



MADISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

A Collaborative Project between Madison County Memorial Hospital and the
Department of Health in Madison County

December 2020

Madison County Memorial Hospital Community Health Needs Assessment Report Madison County Memorial Hospital FY 2020

Contact Person: Tammy Stevens, CEO

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Madison County
Memorial Hospital

Madison County Memorial Hospital Mission

To enhance the quality of life by continuously improving the health of the people of our community.

Madison County Memorial Hospital Vision

The provider of the best family-centered health care in our region.

Madison County Memorial Hospital Values

Faith. Family. History.

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

Department of Health in Madison County

Kimberly Albritton, Administrator
Pam Beck, Operations Manager
Chelsey McCoy, CHA Liaison

Madison County Memorial Hospital

Tammy Stevens, CEO
Lori Evans, Foundation Director

Participating Agencies

Madison County Memorial Hospital, Department of Health in Madison County, University of Florida, Florida State University, Big Bend Community Based Care, Madison Chamber of Commerce, Saint Leo University, North Florida College, Madison County Government, Madison County School District, Tri-County Electric, Disc Village, Healthy Start Coalition of the Big Bend, Lake Park of Madison, Department of Children and Families, Big Bend Area Health Education Coalition, Apalachee Center, Inc., City of Madison, Senior Citizens Council of Madison, Sickle Cell Foundation, UM Cooperative Ministry, Madison County Emergency Management Services, Madison County Health & Rehabilitation Center, Madison County Development Council, MCDC Vision 2030 Development Council, Madison County Board of County Commissioners, Charles Caldwell, USDA Rural Development, and Madison County Community Bank.



Special Thanks to Madison County Development Council and the 2030 Visioning Team

Drs. Angie B. Lindsey, Dale Pracht, and Randall Cantrell from the Department of Family, Youth and Community Sciences and Ms. Diann Douglas, Madison County Extension Office

Angie B. Lindsey, Ph.D. – Assistant professor, UF/IFAS Center for Public Issues Education and Department of Family, Youth and Community Sciences

Dale Pracht, Ph.D. – Associate professor, Department of Family, Youth and Community Sciences

Randall Cantrell, Ph.D. – Assistant professor, Department of Family, Youth and Community Sciences

Diann Douglas – County faculty, Family and Consumer Sciences (retired)

Participating agencies are representative of public and private health providers, child welfare, education, local government, local law enforcement, faith-based, social service, and mental health agencies that serve Madison County. The organizations and individuals represented on this page participated in a variety of activities between January 2019 through December 2020 at either the Community Health Summit and/or Vision 2030 Forum.

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Collaborative Process

The Department of Health in Madison County (**DOH-M**) and the Madison County Memorial Hospital (**MCMH**) collaborated with key partners throughout the community to produce this 2020 Community Health Needs Assessment (**CHNA**). This meets the requirements for both entities to involve the community in a participatory process to plan health priorities for the next three years.

This CHNA serves to inform the community regarding decision making, the prioritization of health problems, and the development, implementation, and evaluation of Community Health Improvement Plans. The overarching goal of this report is to inform Madison County's funding and programming priorities for 2020-2023. A variety of meetings and discussions facilitated the following:

- Examination of the current health status across Madison County as compared to Florida.
- Identification of the current health concerns among Madison County residents using a random selection of community members completing the Community Assessment Survey.
- Analysis of the social and economic context of this community and current resources.
- Documentation of strengths, forces of change, and health service provision opportunities.

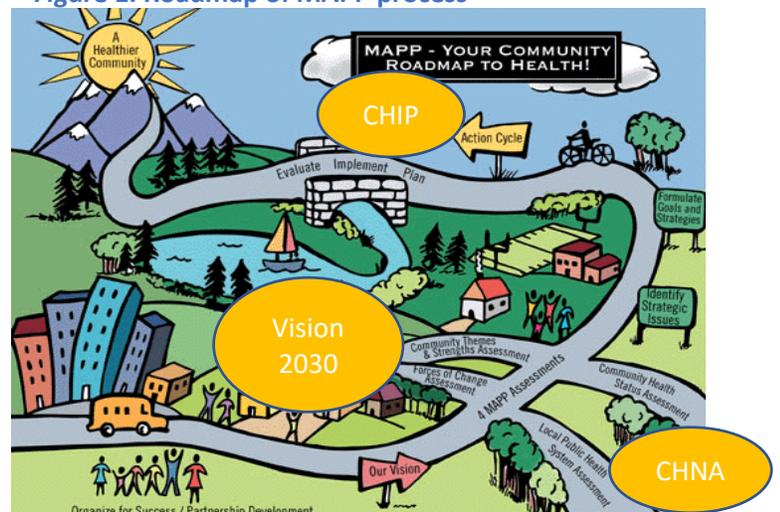
Mobilizing for Action Through Planning and Partnerships (MAPP) Process

An overview of the MAPP process has been shared and serves as a resource to classify the priorities of the community and to identify resources to develop community action. This strategic planning tool, driven by the community, is conducted to assess the health within the community. The purpose is to identify issues and to improve public wellbeing. The MAPP process alters how we see public health planning and creates a health model focused on the community at large.

Due to COVID-19, the MAPP process was conducted virtually with participation from agencies throughout the area to view presentations, provide feedback, and sign up to participate in CHIP committees over the next three years. As traditionally implemented, the DOH-M and MCMH conducted the Community Assessment Survey (CAS) during the first quarter of 2020. A random list of addresses was pulled by the City Clerk to identify a diverse mix of age, ethnicity, and gender. Postcards were sent out to advise community members about the upcoming survey. A mailer was distributed with the survey and included a return stamped envelope. Last, a reminder was mailed to further encourage participation. An analysis of this assessment is currently under review by DOH-M. Due to their expanded role in COVID testing and tracking the CAS is going to be distributed during the planning meeting in January 2021.

The MAPP Process was enriched to include expanded participation with the Madison County Development Council (MCDC) in a study with University of Florida (UF) to unite a diverse group of stakeholders in a collaborative effort to review the strengths, weaknesses, challenges, and

Figure 1. Roadmap of MAPP process



opportunities. This too included a Community Assessment Survey that asked similar but different questions. An excerpt is provided in the Attachments. This process began in 2019 and is active today. Feedback was obtained from 171 survey participants. A community forum was held on March 28, 2019 at the Church of God in Madison County, where approximately 90 people attended to participate in discussions, breakout sessions, and priority voting. Consequently, many of the themes built into the efforts of this stakeholder group are designed to address the Social Determinants of Health.

The survey was distributed and published on-line utilizing the Madison County Chamber of Commerce Survey Monkey account. The link was sharable through websites, e-mail, and social networking. Hard copies were available for those without access to Internet. Running time for the survey was January 2019 to March 10, 2019. The purpose of the survey was to determine Madison's greatest challenges. These challenges were used as a foundation for discussion at the community forum.

Community Health Status and Local Public Health Status

Due to COVID-19, the partners chose to ensure the safety of participants by conducting the CHNA using a virtual platform through a Community Health Summit held on November 4, 2020. Lead partners included the Hospital, Health Department, Chamber of Commerce, and Disc Village. Thirty community members participated in this live two-hour virtual event by viewing slide presentations and listening to guest speakers. The information included primary and secondary source data to review the health status of our community in eight key focus areas. Participants were able to give and receive feedback using a live feed, chat messaging, and online forms and surveys. The data presentation included the health indicators presented in this assessment. Participants could voice opinions and/or provide feedback throughout the presentations and the summit culminated in a round table discussion. Presentations were then placed online and shared with the public at-large to offer everyone the opportunity to view the information, provide feedback, and sign up to participate in the work over the next three years.

The Community Health Status Assessment - which distinguishes and prioritizes quality of life and community health issues along with the Local Public Health Status - which involves a mix of social, behavioral, and physical health experts analyzing the resources available to address population health were conducted through online surveys and are synthesized in this report. Presentation developed by: Pam Beck, Ops Manager, DOH-M and Lori Evans, Development Director. Presentations presented by:

- **Population Demographics:** Kaitlynn Culpepper, Public Relations Director Tri County Electric & Chair Chamber of Commerce
- **Maternal & Child Health:** Kimberly Albritton, Administrator, DOH-M
- **Mortality & Causes of Death:** Dr. Daniel Perkins, Chief Medical Officer, MCMH
- **Chronic Diseases:** Dr. Daniel Perkins, Chief Medical Officer, MCMH
- **Healthcare Resources:** Tammy Stevens, Chief Executive Officer, MCMH
- **Injury & Violence:** Pam Beck, Operations Manager, DOH-M
- **Social & Mental Health:** Lisa Hill, RCORP Project Director, DISC Village
- **Social Determinants of Health:** Pam Beck, Operations Manager, DOH-M



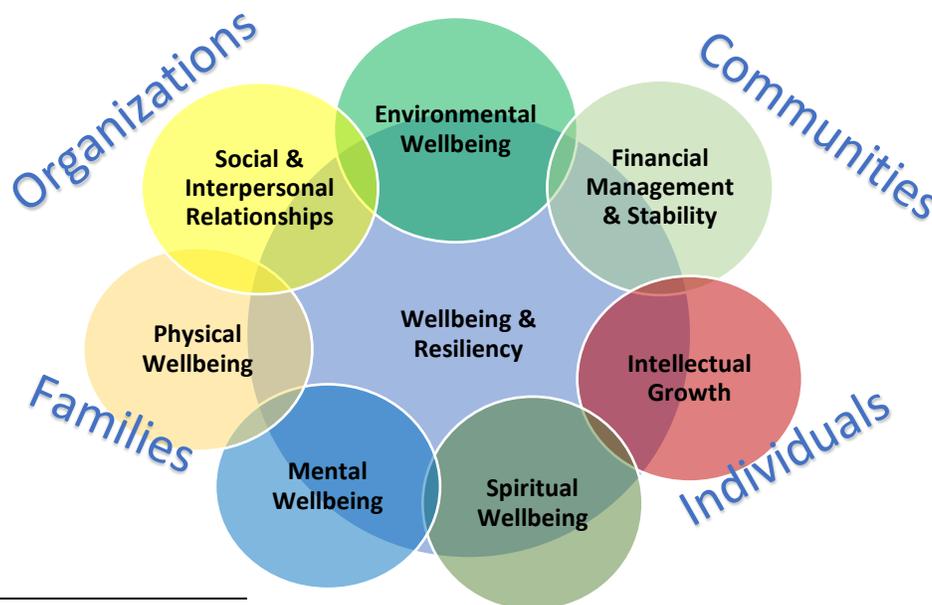
Community Themes and Strengths and Forces of Change: The Community Themes and Strengths Assessment identifies issues that residents of the community deem as important, along with distinguishing any resources available to aid in improving community health. The Community Themes and Strengths Assessment was performed in 2019-20 by direct solicitation of residents to complete a standardized survey (See Appendices)-analysis forthcoming. Likewise, additional feedback was obtained to address the Forces of Change Assessment by recognizing forces or factors/trends that affect the health of the community and the local public health system. The Forces of Change Assessment was performed March 2019 at the Madison Church of God at the Vision 2030 Summit. The purpose was to identify community strengths, weaknesses, opportunities, and threats in specific topic areas.

Community Health Improvement Plan (CHIP) Action Teams: Data shows that minority communities have been disproportionately affected in some areas of chronic diseases, maternal and child health and social and mental health. The CHIP membership considers health equity concerns and implements strategies to address health equity when developing the CHIP. These team members educate the community wherever possible about the benefits of achieving health equity in Madison County, and implements strategies to move toward health equity.

Partners on the Community Health Improvement Plan (CHIP) teams and the Shared Services distribution list receive copies of this assessment to share with their constituents. All county and city agencies host this document on their website. Madison County Memorial Hospital uploads this report to their website and shares it with their partners no later than December 31, 2020.

In February and March 2021, the CHIP committees conduct a comprehensive analysis of services offered in Madison County to ensure that efforts are not duplicative and to ensure that the community is aware of services currently being offered. The CHIP membership also considers focus groups and/or community surveys to ascertain what the community perceives as the issues and identifies solutions to address them. Lastly, the teams integrate the efforts of the Vision 2030. Stakeholders self-select in committees based on their area of expertise and/or interest based on the following areas of wellbeing:

Figure 2: Organizational Theory & Working Model¹



¹ ERCEGI Community-Based Model for a Sustainable Placed-Based Approach to Balanced Wellbeing & Resiliency, Funded by the Department of Health and Human Services in Duval County (2008-2012).

Madison County Profile

Geography

Madison County (referred to throughout this document as Madison) encompasses 716 square miles, of which 20 square miles is water. Its northern border is shared with the state of Georgia and is adjacent to Jefferson County to the west, Taylor County to the southwest, Hamilton County to the east, and Suwanee and Lafayette Counties to the southeast.

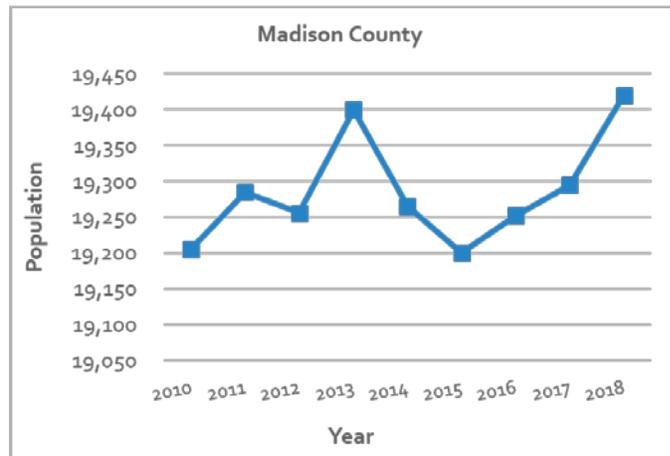
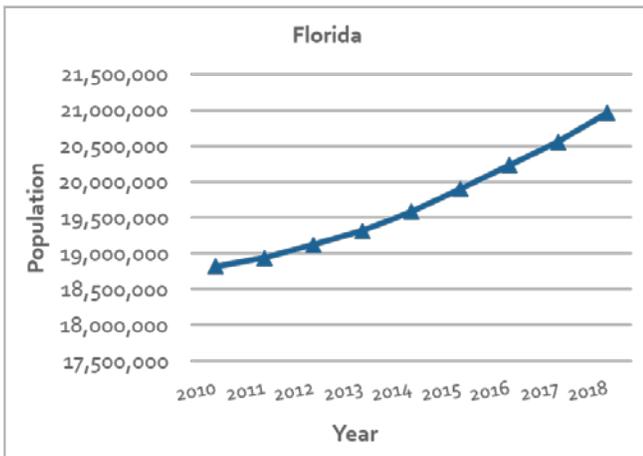


Madison County houses the city of Madison, as well as the towns of Greenville and Lee. Unincorporated communities include, Cherry Lake, Hamburg, Hanson, Hopewell, Lamont, Lovett, Pinetta, and Sirmans. Major roadways include Interstate 10, US 19/27, US 90, US 221, as well as state roads 6, 14, 53 and 145 and one rail service.

Madison County is bordered by rivers on three sides: the Aucilla River on the western border, the Withlacoochee on the northern border, and the Suwannee River on the eastern border. Water management is under the jurisdiction of the Suwannee River Water Management District.

Population Demographics

Figure 3. Madison County and Florida Population 2018: Madison County’s population-19,420, decreased between 2013 and 2015, then rose through 2018. Population estimates for 2020 indicate a small increase-0.1% for Madison. Females comprised 47% of Madison County’s population in 2018 and 51% of the state. Males accounted for 53% and females 49%.



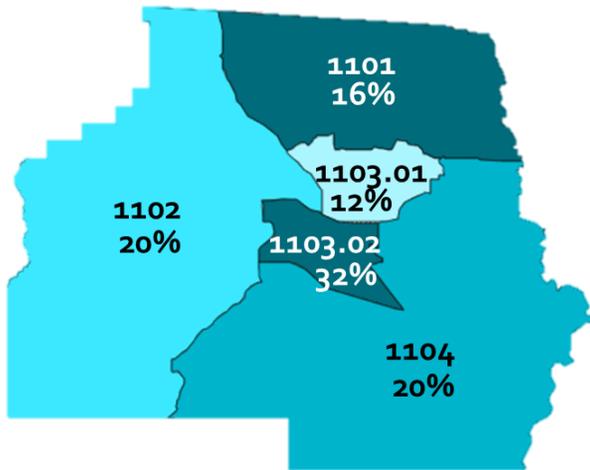
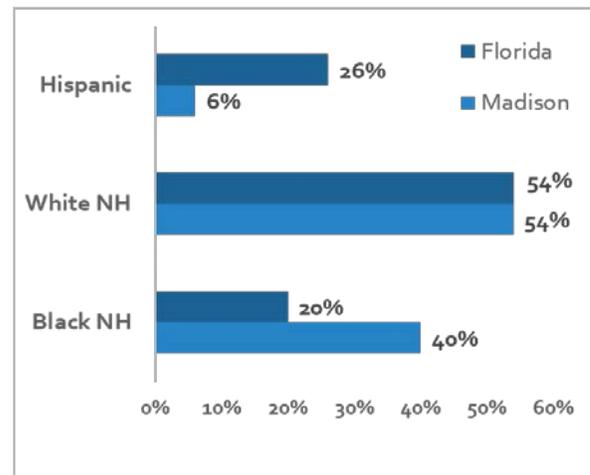


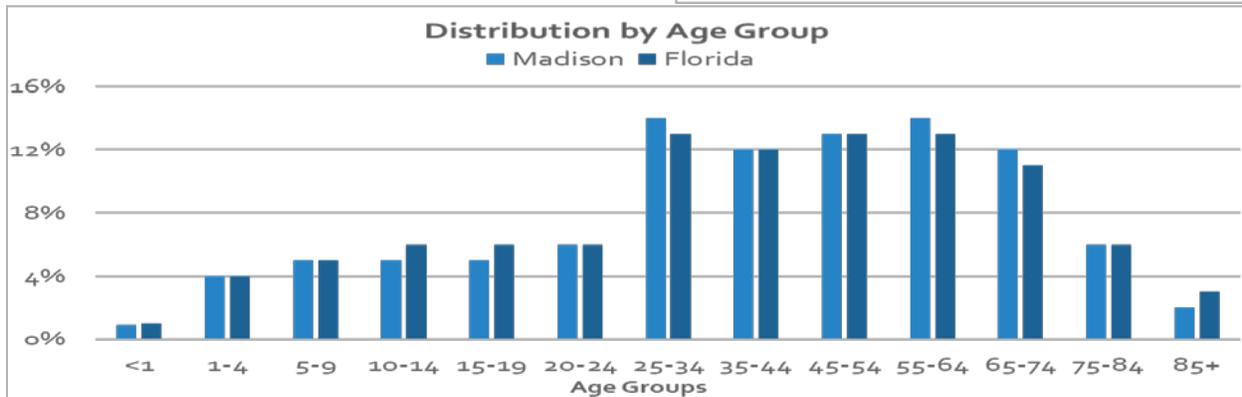
Figure 4. 20014-2018 Population by Census Tract, Madison County, Florida: The most populated census tract is 1103.02, or the south part of the county seat, with 32% of the population, the breakdown across the county is provided in Figure 3.

Figure 5. 2018 Population by Race/Ethnicity, Madison County and Florida: Madison County has a higher proportion of Black/Other, non-Hispanic persons - 40%,



compared to the state - 20%. Hispanics comprised 6% of Madison County's population and 26% of the state's population in 2018.

Figure 6. 2018 Population by Age Group, Madison County and Florida: Madison County's 2018 population was slightly older when compared to the state. Persons ages 45+ represent 47% of Madison County and 46% of Florida as a whole.



Population data by census tract for 2014-2018 in Table 2, show that tract 1104 had the highest percentage of population 0-19 years of age. Census tract 1103.01 had the highest percentage of tract population ages 60 and older, followed closely by tract 1104. Tract 1103.02 had the highest percentage of residents ages 20-59 than the other two tracts. The implementation team should target accordingly specific services for those demographics.

Table 1. Madison County Demographics by Census Tract and race, gender, and age group, 2014-2018: Census tracts 1104 and 1101 have more white residents. Tract 1103.02 has more residents who are Black. It is interesting to note that tract 1103.02 also has more residents who are Hispanic, regardless of race. Tract 1103.02 has the highest population males and tract 1103.01 has the largest population of females.

Race	1103.02	1104	1101	1102	1103.01
White	37.9	78.3	82.3	50.7	56.5
Black	60.0	17.3	16.8	44.2	36.3
Other	1.8	2.9	0.5	4.6	6.2
Multiracial	0.4	1.5	0.3	0.5	0.9
Hispanic (All Races)	7.8	5.3	3.5	1.2	7.2
Gender	1103.02	1104	1101	1102	1103.01
Males	64.9	47.9	46.4	49.6	44.9
Females	35.1	52.1	53.6	50.4	55.1
Age Group	1103.02	1104	1101	1102	1103.01
< 5	4.9	5.8	3.3	5.8	4.6
5-9	6.1	6.2	8.4	4.3	2.2
10-14	3.6	7.0	1.6	7.5	6.3
15-19	5.7	5.7	6.0	5.9	9.2
20-24	7.1	1.2	4.1	9.0	2.8
25-34	18.8	13.5	15.1	8.4	8.1
35-44	15.8	9.6	8.4	9.9	11.8
45-54	15.0	13.2	10.8	13.3	13.0
55-59	6.7	5.9	7.3	8.7	8.3
60-64	3.3	9.5	8.8	7.0	9.3
65-74	5.9	16.4	15.4	10.9	16.0
75+	7.1	5.8	10.8	9.3	8.4

Key Findings for Priority Areas

Vision facilitates the direction of the planning process and creates the foundation for the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). Prior to beginning the data presentation on the health indicators in Madison County, Vision 2030 was conducted with University of Florida which facilitated the planning and group discussions. After a brief discussion about ideal qualities of health, wellbeing and quality of life, the attendees were asked two significant questions, “What does a vibrant community look like? And what do we need to do as a community to

ensure the proper assets are available for our residents?" Considering the visioning exercise, participants conducted group discussions, coupled with the activities from the Community Health Summit, the following reflected the themes and key values examined throughout:

"Working Together to Make Madison County a Healthy and Vibrant Community".

The following six areas are ranked in order of importance according to the Vision 2030 Assessment Survey. Participants were instructed to select the top three. During the breakout sessions, the groups were instructed to identify the top three priorities in each specific area which were ultimately put to a vote by all participants. Following are the key areas reviewed, top three priorities identified in each key area, and the number of votes:

1. [Economic Development \(143 out of 171 thought this was the number one priority\)](#): a) workforce training (combined technical and basic skills)-15 votes; b) incubator development-8 votes; c) improve soft skills-7 votes; c) entrepreneur training-5 votes.
2. [Education \(100 out of 171\)](#): a) Change perception of education-8 votes; b) Bring together community in education-8 votes; c) parental involvement-1 vote.
3. [Healthcare \(39 out of 171\)](#): a) more specialist-7 votes; b) funding reimbursement-4 votes; c) mental health services-25 votes.
4. [Tourism, Recreation and Natural Resources \(26 out of 171\)](#): a) collaboration between organizations-4 votes; b) jobs in recreation (etc. twenty-four-hour stores, outfitters)-13 votes; c) Promoting and improving trails and outdoor recreation and natural resources-6 votes.
5. [Infrastructure and Public Safety \(9 out of 171\)](#): a) need for fire and rescue county wide-8 votes; b) expansion of water, sewer, and gas-4 votes; c) Broadband infrastructure capabilities-4 votes.

Some groups identified more than three priorities, for the purpose of the CHNA, the top three were selected. Likewise, some groups identified priorities that were already contained within another focus area (i.e., Education identified mental health which was the top priority in the healthcare focus area). When asked which specialty medical practice would serve the greatest need in the community 45.51% selected Family Medicine, 37.42% Emergency Medicine, 36.13% General Surgery, and 31.61% OBGYN.

When asked if basic family healthcare needs are met in Madison County 38.51% agreed or strongly agreed and 39.75% disagreed or strongly disagreed and 21.74% neutral. The most popular health education for students was nutrition and exercise 40.40% and Tobacco, Drugs and Alcohol prevention 37.75% and Disease prevention 11.26%.

Strengths, Threats, and Challenges

- **Strengths:** Industrial Park and developable land, local government support, ease of entry, pro-business attitude, vibrant downtown, strong partnerships.
- **Challenges:** workforce attitude, lack of soft skills, school system concerns, access to healthcare specialist and primary care.
- **Threats:** sustainable workforce, outmigration for healthcare/other services adversely effecting tax base and financial sustainability of the community.



Working Together to Make Madison County a Healthy and Vibrant Community.

The final visioning exercise identified key priority areas in the Community Health Needs Assessment. This action further clarified the steps that must be addressed to improve the health and wellbeing of the community but also strongly pointed back to the Social Determinant of Health. Social Determinants of Health received the most votes in the CHNA. This focuses more on the built environment, education, economic, and financial areas of wellbeing which consequently connects back to the work that was started in the Vision 2030 Summit. Next steps in 2021 includes brainstorming sessions to develop the infrastructure to merge the work of the CHNA with Vision 2030 to ensure no duplication of efforts.

Table 2. Priority Areas from Community Health Summit for reflection in the 2021-2023 CHIP.

Rank	Priority Area Description	Focus Area 1	Focus Area 2	Focus Area 3
1	Priority: social determinants of health	Poverty & Healthcare Access	Education & Employment	Food
2	Priority: social & mental health	Drugs/Alcohol/Smoking	Mental Health	Suicide
2	Priority: chronic disease	Nutrition & Obesity	Heart Health	Diabetes
Common Themes				
1	Very Interesting, variety of topics, & worthwhile.			
2	Focus on prevention and social determinants is key to quality of life and a vibrant community.			

Health and Health Care Resources

This category of the social determinants of health includes access to health care, access to primary care, and health literacy. These factors can affect health outcomes for individuals in the following ways:

- 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.
- Limited or no access to primary care means less preventive health services and no early detection of health care issues.
- Non-English-speaking persons are less likely to receive healthcare services/screenings.

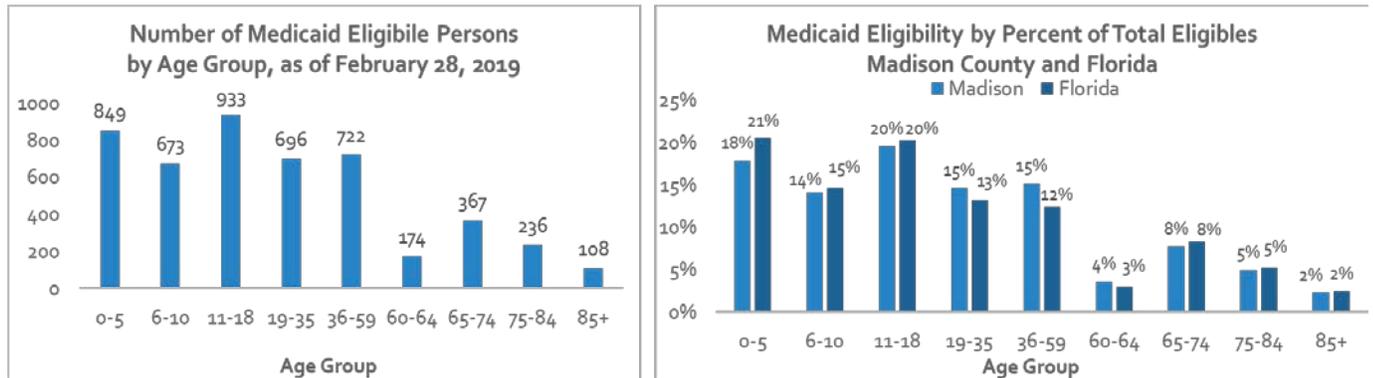
Health Resource Availability

Madison County, as a rural area, has limited health resources. Madison County Memorial Hospital is the only hospital which serves the area. While MCMH has been expanding services to meet the population needs, residents routinely travel to Tallahassee, Valdosta, or Gainesville for medical services not available in the area. Listed below is a profile of Madison County Health Care Facilities. Data illustrates the need for obstetric/NICU services, as well as residential mental health and substance abuse services.

As of the date of this publication there are twenty-five (25) hospital beds. There are zero (0) Adult psychiatric beds, adult substance abuse beds or child/adolescent psychiatric beds in Madison. The hospital has formed partnerships with Disc Village and Apalachee in Tallahassee for these services and continuing to seek addition partnerships and resources. Information from the 2019 Robert Wood Johnson Foundation County Health Rankings estimate the following ratios of service providers: 1) 1 physician to 9,110 residents; 2) 1 dentist to 3,690 residents; and 3) 1 mental health provider to 2,050 residents.

Medicaid and Health Insurance

Figure 7. Medicaid Eligibility for Madison County and Florida 2014-18: Approximately 17% of adults and 6% of children are uninsured in Madison. Medicaid eligibility children ages 18 and younger in



Madison 52% compared to Florida at 56%.

Figure 8. Health Care Coverage by Census Tract, Madison County, 2014-2018: Census tract 1103.01 had the highest percentage of population with no health insurance and the highest percentage of population under age 19 with no health insurance. Census tract 1101 also had the highest percentage of population with private health insurance and 1103.02 had the highest percentage of population with public health insurance.

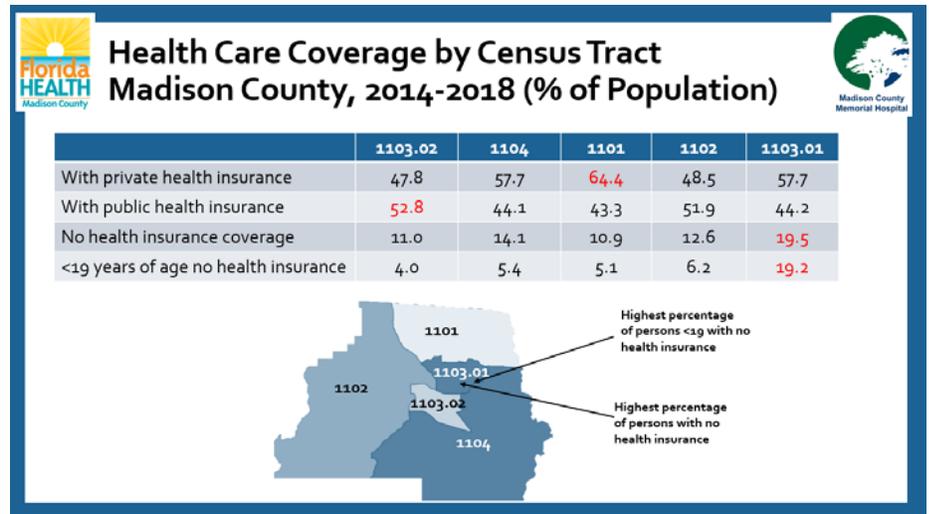


Figure 9. Health Care Professionals in Madison County 2018: the list on the following page includes health care professionals that are licensed and reside in Madison County. Data are not available for nurses and nurse practitioners. These data were obtained from Florida CHARTS and from professional healthcare experts practicing in Madison County.

<ul style="list-style-type: none"> ▪ 3 Licensed, Active MDs <ul style="list-style-type: none"> ○ 4 Family Practice Physician ○ 1 Internal Medicine ○ 0 OB/GYN ○ 1 Pediatrician ○ 2 cardiologist ○ 1 Physician Assistant ○ 0 Other practice 	23 Full-Time Health Department employees 100 Full-Time Hospital employees
<ul style="list-style-type: none"> ▪ 17 EMTs/Paramedics 	22 Nurse Practitioners 150 Registered Nurses
<ul style="list-style-type: none"> • 4 Licensed Dentists 	Licensed Mental/Behavioral Health Providers <ul style="list-style-type: none"> ○ 2 Clinical Social Workers ○ 0 Marriage and Family Therapists ○ 4 Mental Health Counselors ○ 1 Psychologist
<ul style="list-style-type: none"> ▪ 11 Dental Hygienists ▪ 3 Chiropractors 	-Madison health department employee/resident ratio is 1 employee to 120.5 residents, compared to 1:42.9 for the state of Florida.

Madison County Memorial Hospital Services

Figure 10. Madison County Memorial Hospital Services: depicts current services available at Madison County Memorial Hospital. The hospital continues to partner with Capital Regional Medical Center in Tallahassee to expand services to meet the population needs and is currently expanding services through partnerships with providers throughout North Florida and South Georgia.




Madison County Memorial Hospital Services

- CT Scan – 16 slice digital
- Endoscopy
- Emergency Department
- Laboratory
- Mammography
- Respiratory/Cardiopulmonary
- Operating Room – general surgery
- Wellness – Certified Coaches
- Health Education
- Swing Bed – Extra time for healing
- Telemedicine
- TeleStroke Program
- TeleCardiology - Inpatient Consultations
- Ultrasound & ECHOs
- X-Ray
- Rehabilitation –Inpatient & Outpatient (Physical/Occupational/Speech Therapy)
- Wound Care Clinic



The Madison County Memorial Hospital TeleStroke Program allows a Board-Certified Stroke Neurologist to review CT Brain Scan images, perform a face-to-face assessment and evaluation of the patient through a telemedicine robot, and provide recommendations to the Emergency Room and Medical Floor providers on the emergency treatment for patients with an onset of stroke-like symptoms of less than four hours. This program has proven to be successful for the Madison County residents. Madison County Memorial Hospital has recently added inpatient TeleCardiology consultations to its list of services. This program performs similar tasks to the TeleStroke Program for cardiology patients. Lastly, Wound Care, Wellness, and Operating Room services have been added as of 2020. Service capacity has been minimal as a result of the pandemic. Further analysis is warranted once services are fully launched to evaluate its capacity to meet demands. **Madison County Memorial Hospital Staffing October 2020** includes 114 full time and 5 part time employees.

Madison County Memorial Hospital Patient Panel

Figure 11. Madison County Memorial Hospital Patient Panel 2015-2018²

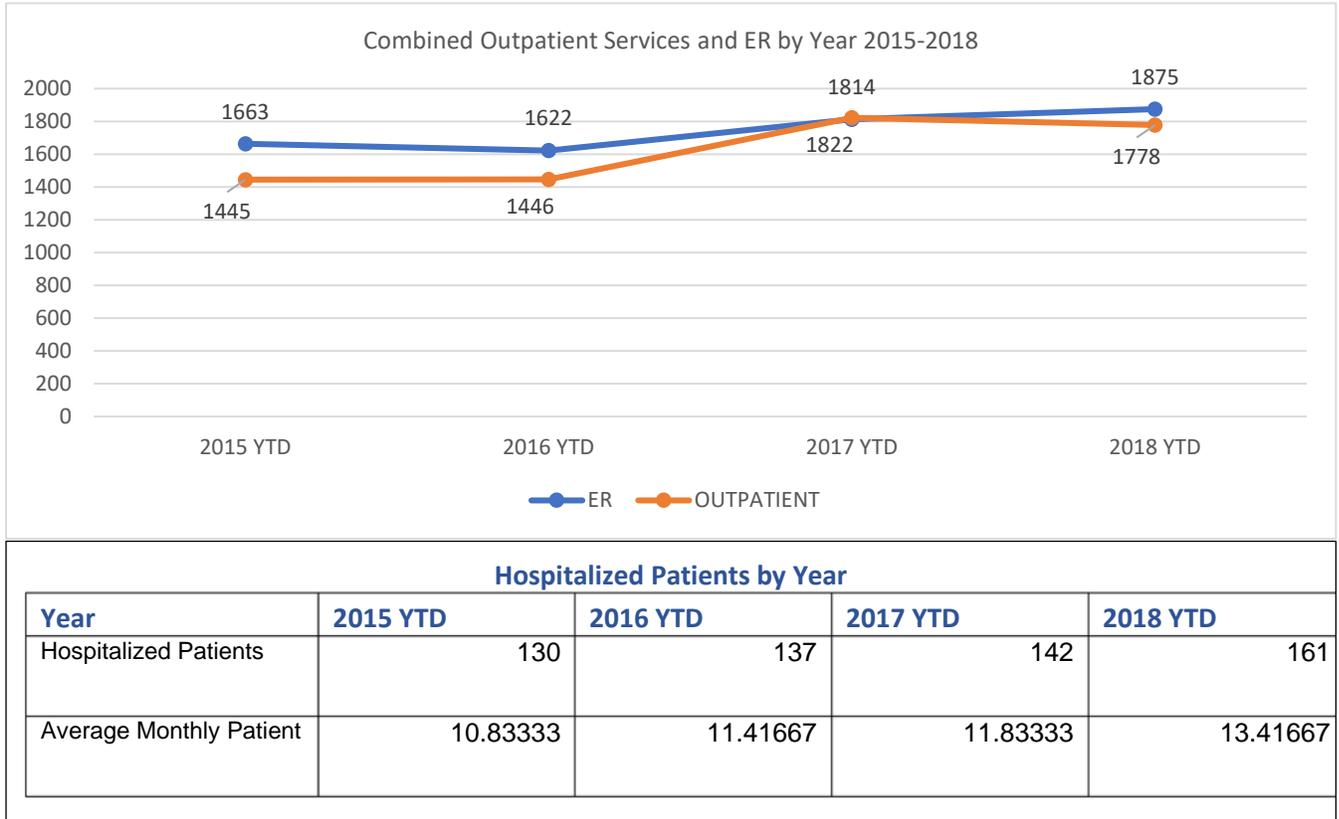
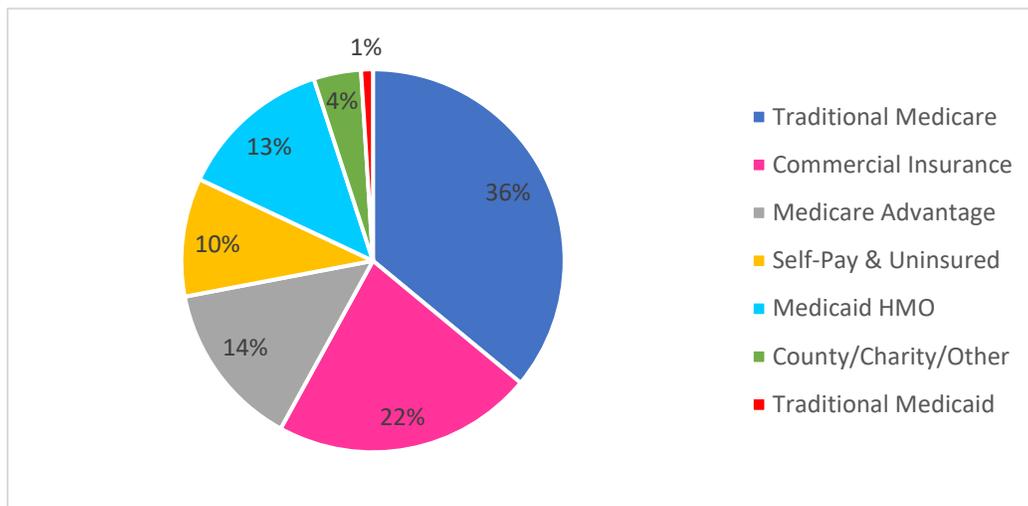


Figure 12. Percentage of Patients by Payor Source 2020 YTD at time of publication.



² Electronic Health Record Data Ascertained January 2019

Community Health Status Assessment

Leading Causes of Death

The leading cause of death in Madison County for calendar year 2018 was heart disease, followed by cancer, cerebrovascular disease, and chronic lower respiratory diseases. **The leading two causes of death were consistent by race and ethnicity.** It is worth noting that homicide was the seventh leading cause of death for black, non-Hispanic residents of Madison County. There were three deaths in 2017 to persons identified as Hispanic due to Alzheimer's Disease, diabetes, and heart disease. Many of the leading causes of death listed below are due to chronic diseases, linked to obesity and tobacco use which are addressed in the Chronic Disease Health Indicators section.

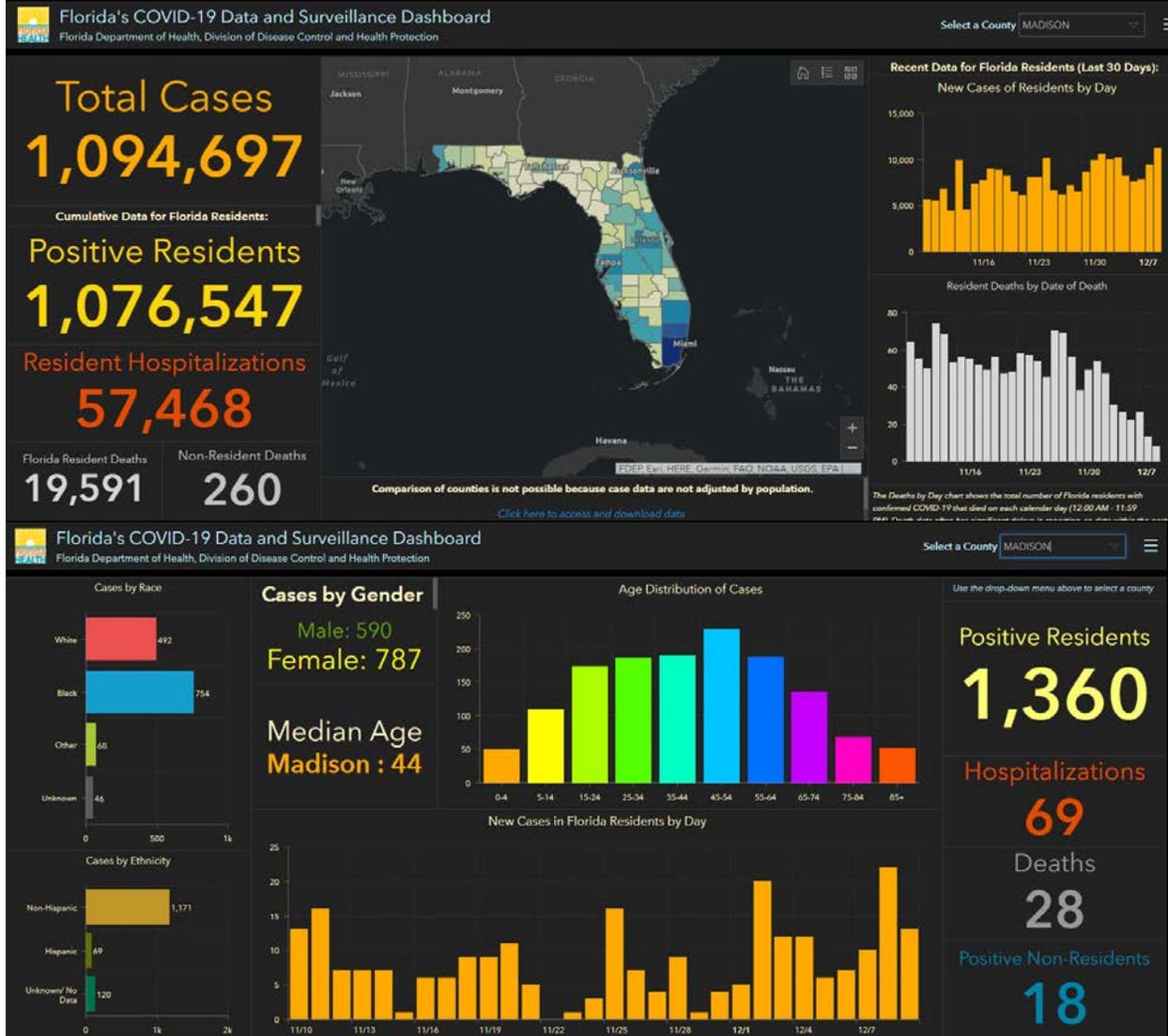
Table 3. Leading Causes of Death, Madison County, 2018

Cause of Death	2018 Deaths	Percent of Total
Heart Diseases	65	34%
Malignant Neoplasm (Cancer)	41	22%
Cerebrovascular Diseases	16	8%
Chronic Lower Respiratory Disease	15	8%
Unintentional Injury	14	7%
Nephritis, Nephrotic Syndrome, Nephrosis	9	5%
Diabetes	7	4%
Essen Hypertension and Hypertensive Renal Disorder	6	3%
Influenza and Pneumonia	5	3%
Alzheimer's Disease	4	2%
Chronic Liver Disease and Cirrhosis	4	2%
Septicemia	4	2%

Infant deaths did not rank among the leading causes of death for Madison County. Although there were 10 infant deaths during calendar years 2014-2018 and are addressed in the Maternal and Child Health Indicators section. The leading cause for infant mortality during the 2014-2018 is disorders related to short gestation and low birthweight accounting for 30% of infant deaths.

2019 Robert Wood Johnson Data for Madison County stated that the life expectancy for Madison County is 76 years, compared to 80 years for the state of Florida. Madison County's child mortality rate is twice that of the state of Florida. Motor vehicle crash death rates were more than twice that of Florida. The rate of preventable hospital stays is higher for Madison County than for Florida.

Figure 13. COVID³ Cases Florida and Madison County December 2020. The total cases, hospitalization and deaths are depicted below for Florida and Madison and is broken down by age and gender.



Environmental Health

Asthma

There have been four deaths due to asthma during 2000-2017. Of these, two were Black, non-Hispanic males and two were White, non-Hispanic females. There were 149 hospitalizations due to asthma in ages 1-5 during 2000-2017. There have been 51 hospitalizations due to asthma in ages 12-18 during 2000-2017 and five in 2016 and none in 2017. Total emergency Department visits in 2019 were 153 which is a rate of 915.3 per 100,000 age adjusted, compared to 516.9 for Florida.

³Source: <https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429> - date ascertained 12/10/2020

Chronic Diseases

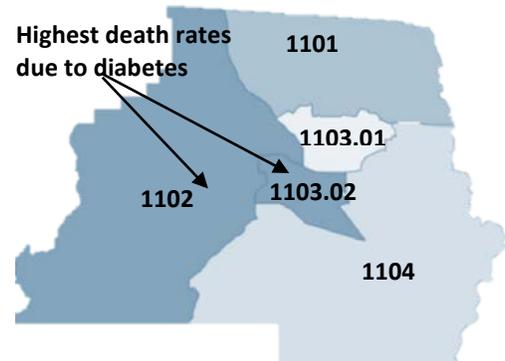
Diabetes Mellitus

Death Rates due to Diabetes in Madison County and Florida:

Madison County death rates have remained above the state 2014-2018-54% of deaths were White, non-Hispanic, 43% were Black, non-Hispanic and 3% were Hispanic. By gender-65% of deaths were male and 35% were female.

Figure 14. Diabetes Deaths by Census Tract, Madison County 2014-2018: diabetes deaths for years 2014-2018 by census tract -1102 and 1103.02 had the most deaths due to diabetes, followed by tracts 1101 and 1104.

Diabetes Death Rates by Census Tract 2014-2018



Hospitalization Rates Due to Diabetes by Race/Ethnicity

(2014 – 2018): The majority of hospitalizations 24% occurred in white, non-Hispanics, Black, NH 42% and 1% Hispanic. This may indicate an access to care issue for racial/ethnic minorities. Data not available by gender.

Table 4. Diabetes Risk Factors - Madison & Florida: the risk factors for diabetes are higher in Madison County than in Florida⁴. Compared to the 11% of diabetic Floridians, 17% of Madison County residents are diabetic. Approximately 34% of Madison County residents are obese and 31% not physically active. Only 50% of Madison residents have access to exercise opportunities; compared to 88% for Florida. Madison County residents with limited access to healthy foods – 10% and 23% with food insecurity.

Risk Factors	Madison County	Florida
Diabetic	17%	11%
Obese	34%	27%
Physically Inactive	31%	23%
Access to exercise opportunities	50%	88%
Limited access to healthy foods	10%	7%
Food insecurity	23%	14%

Figure 52. Hospitalization Rates Due to Diabetes (2000 – 2018) Madison County and Florida: Diabetes hospitalization rates have been lower in Madison County than the state since 2008 until 2018. When examining the hospitalization rates in comparison to death rates, this may indicate an access to care issue. Most hospitalizations taking place during 2010-2017 were White, non-Hispanic (56%), followed by Black, non-Hispanic (43%) and Hispanic (1%). With an increase in hospitalization rate due to Diabetes and the risk factors identified in the previous table, health education and prevention services are critical.



⁴ 2019 Robert Wood Johnson County Health Rankings Data

Hypertension

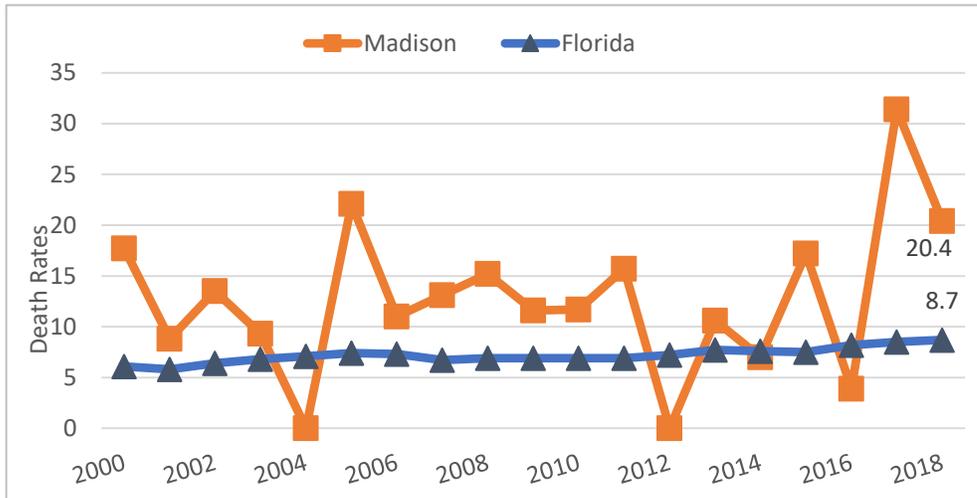
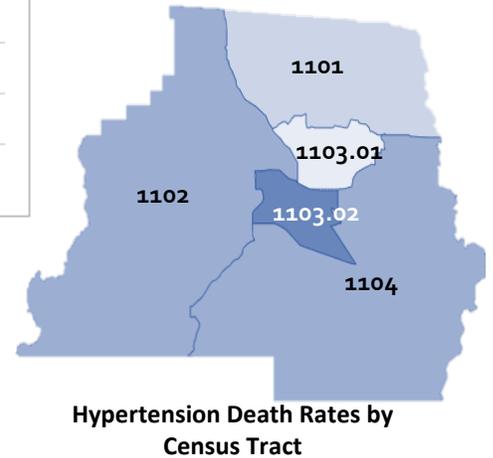


Figure 15. Death Rates Due to Hypertension, 2000-2018 Madison County and Florida: although Madison’s hypertension death rate in 2018 (20.4) decreased since 2017, it is still significantly

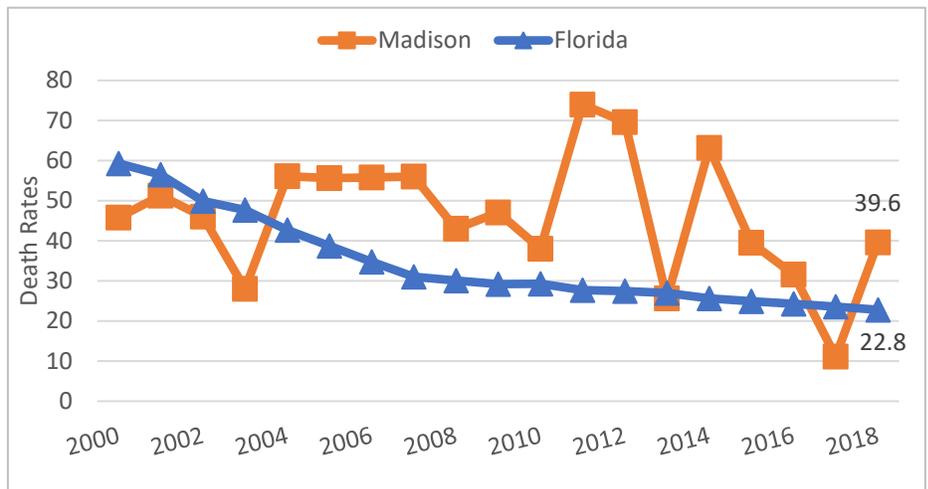
higher than the state at only 8.7. The 2014-2018 data reveals 43% of hypertension deaths were male and 57% were female. By ethnicity, 43% of hypertension deaths were White, non-Hispanic and 57% were Black, non-Hispanic. There were no Hispanic deaths due to hypertension during 2014-2018. Census Tract 1103.02 has the most significant issues.



Myocardial Infarction

Figure 16. Deaths Rates Due to Heart Attack, 2000-2018 Madison County and Florida:

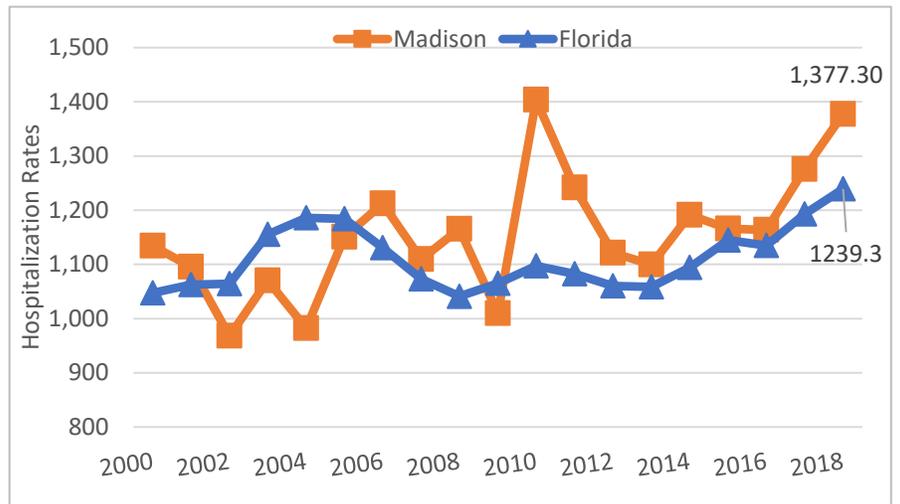
illustrates that Madison County has consistently had higher death rate due to myocardial infarction compared to Florida except for 2014 and 2017. However, in 2018 Madison’s rate increased to 29.6 which exceeded the state at 22.8. From 2014-2018, 74% of heart attack deaths were White, non-Hispanic, 43% were Black, non-Hispanic and 0% were Hispanic. More females (55%) died due to heart attack than males at only 45%.



Analysis by Census Tract reveals that 1102 (Greenville) and 1103.02 (downtown-central Madison) have the highest death rate due to heart attack followed by 1104 and 1103.01.

Figure 17. Hospitalizations Due to Congestive Heart Failure 2000-2018, Madison County and Florida:

Madison County residents were more likely to be hospitalized for congestive heart failure (CHF). Rate for Madison is 1377.30 compared to the state rate at 1239.3 - 62% of Madison County residents hospitalized for congestive heart failure were White, non-Hispanic and 37% were Black, non-Hispanic, and 1% (14 total) were Hispanic. Data not available by gender.



Stroke

When analyzing Madison County stroke data for 2014-2018, more females died from strokes (58%) than males (42%) and although there was a decrease in females during that period, there was an increase in the percentage of males.

White, non-Hispanics represented 55% of stroke deaths during 2010-2017, followed by 41% for Black (up from 32%), non-Hispanics and 4% for Hispanics.

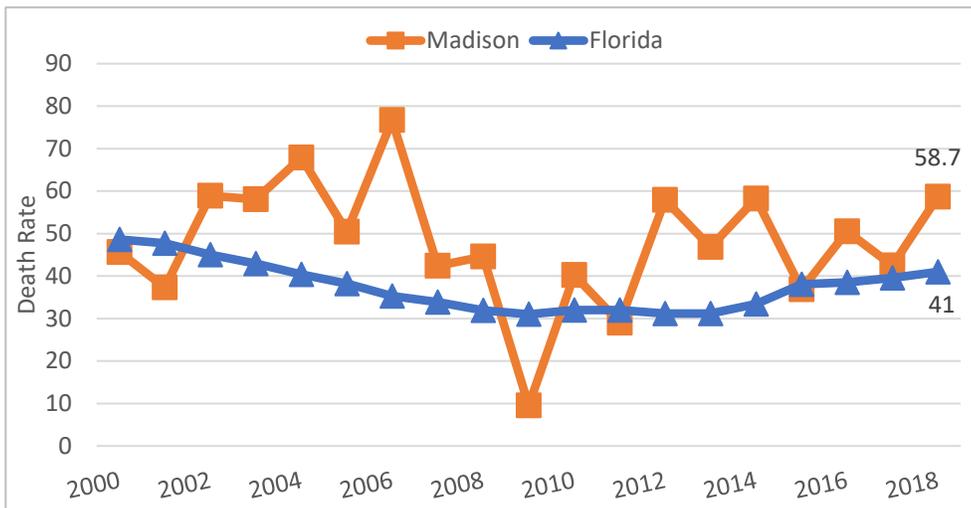


Figure 18. Death Rates Due to Stroke, 2000-2018 indicate that Madison County has been higher than the state since 2011. The

2018 death rate per 100,000 population in Madison was 58.7, compared to Florida at 41.0. Stroke death data by census tract indicate that the percentages were higher in census tracts 1103.02, Central Madison, followed by tracts 1104 and 1101.

Hospitalization Rates Due to Stroke from 2000 to 2018, indicates that although Madison remains lower than the state, it increased in 2017 & 2018. The 2018 rate for Madison was lower at 219.4 per 100,000 population, compared to Florida at 231.2. The 2018 hospitalization rate for non-white persons was 223.5, compared to 199.5 for whites.

Table 5. Risk Factors for Cardiovascular Disease and Stroke⁵: indicate that 19% of adults in Madison are current smokers, compared to 15% for Florida. Other risk factors obtained from the latest Behavioral Risk Factor Surveillance System (BRFSS) are listed below.

	Madison County	Florida
Adult smokers (2019 RWJ)	19%	15%
Ever had a stroke (2016 BRFSS)	7.7%	3.5%
Ever had coronary heart disease (2016 BRFSS)	5.5%	4.7%
Ever had a heart attack (2016 BRFSS)	6.0%	5.2%
Inactive or insufficiently active adults (2016 BRFSS)	57.8%	56.7%

Cancer

Figure 19. Cancer Death Rates in Madison County and Florida for all cancers 2000-2018:

Death rates due to all cancers have been higher in Madison County than Florida since 2013. Cancer death rates remained almost the same at 146.3 per 100,000 population in 2017 to 146.8 in 2018. Florida's rates were 149.4 in 2017 and 146.2 in 2018. In Madison, 75% of all cancer deaths in 2016 were among White persons and 62% of those deaths were male.

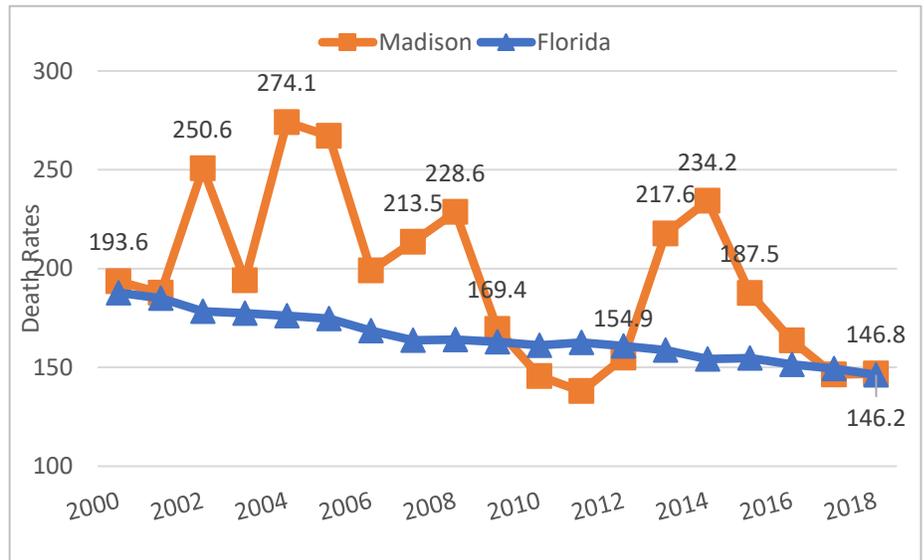


Table 6. Cancer Deaths by Type of Cancer (2017 and 2018), Madison County: indicate except for prostate cancer, most deaths occurred with tobacco related cancers-acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea. Both Lung and Lymphoid saw the most significant increase.

Type of Cancer	2016 Deaths	2017 Deaths	2018 Deaths
Bladder	4	0	1
Brain/Central Nervous System	4	1	1
Breast	3	2	1
Cervical	0	0	0
Colorectal	3	3	3
Esophageal	1	1	3
Hodgkin's Disease	0	0	1
Benign Neoplasm/Uncertain/Unknown	0	2	0
Kidney and Renal Pelvis	1	0	1

⁵ Robert Wood Johnson 2019 County Health Ranking data

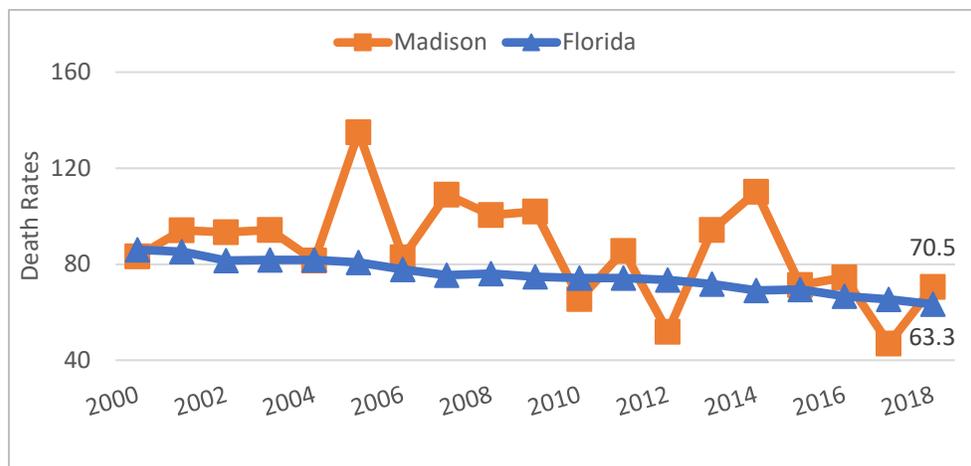
Leukemia	1	2	2
Liver	3	3	0
Lung	14	7	12
Lymphoid/Hematopoietic and Related Tissue	3	3	5
Melanoma	1	1	0
Non-Hodgkin's Lymphoma	1	0	2
Oral	1	1	0
Ovarian	1	0	1
Pancreatic	0	1	2
Prostate	14	6	2
Stomach	0	3	1
Uterine	0	0	0

A geographic distribution of **cancer cases by census tract in Madison County**. Reveals that cancer deaths during 2014-2018 occurred in the south western (1102) and south eastern (1104) regions of Madison County. This includes the Greenville and surrounding area and the Lee and surrounding area. Deaths due to cancer were lowest in Pinetta. When analyzed by gender and race - 61% were male and 39% were female and 70% White, non-Hispanic, 28% Black, non-Hispanic and 2% Hispanic.

Tobacco Related Cancer

Figure 20. Tobacco-Related Cancer Death Rates for Madison County and Florida 2000-2018: Madison

County increased significantly from 46.9 per 100,000 population in 2017 to 70.5 in 2018 above the state average of 63.3 per 100,000. Tobacco-related cancer death rates are not available by gender. From 2000 to 2018, the

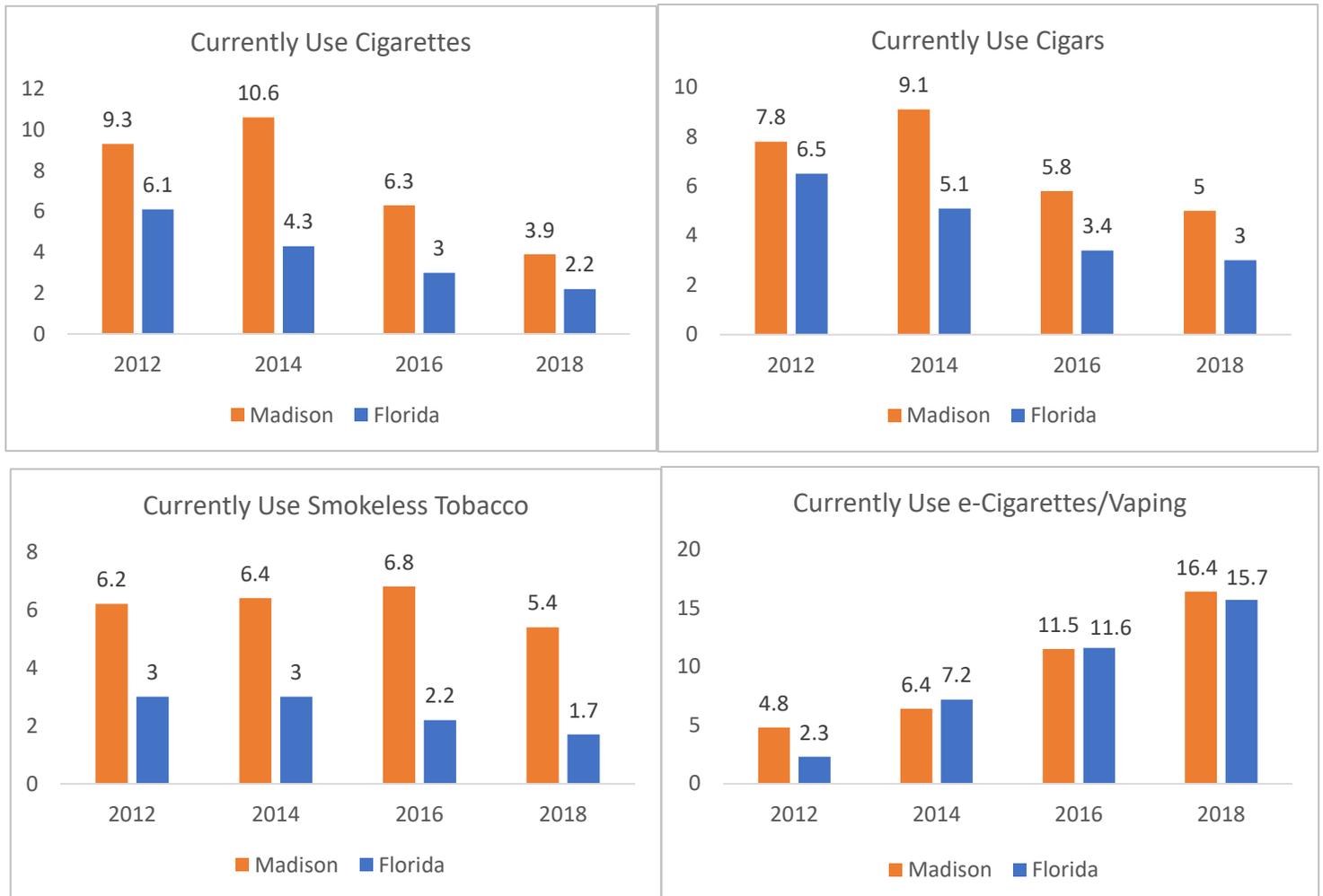


death rate for non-White persons 29.9 per 100,000 to 33.6. Death rates for Whites increased from 50.2 to 87.6 in 2018.

Tobacco related cancers include: Acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea.

Youth Tobacco Use

Figure 21. The 2018 Youth Tobacco Use Survey for Madison County and Florida: represents the proportion of youth in Madison County and Florida, who use tobacco products. The percent of students in Madison County admitting to using cigarettes has declined from 6.3% in 2016 to 3.9% in 2018. Students in Madison County who stated they currently use smokeless tobacco has decreased from 6.8% in 2016 to 5.4% in 2018. Approximately 1.7% of youth in Florida use smokeless tobacco. The percent of students in Madison County use electronic vaping has increased from 11.5% in 2016 to 15.7% in 2018.



Colorectal Cancer

Figure 55. Colorectal Cancer Death Rates (2000 – 2018), Madison County and Florida: Colorectal cancer death rates were higher in Madison County than in Florida until 2016. Total of 19 deaths due to colorectal cancer. A total of 12, or 63% were White, non-Hispanic and 7, or 37% were Black, non-Hispanic. Eight (8), or 42% were Male and 11, or 58% were Female There were no Hispanic deaths during the time frame.

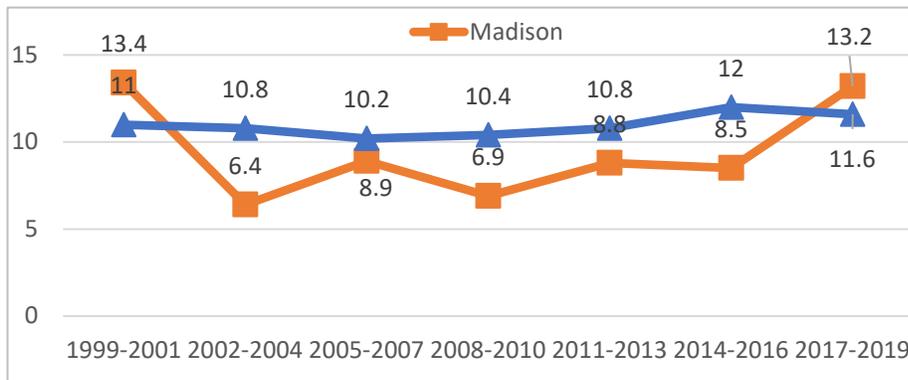
Melanoma (Skin Cancer)

Death Rates due to Melanoma 2000-2017: a total of 12 deaths in Madison County due to melanoma. Approximately 83% were White, non-Hispanic and 17% were Black, non-Hispanic. There were no Hispanic deaths. Males represented 58% of the deaths and females accounted for 42% of the deaths.

Table 7. Percent of Adults Who Have Been Told They Had Skin Cancer 2016 BRFSS Respondents: shows data related to skin cancer. While deaths are relatively rare, Madison County has a higher percentage of adults who have been told they have skin cancer than Florida as a whole. Likewise, there has been an increase across gender and income. The only decline has been in the age group 18-44.

	Category	2016 Percent	2013 Percent
Gender	Total	12.2	7.9
	Men	12.3	8.4
	Women	12.2	7.5
Race/Ethnicity	NH White	17.9	13.1
	NH Black	0.9	0.8
Age Group	18-44	1.8	2.1
	Age 45-64	8.8	7.7
	Age 65+	23.9	20.7
Income	<\$25,000	8.1	4.3
	\$25,000-\$49,000	17.0	8.6
	\$50,000+	14.9	10.1

Figure 22. Chronic Liver Disease and Cirrhosis Death Rates (1999 – 2019) Madison County and Florida:



a total of 44 deaths- includes 31 (70%) were White, non-Hispanic, 9 (21%) were Black, non-Hispanic and 4 (9%) were unknown. When analyzed by gender, a total of 28 (64%) were Male and 16 (36%) were Female, 0 Hispanic deaths reported. While

it is significant as it relates to being higher 13.2 than the state at 11.6 it is also important to note that it is almost up with the all-time high for Madison in 1999-2001.

Women's Health and Child Health Indicators

Madison County ranked in the 4th quartile in the 2018 Pregnancy and Young Child Profile:

- Births to mothers with a healthy weight
- Asthma hospitalizations under 1 year of age and in ages 1-5
- Non-fatal traumatic brain injury hospitalizations under 1 year of age
- Passengers under age 1 injured or killed in motor vehicle crashes
- Children under age 5 covered by KidCare

Cervical and Ovarian Cancer Deaths Madison County, 2000-2018

Ovarian Cancer

- Total of 19 deaths due to ovarian cancer
- 12, or 63% were White, non-Hispanic and 7, or 37% were Black, non-Hispanic
- There were no Hispanic deaths during the time frame

Cervical Cancer

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

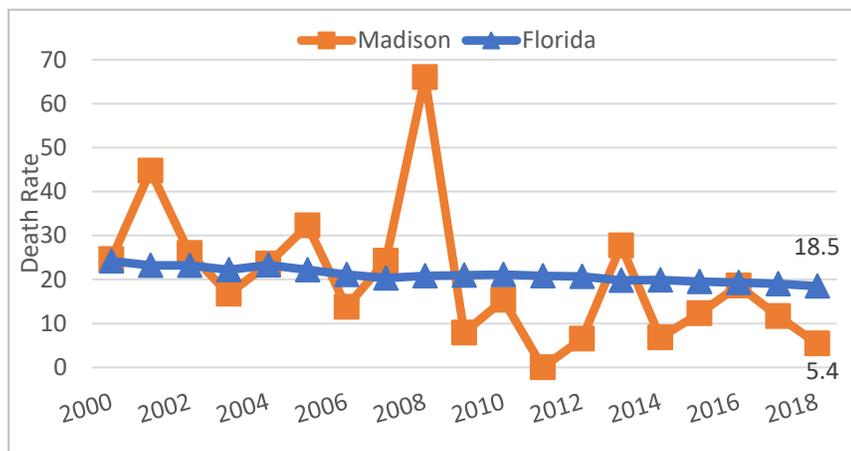


Figure 23. Breast Cancer Death Rates, 2000-2018 Madison County and Florida. from 2014-2018 there was a total of 9 deaths in Madison due to breast cancer. A total of 6, or 67% were White, non-Hispanic and 3, or 33% were Black, non-Hispanic. This is more than three times the state with Madison at 18.5 compared to the state at 5.4.

Injury and Violence

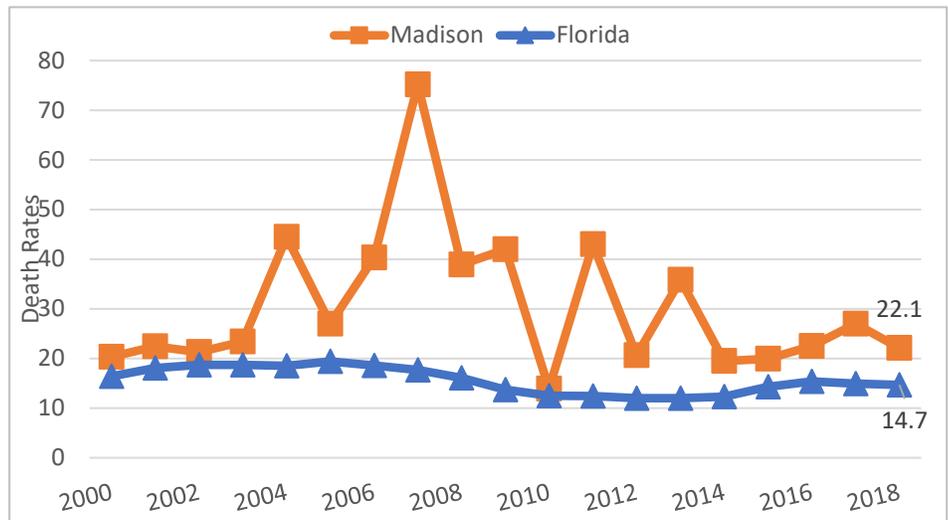
Unintentional Injury

Death Rates Due to External Causes in Madison (2000-2018): Unintentional injuries ranked as the fifth highest cause of death in Madison County in 2017. Madison has had higher death rates due to external causes than the state until 2014. Data for 2014-2018 indicate that males accounted for 68% of deaths due to external causes and females represented 32%. Data by race/ethnicity for 2014-2018 shows most deaths were White, non-Hispanic at 68%, followed by Black, non-Hispanic at 26% and Hispanic 6%.

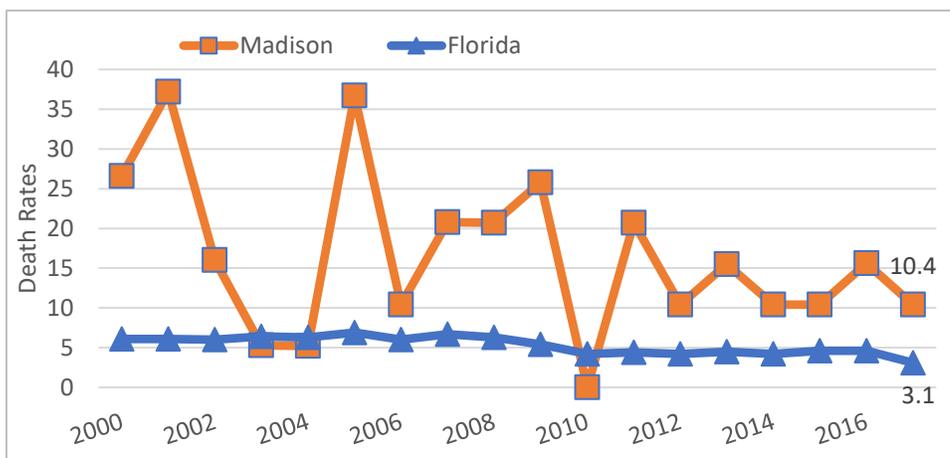
Motor Vehicle Crash

Figure 24. Motor Vehicle Crash Death Rates, Madison County and Florida 2014-2018:

It should be noted that crash rates are not limited to Madison County residents. These could have occurred on Interstate 10 in Madison County or on surface roads that cross county lines. Deaths due to motor vehicle crashes have been consistently higher for Madison County than the



state. A total of 22 deaths of which include 64% males and 36% females. Forty percent (55%) of deaths were White, non- Hispanic, and 36% Black non- Hispanic, and 9% Hispanics.



60% of the total motor vehicle deaths in 2016 were alcohol suspected. Madison County experienced a dramatic increase in alcohol-suspected vehicle crash injuries in 2016

Figure 25. Alcohol-Suspected Motor Vehicle Crash Death Rates, Madison County and Florida 2000-2017: 60% of the total motor vehicle deaths in 2016 were alcohol suspected. Madison County experienced a dramatic increase in alcohol-suspected vehicle crash injuries in 2016

data not available by race/ethnicity or gender due to small numbers. 2017 data illustrates a slight decrease in the rate however at 10.4 per 100,000, compared to 3.1 for the state it warrants attention to mitigate this quality-of-life indicator.

Crash rates for 2017-drivers ages 15-18 dramatically increased from 2015 and crash rates for drivers ages 19-21 decreased. No other age group available. Also listed below are the ages of child passengers injured/killed in accidents between 2010 and 2017 by age group-not available by race or gender.

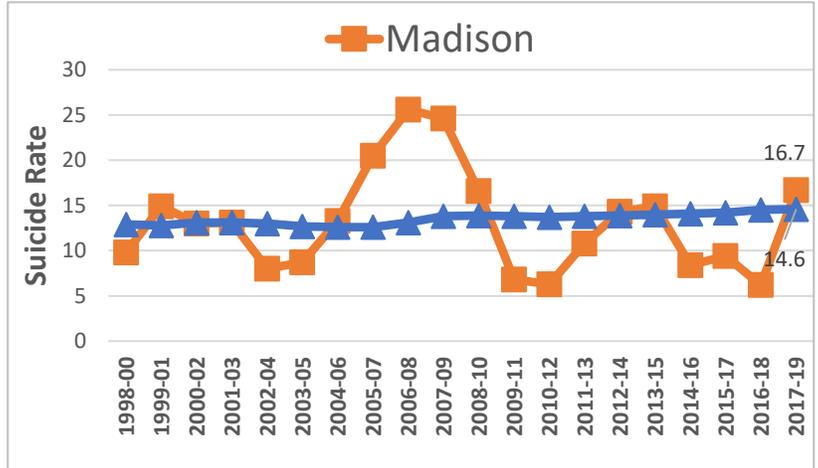
- The 2017 motor vehicle crash rate per 100,000 population in **ages 15-18** was 30.1 for Madison County and 49.7 for the state of Florida
- The 2017 motor vehicle crash rate per 100,000 population in **ages 19-21** was 91.8 for Madison County and 65.4 for the state of Florida
- Child passengers injured or killed in accidents between 2010 and 2017
 - Ages <1 = 8; Ages 1-5 = 28; Ages 5-11 = 55; and Ages 12-18 = 106

Social and Mental Health

As with violent crimes, events such as suicide, domestic violence and arrests are not necessarily limited to Madison County residents. There are instances when the event occurred in Madison County but did not involve a Madison County resident.

Suicide

Figure 26. Suicide Death Rates for Madison County and Florida, 3-Year Rolling Rates: there were 23 suicides that occurred in Madison County between 2010 and 2019. Data analysis indicates that 70% were male and 30% were female. White, non-Hispanics accounted for 91% of the suicide deaths, Black/Other, non-Hispanic 4% and Hispanic 4%.



The majority 61% occurred using firearms, 4% by drug poisoning and 35% by other means. Of the 14 suicides through firearms, 71% were male and 29% were female and 100% were white non-Hispanic. All the suicide deaths through firearm use were White, non-Hispanic. One death-white non-Hispanic was due to drug poisoning.

Hospitalizations for Mental Disorders

Figure 27. Hospitalization Rates for Mental Disorders per 100,000 population, 2010-2019 Madison County and Florida: the hospitalization rate for Madison County has been lower than the state since 2011. There were 1,443 hospitalizations for mental disorders during 2010-2019 for Madison County. Of these, 45% were White, non-Hispanic and 53% were Black, non-Hispanic. Hispanic accounted for 1% of the hospitalizations. Data was not available by gender or age.

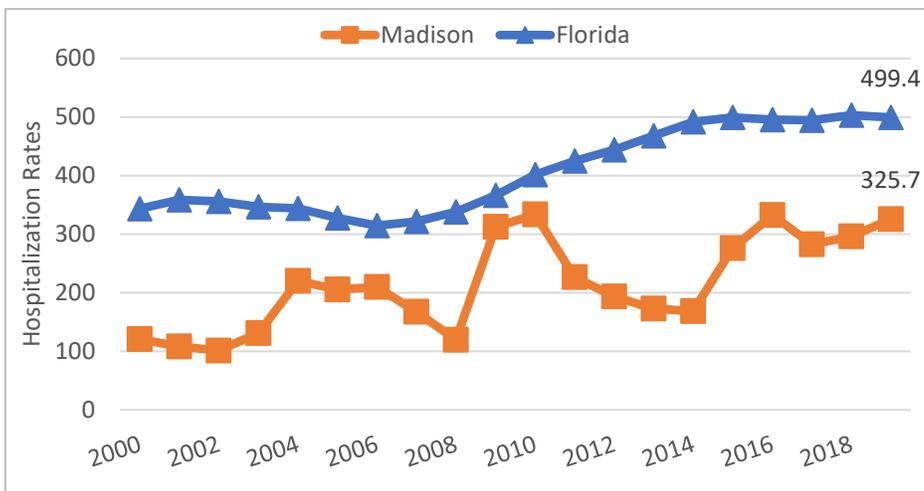


Figure 104. Hospitalization Rates for Mood and Depressive Disorders, Madison County and Florida: Madison County also had a lower rate of hospitalizations due to mood and depressive disorders than the state of Florida. There were 366 hospitalizations for mood and depressive disorders during 2010-2017 for Madison County.

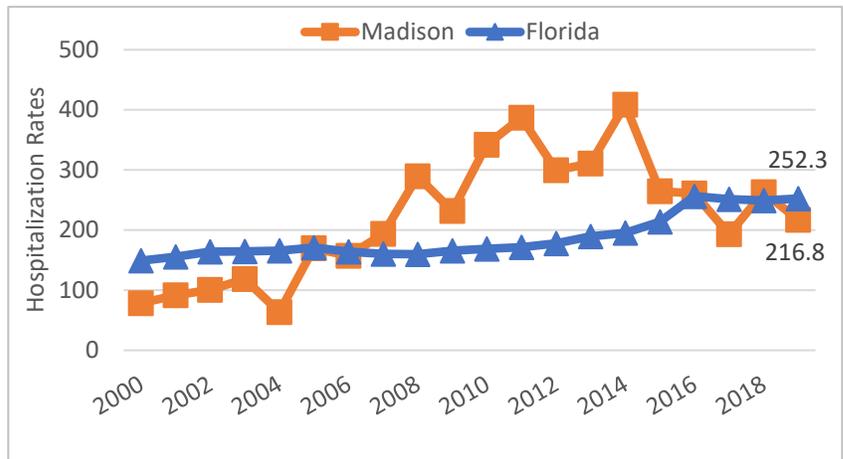
Approximately 58% were White, non-Hispanic, 41% Black, non-Hispanic and 1% Unknown. Data were not available by gender or age.

Figure 28. Hospitalization Rates for Schizophrenic Disorders, Madison County and Florida:

Madison had a higher rate of hospitalizations due to schizophrenic disorders than Florida from 2006 to 2017.

Madison had 606 hospitalizations for schizophrenic disorders during 2010-2019. Approximately 29% were White, non-Hispanic, 71% Black, non-Hispanic. There have been 141 hospitalizations for drug

or alcohol related mental disorders between 2010 and 2019 for Madison County compared to only 73 from 2010 to 2017. More half (57%) were White, non-Hispanic, 37% were Black, non-Hispanic and 6% were Hispanic. Data not available by gender or age.



Deaths Due to Alcoholic Liver Disease

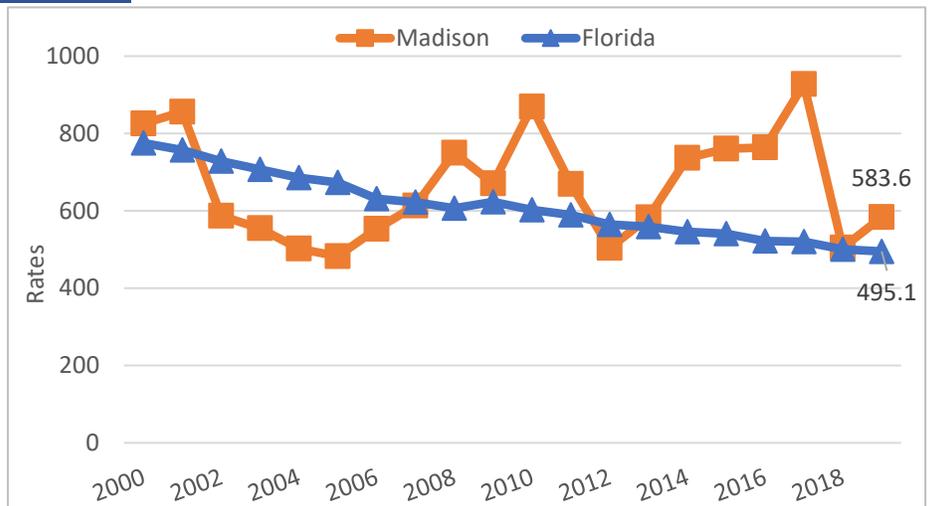
Since 2000, there have been 13 deaths due to alcoholic liver disease in Madison County. White, non-Hispanics represented 62% of the total and 38% were Black, non-Hispanic. Males accounted for 77% and females represented 23%. Data were not available by age group.

Deaths Due to Drug Poisoning

Data collected 2007-2019 indicates a total of 20 deaths due to drug poisoning in Madison compared to only one in the previous cycle. Approximately 75% were White, non-Hispanic (15 total) and 25% were Black, non-Hispanic (5 total). Data were not available by gender, age group or type of drug. **Drug Poisoning Deaths by Census Tract, Madison County, 2015—2019:** Census tracts 1103.02 and 1104 had the highest numbers of drug poisoning deaths, followed by 1101 and 1102.

Deaths Due to Alcoholic Liver Disease

Data collected between 2000-2019 indicates a total of 17 deaths due to alcoholic liver disease-76% were Male (13 total) and 24% were Female (4 total). Twelve (12) of those deaths or 71% were White, non-Hispanic and five (5) or 29% were Black, non-Hispanic. Data not available by age.



Domestic Violence

Figure 29. Domestic Violence Offense Rates 2000-2017, Madison

County and Florida: Madison County has experienced an increase in domestic violence offenses from 2012-2018. Madison County ranked 26 highest in the state for 2019 domestic violence rates per 100,000 population, at 583.6, compared to 495.1 for the state. Data not available by age, race/ethnicity or gender.

Substance Abuse Program Enrollment

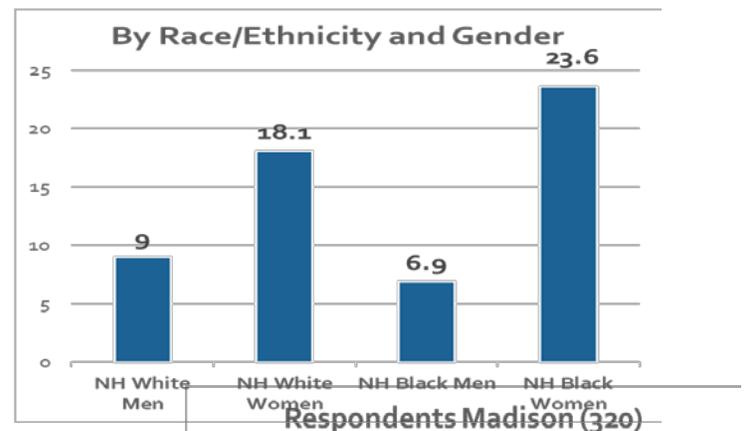
Table 8. Substance Abuse Program Enrollees⁶ 2016-2018, Madison County:

Year	Adults	Children
2016	12	7
2017	12	91
2018	16	66
Total	40	164

Behavioral and Risk Factor Surveillance System (BRFSS)

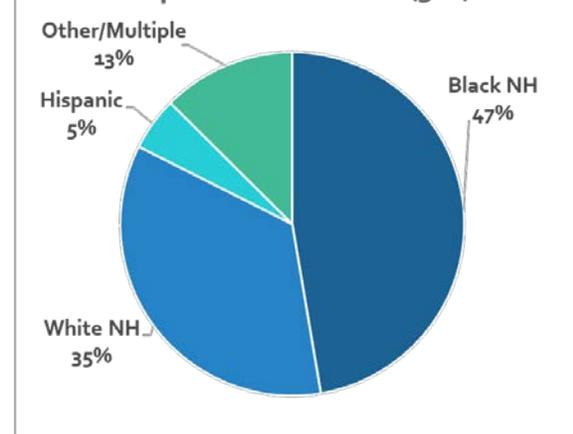
Figure 30. Percent of Adults Reporting a Depressive Disorder, Madison County, 2016, BRFSS: This telephone survey is conducted with adults in all 67 counties in Florida every year. Madison County had 502 respondents to the 2016 survey, the most recent year for county-level data. Figure 83 shows the percentage of adults who have been told they have a depressive disorder by race/ethnicity and gender. Non-Hispanic Black women were most likely to have reported a depressive disorder, followed by Non-Hispanic White women, Non-Hispanic White men and Non-Hispanic Black men. There were no Hispanics that responded to the survey in 2016. Adults who were not married were more likely to have been diagnosed with a depressive disorder, as well as persons over the age of 65 and persons with an annual income of less than \$25,000.

- By Marital Status
 - Married/Couple = 13.9
 - Not Married/Couple = 17.6
- By Age Group
 - 18-44 = 13.0
 - 45-64 = 15.7
 - 65+ = 16.7
- By Annual Income
 - <\$25,000 = 21.1
 - \$25,000-\$49,000 = 13.6
 - \$50,000+ = 7.4



Youth Substance Abuse Survey (YSAS)

Figure 31. 2018 Youth Substance Abuse Survey Participants by Race/Ethnicity, 2018, Madison County: survey is jointly administered by Florida Department of Children and Families, Florida Department of Health, and Florida Department of Juvenile Justice. A 174 middle school and 146 high school students were



⁶ Data per the Department of Children and Families

surveyed in Madison in 2018 breakdown by race/ethnicity.

Table 9. Percent of Youth Reporting Drug Use in Prior 30 Days, Madison County, 2018 YSAS: lists the percentage of youth respondents who reported drug use in the thirty days prior to the survey by type of drug. Alcohol, Marijuana, Inhalants were reported most often, along with cigarettes, and e-cigarettes.

Madison County		
Type of Drug	Middle School	High School
Alcohol	6.0	20.0
Binge Drinking	3.6	14.4
Marijuana	2.1	16.7
Synthetic Marijuana	0.0	3.5
Inhalants	4.4	5.5
Flaaka	0.0	2.7
Club Drugs	0.0	2.7
LSD, PCP, Mushrooms	0.0	3.0
Methamphetamine	0.0	2.2
Cocaine or Crack Cocaine	0.0	2.2
Heroin	0.0	0.0
Prescription Depressants	0.4	2.6
Prescription Pain Relievers	0.4	0.9
Prescription Amphetamines	0.2	0.0
Steroids not Prescribed	0.5	0.0
Over the Counter	0.8	1.3
Cigarettes	2.0	10.1
Vaporizer/e-Cigarettes	3.9	19.8
Over the Counter	0.8	1.3
Cigarettes	2.0	10.1
Vaporizer/e-Cigarettes	3.9	19.8

Table 10. Percent of Youth Reporting Delinquent Behavior in the Prior 12 Months, Madison County 2018 YSAS: indicates the percentage of respondents who reported engaging in delinquent behavior in the twelve months prior to the survey. Getting suspended and carrying a handgun and attacking someone with intent to harm were reported most often.

Madison County		
Type of Behavior	Middle School	High School
Carrying a handgun	5.2	7.7
Selling drugs	1.1	4.3
Attempting to steal a vehicle	1.1	2.6
Being arrested	3.0	2.3
Taking a handgun to school	0.0	0.9
Getting suspended	18.0	10.5
Attacking someone with intent to harm	8.7	4.2

Table 11. Percent of Youth Reporting Symptoms of Depression, Madison County, 2018 YSAS: shows the percentage of respondents who reported symptoms of depression-higher than the state of Florida.

Madison County		
	Middle School	High School
Sometimes I think life is not worth it	25.2	26.4
At times, I think I'm no good at all	32.4	38.0
All in all, I am inclined to think that I am a failure	23.4	20.0
In the past year, have you felt depressed or sad MOST days even if you felt OK sometimes?	43.4	35.7

Primary Source Data

To understand the perceptions of our community members related to their health and the healthcare system a survey was conducted in 2020 to ascertain Primary Source Data from Madison County citizens. The survey instrument has been used in many counties in Florida to solicit feedback from residents. Due to COVID-19 the analysis and synthesizing of this information is forthcoming and will be appended to this document and shared with committees during the planning session in February 2021. The sample survey is provided in the appendix. As in previous years, participants were asked a series of questions related to their individual health as well as characteristics of Madison County healthcare system. The results of this survey are used to identify health priorities for community action. Below is a table of the most common, responses that are monitored during each planning cycle: 1) Responses to Overall Quality of Health Care Services; 2) Responses to Individual and Overall Population Health; 3) Responses to Health and Quality of Life; and 4) Responses to Lifestyle Change.

Conclusion

The updated Community Health Needs Assessment was presented to the Health Improvement subcommittees on November 4, 2020 at the Community Health Summit and will continue to be made available online. The results outlined in this document formulates the information as of the date of this publication. Subcommittees convene in February and March 2021 to review this document and the results of the Community Assessment Survey along with other key information about the community. Together, partners move forward and resolve to be cognizant of the visioning statement created through the merging of the Vision 2030 and the 2020 Community Health Summit,

“Working together to make Madison County a healthy and vibrant community.”

Social Determinants of Health

Environmental, Social, Financial, Educational

Social and Mental Health

Social, Mental, Spiritual

Chronic Diseases

Physical

Organizations and citizens across the area self-select into Action Teams above to develop a Community Health Improvement Plan (CHIP) for the next three years. Goals, objectives, strategies, and activities are aligned to the needs identified in this CHNA. Quarterly the three committees convene to monitor, evaluate, and tweak strategies to ensure improvement in population health. As services are integrated, if gaps are identified, partners establish new services for Madison County.

Appendix: Data Sources

The following data sources were utilized to develop this community health needs assessment.

Behavioral Risk Factor Surveillance System (BRFSS): This state-based telephone surveillance system is designed to collect individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.

Florida Cancer Registry: 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: Florida Department of Health, Office of Statistics and Assessment - Community Health Assessment Resource Tool Set (CHARTS) used to conduct community health assessments, prioritize state and local level health issues, and monitor changes in health indicators over time.

Florida HealthFinder, Florida Agency for Health Care Administration (AHCA): The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (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.

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: U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

Data Limitations

Data presented are current as of August 2019 and whenever possible, comparisons were made between Madison County and the state of Florida. Some trend lines are three-year rolling rates to control for static trend lines and years where the rate was zero. Three-year rolling rates can give a more fluid view of the overall trend up or down.

Qualitative data from the Community Themes and Strengths and Strengths Assessment, and the Forces of Change Assessment are representative of the persons who participated and may or may not be generalizable to the entire Madison County community.

Survey data-Behavioral Risk Factor Surveillance System (BRFSS) and Florida Youth Tobacco Survey (FYTS) were used as supplemental data to inform the group. These data can offer supporting/negating documentation of health indicators found in quantifiable sources.

Appendix: Community Health Summit Attendees

LJ Lexie Jansto	Unmute	More >	A AllbrittonKT	Mute	More >
L Lisa			JR Jay Reeve		
lori evans			A aevertt		
Mark Evans			Artaveya Ingram		
MS Marlene Squires-Swanson			BA Bob Austonowner		
MH Melody Handley			BB Bobbi Breo		
M MitchellSY			Brandi Turner		
O OwensT			C cedwards		
R rhughes			D dthomas		
SP Sherilyn Pickels			EK Emily Kohler		
TS tiffany strickland			E ewebb		
TG Tracy Gallon			JT Jennifer Travieso		
			KA Kristen Aguirre		
			L lcooley		

Also in attendance, multiple people in the same location joining from the same computer: Tammy Stevens, CEO of MCMH, Dr. Daniel Perkins, Chief Medical Officer at MCMH, Stephanie Johns and Karen Kocan. There was a total of 31 participants from organization represented in the acknowledgement section.

Appendix: Community Health Summit Agenda

2020 Community Health Needs Assessment Summit

November 4, 2020

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

AGENDA

Topic	Speaker
10:00 AM – 10:05 AM <i>Welcome, Opening Remarks</i>	Kimberly
10:05 AM – 10:10 AM <i>CHIP DOH Systematic Approach</i>	Pam
10:10 AM – 10:15 AM <i>CHNA Approach Critical Access Hospitals</i>	Tammy
10:15 AM – 10:20 AM <i>Virtual Approach & House Keeping</i>	Lori
10:20 AM – 11:30 AM <i>Data Presentation</i>	Virtual Presentations
<ul style="list-style-type: none"> • <i>Population</i> – Presented by Kaitlynn Culpepper, Chamber Chair/Tri-County • <i>Health Resources & Availability</i> – Presented by Tammy Stevens, MCMH • <i>Mortality</i> – Presented by Dr. Perkins, MCMH Chief Medical Officer • <i>Social Determinants of Health</i> – Presented by Pam Beck, FDOH • <i>Reportable Infectious Diseases</i> – Presented by Pam Beck, FDOH • <i>Chronic Disease</i> – Presented by Dr. Perkins, MCMH Chief Medical Officer • <i>Maternal & Child Health</i> – Presented by Kimberly Albritton, FDOH • <i>Injury & Violence</i> – Presented by Pam Beck, FDOH • <i>Social & Mental Health</i> – Presented by Lisa Hill, Disc Village 	
11:30 AM – 11:40 PM <i>Question & Answer</i>	Lori Kim
11:40 PM – 11:50 PM <i>Share Thoughts and Ideas from Presentation Sessions</i>	Kaitlynn
11:50 PM – 11:55 PM <i>Summarize Feedback from presentations</i>	Tammy
11:55 PM – 12:00 PM <i>Closing Remarks & Adjourn</i>	

