 2020
- 1% of residents < 19 years of age were uninsured in Jefferson County in 2020
- 19.8% of Jefferson County residents were enrolled in Medicaid in 2020
- 25% of Jefferson County residents were enrolled in Medicare in 2020





11

11

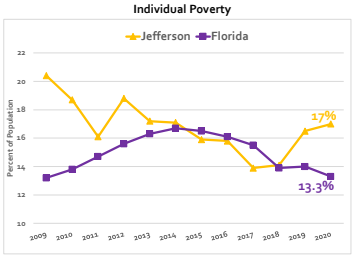
ECONOMIC STABILITY

Data Source: DOH Florida CHARTS, Suburban Stats, University of Florida and U.S. Census Bureau

12

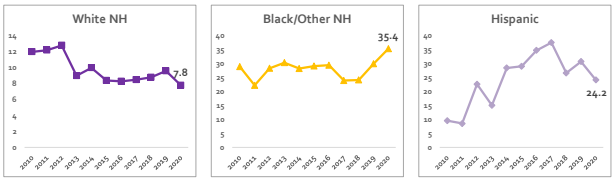
Economic and Poverty Data (2020) Jefferson County

- Jefferson County ranked 26 of 67 counties for median household income. Median income increased from $47,240 in 2019 to $49,081 in 2020 (Median income for Florida was $57,703)
- 34.9% of individuals in Jefferson County were living below 200% poverty level in 2020, compared to 32.9% for Florida
- 17.8% of persons ages 65+ in Jefferson County were living below 150% poverty level in 2020, compared to 20.0% for Florida



13

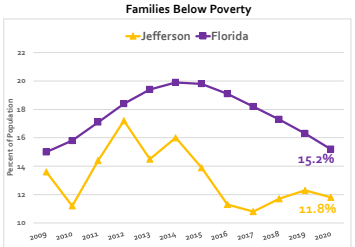
Percent of Individuals Below Poverty Level, by Race & Ethnicity, Jefferson County, 2010-2020



14

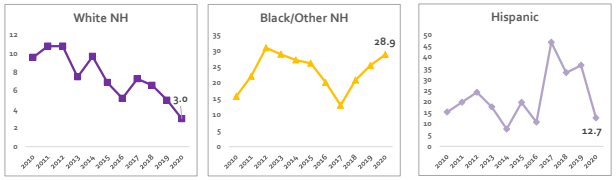
Economic and Poverty Data (2020) Jefferson County

- 27.8% of Jefferson County individuals under age 18 were living below poverty level in 2020, compared to 18.7% for Florida
- The percent of families with related children under the age of 18 in poverty for Jefferson County in 2020 was 20.8%, compared to 15.2% for Florida
- 42.4% of female head of household families with children under age 18 were living below poverty level in Jefferson County compared to 31.8% for Florida



15

Percent of Families Below Poverty Level, by Race & Ethnicity, Jefferson County, 2010-2020



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Feeding America Food Insecurity Data for Jefferson County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Jefferson County was 12.4%, with 1,770 residents who were food insecure
- Jefferson County food insecurity rates by race and ethnicity for 2020 are
  - Black, all ethnicities = 23.0%
  - White, non-Hispanic = 6.0%
  - Hispanic, Other race and multiracial data not available
- When looking at ages < 18, the food insecurity rate was 21.9% with 510 residents who were food insecure

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EDUCATION DATA

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

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Early Education Indicators

- In 2020, the percent of Jefferson County kindergarten children who were prepared upon entry was 32.3%, compared to 56.9% for Florida
- Some data were not reported for the years the schools were chartered to Somerset Academy
- In 2018, 12.2% of elementary school children were not promoted. This has not been reported since 2018
- Jefferson County 3rd grade students were less likely to have a passing English and Math FSA score, compared to Florida in school year 2020-21
  - The percent of students with passing English scores were 28% Jefferson County and 54% for Florida
  - The percent of students with passing Math scores were 43% Jefferson County and 51% for Florida

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Education Indicators

- The percent of Jefferson County middle school students not promoted was 16.3% in 2018, compared to 1.6% in Florida
- The 2020 school year graduation rate for Jefferson County was 81.8%, compared to 90% for Florida
  - 85% for males and 75% for females
  - 76% for Black, non-Hispanic students and 0% for White, non-Hispanic students. Hispanic data not available.
  - Refer to the full slide set for further data comparisons by Disadvantaged, and by students with disabilities

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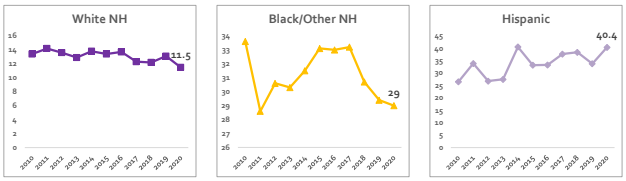
Percent of Population Ages 25+ With No High School Diploma by Race & Ethnicity, Jefferson County, 2010-2020

- In 2020, 11.5% of Florida residents did not have a high school diploma.
- The overall percent of Jefferson County residents with no high school diploma was 17.4% in 2020.



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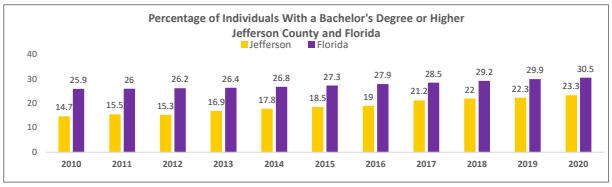
Jefferson County Education Data, 2020

- Jefferson County residents are less likely to pursue college degrees (23.3% in 2020) compared to the state (30.5%)
- In Jefferson County, 30.5% of White residents had a bachelor's degree or higher in 2018, followed by 7.5% of Black & Other residents and 4.9% of Hispanic residents



22

Neighborhood and Built Environment

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

23

Owner Occupied Housing Units Jefferson County and Florida

- Jefferson County has consistently had a higher percentage of housing that is occupied by the owner when compared to the state
- The percent of housing units occupied by the owner decreased slightly, from 77% in 2019 to 75% in 2020 in Jefferson County. This is above the state of Florida at 65.4% and 66.2% respectively
- 2020 by race/ethnicity
  - 35% of Hispanics owned homes in Jefferson and 52.7% in Florida
  - White NH owners accounted for 80.6% in Jefferson and 70.9% in Florida
  - Black NH owners represented 64.4% in Jefferson and 46.4% in Florida

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Other Neighborhood and Built Environment Indicators, Jefferson County

Housing Quality, 2016-2020

- Housing quality indicators include plumbing, kitchen facilities, and home heating source
- 2.1% of homes in Jefferson County have no source for heat

Transportation to work, Ages 16+, 2016-2020

- 9.2% of Jefferson County residents ages 16+ carpooled to work during 2016-2020. Census tract 2502 had the highest percent of population that carpooled.
- 0% used public transportation. Note that Big Bend Transit is the only source of public transportation.
- The average travel time to work was 29.3 minutes
- 5.7% of households In Jefferson County did not have a vehicle. Census tracts 2501.04 and 2501.05 had the highest percent of population with no vehicle

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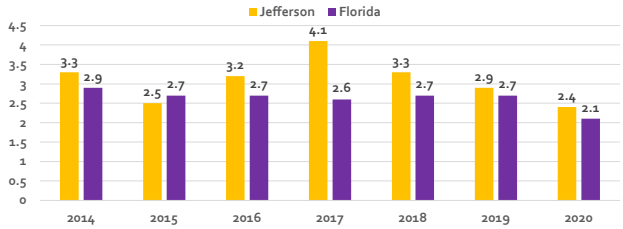
Social and Community Context

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

26

Incarceration Rate per 1,000 Population 2014-2020, Jefferson County and Florida



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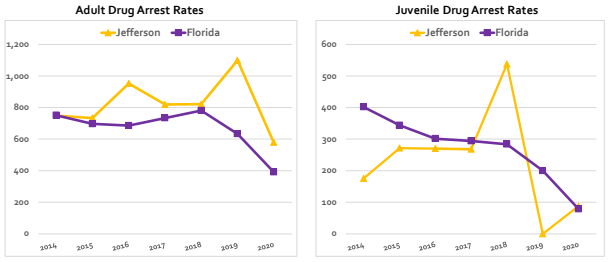
Drug Arrest Rates Per 100,000 Population Adults and Juveniles, Jefferson County and Florida



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MORTALITY DATA

Data Source: DOH Florida CHARTS

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10 Leading Causes of Death, 2020 Jefferson County (N=221)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	46	21%
Heart Diseases	37	17%
COVID-19	13	6%
Diabetes Mellitus	12	5%
Cerebrovascular Diseases	7	3%
Chronic Lower Respiratory Diseases	7	3%
Unintentional Injury	7	3%
Influenza and Pneumonia	5	2%
Alzheimer's Disease	4	2%
Septicemia	4	2%
Suicide	4	2%

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Minority Population Causes of Death Jefferson County 2020 (N=70)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	15	21%
Heart Diseases	13	19%
COVID-19	7	10%
Diabetes Mellitus	4	6%
Cerebrovascular Diseases	2	3%
Chronic Lower Respiratory Diseases	2	3%
Perinatal Period Conditions	2	3%

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Minority Population Causes of Death Jefferson County 2020 (N=70)

Cause of Death	Deaths	Percent of Total
Alzheimer's Disease	1	1%
Anemias	1	1%
Essential Hypertension and Hypertensive Renal Disease	1	1%
In Situ, Benign and Uncertain or Unknown Behavior Neoplasms	1	1%
Influenza and Pneumonia	1	1%
Nutritional Deficiencies	1	1%
Septicemia	1	1%
Unintentional Injury	1	1%

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CHRONIC DISEASE

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

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Causes of Death, Jefferson County, 2020

Cause of Death	Percent of Total
Malignant Neoplasm (Cancer)	21%
Heart Diseases	17%
COVID-19	6%
Diabetes Mellitus	5%
Cerebrovascular Diseases	3%
Chronic Lower Respiratory Diseases	3%
Unintentional Injury	3%
Influenza and Pneumonia	2%
Alzheimer's Disease	2%
Septicemia	2%
Suicide	2%

- These 10 leading causes of death equal 66% of the total 221 deaths
- Chronic disease deaths include four of the ten leading causes of death in Jefferson County

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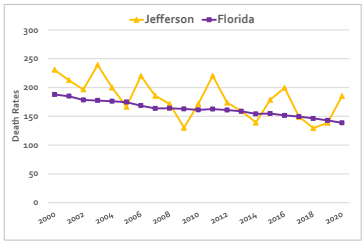
Cancer Death Rates (2000 – 2020) Jefferson County and Florida



- Jefferson County ranked in the second quartile for cancer death rates in 2020
- Of the 401 cancer deaths during 2010-2020:
  - 71% were White, non-Hispanic
  - 28% were Black & Other, non-Hispanic
  - 1% were Hispanic

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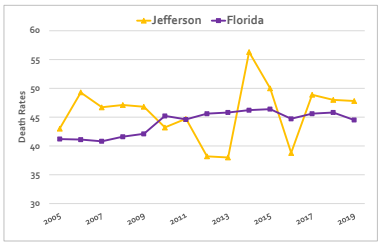
Percent of Cancer Cases at Advanced Stage When Diagnosed (2005-2019)

- The average percent of advanced stage diagnoses over the entire time frame is 45.8% for Jefferson County



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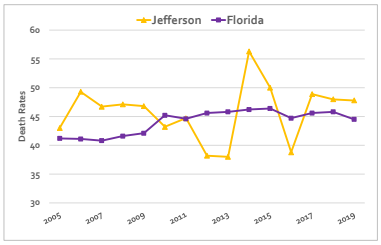
Percent of Cancer Cases at Advanced Stage When Diagnosed (2005-2019)

- The average percent of advanced stage diagnoses over the entire time frame is 45.8% for Jefferson County



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Cancer Deaths by Type of Cancer Jefferson County, 2020

Type of Cancer	Deaths
Lung	12
Bladder	3
Breast	3
Colorectal	3
Lymphoid & Related Tissue	3
Prostate	3
Cervical	2
Leukemia	2
Pancreatic*	2
Unknown Behavior Neoplasms	2
Brain & Central Nervous System	1

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Cancer Deaths by Type of Cancer Jefferson County, 2020 (cont'd)

Type of Cancer	Deaths
Liver & Intrahepatic Bile Duct	1
Non-Hodgkin's Lymphoma	1
Ovarian	1
Stomach	1
Uterus	1
Esophagus	0
Hodgkin's Disease	0
Kidney & Renal Pelvis	0
Melanoma	0
Oral	0

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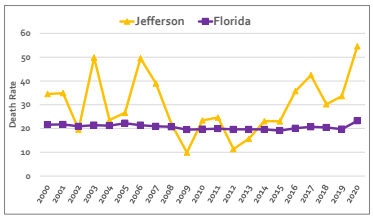
Death Rates Due to Diabetes, 2000 – 2020 Jefferson County and Florida

- Jefferson County ranked in the third quartile for diabetes deaths in 2020
- Diabetes Deaths 2010-2020 (Total of 73 deaths)
  - 38 or 52% were White, non-Hispanic, 35 or 48% were Black & Other, non-Hispanic, and 0% Hispanic
  - 42 or 58% were male and 31 or 42% were female



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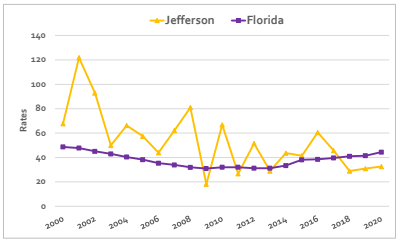
Death Rates Due to Stroke, 2000 – 2020 Jefferson County and Florida

- The Jefferson County death rate due to stroke has been lower than the state since 2018
- The 2020 rate per 100,000 population was 32.6, compared to 44.4 for Florida



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INJURY AND VIOLENCE

Data Source: DOH Florida CHARTS

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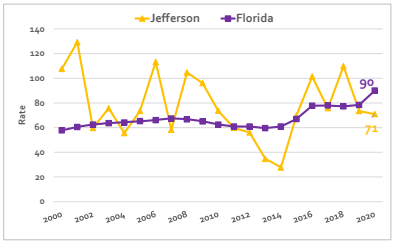
Death Rates for All External Causes (2000 – 2020), Jefferson County and Florida



- Data for 2016-2020 indicate that males accounted for 71% of deaths and females represented 29%
- The majority of deaths during 2016-2020 were white, non-Hispanic (74%), followed by black & other, non-Hispanic (23%) and Hispanic (3%)

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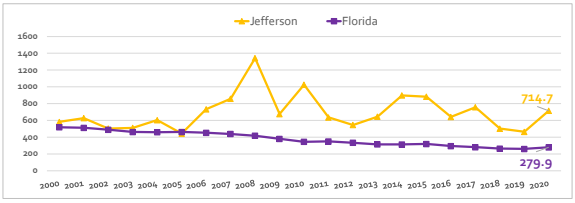
Aggravated Assault Rates (2000 – 2020) Jefferson County and Florida

- The rate of aggravated assaults per 100,000 population in Jefferson County in 2020 was 714.7, compared to 279.9 for the state of Florida
- Jefferson County's rate increased from 464.9 in 2019
- Data are not available by race/ethnicity or gender



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MATERNAL AND CHILD HEALTH

Data Source: DOH Florida CHARTS, Healthy Start Coalition

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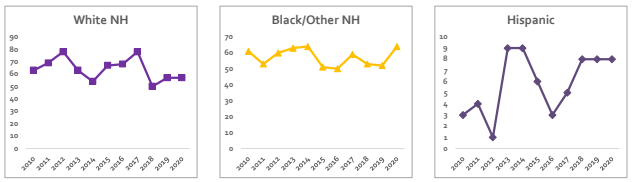
Birth Trends by Race & Ethnicity Jefferson County, 2010-2020



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Leading Causes of Infant Mortality Jefferson County, 2010-2020 Combined

Cause of Death (N=12)	Percent Total Deaths
Newborn Affected by Maternal Complications of Pregnancy	25%
Disorders Related to Short Gestation and Low Birth Weight	25%
Congenital Malformations, Deformations and Chromosomal Abnormalities	25%
Sudden Infant Death Syndrome	25%

10 of 12 deaths were Black, non-Hispanic and 2 were White, non-Hispanic

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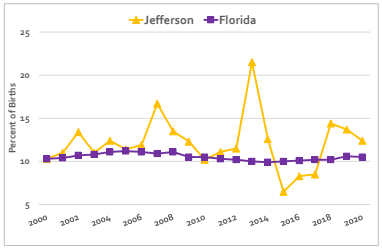
Percentage of Total Births Preterm Birth (2000 – 2020)

- Jefferson County was ranked in the second quartile for preterm births in 2020
- In 2020, 7.7% of all White NH births, 17.2% of all Black & Other, NH Births and 0% of all Hispanic births were considered preterm



Preterm birth < 37 weeks

48

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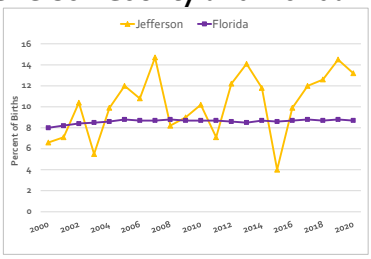
Percent of Total Births Low Birth Weight (2000 – 2020), Jefferson County and Florida

- Jefferson County was in the 4th quartile for low birth-weight births in 2020
- 7.7% of births to White, non-Hispanic mothers were considered low birth weight in 2020, compared to 18.8% of births to Black & Other, non-Hispanic mothers and 0% of births to Hispanic mothers



Low birth weight < 2500 grams

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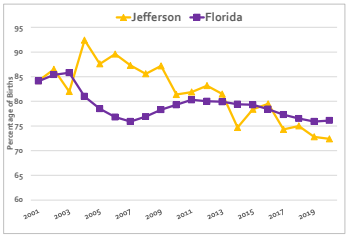
Percentage of Total Births to Mothers With 1st Trimester Prenatal Care, Jefferson County and Florida

- Jefferson County was in the first quartile for this indicator in 2020
- 78% of White NH births, 67% of Black & Other, NH Births and 88% of Hispanic births had first trimester prenatal care in 2020



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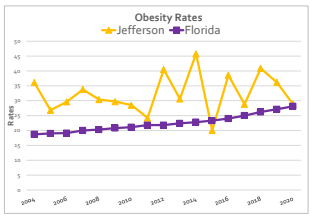
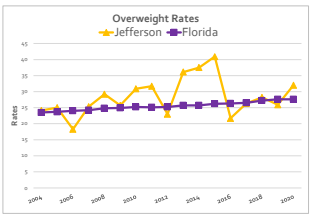
Women Overweight or Obese at the Time of Pregnancy, 2004-2020





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

Year	<=14	15-17	18-19	Totals
2010	0	2	15	17
2011	0	6	6	12
2012	0	2	10	12
2013	0	2	10	12
2014	0	0	4	4
2015	0	2	4	6
2016	0	2	6	8
2017	0	5	7	12
2018	0	1	2	3
2019	0	1	2	3
2020	0	1	8	9

- There were no births to ages under age 15 during 2010-2020
- There were 3 births in 2019 and 9 births in 2020 to mothers ages 15-19
- The majority of births were to mothers ages 18-19 for both years; 67% in 2019 and 89% in 2020

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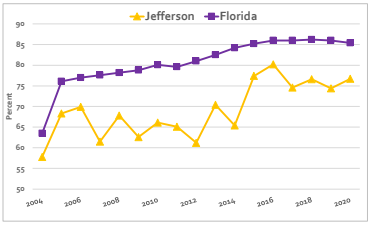
Mothers Who Initiate Breastfeeding Jefferson County and Florida

Jefferson 2016-2020 (76% overall)

- 85% of White NH Women initiated breastfeeding during the time frame
- 66% of Black & Other NH Women
- 78% of Hispanic Women



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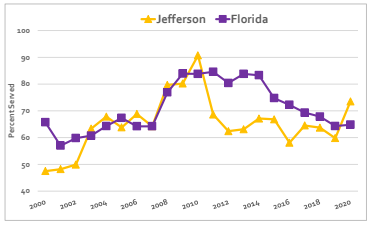
WIC Eligibles Served, 2000-2020 Jefferson County and Florida

- Jefferson County's percent of WIC eligible women served in 2020 was 73.5%, compared to 64.8% for Florida
- The percent for Jefferson County decreased in 2021 to 72.0% compared to 63.0% for Florida
- The highest percentage attained was 90.7% in 2010



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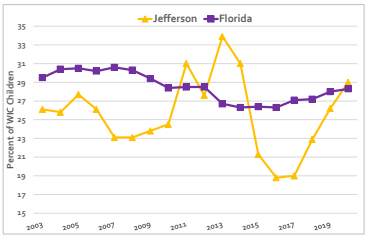
WIC Children Ages 2+ Overweight or Obese 2003-2020, Jefferson County and Florida

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



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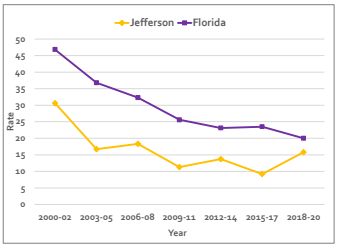
REPORTABLE, INFECTIOUS DISEASES

Data Source: DOH Florida CHARTS, Bureau of Communicable Diseases

56

HIV Infection 3-Year Discrete Rates Jefferson County and Florida

- There were 2 cases reported in 2019 and 2 in 2020
- Of the 22 HIV cases reported during 2010-2020:
  - 64% were Black & Other, non-Hispanic
  - 0% were Hispanic
  - 36% were White, non-Hispanic
  - 77% were Male and 23% were female



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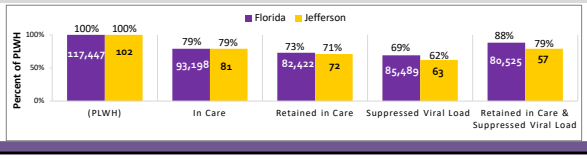
Persons Living with HIV Along the HIV Care Continuum (2020)

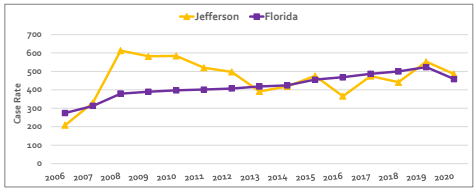
- Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2021.
- In Care: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021. Out of Care: PWH with no documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021.
- Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2020 through 6/30/2021, data as of 6/30/2021.
- In Care with Suppressed Viral Load: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021 that also has a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021, data as of 6/30/2021.



58

Chlamydia Case Rates, by Year (2006 – 2020), Jefferson County and Florida

- Chlamydia cases decreased from 82 in 2019 to 72 in 2020
- The 2020 Jefferson County chlamydia rate per 100,000 population was 55.7 for white, non-Hispanics, 633.2 for black & other, non-Hispanics, and 0.0 for Hispanics



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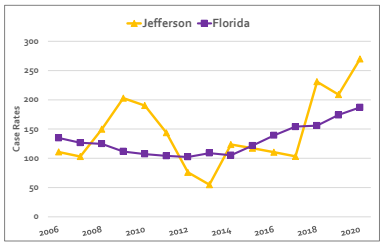
Gonorrhea Case Rates, 2006-2020 Jefferson County and Florida

- The number of gonorrhea cases in Jefferson County increased from 35 in 2019 to 60 in 2020
- The rate per 100,000 population for Jefferson in 2020 was 9.7 for white, non-Hispanics, 128.4 for black & other, non-Hispanics and 86.3 for Hispanics



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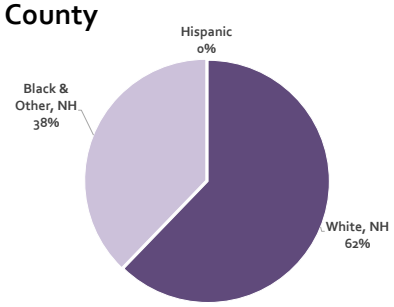
COVID-19 Deaths, 2020-2021 Jefferson County



N = 45 deaths
2020 = 13
2021 = 32

25 Male and 20 Female

61

61

Environmental Health

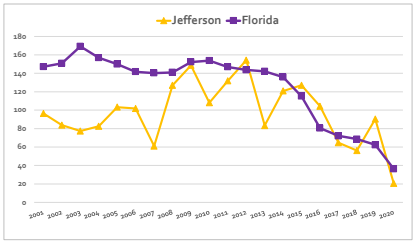
Data Source: DOH Florida CHARTS, Bureau of Epidemiology

62

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

2014-2020 Data (N=85)

- Race/Ethnicity
  - 18% White, non-Hispanic
  - 73% Black & Other, non-Hispanic
  - 0% Hispanic
  - 9% Unknown
- Age Data
  - 0-4 = 6%
  - 5-11 = 19%
  - 12-18 = 31%
  - 65+ = 7%



63

63

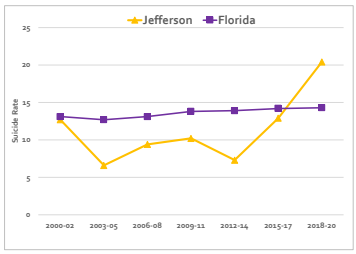
SOCIAL AND BEHAVIORAL HEALTH

Data Source: DOH Florida CHARTS

64

Suicide Death Rates Per 100,000 Population, 3-Year Discrete Rates

- During the time period 2018-2020, the suicide rate for Jefferson County was 20.4, compared to 14.3 for Florida
- Jefferson ranked in the fourth quartile during 2020



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Suicide Death Rates Per 100,000 Population, 3-Year Discrete Rates

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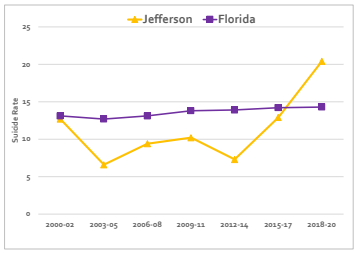


66

2019-2020 Comparison – Jefferson County

- There were 4 suicide deaths in 2019 and 4 in 2020

By Gender

- There were 2 males and 2 females for both 2019 and 2020

By Race/Ethnicity

- White, non-Hispanics accounted for all 4 suicides in 2019 and in 2020

By Age Group

- In 2019, 1 was in age group 45-54, 1 was in age group 55-64 and two were ages 75+
- In 2020, 2 were ages 15-19 and 2 were ages 75+

67

67

2019-2020 Comparison – Jefferson County

By Method

- In 2019, 1 suicide occurred using a firearm and 3 occurred through drug poisoning
- In 2020, all 4 occurred using a firearm

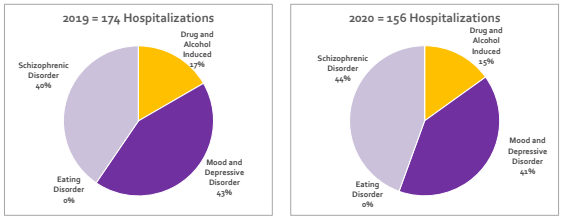
Non-Fatal Self-Harm Injuries

- There were a total of 18 reported in 2019, of which 7 were hospitalized and 11 were ER visits
- There were a total of <5 reported in 2020, all of which were hospitalized

68

68

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

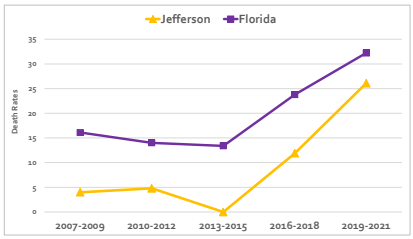


69

69

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

- Jefferson County's rates are below the state's; however, they are increasing
- While the surrounding counties are in the 1st quartile, Jefferson County ranked in the 2nd quartile in 2021



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Substance Abuse Dashboard

Jefferson County

Fatal Overdoses	EMS Non-Fatal Overdoses	Naloxone Administered	Annual Drug Arrests	Prescriptions Dispensed	Neonatal Abstinence Syndrome
5	42	11	72	5,381	1

https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview

71

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2020 Overdose Data, Jefferson County

2020 Indicators	Jefferson
Opioid Overdose Deaths	1
Drug Overdose Deaths	5
Opioid Death Rate Per 100,000 Population	3.7
Drug Overdose Death Rate Per 100,000 Population	31.5
EMS Response to Suspected Non-Fatal Opioid Overdose	5
EMS Response to Suspected Non-Fatal Drug Overdose, Not Opioids	24
Non-Fatal Drug Overdose ER Visits	7
All Drug Non-fatal Overdose Hospitalizations	9
Naloxone Administered	7

72

72

Prescriptions and Treatment, Jefferson County

2021 Indicators	Jefferson County
Number of Opioid Prescriptions Dispensed	4,113
Number of Unique Patients	1,343
Prescriptions Dispensed Per Patient	3.1
Adult Substance Abuse Program Enrollees	49
Child Substance Abuse Program Enrollees	353

73

73

Risk Behaviors, Jefferson County

Indicators	Jefferson County
% Adults Who Engage in Heavy or Binge Drinking - 2019	18.7%
% Students Who Rode in a Car Driven By Someone Who Had Been Drinking - 2018	9.6%
% Students Using Vape Products with Marijuana Oil - 2020	n/a

Adult respondents to BRFSS survey and student respondents to YRBS survey

74

74

Consequences, Jefferson County

Indicators	Jefferson County
Drug Arrests – 2020	72 71 adult 1 child
Alcohol Confirmed Motor Vehicle Crashes – 2019	7 1 fatality
Drug Confirmed Motor Vehicle Crashes - 2019	1 1 fatality
Neonatal Abstinence Syndrome – 2019	<5
Early Steps Clients Experiencing Neonatal Abstinence Syndrome – 2020	0

75

75

Jefferson County Health Indicators

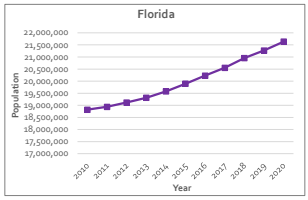
POPULATION DATA

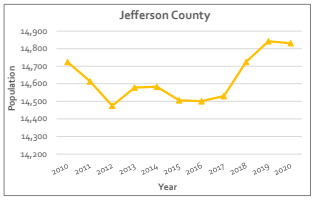
Data Source: DOH Florida CHARTS, and U.S. Census Bureau

1

Population Trends (2010-2020) Jefferson County and Florida

- Average population over the ten years is 14,628
- Jefferson County's population decreased slightly in 2020
- Population estimates project a slight decrease for 2021 (-2.8%) and an increase for 2022 (0.2%)





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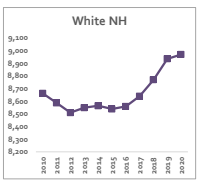
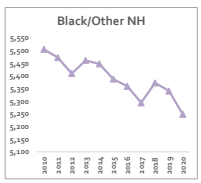
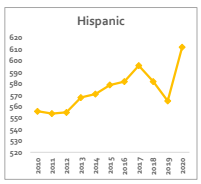
Population Trends by Race & Ethnicity Jefferson County, 2010-2020



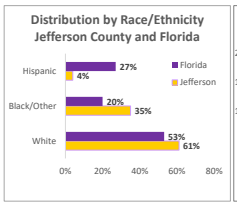


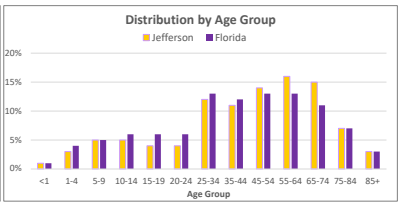


3

Jefferson County Demographics (2020)

- Slightly more males (53%) than females (47%)
- 4% identified as Hispanic, regardless of race, compared to 27% for the state of Florida
- Median age was 47.2; higher than Florida at 42.3





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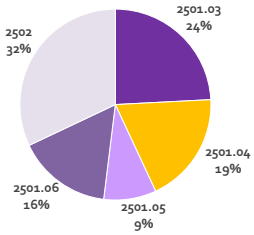
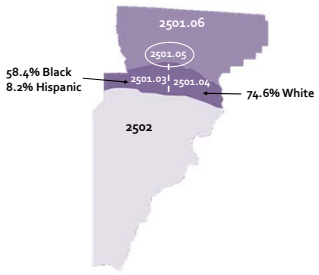
2016-2020 Population by Census Tract Jefferson County





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

Race/Ethnicity	2501.03	2501.04	2501.05	2501.06	2502
White	37.7	74.6	63.5	69.7	73.2
Black	58.4	20.3	34.3	28.6	24.8
Other	1.2	2.3	0.6	1.7	0.5
Multiracial	2.7	2.7	1.5	0.0	1.5
Hispanic (All Races)	8.2	6.5	1.2	3.3	1.1

Gender	2501.03	2501.04	2501.05	2501.06	2502
Males	74.3	47.1	40.2	44.6	49.2
Females	25.7	52.9	59.8	55.4	50.8

6

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

Age Group	2501.03	2501.04	2501.05	2501.06	2502
< 5	4.9	2.5	2.4	1.9	6.2
5-9	2.8	3.2	4.7	6.2	5.5
10-14	4.7	3.3	3.9	3.7	6.2
15-19	7.2	4.3	3.5	5.2	5.3
20-24	5.9	7.3	3.7	2	2.6
25-34	20.1	13.5	6.5	4.5	9
35-44	21.2	13.9	10.6	8.7	9.1
45-54	12.1	11.8	14.2	21.7	12.1
55-59	5.6	8.2	6	6.2	8.6
60-64	4.2	8.7	7.8	11.9	10
65-74	5.9	12.9	21.7	20	13.7
75+	5.6	10.4	15.2	8	11.7

7

Social Determinants of Health

SOCIAL DETERMINANTS OF HEALTH

Data Source: DOH Florida CHARTS, Florida Department of Education, and U.S. Census Bureau

1

Introduction

- The Social Determinants of Health were introduced to the public through the Healthy People 2020 initiative.
- Healthy People 2030 Goal: Create social and physical environments that promote good health for all.
- Healthy People 2030 Social Determinants of Health definition, "The conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

2

Introduction

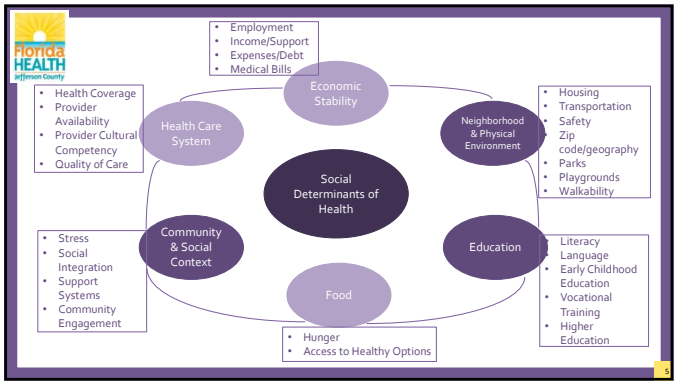
- According to the World Health Organization, "The social determinants of health have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: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

3

SDOH Categories

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

4



5

Access to Health Care

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

6

Health and Health Care

- Included in this category are:
  - Access to Health Care
  - Access to Primary Care
  - Health Literacy
- Access to health care barriers to consider
  - Inadequate health insurance can result in lack of health care
  - Lack of insurance and/or high out-of-pocket costs means less preventive care
  - Lack of transportation means emergency only care
  - Physician shortages can mean longer wait times and delayed care

7

7

Health and Health Care

- Access to primary care barriers to consider
  - Limited or no access to primary care means less preventive health services and no early detection of health care issues
- Health literacy barriers to consider
  - Persons who do not speak English are less likely to receive health care services and preventive screenings

8

8

Health Care Facilities (2020)

▪ 0 Hospital Beds	▪ 0 Intensive Residential Treatment Facility (IRTF) Beds
▪ 0 Acute Care Beds	▪ 0 NICU Beds
▪ 0 Adult Psychiatric Beds	▪ 0 Rehab Beds and 0 Skilled Nursing Unit Beds
▪ 0 Adult Substance Abuse Beds	▪ 0 Specialty Beds
▪ 0 Child/Adolescent Psychiatric Beds	▪ 157 Nursing Home Beds

9

9

Health Care Providers (FY 2020-2021)

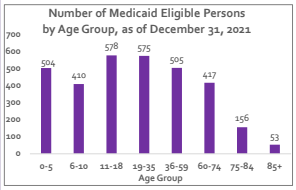
- 8 Licensed, Active MDs
  - 2 Family Practice Physician
  - 0 Internal Medicine
  - 0 OB/GYN
  - 1 Pediatrician
  - 5 Other practice
- 13 EMTs/Paramedics
- 1 Licensed Dentist
- 9 Dental Hygienists
- 22 Full-Time Health Department employees
- 19 APRNs
- 146 Registered Nurses
- Licensed Mental/Behavioral Health Providers
  - 8 Clinical Social Workers
  - 0 Marriage and Family Therapists
  - 7 Mental Health Counselors
  - 1 Psychologist

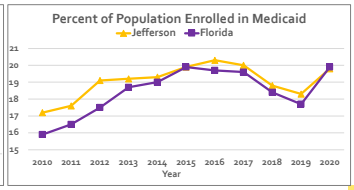
10

10

Medicaid Eligibility and Insurance Information

- 12.7% of residents ages 19-64 were uninsured in Jefferson County in 2020
- 1% of residents < 19 years of age were uninsured in Jefferson County in 2020
- 19.8% of Jefferson County residents were enrolled in Medicaid in 2020
- 25% of Jefferson County residents were enrolled in Medicare in 2020





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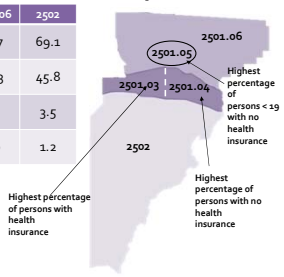
Health Care Coverage by Census Tract Jefferson County, 2016-2020 (% of Population)

	2501.03	2501.04	2501.05	2501.06	2502
With private health insurance	48.2	69.8	63.4	61.7	69.1
With public health insurance	64.0	30.3	52.0	49.3	45.8
No health insurance coverage	3.3	16.3	6.8	8.7	3.5
< 19 years of age no health insurance	0.0	0.0	8.5	0.0	1.2



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ECONOMIC STABILITY

Data Source: DOH Florida CHARTS, Suburban Stats, University of Florida and U.S. Census Bureau

13

Economic Stability

- Included in this category are:
  - Employment
  - Poverty
  - Food Insecurity
  - Housing Instability
- Employment barriers to consider
  - Persons who are unemployed or underemployed will most likely not have access to health insurance
  - Persons who are unemployed or underemployed may also have issues with food insecurity, inadequate housing, access to medical services and transportation
- Poverty barriers to consider
  - Poverty can lead to issues with health insurance, food insecurity, inadequate housing, access to medical services and transportation

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14

Economic Stability

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

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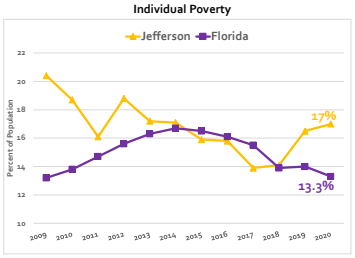
Economic and Poverty Data (2020) Jefferson County

- Jefferson County ranked 26 of 67 counties for median household income. Median income increased from $47,240 in 2019 to $49,081 in 2020 (Median income for Florida was $57,703)
- 34.9% of individuals in Jefferson County were living below 200% poverty level in 2020, compared to 32.9% for Florida
- 17.8% of persons ages 65+ in Jefferson County were living below 150% poverty level in 2020, compared to 20.0% for Florida



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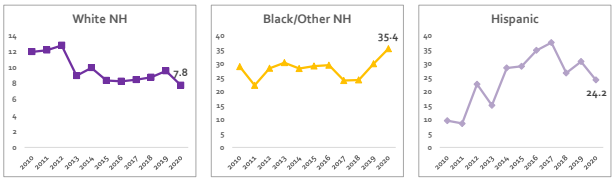
Percent of Individuals Below Poverty Level, by Race & Ethnicity, Jefferson County, 2010-2020



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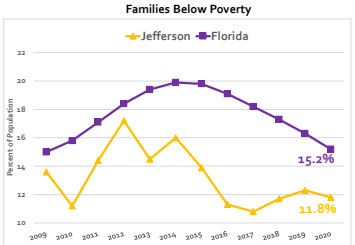
17

Economic and Poverty Data (2020) Jefferson County

- 27.8% of Jefferson County individuals under age 18 were living below poverty level in 2020, compared to 18.7% for Florida
- The percent of families with related children under the age of 18 in poverty for Jefferson County in 2020 was 20.8%, compared to 15.2% for Florida
- 42.4% of female head of household families with children under age 18 were living below poverty level in Jefferson County compared to 31.8% for Florida



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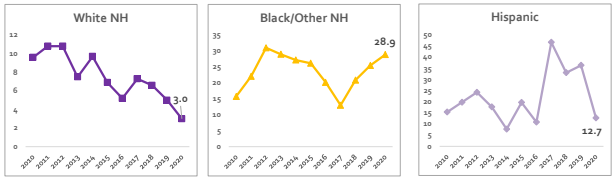
Percent of Families Below Poverty Level, by Race & Ethnicity, Jefferson County, 2010-2020



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Poverty Data by Census Tract (2016-2020) Jefferson County

	2501.03	2501.04	2501.05	2501.06	2502
Median income ($)	45,087	75,385	53,393	76,143	66,583
People under 100% of poverty (%)	38.3	11.1	19.6	9.5	14.7
Families under 100% poverty (%)	28.0	3.0	12.6	6.5	13.3
Female HOH families under 100% poverty (%)	32.7	25.4	21.7	33.3	37.4

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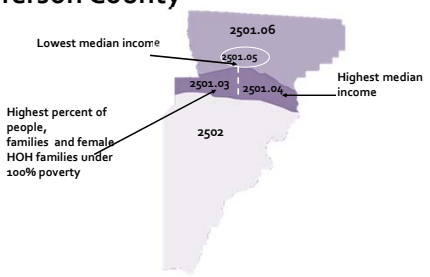
Poverty Data by Census Tract (2016-2020) Jefferson County



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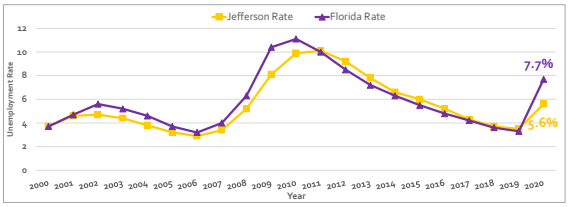
21

Unemployment Rates, 2000-2020 Jefferson County and Florida

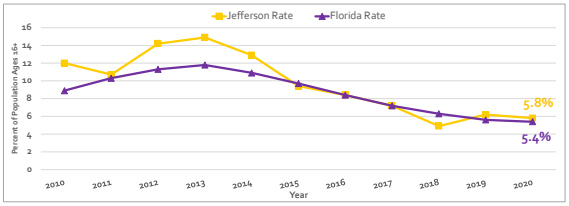
- The 2020 rate for Jefferson County was 5.6%, compared to 7.7% for the state as a whole



22

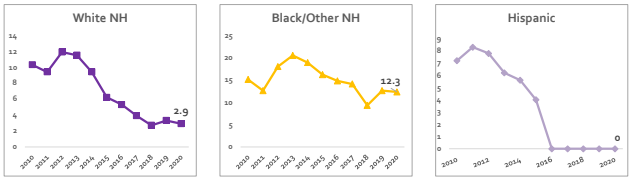
Percent of Civilian Workforce Unemployed 2010-2020, Jefferson County and Florida

- The 2020 percent of civilian workforce unemployed for Jefferson County was 5.8%, compared to 5.4% for the state as a whole



23

Percent of Civilian Workforce Unemployed, by Race & Ethnicity, Jefferson County, 2010-2020



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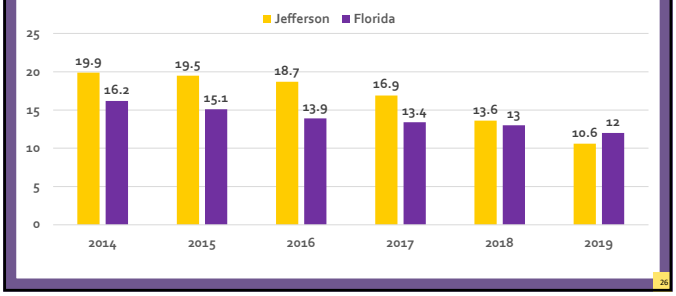
FOOD

Data Source: DOH Florida CHARTS, Feeding America

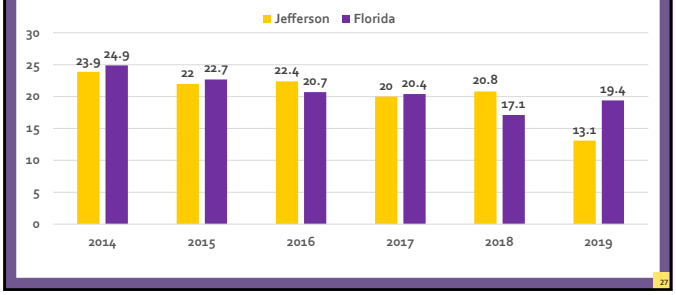
25

Food Insecurity Rate, 2014-2019 (Percent of Population), Jefferson County and Florida



26

Child Food Insecurity Rate, 2014-2019 (Percent of Population), Jefferson County and Florida



27

Feeding America Food Insecurity Data for Jefferson County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Jefferson County was 12.4%, with 1,770 residents who were food insecure
- Jefferson County food insecurity rates by race and ethnicity for 2020 are
  - Black, all ethnicities = 23.0%
  - White, non-Hispanic = 6.0%
  - Hispanic, Other race and multiracial data not available
- When looking at ages < 18, the food insecurity rate was 21.9% with 510 residents who were food insecure

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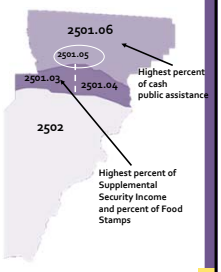
Cash and Food Assistance, 2016-2020 by Census Tract, Jefferson County

	2501.03	2501.04	2501.05	2501.06	2502
% Population with Supplemental Security Income (6.1%)	17.2	0.5	6.4	6.6	5.0
% Population with Cash Public Assistance Income (2.1%)	3.8	0.0	0.7	6.4	1.0
% Population with Food Stamp/SNAP Benefits (11.9%)	29.8	7.2	14.2	8.8	9.1



29

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EDUCATION DATA

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

30

Education

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

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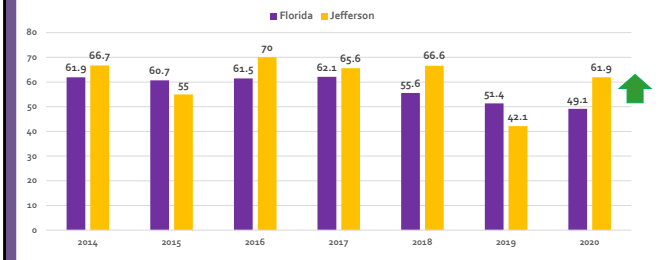
Education

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

32

Percent of Children <3 Served by Early Steps, Jefferson County and Florida



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School Readiness at Kindergarten Entry
Percent of Total Children Entering Kindergarten

School Year	Jefferson	Florida
2017	30.8	53.9
2018	38.0	52.7
2019	29.8	53.4
2020	32.3	56.9

Based on Early Childhood Observation System (ECHOS) Scores
School Year = September through June

34

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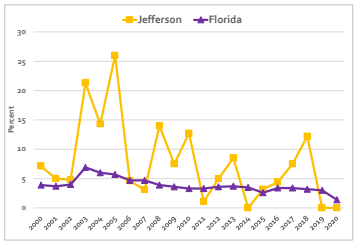
Elementary School Not Promoted
2000-2020, Jefferson County and Florida

- Data were not reported for Jefferson County for years 2019-2021
- Jefferson County schools operated through a charter as Jefferson Somerset K-12 from school year 2017-2018 through 2021-2022
- The Jefferson County school district began supervision again during 2022-2023



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3rd Grade FSA Passing Scores for English and Mathematics, Jefferson County and Florida

Year	Jefferson County (%)	Florida (%)
2014-15	25	54
2015-16	30	54
2016-17	41	58
2017-18	36	57
2018-19	45	58
2019-20	Not reported	Not reported
2020-21	28	54

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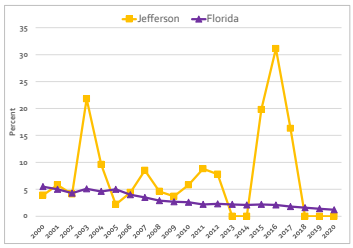
3rd Grade FSA Passing Scores for English and Mathematics, Jefferson County and Florida

Year	Jefferson County (%)	Florida (%)
2014-15	43	59
2015-16	45	61
2016-17	37	62
2017-18	57	62
2018-19	51	62
2019-20	Not reported	Not reported
2020-21	43	51

37

Middle School Students Not Promoted 2000-2020, Jefferson County and Florida

- Data were not reported for Jefferson County for years 2018-2021
- Jefferson County schools operated through a charter as Jefferson Somerset K-12 from school year 2017-2018 through 2021-2022
- The Jefferson County school district began supervision again during 2022-2023



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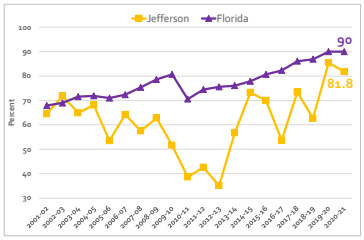
High School Graduation Rates 2000-2020, Jefferson County and Florida

- Jefferson County's graduation rate fell to 81.8% in 2020-21 from 85.4% in 2019-20
- Florida's graduation rate was 90% for 2019-20 and 2020-21



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Graduation Rates by Demographics, 2020-2021 Jefferson County and Florida

Gender	Jefferson County (%)	Florida (%)
Male	85.2	87.4
Female	75.0	92.9

Race/Ethnicity	Jefferson County (%)	Florida (%)
White, non-Hispanic	0.0	91.8
Black, non-Hispanic	75.8	87.1

Hispanics not recorded for Jefferson County

Disability Status	Jefferson County (%)	Florida (%)
Disabled	0.0	82.3
Not Disabled	78.9	91.2

Disadvantaged Status	Jefferson County (%)	Florida (%)
Disadvantaged	79.4	87.2
Not Disadvantaged	0.0	94.0

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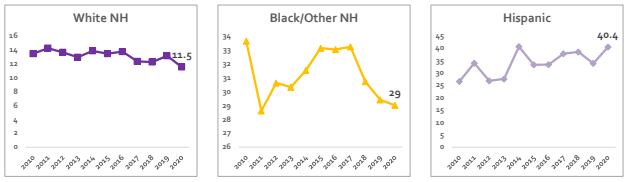
Percent of Population Ages 25+ With No High School Diploma by Race & Ethnicity, Jefferson County, 2010-2020

- In 2020, 11.5% of Florida residents did not have a high school diploma.
- The overall percent of Jefferson County residents with no high school diploma was 17.4% in 2020.



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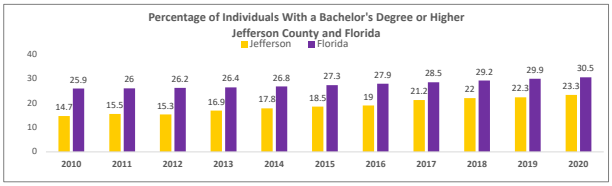
Jefferson County Education Data, 2020

- Jefferson County residents are less likely to pursue college degrees (23.3% in 2020) compared to the state (30.5%)
- In Jefferson County, 30.5% of White residents had a bachelor's degree or higher in 2018, followed by 7.5% of Black & Other residents and 4.9% of Hispanic residents



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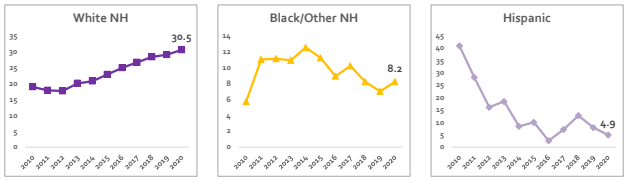
Percent of Population with Bachelor's Degree or Higher by Race & Ethnicity, Jefferson County, 2010-2020



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Education Data by Census Tract, 2016-2020
Percent of Population Ages 25+, Jefferson County

	2501.03	2501.04	2501.05	2501.06	2502
Less than 9th grade	9.6	3.6	2.4	2.1	3.5
Some high school	24.7	9.8	15.1	11.6	5.6
High school graduate	34.6	30.7	36.5	36.1	35.2
Some college	16.2	15	20.1	13.3	24
Associates degree	4.9	7.4	3.6	6.9	8.1
Bachelor's degree	7.3	21	13.2	16.3	16.5
Graduate degree	2.8	12.4	9.2	13.7	7.2

Add map

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Neighborhood and Built Environment

Data Source: DOH Florida CHARTS, US Bureau of the Census, American Community Survey

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Neighborhood and Built Environment

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

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Neighborhood and Built Environment

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

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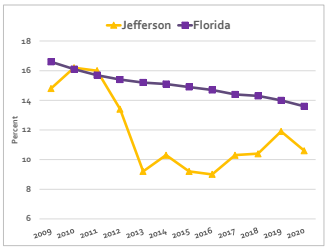
Individuals that Lived in a Different House 1 Year Earlier, 2009-2020, Jefferson County and Florida

- The percent of Jefferson County persons living in a different house the year prior remained decreased from 11.9% in 2019 to 10.6% in 2020.
- This is slightly below the state of Florida at 14.0% and 13.6% respectively.
- 2020 by race/ethnicity
  - Hispanics represented 16.6% in Jefferson and 13.1% in Florida
  - White NH accounted for 11.3% in Jefferson and 13.1% in Florida
  - Black NH represented 7.8% in Jefferson and 15.5% in Florida



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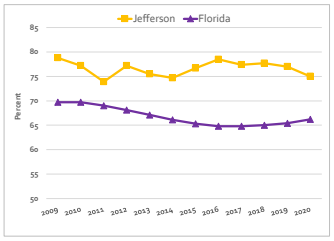
Owner-Occupied Housing Units, Percent of Occupied Housing Units 2009-2020 Jefferson County and Florida

- Jefferson County has consistently had higher percentages of owner-occupied housing units than the state.
- 2020 percentages by race/ethnicity
  - Hispanics - 35% in Jefferson compared to 52.7% Florida
  - White NH – 80.6% in Jefferson and 70.9% in Florida
  - Black NH – 64.4% in Jefferson and 46.5% in Florida



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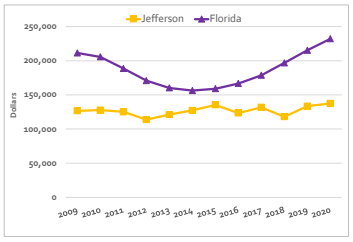
Median Owner-Occupied Unit Values, 2009-2020 Jefferson County and Florida

- Jefferson County's owner-occupied home values are well below the state.
- The median value of owner-occupied homes in Jefferson County was $137,300 in 2020
- The median value of owner-occupied homes in Florida in 2020 was $232,000.



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Housing Quality, Jefferson County 2020

	2501.03	2501.04	2501.05	2501.06	2502
Percent of homes lacking complete plumbing facilities	0.0	0.0	0.0	0.0	0.5
Percent of homes lacking kitchen facilities	0.0	0.0	0.0	0.0	0.5
Percent of homes heated with electricity	85.2	93.0	93.6	86.5	86.9
Percent of homes heated with bottled, tank or LP gas	12.3	4.5	3.1	8.8	8.8
Percent of homes heated with fuel oil, kerosene	1.1	1.5	0.0	0.0	0.0
Percent of homes heated with wood	0.0	0.0	3.4	3.2	2.4
Percent of homes not heated	0.0	0.5	0.0	1.5	0.9

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

Method	2501.03	2501.04	2501.05	2501.06	2502
Carpooled in Car, Truck or Van (9.2%)	5.2	6.7	18.0	24.2	9.6
Drove Alone in Car, Truck or Van (82.5%)	92.0	88.1	71.3	74.8	82.9
Used Public Transportation (0.0%)	0.0	0.0	0.0	0.0	0.0
Other Means (0.8%)	2.1	0.0	4.1	0.0	0.7
Walked to Work (0.4%)	0.8	0.0	3.1	0.0	0.0
Worked at Home (4.3%)	0.0	5.2	3.5	1.0	6.8
Mean Travel Time to Work – Minutes (29.3)	20.5	28.7	29.9	30.7	31.4
No Vehicles in the Household (5.7%)	16.6	5.0	10.2	1.1	3.0
1 Vehicle Available in the Household (31.6%)	44.7	23.9	44.3	25.4	30.2
2 Vehicles Available in the Household (36.0%)	14.8	36.2	18.2	52.9	41.0
3 or More Vehicles Available in the Household (26.7%)	23.8	34.9	27.4	20.5	25.9

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Social and Community Context

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

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Social and Community Context

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

54

54

Social and Community Context

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

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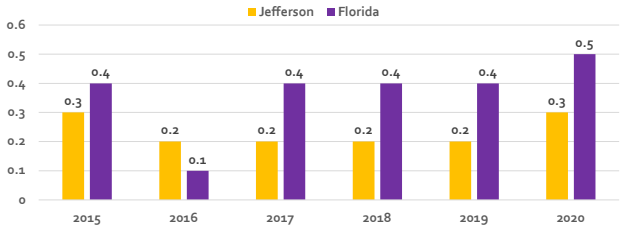
Racial Residential Segregation, 2015-2020 Jefferson County and Florida



When the Racial Segregation Index is less than 0.3 the county's population is "well integrated."
Values between 0.3 and 0.6 indicate the county's population is "moderately segregated."
Values above 0.6 indicate the county's population is "very segregated."

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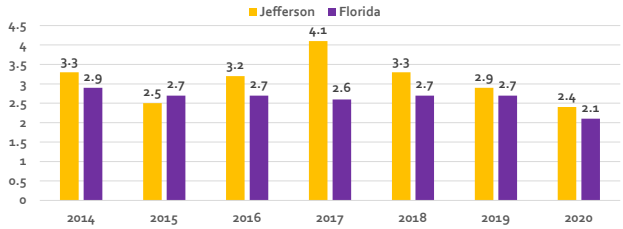
Incarceration Rate per 1,000 Population 2014-2020, Jefferson County and Florida



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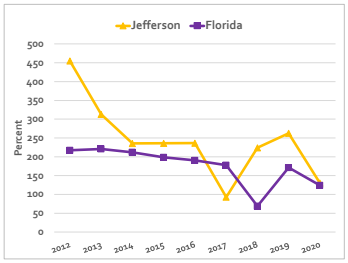
Inmate Admission Rate per 100,000 Population Ages 19+, Jefferson County and Florida

- The number of inmates admitted into prison who were sentenced from each county or other states
- The number of admissions were reduced by 50% in 2020 compared to 2019 in Jefferson County
- 2019 = 32 admissions
  2020 = 16 admissions



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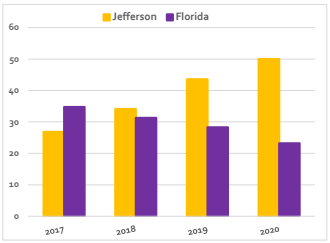
Arrest Rates in Ages 10-17 by Fiscal Year 2017-2020, Jefferson County and Florida

- Jefferson County's arrest rates have been higher than the state since 2018.
- Actual numbers of youth ages 10-17 arrested were 50 in 2019 and 57 in 2020



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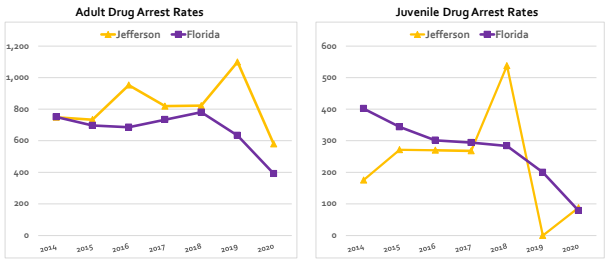
Drug Arrest Rates Per 100,000 Population Adults and Juveniles, Jefferson County and Florida



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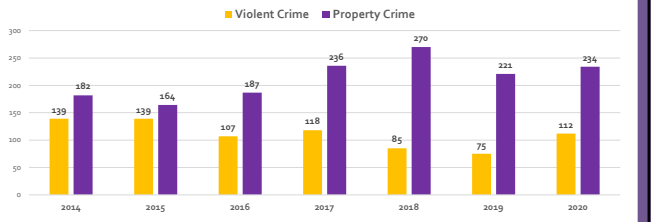
Jefferson County Crime Trends, 2014-2020



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Why is SDOH important?

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Mortality and Reportable Diseases

MORTALITY DATA

Data Source: DOH Florida CHARTS

1

10 Leading Causes of Death, 2020 Jefferson County (N=221)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	46	21%
Heart Diseases	37	17%
COVID-19	13	6%
Diabetes Mellitus	12	5%
Cerebrovascular Diseases	7	3%
Chronic Lower Respiratory Diseases	7	3%
Unintentional Injury	7	3%
Influenza and Pneumonia	5	2%
Alzheimer's Disease	4	2%
Septicemia	4	2%
Suicide	4	2%

2

Minority Population Causes of Death Jefferson County 2020 (N=70)

Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	15	21%
Heart Diseases	13	19%
COVID-19	7	10%
Diabetes Mellitus	4	6%
Cerebrovascular Diseases	2	3%
Chronic Lower Respiratory Diseases	2	3%
Perinatal Period Conditions	2	3%

3

Minority Population Causes of Death Jefferson County 2020 (N=70)

Cause of Death	Deaths	Percent of Total
Alzheimer's Disease	1	1%
Anemias	1	1%
Essential Hypertension and Hypertensive Renal Disease	1	1%
In Situ, Benign and Uncertain or Unknown Behavior Neoplasms	1	1%
Influenza and Pneumonia	1	1%
Nutritional Deficiencies	1	1%
Septicemia	1	1%
Unintentional Injury	1	1%

4

REPORTABLE, INFECTIOUS DISEASES

Data Source: DOH Florida CHARTS, Bureau of Communicable Diseases

5

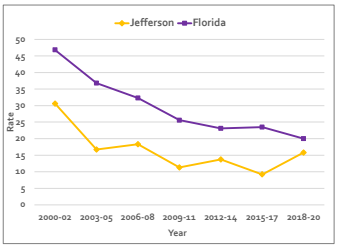
Sexually Transmitted Infections

Data Source: DOH Florida CHARTS, Bureau of Communicable Diseases

6

HIV Infection 3-Year Discrete Rates Jefferson County and Florida

- There were 2 cases reported in 2019 and 2 in 2020
- Of the 22 HIV cases reported during 2010-2020:
  - 64% were Black & Other, non-Hispanic
  - 0% were Hispanic
  - 36% were White, non-Hispanic
  - 77% were Male and 23% were female



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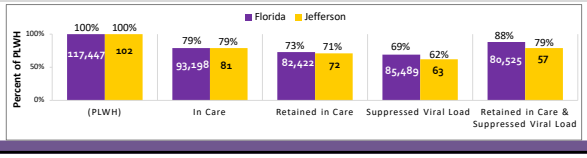
Persons Living with HIV Along the HIV Care Continuum (2020)

- Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2021.
- In Care: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021. Out of Care: PWH with no documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021, data as of 6/30/2021.
- Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2020 through 6/30/2021, data as of 6/30/2021.
- In Care with Suppressed Viral Load: PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2020 through 3/31/2021 that also has a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021, data as of 6/30/2021.



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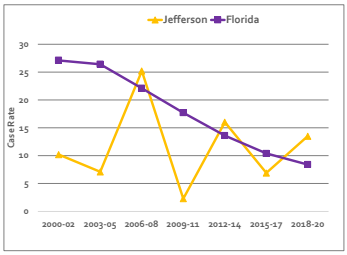
Reported AIDS Cases Rates 3-Year Discrete Rates, Jefferson County and Florida

- Trend line represents number of persons reported as an AIDS case, regardless of when the person was diagnosed with HIV
- Progression to AIDS usually represents a treatment failure or someone who was not diagnosed until symptomatic
- Jefferson County experienced an increase in the AIDS rate during 2018-2020.



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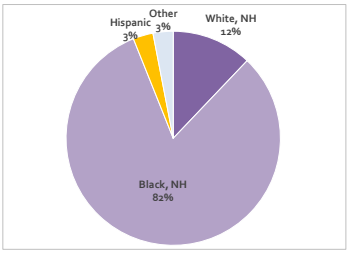
Reported AIDS Cases, by Race/Ethnicity (2000 – 2020), Jefferson County

- Black, non-Hispanic persons account for 35% of the Jefferson population and 82% of the AIDS cases reported since 2000
- This is important to consider when addressing health equity



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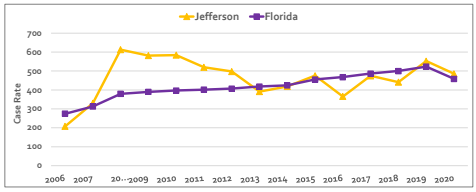
Chlamydia Case Rates, by Year (2006 – 2020), Jefferson County and Florida

- Chlamydia cases decreased from 82 in 2019 to 72 in 2020
- The 2020 Jefferson County chlamydia rate per 100,000 population was 55.7 for white, non-Hispanics, 633.2 for black & other, non-Hispanics, and 0.0 for Hispanics



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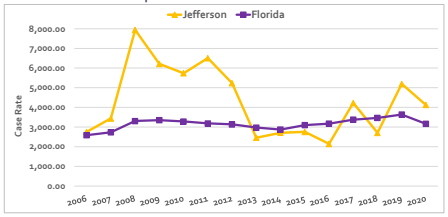
Chlamydia Case Rates for Females Ages 15-19 (2006 – 2020), Jefferson County and Florida

- The 2020 chlamydia case rates per 100,000 among females ages 15-19 in Jefferson County are 684.9 for white, non-Hispanics, 763.4 for black & other, non-Hispanics and 0.0 for Hispanics



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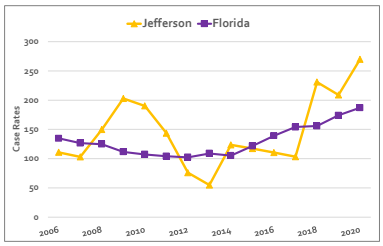
Gonorrhea Case Rates, 2006-2020 Jefferson County and Florida

- The number of gonorrhea cases in Jefferson County increased from 35 in 2019 to 60 in 2020
- The rate per 100,000 population for Jefferson in 2020 was 9.7 for white, non-Hispanics, 128.4 for black & other, non-Hispanics and 86.3 for Hispanics



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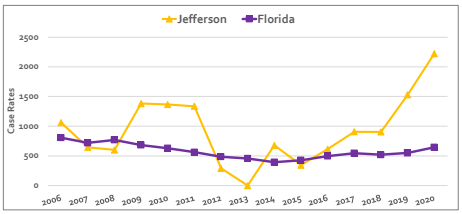
Gonorrhea Case Rates, Females Ages 15-19 (2006-2020)

- The 2020 gonorrhea rate per 100,000 for females ages 15-19 was 684.9 for white, non-Hispanics and 3,053.4 for black & other, non-Hispanics. There were no Hispanic females ages 15-19 diagnosed in 2020



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Syphilis in Jefferson County

- There have been 9 infectious syphilis cases diagnosed in Jefferson County between 2016 and 2020.
  - 44% were Black, non-Hispanic, 44% were White, non-Hispanic and 12% were unknown
  - 45% were among Males and 55% were among females
- There have been 18 early syphilis cases diagnosed in Jefferson County from 2016 through 2020.
  - 39% were White, non-Hispanic, 39% were Black, non-Hispanic, 22% were Unknown. There were no Hispanic cases diagnosed
  - 44% were Female and 56% were Male
- There was one congenital syphilis cases diagnosed in Jefferson County in 2021

15

15

Viral Hepatitis

- **Hepatitis A**
  - 1 Hepatitis A case reported in 2015 and 3 cases reported in 2020
- **Hepatitis B**
  - 3 acute Hepatitis B cases reported between 2000 and 2020. Most recent case was 2013
  - 35 chronic Hepatitis B cases reported between 2000 and 2020
  - 4 reported positive Hepatitis B Surface Antigen Results in Pregnant Women between 2000 and 2020
- **Hepatitis C**
  - 1 acute Hepatitis C cases reported between 2000 and 2020. 1 reported in 2021.
  - 256 chronic Hepatitis C cases reported between 2000 and 2020
- No cases of Hepatitis D, E or G reported in Jefferson County since data collection in 2006
- Data Not Available by Race or Gender

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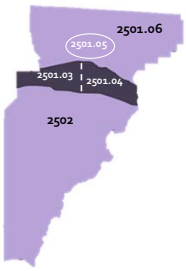
Viral Hepatitis Deaths by Census Tract 2016-2020, Jefferson County

- Census tract 2501.03 had one death during the time period
- White, non-Hispanic male



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Other Reportable Diseases or Conditions

Data Source: DOH Florida CHARTS, Bureau of Epidemiology

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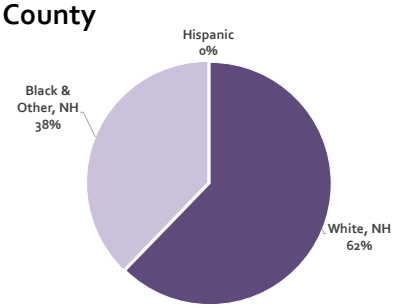
COVID-19 Deaths, 2020-2021 Jefferson County



N = 45 deaths
2020 = 13
2021 = 32

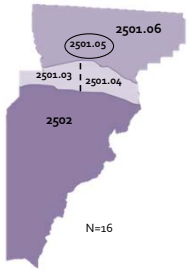
25 Male and 20 Female

19

19

Influenza and Pneumonia Deaths by Census Tract, 2016-2020, Jefferson County

- Deaths By Census Tract
  - 2501.03 = 2
  - 2501.04 = 5
  - 2502 = 9
- Breakdown by race/ethnicity
  - Black & Other, non-Hispanic = 7
  - White, non-Hispanic = 9
  - Hispanic = 0
- 10 Males, 6 Females



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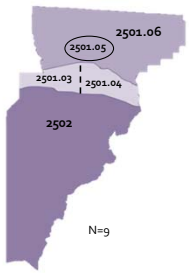
Septicemia Deaths by Census Tract 2016-2020, Jefferson County

- Deaths By Census Tract
  - 2501.03 = 0
  - 2501.04 = 4
  - 2502 = 5
- Breakdown by race/ethnicity
  - Black & Other, non-Hispanic = 5
  - White, non-Hispanic = 4
  - Hispanic = 0
- 5 Males, 4 Females



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21

Tuberculosis in Jefferson County, 2000-2020

- There were 5 tuberculosis cases diagnosed in Jefferson County between 2000 and 2020. The most recent case was 2008
- Data are not available by race/ethnicity or gender
- There were no cases of tuberculosis in children under the age of 15 during the time period.
- There was no deaths from tuberculosis in Jefferson County during the time frame.

22

22

Central Nervous System Diseases and Bactermias, 2001-2020, Jefferson County

Disease or Condition and Definition	Number Cases	Comments
Creutzfeldt-Jakob Disease – a fatal neurodegenerative disease	0	
Haemophilus influenzae Invasive Disease – a bacterial infection that can cause anything from mild ear infections to bloodstream infections	4	Note one case in 2021
Meningitis, Bacterial or Mycotic - A bacterial or viral infection of the fluid surrounding the brain and spinal cord that causes swelling of the membranes covering the brain and spinal cord	2	
Staphylococcus aureus Infection Resistant to Vancomycin VISA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0	
Staphylococcus aureus Infection Resistant to Vancomycin VRSA– a common bacteria found on skin and in the nose. We are tracking resistance to Vancomycin.	0	
Streptococcus pneumoniae Invasive Disease – this bacteria can cause many types of illnesses, including ear infections and meningitis	24	Most recent case 2019

23

23

Enteric, Food and Waterborne Diseases 2001-2020, Jefferson County

Disease or Condition	Cases	Disease or Condition	Cases
Amebic Encephalitis	0	Listeriosis	0
Camplobacteriosis	28	Neurotoxic Shellfish Poisoning	0
Cholera	0	Salmonella Paratyphi Infection	0
Ciquatera Fish Poisoning	0	Salmonella Typhi Infection	0
Cryptosporidiosis	6	Salmonellosis	97
Cyclosporiasis	0	Saxitoxin Poisoning	0
Giardiasis, Acute	17	Shiga Toxin Producing Escherichia coli	10
Hemolytic Uremic Syndrome (HUS)	1	Shigellosis	22
Legionellosis	4	Staphylococcal Enterotoxin B Poisoning	0
		Vibriosis Excluding Cholera	8

Note that diseases or conditions highlighted in red had at least one case reported in 2020

24

24

Vaccine Preventable Diseases 2001-2020, Jefferson County

Disease or Condition	Cases
Diphtheria	0
Measles (Rubeola)	0
Meningococcal Disease	0
Mumps	0
Pertussis	2
Poliomyelitis	0
Rubella	0
Tetanus	0
Varicella (Chickenpox)	11

Note that diseases or conditions highlighted in red had at least one case reported in 2020

25

25

Vectorborne and Zoonotic Diseases, 2001-2020 Jefferson County

Disease or Condition	Cases
Anaplasmosis	0
Babesiosis	0
Brucellosis	0
California Serogroup Virus Disease	0
Dengue Fever	0
Eastern Equine Encephalitis	0
Ehrlichiosis	8
Hantavirus Infection	0
Leptospirosis	0
Malaria	1
Middle East Respiratory Syndrome	0
Plague	0
Psittacosis (Ornithosis)	0

Disease or Condition	Cases
Q Fever (Coxiella burnetii)	0
Rabies, Animal	7
Rabies, Human	0
Rabies, Possible Exposure	19
Rocky Mountain Spotted Fever	3
St. Louis Encephalitis	0
Trichinellosis	0
Tularemia (Francisella tularensis)	0
Typhus Fever	0
Venezuelan Equine Encephalitis	0
West Nile Virus	0
Western Equine Encephalitis	0
Yellow Fever	0

26

26

Other Reportable Diseases, 2000-2020 Jefferson County

Disease or Condition	Cases
Anthrax	0
Botulism, Foodborne	0
Botulism, Infant	0
Botulism, Wound	0
Glanders (Burkholderia mallei)	0
Hansen's Disease (Leprosy)	0
Melioidosis (Burkholderia pseudomallei)	0
Smallpox	0
Vaccinia Disease	0
Viral Hemorrhagic Fever	0

27

27

Environmental Health

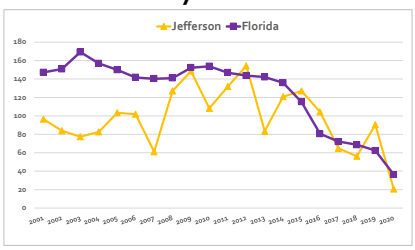
Data Source: DOH Florida CHARTS, Bureau of Epidemiology

28

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

2014-2020 Data (N=85)

- Race/Ethnicity
  - 18% White, non-Hispanic
  - 73% Black & Other, non-Hispanic
  - 0% Hispanic
  - 9% Unknown
- Age Data
  - 0-4 = 6%
  - 5-11 = 19%
  - 12-18 = 31%
  - 65+ = 7%



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Environmental Conditions, 2008-2020 Jefferson County

Disease or Condition	Cases
Arsenic Poisoning	0
Carbon Monoxide Poisoning	1
Lead Poisoning	2
Mercury Poisoning	0
Pesticide Related Illness and Injury	2
Ricin Toxin Poisoning	0

Data are not available by race/ethnicity or gender

30

30

Other Environmental Health Jefferson County 2020

- Unsatisfactory facility inspections
  - 0 of 3 biomedical waste facilities (0%)
  - 0 of 3 group care facilities (0%)
  - 0 of 13 institutional food service operations (0%)
  - 0 of 1 migrant or labor camps (0%)
  - 3 of 28 mobile home and RV parks (10.7%)
  - 0 of 10 swimming pool and spa facilities (0.0%)
  - 0 of 1 tanning facilities (0%)
  - No body piercing facilities

31

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Chronic Disease

CHRONIC DISEASE

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

1

Causes of Death, Jefferson County, 2020

Cause of Death	Percent of Total
Malignant Neoplasm (Cancer)	21%
Heart Diseases	17%
COVID-19	6%
Diabetes Mellitus	5%
Cerebrovascular Diseases	3%
Chronic Lower Respiratory Diseases	3%
Unintentional Injury	3%
Influenza and Pneumonia	2%
Alzheimer's Disease	2%
Septicemia	2%
Suicide	2%

- These 10 leading causes of death equal 66% of the total 221 deaths
- Chronic disease deaths include four of the ten leading causes of death in Jefferson County

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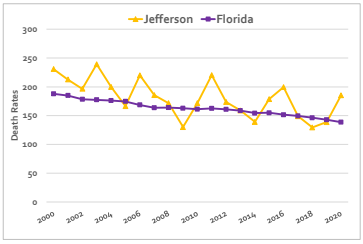
Cancer Death Rates (2000 – 2020) Jefferson County and Florida

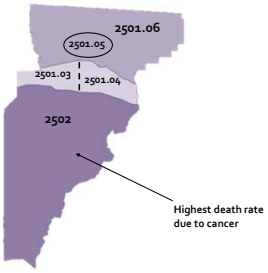


- Jefferson County ranked in the second quartile for cancer death rates in 2020
- Of the 401 cancer deaths during 2010-2020:
  - 71% were White, non-Hispanic
  - 28% were Black & Other, non-Hispanic
  - 1% were Hispanic

3

Cancer Death Rates by Census Tract Jefferson County

- 2016-2020 Cancer Deaths by Census Tract
  - 2501.03 = 25
  - 2501.04 = 25
  - 2501.05 = 26
  - 2501.06 = 26
  - 2502 = 72



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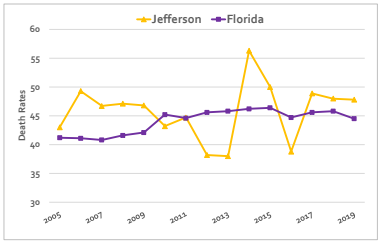
Percent of Cancer Cases at Advanced Stage When Diagnosed (2005-2019)

- The average percent of advanced stage diagnoses over the entire time frame is 45.8% for Jefferson County



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Cancer Deaths by Type of Cancer Jefferson County, 2020

Type of Cancer	Deaths
Lung	12
Bladder	3
Breast	3
Colorectal	3
Lymphoid & Related Tissue	3
Prostate	3
Cervical	2
Leukemia	2
Pancreatic*	2
Unknown Behavior Neoplasms	2
Brain & Central Nervous System	1

6

Cancer Deaths by Type of Cancer Jefferson County, 2020 (cont'd)

Type of Cancer	Deaths
Liver & Intrahepatic Bile Duct	1
Non-Hodgkin's Lymphoma	1
Ovarian	1
Stomach	1
Uterus	1
Esophagus	0
Hodgkin's Disease	0
Kidney & Renal Pelvis	0
Melanoma	0
Oral	0

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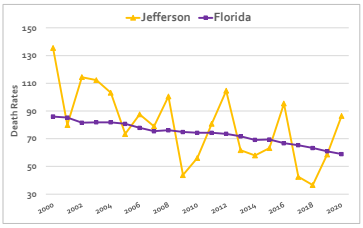
Tobacco-Related Cancer Death Rates (2000 – 2020), Jefferson County and Florida



Tobacco related cancers include: Acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea

- The 2020 death rate per 100,000 population due to tobacco-related cancers (86.4) was higher than the state rate (58.9)
- 2020 death rates by race and ethnicity
  - Black & Other NH = 62.2
  - White, NH = 91.9
  - Hispanic = 193.6

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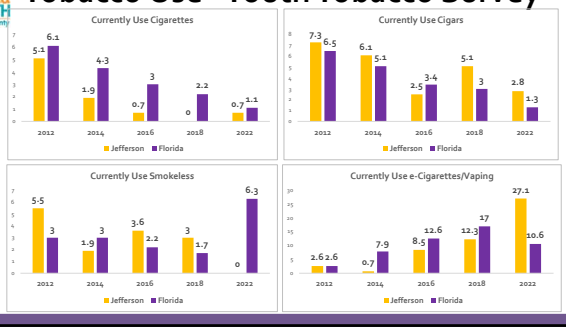
Tobacco Use –Youth Tobacco Survey



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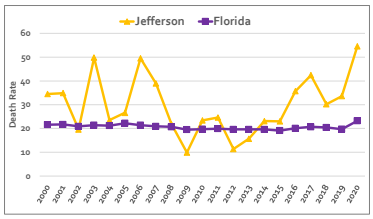
Death Rates Due to Diabetes, 2000 – 2020 Jefferson County and Florida

- Jefferson County ranked in the third quartile for diabetes deaths in 2020
- Diabetes Deaths 2010-2020 (Total of 73 deaths)
  - 38 or 52% were White, non-Hispanic, 35 or 48% were Black & Other, non-Hispanic, and 0% Hispanic
  - 42 or 58% were male and 31 or 42% were female



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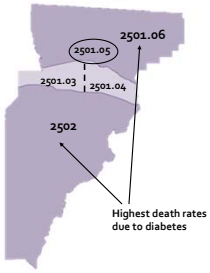
Death Rates Due to Diabetes by Census Tract, 2016-2020, Jefferson County

- 2016-2020 Diabetes Deaths by Census Tract
  - 2501.03 = 9
  - 2501.04 = 8
  - 2501.05 = 7
  - 2501.06 = 7
  - 2502 = 17



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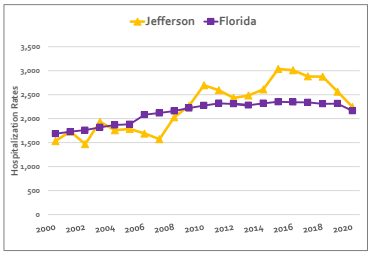
Hospitalization Rates Due to Diabetes (2000 – 2020) Jefferson County and Florida

- The hospitalization rates for diabetes in Jefferson County have been higher than the state since 2009
- The Jefferson County hospitalization rate dropped in 2019 and 2020



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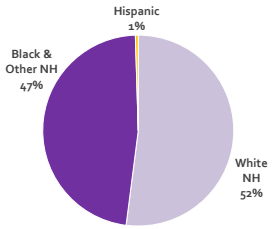
Hospitalization Rates Due to Diabetes by Race/Ethnicity, Jefferson County (2010 – 2020)

- The hospitalization rate for White, non-Hispanics was slightly higher than Black & Other, non-Hispanics during the time frame
- Black & Other non-Hispanics = 35% of the county's population and 47% of the hospitalizations
- Data are not available by gender



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Risk Factors for Diabetes

- 2022 Robert Wood Johnson County Health Rankings Data

Risk Factors	Jefferson County	Florida
Diabetic	12%	9%
Adult Obesity	33%	26%
Physically Inactive	32%	26%
Access to Exercise Opportunities	43%	87%
Food Environment Index	7.8%	7%

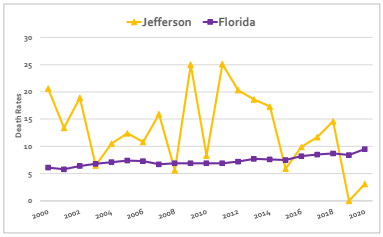
14

14

Death Rates Due to Hypertension, 2000-2020, Jefferson County and Florida

Jefferson Data 2016-2020

- 86% of hypertension deaths were male and 14% were female
- 57% of hypertension deaths were White, non-Hispanic and 43% were Black & Other, non-Hispanic
- There were no Hispanic deaths due to hypertension during 2016-2020



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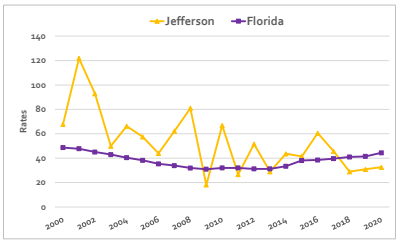
Death Rates Due to Stroke, 2000 – 2020 Jefferson County and Florida

- The Jefferson County death rate due to stroke has been lower than the state since 2018
- The 2020 rate per 100,000 population was 32.6, compared to 44.4 for Florida



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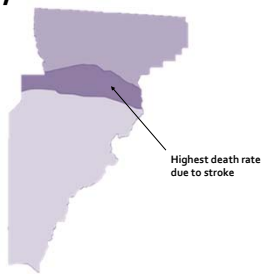
Death Rates Due to Stroke, by Census Tract, Jefferson County, 2016-2020

Jefferson Data 2016-2020

- Total of 43 deaths during the time frame
- 28 (65%) were female and 15 (35%) were male
- 28, or 65% were White, non-Hispanic, 15, or 35% were Black & Other, non-Hispanic and 0 were Hispanic



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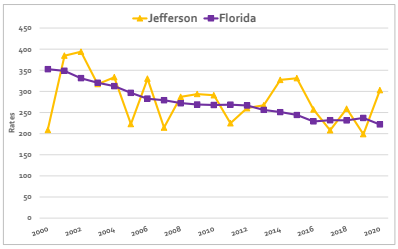
Hospitalization Rates Due to Stroke 2000 – 2020, Jefferson County and Florida

- Hospitalizations due to stroke increased in 2020, were higher than the state
- The 2020 hospitalization rate for White, non-Hispanics was 199.7 per 100,000 population, 477.7 for Black & Other, non-Hispanics and 164.6 for Hispanics.



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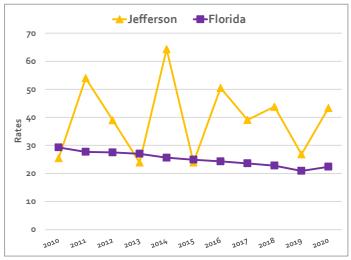
Deaths Rates Due to Heart Attack, 2010-2020, Jefferson County and Florida

Jefferson County Data 2010-2020

- Total of 91 deaths due to heart attacks
- 49 (54%) were White, non-Hispanic and 42 (46%) were Black & Other, non-Hispanic. There were no Hispanic deaths
- 58 (64%) were Male and 33 (36%) were Female



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Risk Factors for Cardiovascular Disease and Stroke (2022 RWJ and 2019 BRFSS)

	Jefferson County	Florida
Adult smokers (2022 RWJ)	23%	15%
Ever had a stroke (2019 BRFSS)	5.8%	3.6%
Ever had coronary heart disease (2019 BRFSS)	5.8%	4.7%
Ever had a heart attack (2019 BRFSS)	8.5%	4.7%
Inactive or insufficiently active adults (2016 BRFSS)	54.0%	56.7%

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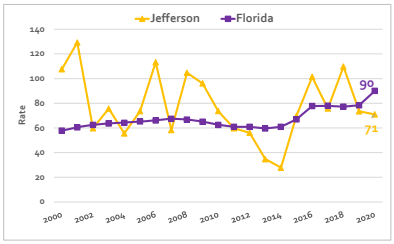
Injury and Violence

INJURY AND VIOLENCE

Data Source: DOH Florida CHARTS

1

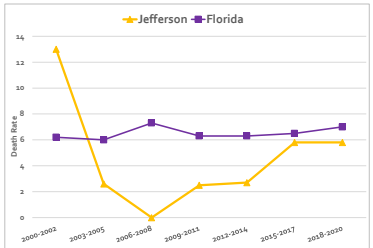
Death Rates for All External Causes (2000 – 2020), Jefferson County and Florida



- Data for 2016-2020 indicate that males accounted for 71% of deaths and females represented 29%
- The majority of deaths during 2016-2020 were white, non-Hispanic (74%), followed by black & other, non-Hispanic (23%) and Hispanic (3%)

2

Homicide Deaths (2000-2020), 3-Year Discrete Rates, Jefferson County and Florida

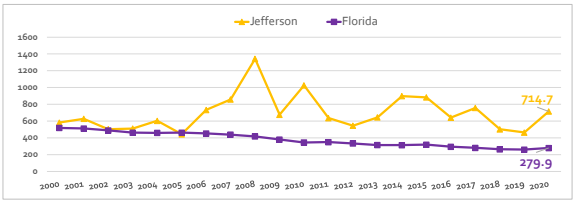


- Of the 4 homicide deaths that occurred during 2016-2020, all were male (100%)
- 1 death was White, non-Hispanic (25%) and 3 were Black/Other, non-Hispanic (75%)

3

Aggravated Assault Rates (2000 – 2020) Jefferson County and Florida

- The rate of aggravated assaults per 100,000 population in Jefferson County in 2020 was 714.7, compared to 279.9 for the state of Florida
- Jefferson County's rate increased from 464.9 in 2019
- Data are not available by race/ethnicity or gender



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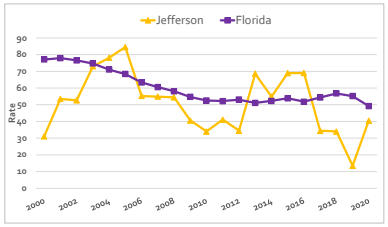
Forcible Sex Offense Rates (2000 – 2020) Jefferson County and Florida

- Jefferson County's rate of reported sex offenses increased in 2020 but continues to be lower than the state
- There were a total of 149 reported forcible sex offenses in Jefferson County during 2001-2020
- Data are not available by race/ethnicity or gender



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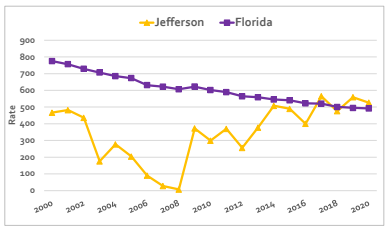
Domestic Violence Offense Rates 2000 – 2020, Jefferson County and Florida

- Jefferson County's domestic violence offense rates were higher than the state's rate in 2019 and 2020
- Jefferson County ranked 34th highest in the state for 2019 domestic violence rates per 100,000 population, at 525.9, compared to 492.2 for the state.
- Data are not available by race/ethnicity or gender



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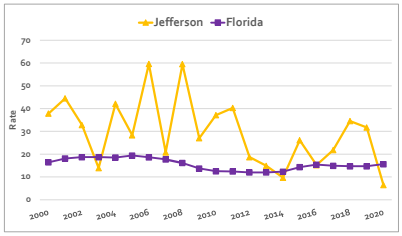
6

Motor Vehicle Crash Death Rates (2000 – 2020), Jefferson County and Florida

- Death rates for Jefferson County dropped significantly in 2020, possibly due to COVID-19
- During 2000-2020, 67% of the deaths were White, non-Hispanic, 30% were Black & Other, non-Hispanic and 3% Hispanic
- 70% of the deaths were males and 30% were females



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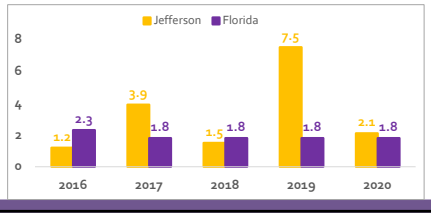
Alcohol-Confirmed Motor Vehicle Crash Death Rates, 2016-2020, Jefferson County and Florida

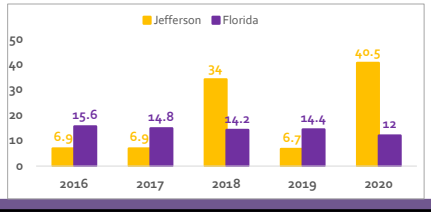
- Jefferson County has had higher rates of alcohol-confirmed motor vehicle crash deaths than the state
- Data collection began in 2016
- Data are not available by race/ethnicity or gender



8

Alcohol-Confirmed Motor Vehicle Crash Injury Rates 2016-2020, Jefferson County and Florida

- Jefferson County had higher rates of alcohol-confirmed motor vehicle crash injuries than the state in 2020
- Data collection began in 2016
- Data are not available by race/ethnicity or gender



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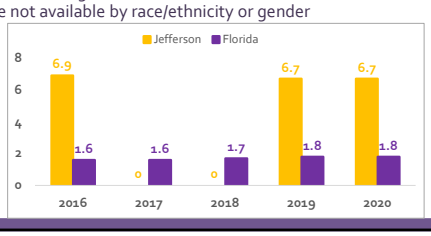
Drug-Confirmed Motor Vehicle Crash Death Rates (2016-2020)

- Jefferson County had higher rates of drug-confirmed motor vehicle crash deaths than the state
- Data collection began in 2016
- Data are not available by race/ethnicity or gender



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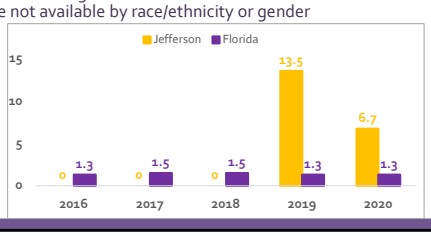
Drug-Confirmed Motor Vehicle Crash Injury Rates (2016-2020)

- Jefferson County had higher rates of drug-confirmed motor vehicle crash injuries than the state in 2019 and 2020
- Data collection began in 2016
- Data are not available by race/ethnicity or gender



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Crash Rates by Drivers Age (2020)

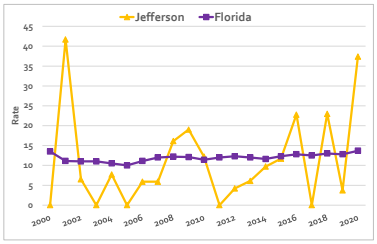
- The 2020 motor vehicle crash rate per 100,000 population in ages **15-17** was 28.7 for Jefferson County and 33.3 for the state of Florida
- The 2020 motor vehicle crash rate per 100,000 population in ages **18-20** was 99.7 for Jefferson County and 61.5 for the state of Florida
- Data are not available by race/ethnicity or gender

12

12

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

- There were 38 deaths due to firearms discharge in Jefferson County from 2000 until 2020
- 30 (79%) of the deaths were White, non-Hispanic, and 8 (21%) were Black & Other, non-Hispanic
- No Hispanic deaths were reported
- 5 occurred in 2020 alone



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Drowning Deaths in Jefferson County (2000 – 2020)

- There were seven deaths due to drowning in Jefferson County during 2000-2020
- 72% were Black & Other, non-Hispanic, 14% were White, non-Hispanic, and 14% were Hispanic
- 86% were male and 14% female
- Data by age are not available

14

14

Deaths from Falls (2000 – 2020) Jefferson County

- There were 34 deaths from falls in 2000-2020
- 91% of these deaths were White, non-Hispanic, 3% were Black & Other, non-Hispanic and 6% were Hispanic
- 53% of these deaths were male and 47% female
- Data were not available by age

15

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Deaths from Unintentional Fires (2000 – 2020), Jefferson County

- There were 10 deaths from unintentional fires during the time period
- 60% of these deaths were white, non-Hispanic, 40% were Black & Other, non-Hispanic and 0% were Hispanic
- 60% of these deaths were male and 40% female
- Data were not available by age

16

16

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

- There were 4 deaths from surgical and medical complications during the time period
- 66% of these deaths were white, non-Hispanic, and 34% were black & Other, non-Hispanic
- 25% of these deaths were male and 75% female
- Data were not available by age

17

17

Deaths from Unintentional Poisoning (2000 – 2020), Jefferson County

- There were 23 deaths from unintentional poisoning during the time period
- 65% of these deaths were white, non-Hispanic, 30% were Black & Other, non-Hispanic, and 5% Hispanic
- 70% of these deaths were male and 30% female
- Data were not available by age

18

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Maternal and Child Health

MATERNAL AND CHILD HEALTH

Data Source: DOH Florida CHARTS, Healthy Start Coalition

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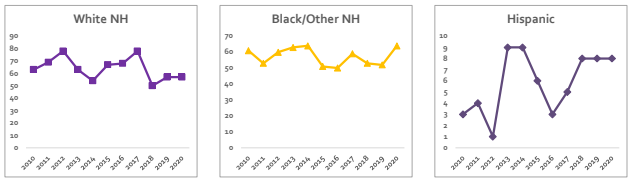
Birth Trends by Race & Ethnicity Jefferson County, 2010-2020



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Leading Causes of Infant Mortality Jefferson County, 2010-2020 Combined

Cause of Death (N=12)	Percent Total Deaths
Newborn Affected by Maternal Complications of Pregnancy	25%
Disorders Related to Short Gestation and Low Birth Weight	25%
Congenital Malformations, Deformations and Chromosomal Abnormalities	25%
Sudden Infant Death Syndrome	25%

10 of 12 deaths were Black, non-Hispanic and 2 were White, non-Hispanic

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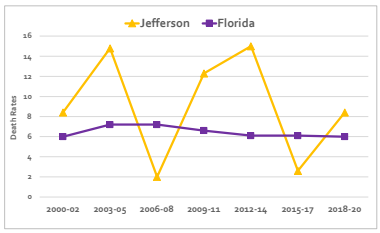
Infant Death 3-Year Discrete Rates per 1,000 Live Births (2000/02 – 2018/20)

Infant mortality by census tract 2016-2020



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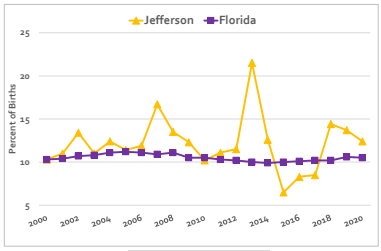
Percentage of Total Births Preterm Birth (2000 – 2020)

- Jefferson County was ranked in the second quartile for preterm births in 2020
- In 2020, 7.7% of all White NH births, 17.2% of all Black & Other, NH Births and 0% of all Hispanic births were considered preterm



Preterm birth < 37 weeks

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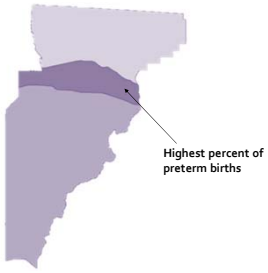
Preterm Births by Census Tract Jefferson County, 2016-2020

Jefferson County 2016-2020

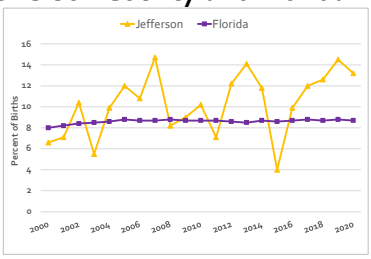
- Jefferson Total Preterm Births = 70 of 620 total births, or 11%
- 28, or 9%, of the 324 births to White, non-Hispanic women were preterm
- 40, or 15%, of the 264 births to Black & Other, non-Hispanic women were preterm
- 2, or 6%, of the 32 births to Hispanic women were preterm



6

Percent of Total Births Low Birth Weight (2000 – 2020), Jefferson County and Florida

- Jefferson County was in the 4th quartile for low birth-weight births in 2020
- 7.7% of births to White, non-Hispanic mothers were considered low birth weight in 2020, compared to 18.8% of births to Black & Other, non-Hispanic mothers and 0% of births to Hispanic mothers



Low birth weight < 2500 grams

7

7

Preterm Births by Census Tract Jefferson County, 2016-2020

Jefferson 2016-2020

- Jefferson Total LBW Births = 77 of 620 total births, or 10%
- 28, or 8%, of the 324 births to White, non-Hispanic women were LBW
- 48, or 17%, of the 264 births to Black & Other, non-Hispanic women were LBW
- 1, or 9%, of the 32 births to Hispanic women were LBW

8

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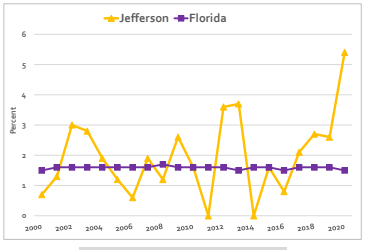
Percent of Total Births Very Low Birth Weight (2000 – 2020), Jefferson County and Florida

- Very Low Birth-Weight is a subset of Low Birth-Weight

Jefferson County 2016-2020

- Of the 77 low birth-weight births, 17, or 22% were very low birth-weight.
- 7 VLBW births (41%) were White, non-Hispanic, 10 (59%) were Black & Other, non-Hispanic and 0 (0%) were Hispanic.



Very low birth weight < 1500 grams

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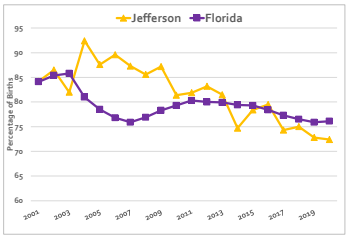
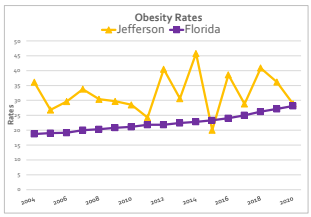
Percentage of Total Births to Mothers With 1st Trimester Prenatal Care, Jefferson County and Florida

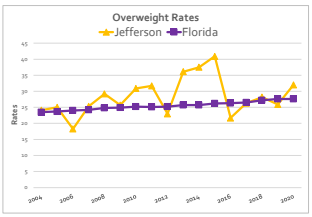
- Jefferson County was in the first quartile for this indicator in 2020
- 78% of White NH births, 67% of Black & Other, NH Births and 88% of Hispanic births had first trimester prenatal care in 2020



10

Women Overweight or Obese at the Time of Pregnancy, 2004-2020





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

2010-2020 Combined Data

- Obesity at the Time of Pregnancy by Race/Ethnicity (32% Overall)
  - 28% of White, Non-Hispanic women
  - 38% of Black & Other, Non-Hispanic women
  - 39% of Hispanic women
- Overweight at the Time of Pregnancy by Race/Ethnicity (29% Overall)
  - 29% of White, Non-Hispanic women
  - 29% of Black & Other, Non-Hispanic women
  - 33% of Hispanic women

12

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

Year	<=14	15-17	18-19	Totals
2010	0	2	15	17
2011	0	6	6	12
2012	0	2	10	12
2013	0	2	10	12
2014	0	0	4	4
2015	0	2	4	6
2016	0	2	6	8
2017	0	5	7	12
2018	0	1	2	3
2019	0	1	2	3
2020	0	1	8	9

- There were no births to ages under age 15 during 2010-2020
- There were 3 births in 2019 and 9 births in 2020 to mothers ages 15-19
- The majority of births were to mothers ages 18-19 for both years; 67% in 2019 and 89% in 2020

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

2016-2020Jefferson County

- There were 35 births to mothers ages < 20 during this time frame
- 20% were White, non-Hispanic
- 74% were Black & Other, non-Hispanic
- 6% were Hispanic

14

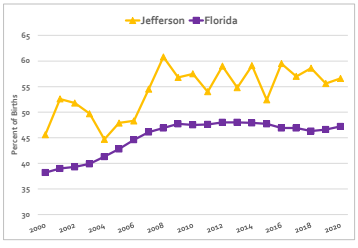
14

Births to Unwed Mothers , 2000-2020 Jefferson County and Florida

- The 2020 percent of births to unwed mothers in Jefferson County was 56.6%, higher than the state of Florida of 47.2%

Jefferson Data 2016-2020

- 35% of all births to White, non-Hispanic mothers
- 85% of all births to Black & Other, non-Hispanic mothers
- 66% of all births to Hispanic mothers



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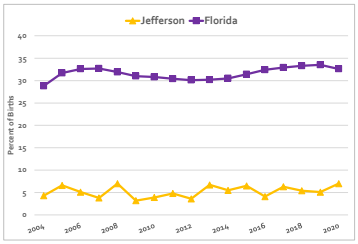
Births to Mothers Born in Other Countries Jefferson County and Florida

- The 2020 percent of births to foreign-born mothers in Jefferson County was 7.0%, significantly lower than the state of Florida at 32.6%

Jefferson Data, 2016-2020

- 9% of births to White, non-Hispanic mothers
- 2% of births to Black & Other, non-Hispanic mothers
- 59% of births to Hispanic mothers



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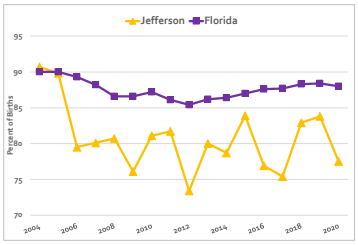
Father Acknowledged on Birth Certificate, Jefferson County and Florida

- The 2020 percent of births where father was acknowledged on the birth certificate in Jefferson County was 77.5%, significantly lower than the state of Florida at 88.0%

Jefferson Data, 2016-2020

- 91% of births to White, non-Hispanic mothers
- 65% of births to Black & Other, non-Hispanic mothers
- 88% of births to Hispanic mothers



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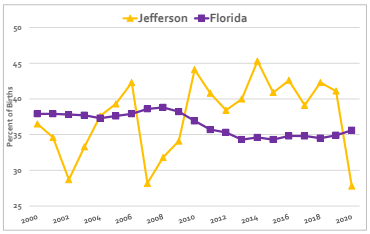
Births with Inter-Pregnancy Interval < 18 Months, Jefferson County and Florida

- The annual percent of repeat births with less than 18 months between pregnancies in Jefferson County is 27.8%, lower than the state of Florida at 35.6%

Jefferson Data 2020

- 25% of repeat births among White, non-Hispanic mothers
- 38% of repeat births among Black & Other, non-Hispanic mothers
- 16% of repeat births among Hispanic mothers



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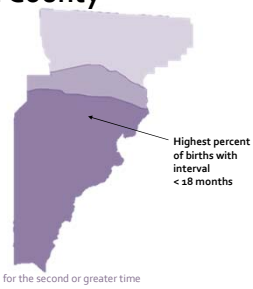
Births with Inter-Pregnancy Interval < 18 Months, Jefferson County

Jefferson 2016-2020

- Jefferson Total Births = 127 of 334 total repeat births, or 38% < 18 months apart
- 69, or 37%, of the 185 repeat births to White, non-Hispanic women were < 18 months apart
- 58, or 39%, of the 149 repeat births to Black & Other, non-Hispanic women were < 18 months apart
- 3, or 18%, of the 17 repeat births to Hispanic women were < 18 months apart



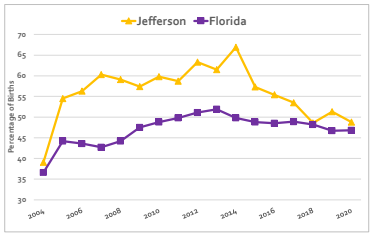
Denominators are the number of women giving birth for the second or greater time

19

19

Percent of Births Covered by Medicaid 2004-2020, Jefferson County

- In 2020, the percent of births covered by Medicaid in Jefferson County was 48.8%, slightly higher than the percent of births for Florida (46.8%)



Jefferson 2016-2020 (52% overall)

- 31% of White NH Births
- 76% of Black NH Births
- 41% of Hispanic Births

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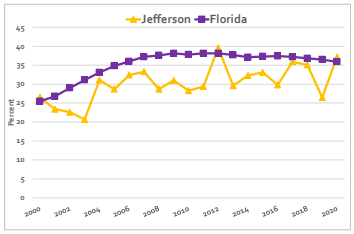
20

Percent of Deliveries by C-Section 2000-2020, Jefferson County and Florida

- The percent of deliveries by C-section were lower for Jefferson County than the state of Florida until 2020
- In 2020, 37.2% of deliveries were via C-section in Jefferson County and 35.9% for Florida



Jefferson 2016-2020 (33% overall)

- 34% of White NH Births
- 32% of Black NH Births
- 44% of Hispanic Births

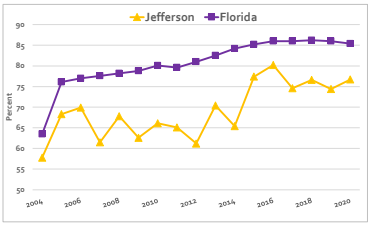
21

21

Mothers Who Initiate Breastfeeding Jefferson County and Florida

Jefferson 2016-2020 (76% overall)

- 85% of White NH Women initiated breastfeeding during the time frame
- 66% of Black & Other NH Women
- 78% of Hispanic Women



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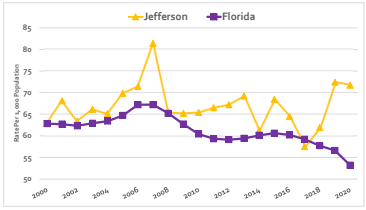
Fertility Rates for Females Ages 15-44 2000-2020, Jefferson County and Florida

- The fertility rate is the total number of births in a year per 1,000 female population, ages 15-44
- 2020 Rates per 1,000
  - 71.7 overall fertility rate
  - 61.0 for White, non-Hispanic women
  - 76.2 for Black & Other, non-Hispanic women
  - 93.0 for Hispanic women



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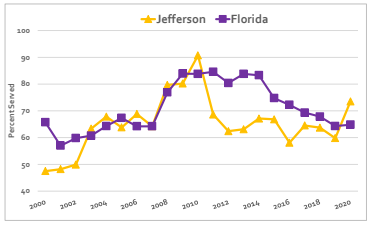
23

WIC Eligibles Served, 2000-2020 Jefferson County and Florida

- Jefferson County's percent of WIC eligible women served in 2020 was 73.5%, compared to 64.8% for Florida
- The percent for Jefferson County decreased in 2021 to 72.0% compared to 63.0% for Florida
- The highest percentage attained was 90.7% in 2010



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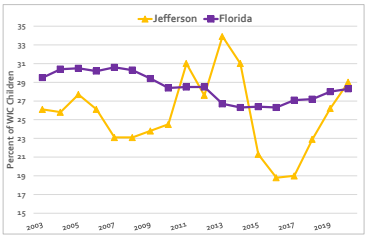
24

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

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



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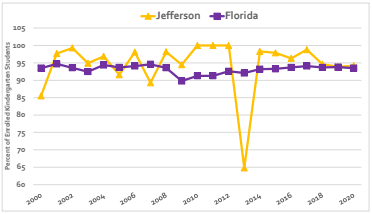
Immunization Levels in Kindergarten 2000-2020, Jefferson County and Florida

Immunized at 2 years old

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



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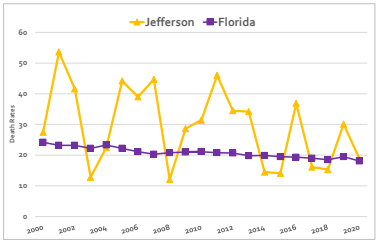
Breast Cancer Death Rates, 2000-2020 Jefferson County and Florida

Jefferson 2016-2020

- Total of 12 deaths due to breast cancer
- 8, or 67%, were White, non-Hispanic and 4, or 33%, were Black, non-Hispanic



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Cervical and Ovarian Cancer Deaths, Jefferson County, 2000-2020

Ovarian Cancer

- Total of 21 deaths due to ovarian cancer
- 11, or 52% were White, non-Hispanic and 10, or 48% were Black, non-Hispanic
- There were no Hispanic deaths during the time frame

Cervical Cancer

- There have been 4 deaths due to cervical cancer
- 1, or 25% was White, non-Hispanic and 3, or 75% were Black, non-Hispanic
- There were no Hispanic deaths due to cervical cancer during this time frame

28

28

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

- Jefferson County ranked in the 4th quartile in the 2020 Pregnancy and Young Child Profile for the following:
  - Births among unwed teen mothers ages 15-19
  - Females ages 17+ with pap smear in previous year
  - Women 15-34 with bacterial sexually transmitted diseases
  - Asthma hospitalizations in ages < 1, in ages 1-5
  - Severe Maternal Morbidity
  - Children in foster care ages 1-4
  - Children participating in pre-K programs
  - Children with disabilities receiving services
- 9 Birth defects reported for Jefferson County during 2014-2018

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Social and Behavioral Health

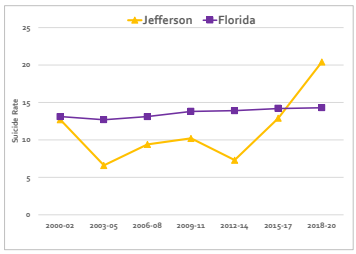
SOCIAL AND BEHAVIORAL HEALTH

Data Source: DOH Florida CHARTS

1

Suicide Death Rates Per 100,000 Population, 3-Year Discrete Rates

- During the time period 2018-2020, the suicide rate for Jefferson County was 20.4, compared to 14.3 for Florida
- Jefferson ranked in the fourth quartile during 2020



2

2019-2020 Comparison – Jefferson County

- There were 4 suicide deaths in 2019 and 4 in 2020

By Gender

- There were 2 males and 2 females for both 2019 and 2020

By Race/Ethnicity

- White, non-Hispanics accounted for all 4 suicides in 2019 and in 2020

By Age Group

- In 2019, 1 was in age group 45-54, 1 was in age group 55-64 and two were ages 75+
- In 2020, 2 were ages 15-19 and 2 were ages 75+

3

2019-2020 Comparison – Jefferson County

By Method

- In 2019, 1 suicide occurred using a firearm and 3 occurred through drug poisoning
- In 2020, all 4 occurred using a firearm

Non-Fatal Self-Harm Injuries

- There were a total of 18 reported in 2019, of which 7 were hospitalized and 11 were ER visits
- There were a total of <5 reported in 2020, all of which were hospitalized

4

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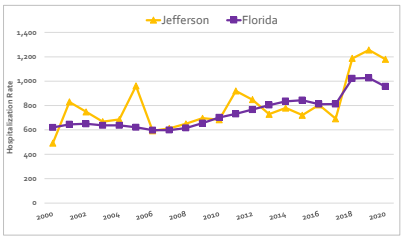
Hospitalization Rates per 100,000 Population for Mental Disorders, 2000-2020

- Jefferson County's hospitalization rates were above the state of Florida from 2018-2020



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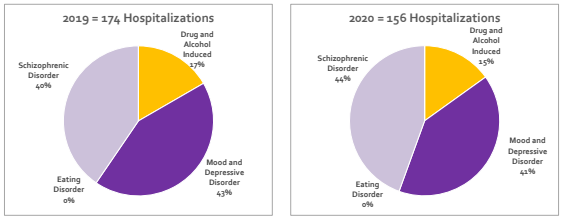
Hospitalizations by Type of Mental Disorder, 2019-2020 Jefferson County



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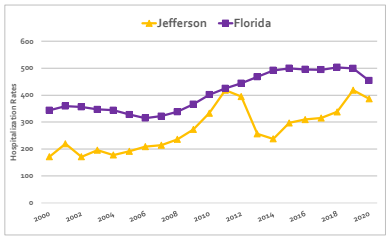
Hospitalization Rates per 100,000 Population for Mood & Depressive Disorders

Jefferson 2010-2020

- 489 hospitalizations
- 70% White NH, 28% Black & Other NH, and 2% Hispanic
- Data not available by gender or age group



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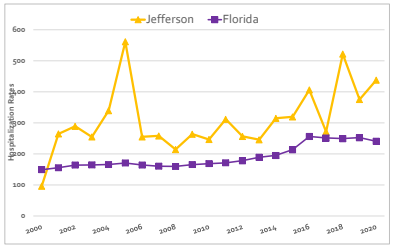
Hospitalization Rates per 100,000 Population for Schizophrenic Disorders

Jefferson 2010-2020

- 520 hospitalizations
- 26% White NH, 73% Black & Other NH, 1% Hispanic
- Data not available by gender or age group



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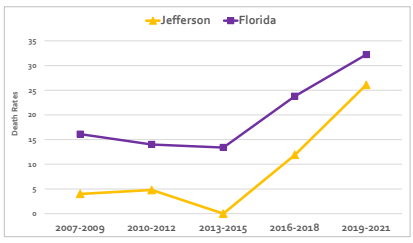
Drug Poisoning Death Rates Per 100,000 Population, 3-Year Discrete Rates

- Jefferson County's rates are below the state's; however, they are increasing
- While the surrounding counties are in the 1st quartile, Jefferson County ranked in the 2nd quartile in 2021



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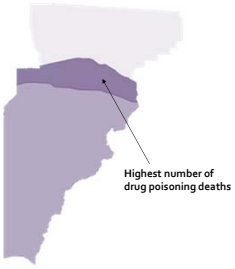
Drug Poisoning Deaths, 2016-2020 Jefferson County

Drug Poisoning Deaths 2016-2020

- There have been 16 deaths due to drug poisoning during this time period. **Seven** occurred in 2019.
- Of these, 12 (75%) were White NH, 3 (19) were Black NH, and 1 (6%) was Hispanic
- Data are not available by gender, age group or type of drug.



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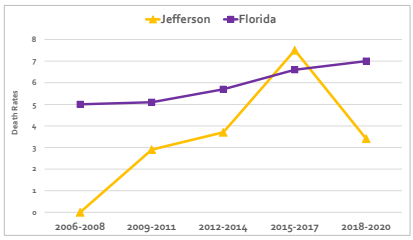
Alcoholic Liver Disease Death Rates Per 100,000 Population, 3-Year Discrete Rates

- Jefferson County's dropped significantly from 2015-17 to 2018-20
- Jefferson County ranked in the 2nd quartile in 2020



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Substance Abuse Dashboard

Jefferson County

Fatal Overdoses	EMS Non-Fatal Overdoses	Naloxone Administered	Annual Drug Arrests	Prescriptions Dispensed	Neonatal Abstinence Syndrome
5	42	11	72	5,381	1

https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview

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2020 Overdose Data, Jefferson County

2020 Indicators	Jefferson
Opioid Overdose Deaths	1
Drug Overdose Deaths	5
Opioid Death Rate Per 100,000 Population	3.7
Drug Overdose Death Rate Per 100,000 Population	31.5
EMS Response to Suspected Non-Fatal Opioid Overdose	5
EMS Response to Suspected Non-Fatal Drug Overdose, Not Opioids	24
Non-Fatal Drug Overdose ER Visits	7
All Drug Non-fatal Overdose Hospitalizations	9
Naloxone Administered	7

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Prescriptions and Treatment, Jefferson County

2021 Indicators	Jefferson County
Number of Opioid Prescriptions Dispensed	4,113
Number of Unique Patients	1,343
Prescriptions Dispensed Per Patient	3.1
Adult Substance Abuse Program Enrollees	49
Child Substance Abuse Program Enrollees	353

14

14

Risk Behaviors, Jefferson County

Indicators	Jefferson County
% Adults Who Engage in Heavy or Binge Drinking - 2019	18.7%
% Students Who Rode in a Car Driven By Someone Who Had Been Drinking - 2018	9.6%
% Students Using Vape Products with Marijuana Oil - 2020	n/a

Adult respondents to BRFSS survey and student respondents to YRBS survey

15

15

Consequences, Jefferson County

Indicators	Jefferson County
Drug Arrests – 2020	72 71 adult 1 child
Alcohol Confirmed Motor Vehicle Crashes – 2019	7 1 fatality
Drug Confirmed Motor Vehicle Crashes - 2019	1 1 fatality
Neonatal Abstinence Syndrome – 2019	<5
Early Steps Clients Experiencing Neonatal Abstinence Syndrome – 2020	0

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Handouts

Forces of Change Assessment

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

How to Identify Forces of Change

Think about forces of change—outside of your control—that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

This Assessment identifies all the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system. Consider any and all types of forces, including:

- social;
- economic;
- political;
- technological;
- environmental;
- scientific;
- legal; and
- ethical.

Source: MAPP User's Handbook Guide

WORKSHEET:

Forces of Change Brainstorming

Health Equity

Forces of Change Assessment: Identify Forces that Affect Health Equity

Questions to Identify Forces

Powerful organized interests develop structures and support policies and practices that can either contribute to health equity or cause health inequities. The following questions can be answered during the Forces of Change Assessment to identify these forces, opportunities, and threats.

- What patterns of decisions, policies, investments, rules, and laws affect the health of our community?
- Who benefits from these decisions, policies, investments, rules, and laws?
- Whom do these decisions, policies, investments, rules, and laws harm?
- Who or what institutions have the power to create, enforce, implement, and change these decisions, policies, investments, rules, and laws?
- What interests support or oppose actions that contribute to health inequity?
- What opportunities exist to influence decisions, policies, investments, rules, and laws to benefit all groups?
- What forces now and in the future can reinforce health inequity in our community? How can we mitigate or prevent these forces?
- What forces now and in the future can reinforce health equity in our community? How can we take advantage of these forces?

Source: MAPP User's Handbook Guide

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Break Out Session Questions

Purpose:

To develop Jefferson County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

1) Which area(s) under this priority area do you feel are the most important?

2) What do you think success would look like in five years?

3) What are the barriers to achieving the success you have identified?

4) What agencies and programs in Jefferson County are involved with this issue?

5) Is there any additional information that would be useful in identifying the main issue or in measuring success?

6) What are our next steps to address this issue?

7) What Social Determinants of Health have an impact on this area?

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Voting Ballot

Purpose:

To develop Jefferson County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Please choose your top 3 priority areas that you would like to work on over the next 5 years.

____ Reportable Infectious Diseases (Please specify which disease or diseases you want to focus on)
_____

____ Chronic Disease (Please specify which disease or diseases you want to focus on)
_____

____ Maternal & Child Health (Please specify a specific area)
_____

____ Injury & Violence (Please specify a specific area)
_____

____ Social & Behavioral Health (Please specify a specific area)
_____

2023 Community Health Needs Assessment Summit

February 3, 2023

10:00 a.m. to 4:00 p.m.

Evaluation

Purpose:

To develop Jefferson County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

My opinions were valued during this meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

There was enough time for me to provide input during the meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

The topics discussed during the meeting met the needs of my community.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

I think I have a good understanding of Social Determinants of Health and their impact on health outcomes.

Strongly Disagree	Disagree	Agree	Strongly Agree
[]	[]	[]	[]

How likely are you to participate in our Community Health Improvement Plan committee meetings?

Not Likely	Somewhat Likely	Likely	Very likely
[]	[]	[]	[]

Please list additional needs for your community that were not discussed today and/or training needs:

If you would like us to follow up with you, please provide the following information:

Name/Email: _____

Phone Number: _____

Appendix 5
CHIP Distribution List

Name	Organization	Email
Anna Likos	Monticello Rotary Club	abidjanna@gmail.com
Afaf Qasem	Tallahassee Memorial	afaf.qasem@tmh.org
Austin Hosford	BOCC District 4	ahosford@jeffersoncountyfl.gov
Artaveya Ingram	Big Bend AHEC/Rural Health Network	aingram@bigbendahec.org
Angela Gray	Jefferson County Property Appraiser	angela.gray@jeffersonpa.net
Amber Freeman	2-1-1 Big Bend, Inc. Help Me Grow Program Coordinator	avolano-freeman@211bigbend.org
Amanda Wander	Big Bend Homeless Assistance Continuum of Care	awander@bigbendcoc.org
Allison Wiman	Big Bend AHEC	awiman@bigbendahec.org
Bill Brumfield	School Board District 4	bbrumfield@jeffersonschools.net
Brent Couch	Simply Healthcare	bcouch@simplyhealthcareplans.com
Brittney Jones	March of Dimes	bejones@marchofdimes.org
Brenda Wirick	School Baord District 3	bwirick@jeffersonschools.net
Byron Wade	My FL Families Supervisor	byron.wade@myflfamilies.com
Carla Hall	Childrens Home Society	Carla.hall@chsfl.org
Chad Arnold	Kids Incorporated of the Big Bend	carnold@kidsincorporated.org
Cristin Dobrowolski	Disc Village Inc.	cdobrowolski@discvillage.com
Collin Streetman	Full Spectrum Behavior Analysis, LLC	cesbcba@fullspectrumaba.com
Charlie Jackson	Whole Child Leon	charlie@wholechildleon.org
Chris Polzer	Shine Liaison	chrisp@aaanf.org
Juanita Faircloth	Monticello Women's Club	christmastime63@yahoo.com
Cindy Hutto	Healthy Start Coalition of Jefferson, Madison and Taylor Counties	cjhutto@healthystartjmt.org
Chris Lolley	PCA Florida	clolley@ounce.org
Chris Tuten	BOCC District 1	ctuten@jeffersoncountyfl.gov
Derrick Burrus	Jefferson County Fire Rescue	dburrus@jeffersoncountyfl.gov
De'Anthony Price	UF IFAS Extension-Extension Agent	deanthonyprice@ufl.edu
Debbie Snapp	Jefferson Lions Club/ECB Publishing	debbiesnapp@embarqmail.com
Debbie Saenz	Office of Children's Medical Services	debra.Saenz@flhealth.gov
Denise Robinson	Young Boyz to Kings	Denise.Robinson30@gmail.com
Donna Hagan	Healthy Start Coalition Director	dhagan@healthystartjmt.org
Dr. Jennifer Bellotti	Full Spectrum Behavior Analysis, LLC	drbellottibcbad@fullspectrumaba.com>
Emily Anderson	City of Monticello Clerk/Treasurer	eanderson@mymonticello.net
Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org
Elizabeth Phillips	DJJ	Elizabeth.phillips@djj.state.fl.us
Erika Littles	Bankers Life Insurance Agent	erika.littles@bankerslife.com
Eydie Triquet	Superintendent of Schools	eydie.tricquet@jeffersonschooldistrict.org

Fred Mosley	Monticello Police Chief	f_mosley@mymonticello.net
Kim Davis	Tupelo's	feedme@tupelosbakery.com
John Hicks	First United Methodist Church	FUMCmonticello@embarqmail.com
Gail Anderson	Capital Area Community Action Agency	Gail.Anderson@cacaainc.org
Patricia Garner	Monticello Rotary Club	Garnshark50@gmail.com
George Evans	City Council Group 1	gevans@mymonticello.net
Grace Garratt	211 Big Bend Mental Health Navigator	ggarratt@211bigbend.org
Gene Hall	BOCC District 2	ghall@jeffersoncountyfl.gov
Glorida Cox	City Council Group 2	gloriacoxbiz@gmail.com
Gladys Roann-Watson	School Board District 1	groann-watson@jeffersonschools.net
DBA Gerry Medical Clinic	Healthyways, Inc.	healthyways01@embarqmail.com
Heather Flynn	FSU College of Medicine	heather.flynn@med.fsu.edu
Heather Lincicome	Apalachee Center/TMH Behavioral Health	heather.lincicome@tmh.org
Dr James Holland	NFCC-Allied Health	Hollandj@nfc.edu
Katrina Richardson	Chamber of Commerce	info@monticellojeffersonfl.com
Jackie Pons	Jefferson Somerset	jackiepons@comcast.net
Janyah Glenn	DJJ	janyah.glenn@djj.state.fl.us
Jason Ishley	CCYS	jason@ccys.org
Jay Reeve	Apalachee Center	jayr@apalacheecenter.org
Jeanna Olson	Department of Children and Families	jeanna_olson@dcf.state.fl.us
Jennifer Travieso	Disc Village Inc.	jennifer.travieso@discvillage.org
John Lilly	Jefferson Extension Office/4-H Office	jgl@ufl.edu
Julius Hackett	Tri-County Electric Cooperative	jhackett@tcec.com
John Jones	City Council Group 4	jjonesjr@mymonticello.net
Joseph Cantin	Florida Department of Children and Families	joseph.cantin@myflfamilies.com
Joy Dixon	American Cancer Society	joy.dixon@cancer.org
Jared Parramore	Jefferson County Fire Rescue	jparramore@jeffersoncountyfl.gov
Joshua Serre	Honey Lake	jserre@honeylakefarms.org
J.T. Surles	BOCC District 3	jtsurles@jeffersoncountyfl.gov