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Community Health Needs Assessment Report FY 2026

Madison County Memorial Hospital

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The following independent contractors and agencies contributed to the development of this Community Health Needs Assessment.

Lori Evans, Techvisor

Pam Beck

Stacy Carter

Chelsey McCoy

Colin Vareene

Health-Tech Consultants, Inc.

Dax Weaver, EdD, MPH

Melissa Covey, MPH, CHES, CIC

Jacksonville University

Kynda Hancock

Jessy Kandathil

Shimol Porter

Dorothy Trigg

University of Miami

Tanusri Bandaru

Contact person: Tammy Stevens, Chief Executive Officer

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Executive Summary

Since the last Community Health Needs Assessment (CHNA), Madison County Memorial Hospital (MCMH) has started to expand its reach to some of the surrounding counties, mainly due to recent hospital closures and identified service gaps. This CHNA has been expanded to include Jefferson, Hamilton, Lafayette, and Suwannee Counties, in addition to Madison County. MCMH is committed to working with community stakeholders and residents in these five counties to improve access to medical care and improve health outcomes for residents.

One major initiative for MCMH is to move toward the provision of wellness services to decrease hospitalizations and emergency room visits for preventable conditions. Whenever possible, data will be displayed to align with the five wellness brands listed below.

	Focuses on health indicators, unique needs and population characteristics of men ages 20 through 64.
	Focuses on health indicators, unique needs and population characteristics of women ages 20 through 64.
	Focuses on health indicators, unique needs and population characteristics of children from birth to age 19.
	Focuses on health indicators, unique needs and population characteristics of residents ages 65 and older.
	Focuses on health indicators, unique needs and population characteristics of the Veteran population.

Data Sources

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

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

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)

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)

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)

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 (FYRBS)

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-Health Finder, 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.

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. Please note the data produced in 2025 are the final data that will be published.

United States Census Bureau

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 June 2026, and whenever possible, comparisons were made between the five counties, the region and the state of Florida as a whole. Some trend lines are three-year discrete rates to control 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.

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

County Profiles

Madison County



Madison County is the primary county served by Madison County Memorial Hospital and is the county where the hospital is located. Madison County is the fifth most rural county in Florida when comparing population density. Population density is 26.7 people per square mile. Madison County is in the Northeast part of the Florida Panhandle. There are 597 square miles of land and 20 square miles of water. Madison County is bordered by South Georgia to the North, Taylor, Lafayette, and Suwannee Counties to the South, Hamilton County to the East and Jefferson County to the West.

In Madison County, paved roads account for 227 centerline miles and unpaved roads account for 460 centerline miles. Primary highways include Interstate 10, which runs East-West in Madison County, and U.S. Road 19/27, which runs North-South. Major surface roads also include FL-53, CR-253, and US-90.

Major waterways in Madison County are the Suwannee River to the East, the Withlacoochee River to the North and the Aucilla River to the West. There are ten identified creeks, swamps and streams in Madison County.

The city of Madison is the largest municipality in Madison County and is the county seat. The incorporated town of Greenville is in the western part of Madison County. The incorporated town of Lee is in the Southwest part of Madison County. Unincorporated towns in Madison County include Cherry Lake, Hopewell, Pinetta, Ellaville, Hanson, and San Pedro.

The Madison County School District has two high schools, Madison County High School and a charter school, James Madison Preparatory High School. There are two pre-kindergartens through 8th grade facilities, Madison County Central School, and the chartered Madison Creative Arts Academy. Greenville Elementary School, Pinetta Elementary School and Lee Elementary School provide Kindergarten through 6th grade education.

North Florida College is located in Madison County and serves residents of the surrounding area. Residents can also attend the nearby facilities of RiverOak Technical College in Live Oak, Florida Gateway College in Lake City, Valdosta State University in Valdosta, Georgia and Wiregrass Georgia Technical College.

The Suwannee River Regional Library System serves Madison and surrounding counties. The Madison County Public Library is the primary location, along with branch facilities in Greenville, Lee, and Pinetta.

Hamilton County



Hamilton County, Florida is a rural county in the Northeast quadrant of the state. It includes 514 square miles of land and 5.3 square miles of water. The county is bordered by South Georgia to the North, Suwannee County to the South, Columbia County to the East and Madison County to the West.

Road infrastructure is mainly local surface roads. Interstate 75, a North-South interstate, runs through Hamilton County. Major surface roads include US-41 and US-129 that both run North to South. Paved roads account for 186.8 centerline miles and unpaved roads account for 343.6 centerline miles.

The Suwannee River is the waterway that accounts for most of the waterway access and is located on the eastern boundary of Hamilton County. The Alapaha River flows through the western part of Hamilton County, and the Withlacoochee River is located to the north on the county's border with South Georgia.

The county seat of Hamilton County is Jasper, Florida. Two other incorporated towns in Hamilton County are Jennings and White Springs. Bakers Mill and Genoa are unincorporated communities in Hamilton County.

Hamilton County has one K-12 school located in Jasper, Florida. Virtual online education is available through the school district. No private schools are listed for Hamilton County.

There are no higher education facilities located in Hamilton County; however, there are five facilities within a short driving distance. These include North Florida College in Madison, Riveroak Technical College in Live Oak, Florida Gateway College in Lake City, Valdosta State University in Valdosta, Georgia and Wiregrass Georgia Technical College.

The Suwannee River Regional Library System serves Hamilton and surrounding counties. The Jasper Public Library is the primary location in Hamilton County, along with the Jennings Public Library and the White Springs Public Library.

Jefferson County



Jefferson County is considered the third most rural county in Florida with a population density of 23.9 people per square mile. Jefferson County includes 598 square miles of land and 38 square miles of water. It is in the North Central part of the Florida panhandle. Jefferson County is bordered by South Georgia to the North, the Gulf of Mexico to the South, Madison County to the East and Leon County to the West.

Paved roads account for 384 centerline miles and unpaved roads account for 219 centerline miles in Jefferson County. Interstate 10, an East-West interstate, runs through Jefferson County. Major surface roads include US-19, which runs North to South and US-90, that runs East to West.

There are two major river systems in Jefferson County, both of which have springs. The Aucilla River is located on the eastern boundary of the county. The Wacissa River and Wacissa Springs are located in South Jefferson County.

Monticello, Florida is the county seat of Jefferson County and is the only incorporated city in the county. Waukeelah, Drifton, Aucilla, Capps, Lamont, Cody, Fanlew, Lloyd, Wacissa, and Ashville are the unincorporated towns in Jefferson County.

Jefferson County has one public elementary school and one public middle/high school, located in Monticello. Turning Point is a public alternative education school in Monticello. Aucilla Christian Academy is the only private school in Jefferson County. Virtual online education is available through the school district.

There are no higher education facilities located in Jefferson County. The closest schools are in Tallahassee, Florida, including two universities, one college and one technical college. Residents also access North Florida College in Madison, Florida. Some residents attend Valdosta State University in Valdosta, Georgia and Wiregrass Georgia Technical College in Valdosta.

There is one public library located in Monticello that serves the community, RJ Bailar Public Library. This is a single-county public library that is not associated with any regional public library system.

Lafayette County

Lafayette County is the second most rural county in Florida with a population density of 15.8 people per square mile. Lafayette County is in North Central Florida and includes 548 square miles of land as well as 4.5 square miles of water. Lafayette County is bordered to the North by Madison County, to the South by Dixie and Gilchrist Counties, to the East by Suwannee County, and to the west by Taylor County.

Lafayette County has 141.8 centerline miles of paved roads and 278.1 centerline miles of unpaved roads. There are two major highways that run through Lafayette County, US-27/State Road 20 runs East-West, and FL-51 that runs North-South. There are nine county-maintained roads that serve Lafayette County which are formerly state-maintained roads. These include CR-53, CR-250, CR-251, CR-292, CR-300, CR-320, CR-348, CR-350, and CR-357.

The Suwannee River forms the Eastern boundary between Lafayette and Suwannee Counties. The Steinhatchee River flows along the West-Southwest region of Lafayette County. In addition, there are eight creeks identified in waterway maps of Lafayette County.

Mayo is the only incorporated town in Lafayette County and is the county seat. Day, Florida and Alton, Florida are the only two unincorporated towns in Lafayette County. Troy, Florida, the former county seat, is in Lafayette County.

There is one elementary school, Lafayette Elementary School, and one middle/high school, Lafayette High School, that are under the jurisdiction of the Lafayette County School District. Virtual education is also provided by the school district. There are no higher education institutions in Lafayette County. Residents are served by North Florida College in Madison, Florida.

Lafayette County residents are served by the Three Rivers Regional Library System. There is a branch library located in Mayo, Florida.

Suwannee County

Suwannee County is the largest and most populated county in the North-Central Florida region. It encompasses 689 square miles of land and 4.3 square miles of water. Suwannee County is bordered to the North by Hamilton County, to the South by Gilchrist County, to the East by Columbia County and to the West by Madison County.

Paved roads account for 540 centerline miles and unpaved roads account for 819.4 centerline miles of Suwannee County. Interstate 10 runs East-West through Suwannee County. US-90 runs parallel to Interstate 10. US-27 crosses the county near Branford. There are four state roads, FL-51, FL-247, FL-136 and FL-49, as well as six significant county roads, CR-49, CR-136-CR-132, CR-249, CR-252, and CR-137.

Major rivers include the Suwannee River, which runs along the northern, western and southern borders of the county, and the Santa Fe River, which feeds the Suwannee River. There are three major creeks and three noted lakes in Suwannee County.

The towns of Live Oak and Branford are the two incorporated municipalities in Suwannee County. Live Oak is the county seat. The 34 unincorporated areas include Beachville, Dell, Dickert, Dowling Park, Ellaville, Falmouth, Fort Union, Hildreth, Houston, Lancaster, Live Oak Pines Mobile Home Park, Live Oak Trailer Park, Luraville, McAlpin, Mercer, Newburn, O'Brien, Padlock, Pine Mount, Pleasant View MH Park, Pouchers Corner, River Run Campground, Rixford, Sandy Point, Sandy Point Trailer Park, Slade, Starr, Sunset Manor MH Park, Suwannee River Community, Suwannee Springs, Trailer Harbor MH Park, Wayne Friers MH Park, and Wellborn.

The Suwannee County School District operates four elementary schools, one middle school and two high schools. All these schools are located either in Live Oak or Branford. Virtual education is also offered. Riveroak Technical College provides vocational/technical training to Suwannee and surrounding counties. Residents also attend North Florida College in Madison Florida.

Residents are served by the Suwannee River Regional Library System. There are two primary branch locations in Live Oak and Branford. There is also the Jo Kennon Dowling Park Library, which is a separate entity.

Regional Catchment Area

This region includes three of the five most rural counties in Florida, Lafayette, Jefferson and Madison Counties. Levy County, the fourth most rural county, is located near this region. The most rural county in Florida, Liberty County, is in the Florida Panhandle to the West of this region.

Rural areas with low population densities present challenges with respect to health care service delivery. Developing a health service model that works in rural areas is difficult from a financial and staffing perspective. Several health care facilities have closed in this region, which has resulted in access to care issues for residents. Madison County Memorial Hospital is working with community stakeholders and residents in these counties to ascertain where the critical gaps are, and to identify possible solutions.

Population Demographics

Ten-year trends for all five counties and the state of Florida are shown below. These are shown separately because of the difference in population numbers among the counties.

Figure 1. Population Trends by County and Region, 2014-2024

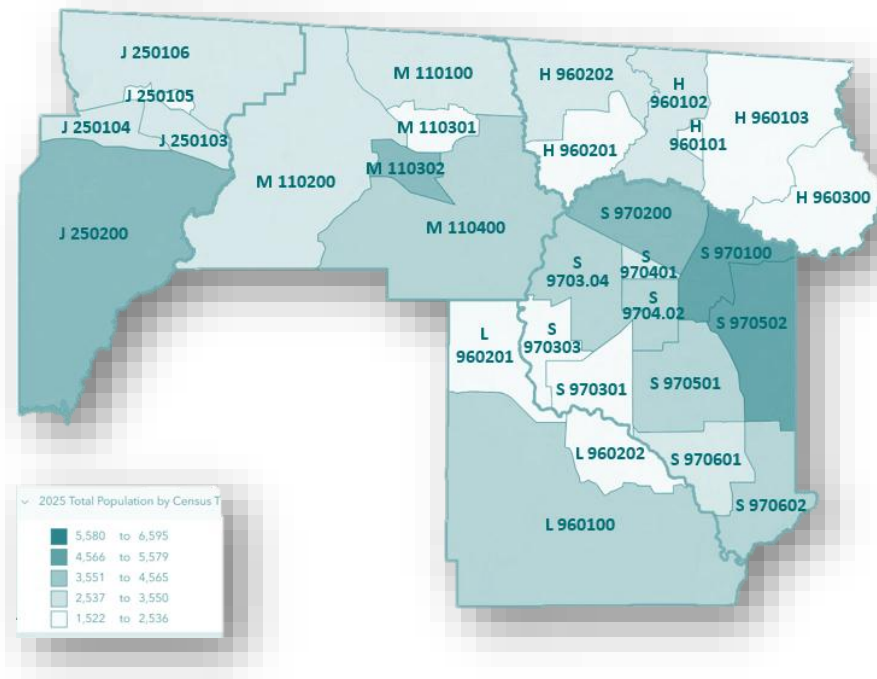


It should be noted that all five counties experienced a dramatic decrease in population in either calendar year 2021 or 2022, with increases after that time. The state of Florida experienced a decrease in 2023 after a spike in 2022. Causes for the decreases include the elevated number of deaths due to COVID-19, deaths with COVID-19 as a contributing factor, the decrease in births during the time, and the out migration of residents to other counties or states. Note that data for population subgroups are listed in Well Men, Well Women, Growing Well, Aging Well and Serving Well sections.

Population by Census Tracts

Figure 2 shows the 2025 population by census tract for the five counties. Darker areas depict larger population. Population numbers for each census tract are listed below.

Figure 2. 2025 Population by Census Tract



2025 ESRI estimated population counts

Population by Gender

Table 1 below displays population by gender, county and region for the years 2020 through 2024. When comparing 2024 to 2020, the male population in the regional catchment area decreased by 3% and the female population increased by 1%.

Table 1. Population by Gender and Residence County, 2020-2024

	2020		2021		2022		2023		2024	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Hamilton	8,462	6,156	8,456	6,160	7,484	5,324	7,388	6,233	7,501	6,274
Jefferson	7,793	7,038	7,548	6,869	7,798	6,988	7,966	7,167	8,213	7,397
Lafayette	4,485	3,836	4,986	3,913	4,406	3,357	4,267	3,560	4,445	3,761
Madison	10,228	9,026	10,034	8,918	9,785	8,557	9,729	8,888	9,766	9,012
Suwannee	23,680	22,348	23,523	22,326	22,749	21,329	23,480	21,925	23,638	22,325
Region	55,048	48,404	54,547	48,186	52,222	45,555	52,830	47,773	53,563	48,769

Males represented the majority of residents in all the counties in the catchment area. During 2024, males accounted for 52% of the regional catchment area and females accounted for 48%. Percent of total population by gender for the counties and the region is listed below in Table 2.

Table 2. 2024 Population by Gender

	Males	% Total Male	Females	% Total Female
Hamilton	7,501	54%	6,274	46%
Jefferson	8,213	53%	7,397	47%
Lafayette	4,445	54%	3,761	46%
Madison	9,766	52%	9,012	48%
Suwannee	23,638	51%	22,325	49%
Region	53,563	52%	48,769	48%

Population by Race/Ethnicity

Figure 3 shows the county and region population trends by race/ethnicity from 2020 through 2024. These data show decreases in either 2021 or 2022 and then increases through 2024 for all racial ethnic groups.

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



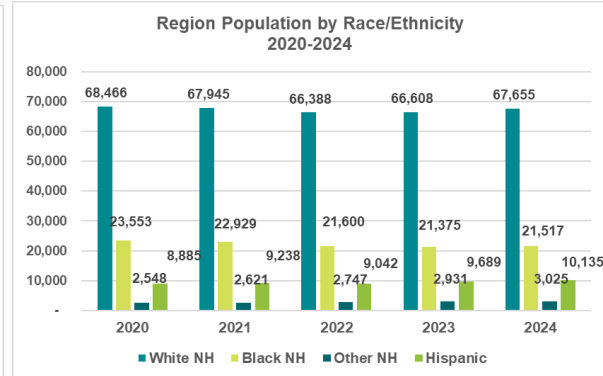
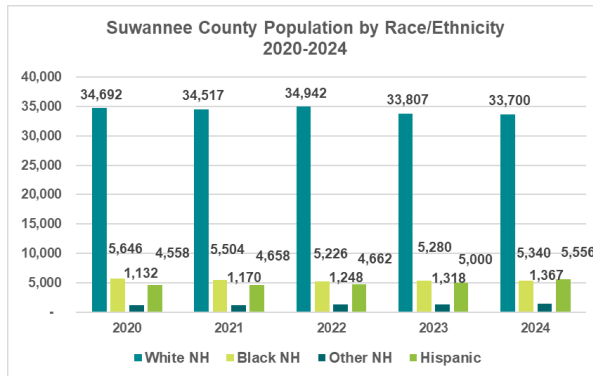


Table 3 below shows the percentage of population by race and ethnicity for calendar year 2024. Lafayette, Suwannee and Madison Counties had the highest percents of Hispanic population. Madison, Jefferson and Suwannee Counties had the highest percents of population that were Black, non-Hispanic and Other, non-Hispanic. Combined data for the regional catchment area shows that most residents were White, non-Hispanic, followed by Black/Other, non-Hispanic and Hispanic.

Table 3. 2024 Percent of Population by Race/Ethnicity

	White NH	Black NH	Other NH	Hispanic
Hamilton	56%	29%	4%	11%
Jefferson	62%	30%	3%	5%
Lafayette	75%	11%	2%	12%
Madison	56%	35%	3%	12%
Suwannee	73%	12%	3%	12%
Region	66%	21%	3%	10%

Population by Age Group

Table 4 shows the 2024 median age for residents by county and for Florida. Only Jefferson and Madison Counties had a median age that was higher than the state. The other three counties were slightly below the median age for Florida.

Table 4. 2024 Median Age by Residence County

County	Median Age
Hamilton	41.2
Jefferson	47.6
Lafayette	42.3
Madison	44.8
Suwannee	42.3
Florida	42.6

Tables 5 and 6. 2024 Population Numbers and Percents by Residence County

Age Group	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Region
0-9	1,576	1,424	800	1,911	4,907	10,618
10-19	1,603	1,498	1,011	1,894	5,563	11,569
20-24	1,019	687	638	932	2,546	5,822
25-34	1,731	1,755	1,053	2,397	5,497	12,433
35-44	1,497	1,867	1,051	2,340	5,439	12,194
45-54	1,648	2,087	1,121	2,369	5,308	12,533
55-64	1,854	2,364	989	2,628	6,417	14,252
65-74	1,675	2,235	855	2,545	5,825	13,135
75-84	894	1,300	505	1,357	3,304	7,360
85+	278	393	183	405	1,157	2,416
Totals	13,775	15,610	8,206	18,778	45,963	102,332

Age Group	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Region
0-9	11%	9%	10%	10%	11%	10%
10-19	12%	10%	12%	10%	12%	11%
20-24	7%	4%	8%	5%	6%	6%
25-34	13%	11%	13%	13%	12%	12%
35-44	11%	12%	13%	12%	12%	12%
45-54	12%	13%	14%	13%	12%	12%
55-64	13%	15%	12%	14%	14%	14%
65-74	12%	14%	10%	14%	13%	13%
75-84	6%	8%	6%	7%	7%	7%
85+	2%	3%	2%	2%	3%	2%

Disabled Population

Table 7 lists the number of developmentally disabled clients reported by the Agency for Persons with Disabilities between 2015 and 2025. The number of clients decreased by 17% for the region. All five counties had a decrease in the number of developmentally disabled clients.

Table 7. Developmentally Disabled Clients, by Residence County

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Hamilton	35	35	36	39	40	38	36	36	33	38	32
Jefferson	71	70	67	64	63	58	53	50	49	49	45
Lafayette	11	12	15	13	12	9	9	9	9	10	9
Madison	98	98	97	97	103	102	100	99	91	82	80
Suwannee	123	125	125	132	131	140	134	136	133	124	116
Region	338	340	340	345	349	347	332	330	315	303	282

Three of the five counties experienced an increase in the number of residents ages 18-64 with vision difficulties between 2015 and 2024. The region experienced a 25% increase during the time frame.

Table 8. Population with Vision Difficulties, Ages 18-64

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	2,158	2,463	2,700	3,001	3,086	3,153	3,457	3,074	2,738	2,839
Jefferson	187	203	139	146	145	146	117	179	172	252
Lafayette	128	119	137	146	19	12	19	41	86	63
Madison	441	432	461	515	516	424	276	254	270	378
Suwannee	810	715	651	770	736	1,045	1,306	1,418	1,198	1,137
Region	3,724	3,932	4,088	4,578	4,502	4,780	5,175	4,966	4,464	4,669

All counties, except Lafayette County, saw a decrease in the number of residents ages 18-64 with hearing difficulties when comparing 2024 to 2015. There was a 38% decrease in this population for the regional catchment area.

Table 9. Population with Hearing Difficulties, Ages 18-64

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	301	327	260	257	164	198	147	172	179	213
Jefferson	252	274	173	171	147	160	137	155	219	232
Lafayette	69	12	11	3	67	90	150	178	203	97
Madison	621	531	481	411	421	330	194	215	346	337
Suwannee	1,047	1,222	1,168	1,122	950	710	501	408	489	545
Region	2,290	2,366	2,093	1,964	1,749	1,488	1,129	1,128	1,436	1,424

Population - Well Men

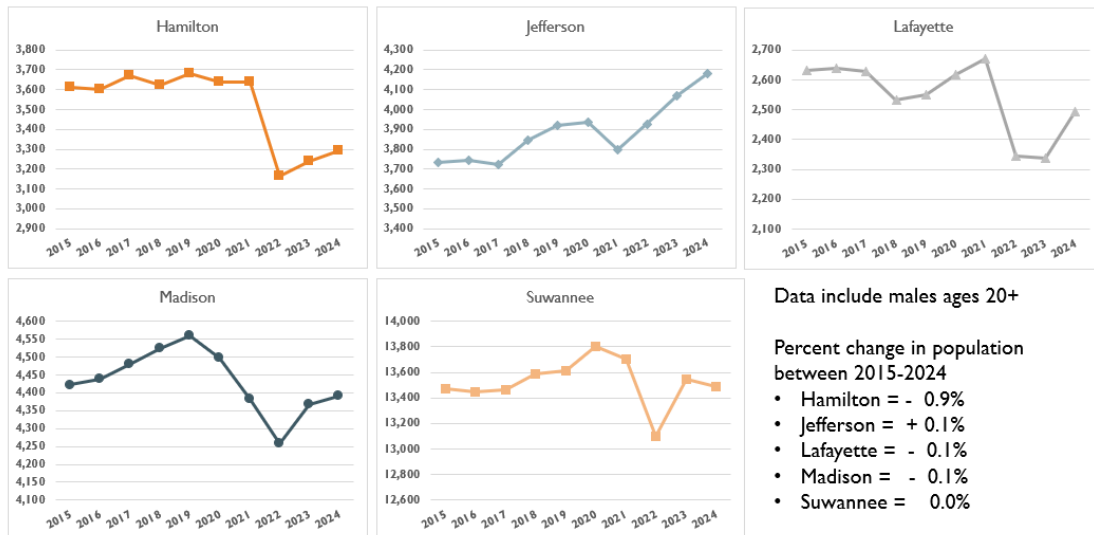
Table 10 shows the male population ages 20 and older for all five counties and the regional catchment area for calendar years 2015-2024. While the total population of males is larger than females during the time period, the number of males decreased slightly for the region and in all counties except Jefferson and Suwannee Counties.

Table 10. Male Population Ages 20+, by Year and Percent Change

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	% Change
Hamilton	6,666	6,759	6,858	6,722	6,882	6,813	6,823	6,017	5,740	5,805	- 13%
Jefferson	6,156	6,160	6,083	6,252	6,339	6,374	6,156	6,383	6,557	6,695	+ 9%
Lafayette	4,172	4,142	4,147	3,936	3,944	3,926	4,013	3,551	3,428	3,555	- 15%
Madison	7,951	7,968	7,989	8,173	8,186	8,169	7,992	7,771	7,797	7,740	- 3%
Suwannee	17,990	17,948	17,955	18,062	17,976	18,221	18,136	17,482	18,175	18,303	+ 2%
Region	42,935	42,977	43,032	43,145	43,327	43,503	43,120	41,204	41,697	42,098	- 2%

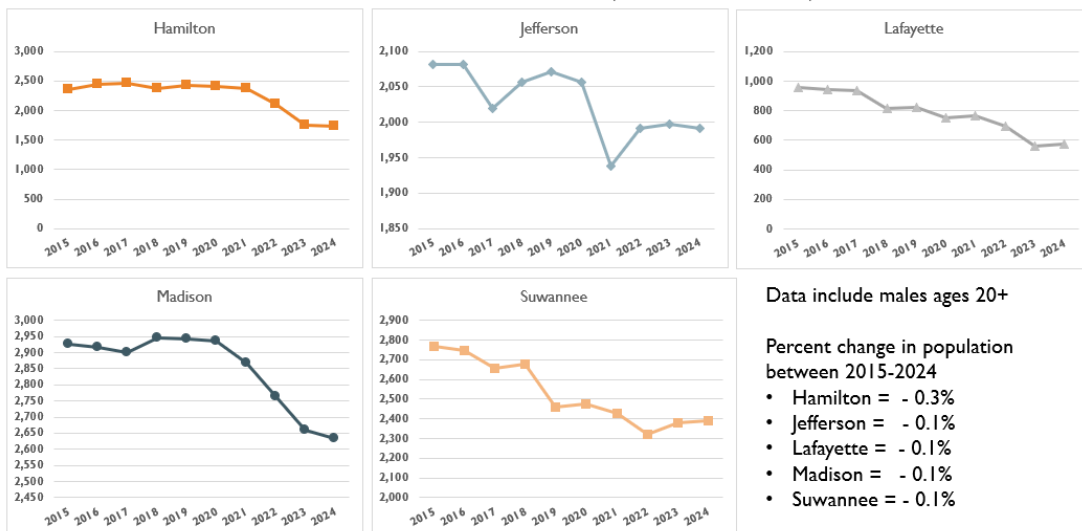
Figures 4-6 show ten-year trends for White, non-Hispanic, Black, non-Hispanic and Hispanic males for the five counties. Three of the five counties experienced a decrease in the number of White, non-Hispanic males. There was no substantial change in Suwannee County. Jefferson County had a slight increase.

Figure 4. White, Non-Hispanic Male Population Trends, by County, 2015-2024



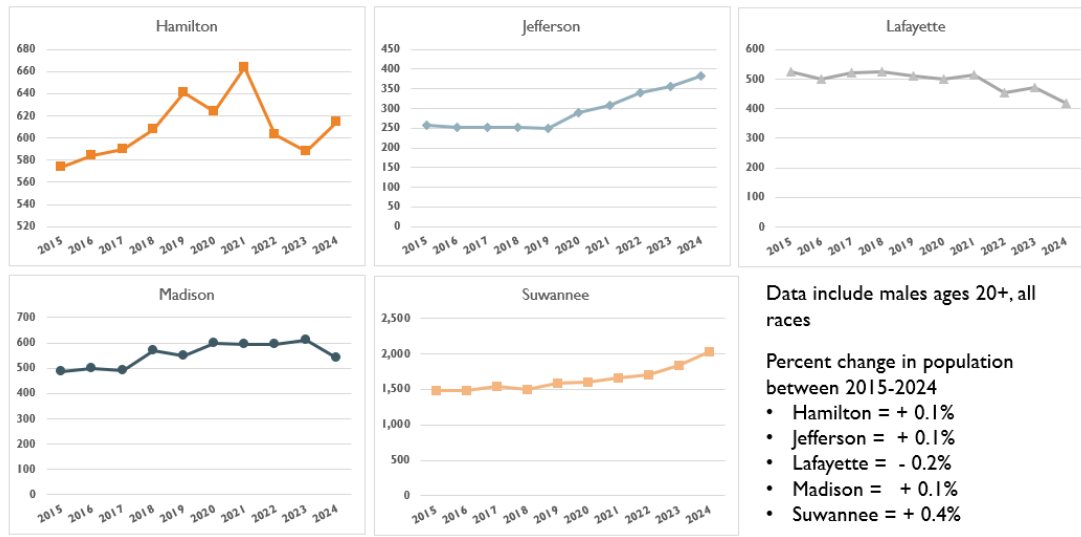
The number of Black-non-Hispanic males decreased slightly over the time period for all five counties. The decrease was slightly greater in Hamilton County.

Figure 5. Black, Non-Hispanic Male Population Trends, by County, 2015-2024



All counties except Lafayette County had a net increase in Hispanic males between 2015 and 2024. Suwannee County had the largest increase during the time frame.

Figure 6. Hispanic Male Population Trends, by County, 2015-2024



Population - Well Women

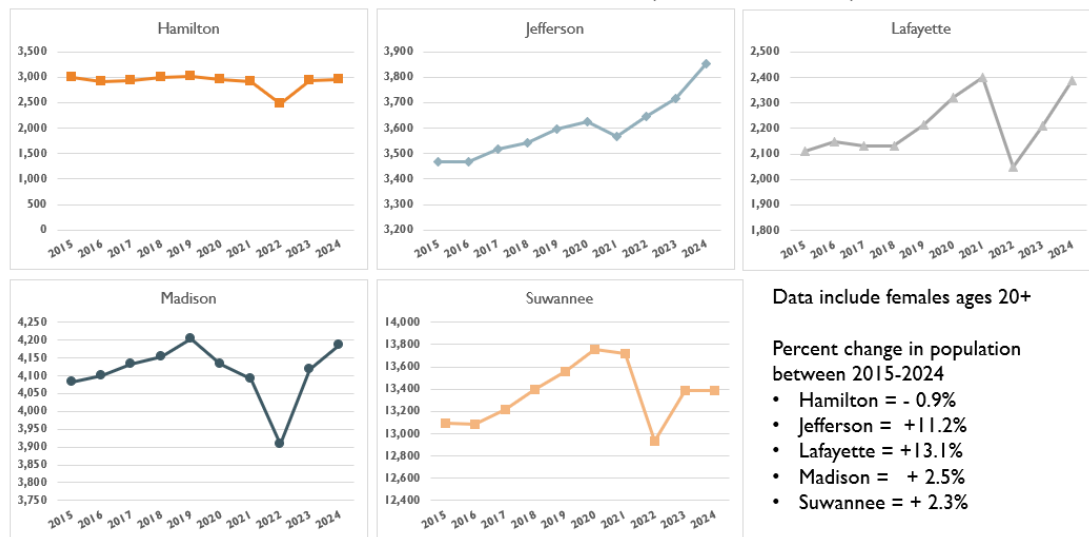
The table below shows female population ages 20 and older by year, along with percent change in population between 2015 and 2024. The number of females ages 20+ grew by 4.1% for the region, which includes all counties combined. The only county to experience a decrease during the time period was Hamilton County, and the percentage change was less than one percent.

Table 11. Female Population Ages 20+, by Year and Percent Change

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	% Change
Hamilton	4,792	4,699	4,720	4,762	4,761	4,698	4,700	4,048	4,758	4,791	-0.02%
Jefferson	5,594	5,564	5,629	5,664	5,718	5,746	5,590	5,691	5,801	5,993	7.1%
Lafayette	2,486	2,529	2,533	2,538	2,700	2,830	2,926	2,510	2,693	2,840	14.2%
Madison	7,069	7,128	7,179	7,194	7,297	7,174	7,120	6,805	7,178	7,233	2.3%
Suwannee	16,053	16,115	16,334	16,681	16,917	17,163	17,219	16,337	16,940	17,190	7.1%
Region	35,897	35,994	36,035	36,395	36,839	37,393	37,611	37,555	35,391	37,370	4.1%

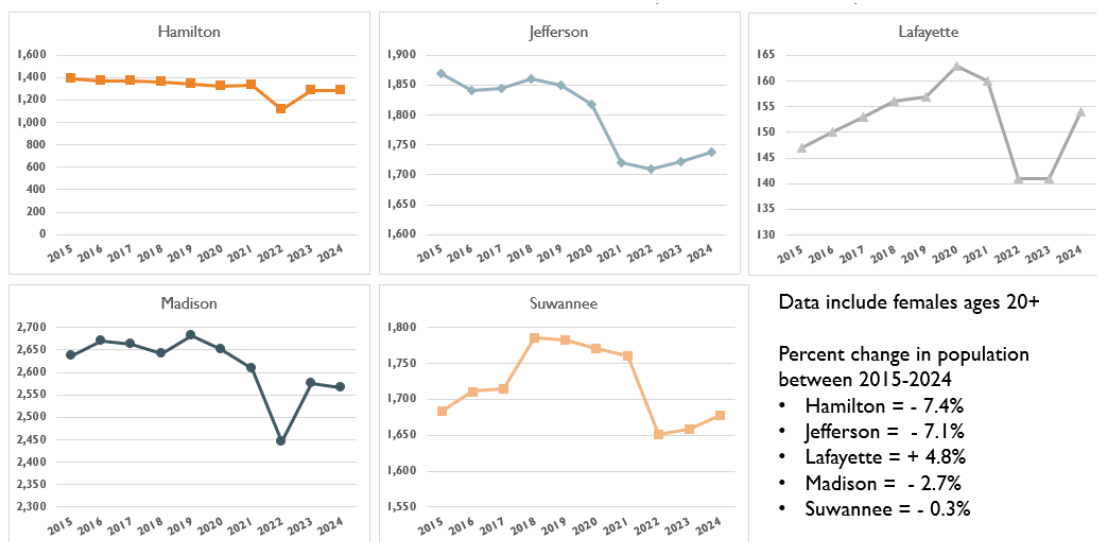
Figures 7-9 are trend lines for White, non-Hispanic, Black, non-Hispanic and Hispanic females from 2015 through 2024. White, non-Hispanic female populations increased in all counties except Hamilton County. Hamilton County's decrease was approximately 1%.

Figure 7. White, Non-Hispanic Female Population Trends, by County, 2015-2024



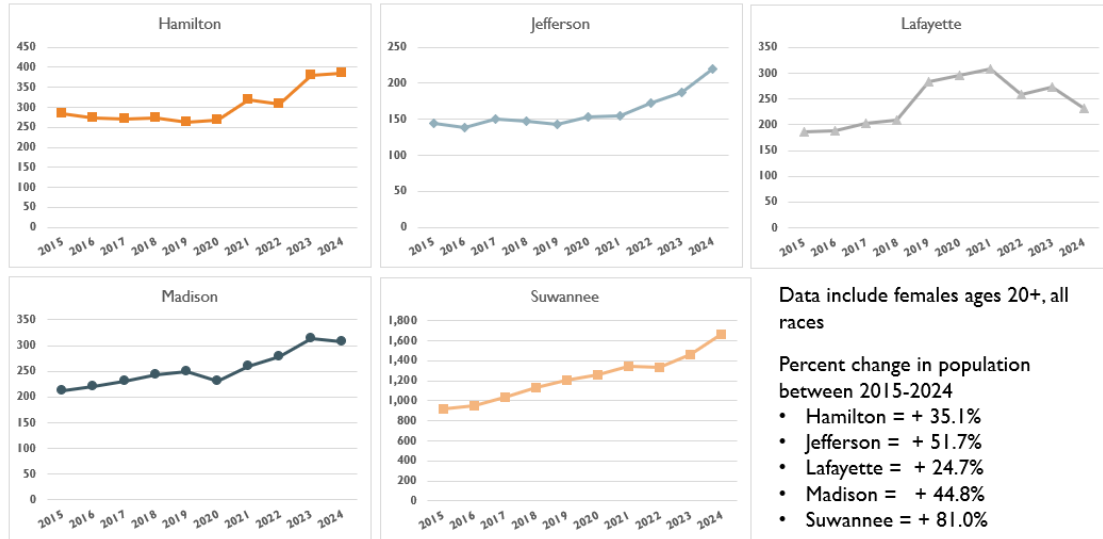
Hamilton and Jefferson Counties experienced a 7% decrease in Black, non-Hispanic female population during the timeframe, followed by Madison County with a 3% decrease. Lafayette County had an increase of almost 5%.

Figure 8. Black, Non-Hispanic Female Population Trends, by County, 2015-2024



All five counties had a large increase in the number of Hispanic females when comparing 2015 to 2024. Suwannee County had an 81% increase, followed by Jefferson County, 52%, Madison County, 45%, Hamilton County, 35%, and Lafayette County, 25%.

Figure 9. Hispanic Female Population Trends, by County, 2015-2024



Population - Growing Well

Table 12 lists the population for ages 0-19 for the five counties and the region overtime. The region had a decrease of 1.6% in this population for this age group. Only Jefferson and Suwannee Counties had a net increase when comparing 2015 to 2024.

Table 12. Population Ages 0-19, by Year and Percent Change

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	% Change
Hamilton	3,207	3,208	3,171	3,222	3,144	3,107	3,093	2,743	3,123	3,179	-0.9%
Jefferson	2,756	2,777	2,818	2,809	2,785	2,711	2,671	2,712	2,775	2,922	6.0%
Lafayette	1,991	1,949	1,971	1,893	1,969	1,965	1,960	1,702	1,706	1,811	-9.0%
Madison	4,180	4,156	4,127	4,053	4,050	3,911	3,840	3,766	3,642	3,805	-9.0%
Suwannee	10,406	10,277	10,238	10,380	10,589	10,644	10,494	10,259	10,290	10,470	0.6%
Region	22,540	22,367	22,325	22,357	22,537	22,338	22,058	21,182	21,536	22,187	-1.6%

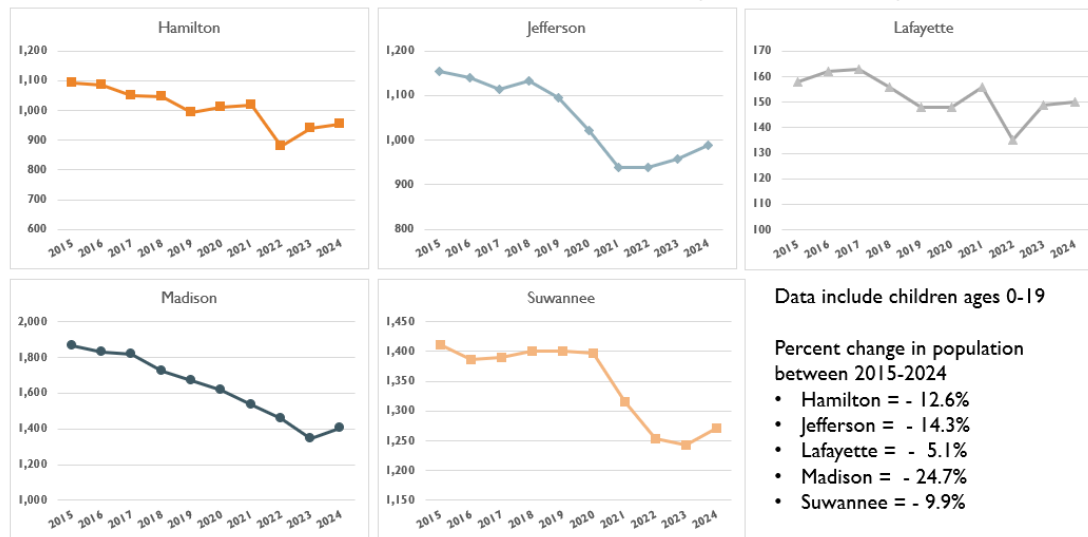
Figure 10 shows ten-year trend lines for White, non-Hispanic children ages 0-19. Only Jefferson County had an increase in the number of White, non-Hispanic children during the time frame. The remaining four counties experienced a decrease, with Lafayette County showing the highest decrease of 11.8%.

Figure 10. White, non-Hispanic Child Population Trends, by County, 2015-2024



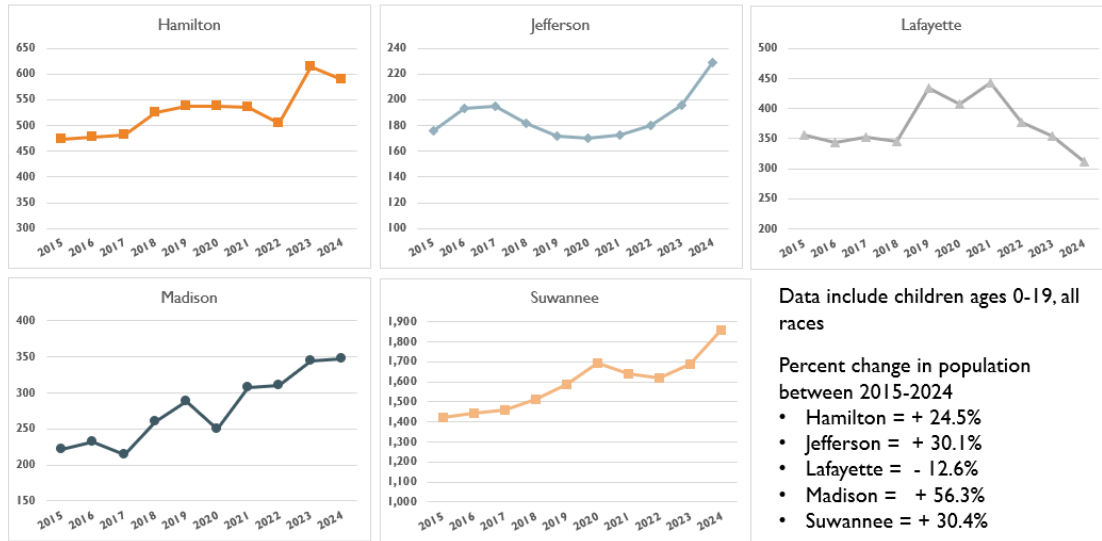
Ten-year trends for Black, non-Hispanic children ages 0-19 are shown below in Figure 11. All five counties show a decrease in the population of Black, non-Hispanic children during 2015-2024. Madison County had the greatest decrease, at -24.7%, followed by Jefferson County, -14.3%, Hamilton County, -12.6%, Suwannee County, -9.9%, and Lafayette County, -5.1%.

Figure 11. Black, non-Hispanic Child Population Trends, by County, 2015-2024



Ten-year population trends for Hispanic children ages 0-19 show large percent increases in all counties except Lafayette County. The other four counties experienced an increase ranging from 24.5% in Hamilton County to 56.3% in Madison County. Figure 12 displays trend lines for all five counties.

Figure 12. Hispanic Child Population Trends, by County, 2015-2024



The population of children ages 0-17 with hearing difficulty decreased slightly in the region from 326 in 2015 to 301 in 2024. Table 11 lists this population for the five counties. Lafayette County reported no children with hearing difficulties during the time frame.

Table 11. Population With Hearing Difficulty, Ages 0-17

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	68	72	36	22	27	55	52	103	126	178
Jefferson	6	6	4	4	8	2	6	7	0	0
Lafayette	0	0	0	0	0	0	0	0	0	0
Madison	62	75	51	31	23	16	8	0	39	76
Suwannee	190	210	229	152	193	105	16	2	34	47
Region	326	363	320	209	251	178	82	112	199	301

There was also a net decrease of 36% in the number of children with disabilities receiving pre-Kindergarten services in the five-county regional catchment area. Note that these numbers were not reported for Jefferson County during 2021-2024. This may be the reason for the regional decrease. Suwannee and Hamilton Counties show an increase during the time frame.

Table 12. Children with Disabilities Receiving Pre-K Services

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	15	13	13	14	14	13	0	11	11
Jefferson	30	26	15	0	14	12	NR	NR	NR	NR
Lafayette	15	0	11	13	17	13	21	18	14	12
Madison	66	65	55	47	37	42	27	24	24	24
Suwannee	43	49	52	58	53	64	53	65	52	51
Region	154	155	146	131	135	145	114	107	101	98

Population - Aging Well

Table 13 depicts the population growth for residents ages 65 and older between 2015 and 2024. All five counties showed a population increase between 17-34% during the time frame. Jefferson County had the greatest increase with 34%, followed by Lafayette County, 27%, Madison County, 26%, Hamilton County, 22%, and Suwannee County, 18%.

Table 13. Population Ages 65+, by Year and Percent Change

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	% Change
Hamilton	2,331	2,375	2,447	2,596	2,659	2,700	2,739	2,390	2,761	2,847	22.1%
Jefferson	2,927	3,024	3,149	3,354	3,493	3,654	3,523	3,618	3,691	3,928	34.2%
Lafayette	1,215	1,241	1,268	1,346	1,383	1,506	1,571	1,335	1,496	1,543	27.0%
Madison	3,433	3,598	3,723	3,881	4,001	4,059	4,086	3,883	4,167	4,307	25.5%
Suwannee	8,756	8,864	9,090	9,453	9,720	9,998	10,111	9,592	10,014	10,286	17.5%
Region	18,662	19,102	19,677	20,630	21,256	21,917	22,030	20,818	22,129	22,911	22.8%

The population ages 65+ with hearing difficulties decreased for the region by 30 individuals, from 3,055 in 2015 to 3,025 in 2024. Jefferson County experienced a large increase in the number of hearing-impaired residents. Lafayette and Suwannee Counties also had increases in the number of residents with hearing issues.

Table 14. Population with Hearing Difficulty, Ages 65+

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	390	366	377	438	480	430	399	356	360	355
Jefferson	319	320	354	387	426	650	712	707	616	701
Lafayette	302	295	333	366	255	268	253	236	281	355
Madison	589	570	658	659	631	545	567	471	410	384
Suwannee	1,455	1,660	1,430	1,480	1,561	1,392	1,104	1,312	1,211	1,230
Region	3,055	3,211	3,152	3,330	3,353	3,285	3,035	3,082	2,878	3,025

Probable Alzheimer's cases are listed as a category under populations with disabilities. Table 15 shows an increase of 8% in probable cases among residents in the region during 2015-2024. Percent increases by residence county are 13% for Hamilton County, 29% for Jefferson County, 18% for Lafayette County, 4% for Madison County, and 0.2% for Suwannee County.

Table 15. Probable Alzheimer's Cases, Ages 65+

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	261	269	284	306	309	313	299	252	284	295
Jefferson	322	321	375	403	405	425	390	389	385	415
Lafayette	145	141	165	168	169	178	177	146	164	171
Madison	425	436	447	465	471	465	440	401	419	441

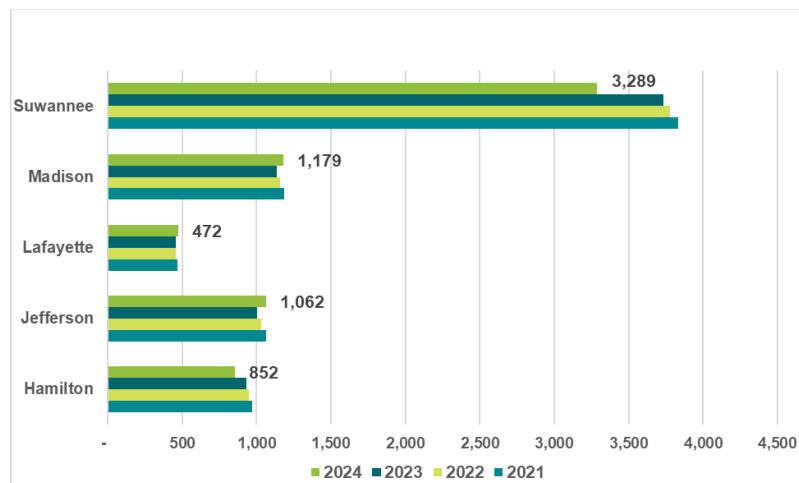
Suwannee	1,111	1,154	1,150	1,203	1,217	1,237	1,176	1,073	1,076	1,113
Region	2,264	2,321	2,421	2,545	2,571	2,618	2,482	2,261	2,328	2,435

Population - Serving Well

Figure 13 shows the Veteran population by county for 2021 through 2024. The Veteran population decreased by 9% when comparing 2024 to 2021. Only Lafayette County had a slight increase in Veteran population.

There were 6,854 Veterans in the region in 2024. Veterans accounted for 8% of the Hamilton County population ages 18 and older, as well as 8% of the Jefferson County population, 7% of the Lafayette County population, 8% of the Madison County population, and 9% of the Suwannee County population.

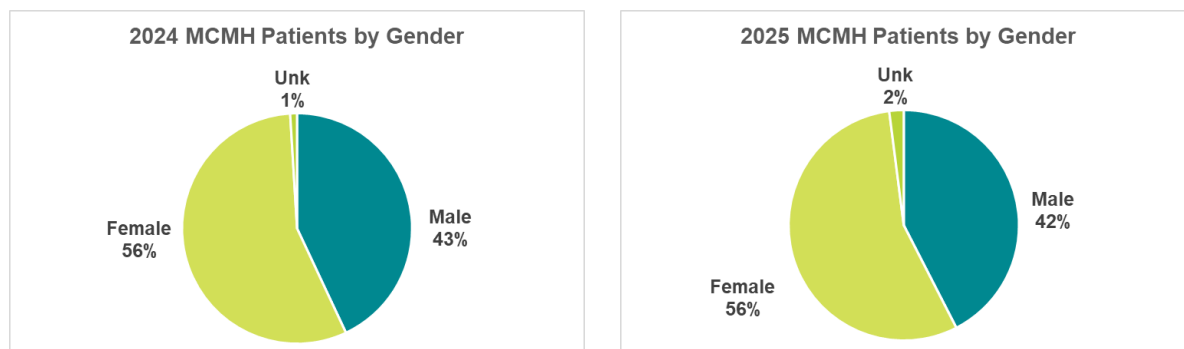
Figure 13. Veteran Populations Ages 18+ by Resident County, 2021-2024



Madison County Memorial Hospital Patient Demographics

Madison County Memorial Hospital patient demographics show that the majority of patients in 2024 and 2025 were female. Demographic data for the regional catchment area in 2024 differ in that the majority of residents were male.

Figure 14. MCMH Patients by Gender



For comparison purposes, Table 16 gives the racial and ethnic breakdown of MCMH patients in 2024 and 2025, as well as for residents in the region during 2024. Racial and ethnic minorities represented 46% of 2024 patients and 34% of region residents. The majority of patients were White, non-Hispanic, which is consistent with the region demographics.

Table 16. MCMH Patient and Region Resident Comparisons by Race/Ethnicity

	White NH	Black NH	Other NH	Hispanic
2024 Patients	54%	40%	3%	3%
2025 Patients	55%	38%	2%	3%
Region 2024	66%	21%	3%	10%

Comparisons of regional residents and MCMH patients during 2024 by age groups are consistent within 1-2%. Ages 65+ comprised 27% of MCMH patients and 22% of residents in the region.

Table 17. Percent of Total 2024 Region Residents and 2024 MCMH Patients

Age Group	2024 Region Residents	2024 MCMH Patients
0-9	10%	8%
10-19	11%	10%
20-24	6%	5%
25-34	12%	10%
35-44	12%	11%
45-54	12%	11%
55-64	14%	14%
65-74	13%	15%
75-84	7%	9%
85+	2%	3%
Unknown	0%	4%

Patient address data for 2024 and 2025 indicate that 90% of patients seen at MCMH were Florida residents and 4% were Georgia residents. More than 80% of patients seen in 2024 and 2025 resided in the five-county regional catchment area.

Significant Findings

- All five counties experienced a large population decrease in either calendar year 2021 or 2022, followed by increases. Only Jefferson and Suwannee Counties had a net increase between 2015 and 2024.
- There is a need to develop materials to reach the Hispanic population due to the large increases over the past ten years.
- There was a decrease in the population of Black, non-Hispanic males and females ages 20+ over the 2015-2024 time period.
- When comparing 2024 to 2015, the male population ages 20+ in the regional catchment area decreased by 3% and the female population increased by 1%. Even with the decreases in

male population, males accounted for 52% of the regional catchment area and females accounted for 48% in 2024.

- With males having the slight majority in population, it is important to design wellness programs that will effectively reach them.
- The number of females ages 20+ grew by 4.1% for the region during 2015-2024.
- The region had a decrease of 1.6% for ages 0-19 during 2015-2024. This translates to decreases among children with disabilities.

All five counties showed a population increase between 17-34% for age group 65+ during 2015-2024. There was a corresponding increase among probable Alzheimer's cases.



Social Determinants of Health

Overview

When analyzing health indicators, it is important to also examine the Social Determinants of Health. These are non-health related issues that affect individual health outcomes and by extension, the overall health of a community.

The Healthy People 2030 initiative definition of social determinants of 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.”

Addressing socioeconomic factors has a broader impact on health, when compared to individual counseling and education, patient treatments, preventive interventions, and legal or educational campaigns. The Social Determinants of 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 care has a major impact on health outcomes because it affects whether people can get preventive services, timely diagnosis, treatment, and ongoing management of health conditions. Limited access to medical care results in delayed or skipped medical care, lower use of preventive services and screenings, poorer management of chronic illnesses, worse health outcomes and greater health disparities among underserved populations, and higher risks of illness, complications, and mortality.

Clinicians

Tables 20-25 show the number of licensed clinicians in each county for fiscal year 23-24. It should be noted that data reflect the county of residence for the clinician which may be different from the county of practice. Specializing physicians account for the largest service gap in the region, followed by mental health professionals.

Tables 18a-f. Licensed Clinicians, Fiscal Year 23-24

Nursing Providers	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Certified Nursing Assistant	9	17	8	28	50
Licensed Practical Nurse	180	103	131	282	656
Registered Nurse	124	164	91	220	610
Student/Nurse Ratio (Pre-K-12 th Grade)	1,091.0	233.7	755.3	920.0	852.6

Pediatricians, OB/GYN, Family Practice and Internal Medicine physicians continue to be a need among all five counties. Negative birth and post-natal outcomes for the region are linked to the lack of access to prenatal care and pediatric care.

Physicians	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Medical Doctor	3	6	1	4	11
Family Practice Physician	0	2	0	2	1
Internal Medicine Physician	1	0	0	1	2
OB/GYN	0	0	0	0	1
Osteopathic Physician	1	1	0	4	0
Pediatrician	0	0	0	0	0
Physician Assistant	0	4	0	2	6
Podiatric Physician	0	0	0	0	1

Behavioral health and substance use services continue to be underserved in the five-county area. Many mental health and substance use agencies are regional and offer telehealth services as a partial remedy. In-person and crisis intervention services are gaps that need to be addressed.

Behavioral Health Providers	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Behavioral/Mental Health Professional	7	19	1	8	22
Licensed Clinical Social Worker	0	9	1	2	12
Licensed Marriage & Family Therapist	2	0	0	1	2
Licensed Mental Health Counselor	5	10	0	5	8
Psychologist	0	2	0	1	2

Dental services are an issue in the five counties. Medicaid reimbursement and patient no-show rates are among the reasons that public health dental services have declined. Regional federally qualified health centers offer some services; however, distance to care is a regional issue.

Dental Providers	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Dental Hygienist	3	15	6	13	22
Dentist	2	2	2	3	10

The need for emergency response personnel is anticipated to grow with the trend toward providing community paramedicine. This initiative is a challenge to implement due to the limited billing capacity for EMT and paramedic community paramedicine services.

Emergency Response	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Emergency Medical Technician	21	40	11	25	75
Paramedic	15	21	4	18	54

The need for pharmacies in the region is growing due to the provision of enhanced services such as utilizing pharmacies as retail clinics. Enhanced services include screening, access to telehealth kiosks, and remote patient telemonitoring.

Pharmacy	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Pharmacist	2	18	1	12	29
Registered Pharmacy Technician	21	13	10	28	108

Table 18 shows the ratio of primary care physicians, mental health professionals and dentists to resident population for 2024. These 2024 data were obtained from the Robert Wood Johnson County Health Rankings. Calendar year 2025 showing 2024 data will be the last data release from RWJ. Note that data are not available for Lafayette County dentists. Access to primary care physicians is an issue for all five counties; however, the need is greatest in Hamilton and Madison Counties. Hamilton and Lafayette Counties have the least access to mental health providers. The need for dentists is highest in Suwannee County.

Table 18. Ratio of Medical Professionals to Population, 2024

	Primary Care Physicians	Mental Health Providers	Dentists
Hamilton	1:13,990	1:4,490	1:4,410
Jefferson	1:3,640	1:1,290	1:3,760
Lafayette	1:8,380	1:4,040	N/A
Madison	1:9,140	1:1,320	1:4,550
Suwannee	1:7,410	1:1,250	1:5,680
Florida	1:1,370	1:460	1:1,560

Health Insurance

Access to care includes health insurance, either public or private. Figure 15 is a census tract map of residents with no health insurance. Values are the percentage of the census tract population without public or private health insurance.

Figure 15. Percentage of Population with No Health Insurance, by Census Tract

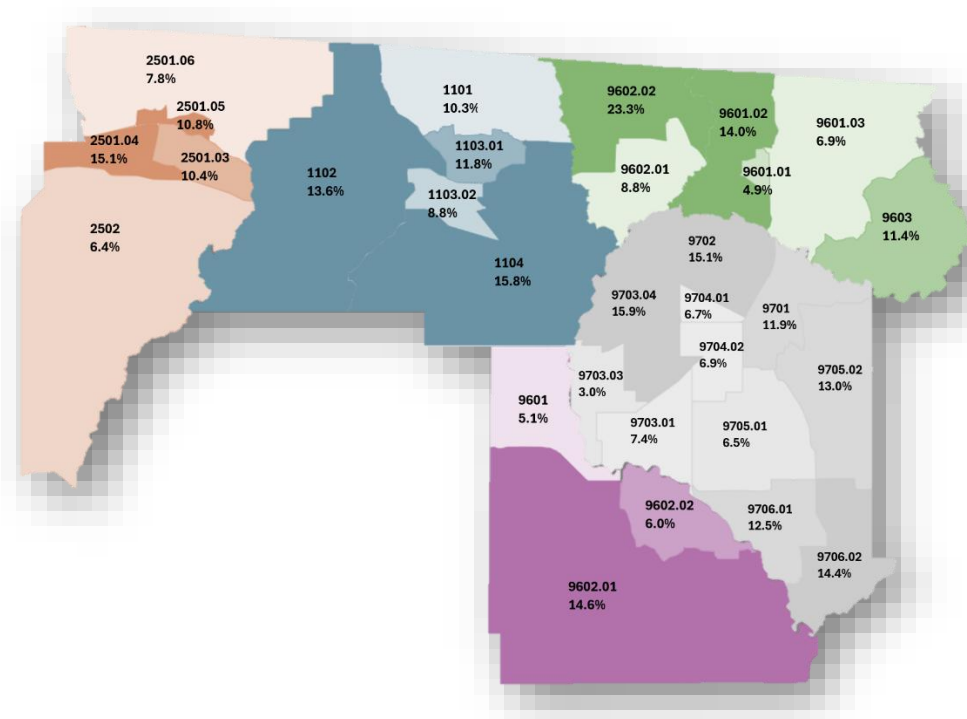
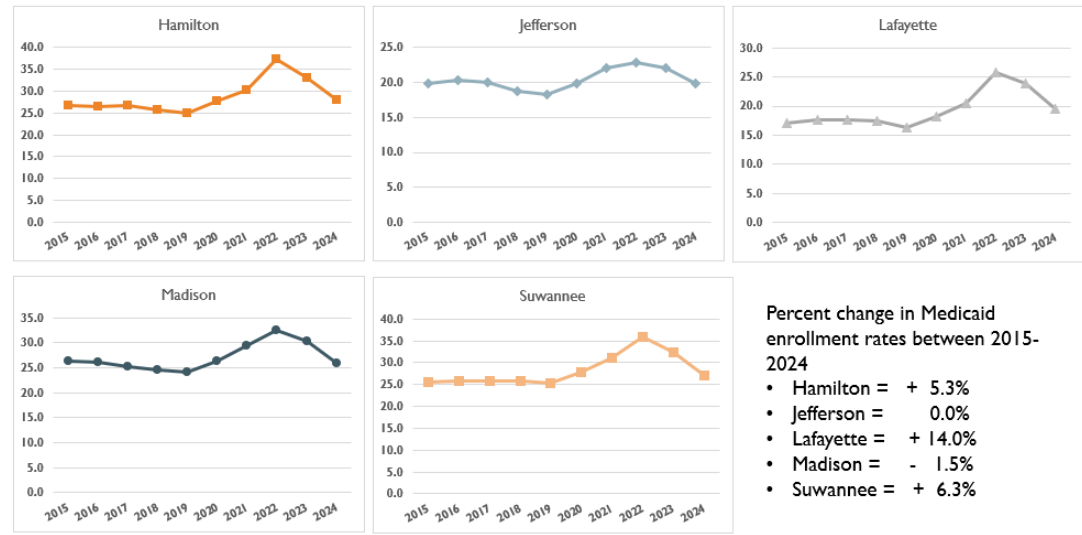


Figure 16 shows Medicaid enrollment by resident county for ten years. All five counties had increases in enrollment from 2019 through 2022, with decreases after 2022. These trends resulted in net increases in enrollment for Hamilton, Lafayette, and Suwannee Counties.

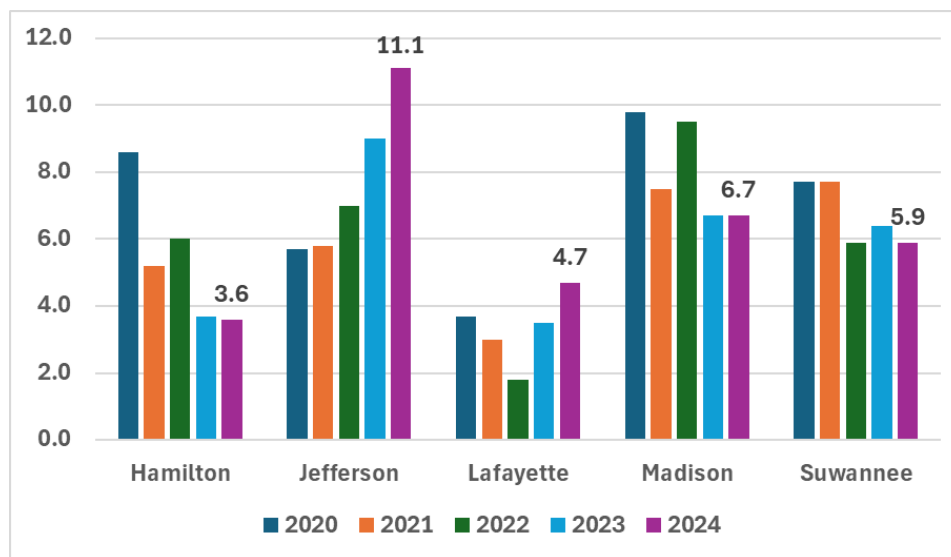
Figure 16. Medicaid Enrollment, Percent of Population, 2015-2024



Transportation and Broadband Internet Access

Transportation and internet availability are included in access to care, because these variables significantly impact in-person appointments and telehealth appointments respectively. Figure 17 shows five-year trends for the percentage of households without a vehicle. Jefferson County had a 94.7% increase in the percentage of households without a vehicle during 2020-2024. Lafayette County had a 27% increase during the time frame. The other three counties had decreases in the percentage of households with no vehicle, including Suwannee County, -23.4%, Madison County, -31.6%, and Hamilton County, -58.1%.

Figure 17. Percent of Households with No Vehicle, by Residence County, 2020-2024



Most households in the five counties have access to broadband internet. Calendar year 2024 shows that 87.7% of Lafayette County households had access to broadband internet, followed by 86.5% of Suwannee County households, 81.4% of Hamilton County households,

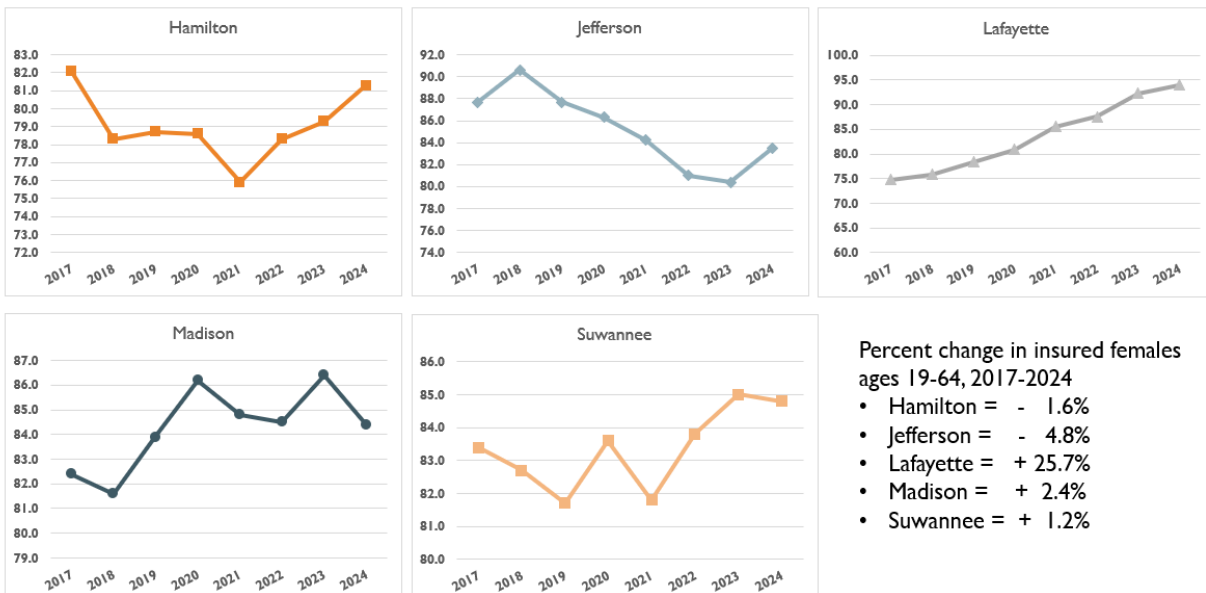
Access To Care - Well Women

It is important to examine access to care indicators for females, particularly health insurance, for multiple reasons. There is a positive correlation between the percentage of women ages 19–64 with health insurance and the percentage of children with health insurance. This relationship occurs for several reasons:

- Parents' insurance status is often linked to their children's coverage through employer-sponsored insurance and public programs.
- State policies affecting insurance access (such as Medicaid and CHIP eligibility and enrollment processes) influence coverage for both adults and children.
- Research on child coverage trends notes that Medicaid enrollment and child insurance rates are closely related across states.

Also, prenatal, birth outcome and post-natal indicators are related to healthcare access, including health insurance. Figure 18 includes trend lines for the percentage of females ages 19-64 with health insurance, by residence county. When comparing 2017 and 2024 data, Jefferson and Hamilton Counties had net decreases in the percentage of females with health insurance. Lafayette, Madison and Suwannee Counties had net increases during the time frame, with Lafayette County experiencing a 25.7% increase.

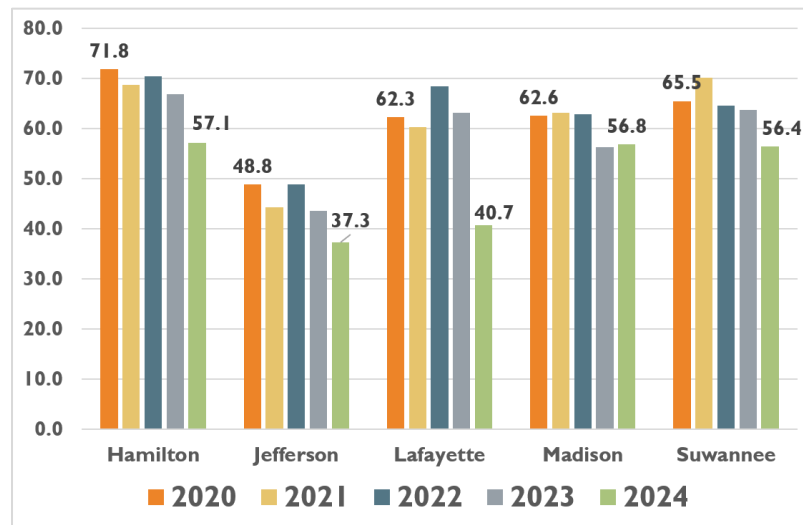
Figure 18. Percentage of Females with Health Insurance Ages 19-64 by Residence County



Although the percentage of births covered by Medicaid has declined over time statewide and across the five-county region, Medicaid continued to pay for more than half of all births in Hamilton, Madison, and Suwannee Counties in 2024. The Florida Department of Health describes this measure as an indicator of access to jobs, health insurance, and economic independence.

It should be noted that three of the five counties had higher percentages of births covered by Medicaid in 2024, compared to the state of Florida. More than half of 2024 births in Hamilton, Madison and Suwannee Counties were covered by Medicaid. All five counties did have decreases in the percentages of births covered by Medicaid when comparing 2020 to 2024. Lafayette County had a 34.7% decrease, followed by Jefferson County, 23.6%, Hamilton County, 20.5%, Suwannee County, 13.9% and Madison County, 9.3%

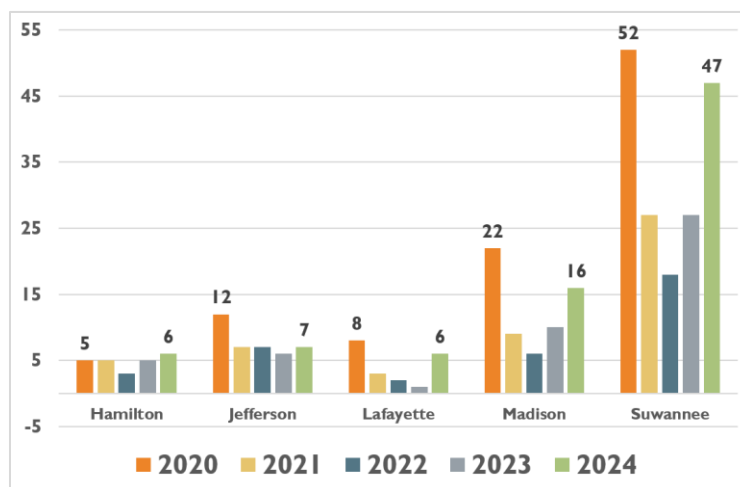
Figure 19. Percentage of Births Covered by Medicaid, by Residence County



Access to Care - Growing Well

Children in Florida are automatically placed into the appropriate Florida KidCare Program based on their eligibility. Categories include Medicaid, MediKids, Florida Healthy Kids or CMS Health Plan. Figure 20 below includes enrollment numbers for children eligible for MediKids specifically through 2024. Enrollment numbers dropped for all counties except Hamilton County during 2020-2024.

Figure 20. Children Covered by MediKids Ages 1-4



Medicaid enrollment numbers for ages 0-18 are listed below in Table 19. These numbers were obtained from the Agency for Health Care Administration as of May 31, 2026. Totals from June 2025 are also listed below. Enrollment numbers indicate an increase in enrollment of 0.3% in Hamilton County, and decreases in the remaining four counties, including an 8.1% decrease in

Jefferson County, a 5.2% decrease in Lafayette County, a 1.3% decrease in Madison County, and a 4.5% decrease in Suwannee County,

Table 19. Medicaid Enrollment for Ages 0-18, By Residence County as of May 31, 2026

County	Ages 0-5	Ages 6-10	Ages 11-18	Total 2026	Total 2025
Hamilton	605	558	839	2,002	1,997
Jefferson	474	378	597	1,449	1,576
Lafayette	252	209	298	759	801
Madison	732	595	946	2,273	2,303
Suwannee	1,847	1,608	2,559	6,014	6,297

The CMS Plan serves children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and ongoing care. Table 20. Shows enrollment numbers by year for the five counties. Note that 2025 enrollment numbers are significantly less for all counties except Lafayette, which increased slightly.

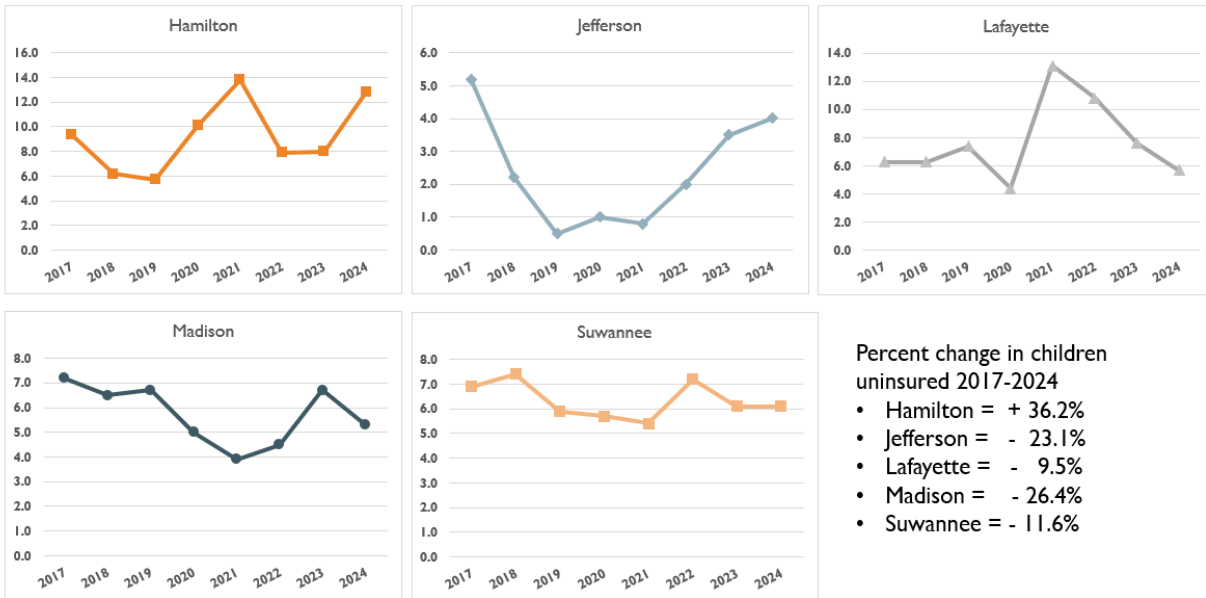
Table 20. Children's Medical Service Enrollment, Ages 0-20, by Residence County

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2020	63	76	25	111	220
2021	75	77	28	114	266
2022	80	77	25	125	281
2023	84	78	30	125	291
2024	81	96	23	131	317
2025	39	57	27	67	138

Medical Foster Care enables eligible children, from birth through age 20 with medically complex conditions whose parents cannot care for them in their own homes, to live and receive care in foster homes rather than in hospitals or other institutional settings. A data review of medical foster children during 2015-2025 indicated that there were very few among the five counties. Totals included one in Hamilton County, zero in Jefferson and Lafayette Counties, two in Madison County, and 22 in Suwannee County.

Figure 21 shows trend lines for children ages 0-18 without health insurance between 2017 and 2024. Four of the five counties experienced a decrease in the percentage of uninsured children. Only Hamilton County showed an increase of 36.2% when comparing 2024 to 2017.

Figure 21. Percent of Population Ages 0-18 Without Health Insurance



Access to Care - Aging Well

Enrollment numbers listed below do not differentiate between persons ages 65+ and those eligible under age 65. Medicare enrollment increased in all counties except Lafayette County between 2020 and 2025. Medicare eligibility criteria are listed below.

- People ages 65 or older and a U.S. citizen or qualifying legal resident.
- People under age 65 and have received Social Security Disability Insurance (SSDI) benefits for 24 months.
- People with ALS (Lou Gehrig's disease), which does not require a 24-month waiting period.
- People with End-Stage Renal Disease (ESRD) and meet Medicare's ESRD requirements.

Table 21. Medicare Enrollment by Residence County

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2020	2,957	3,698	1,481	4,555	11,013
2021	2,999	3,761	1,504	4,666	11,321
2022	3,088	3,880	1,510	4,731	11,678
2023	3,225	4,008	1,525	4,807	12,023
2024	3,407	4,104	1,508	4,956	12,277
2025	3,442	4,172	1,496	5,032	12,413

People aged 65+ may also be eligible for Medicaid. Enrollment numbers are listed below by county for 2025 and 2026. All five counties had an increase in the percentage of population enrolled in Medicaid when comparing 2026 to 2025.

Table 22. Medicaid Enrollment Ages 65+, by Residence County

County	2025	2026	Percent Change
Hamilton	496	504	1.6%
Jefferson	506	546	7.9%
Lafayette	212	237	11.8%
Madison	724	743	2.6%
Suwannee	1,690	1,823	7.9%

Economic Stability

Economic stability is important for health outcomes because it affects people's ability to meet basic needs and access health-related resources. Economic stability is considered a major "social determinant of health" because it shapes many of the conditions that help people stay healthy and recover from illness.

- People with stable income and health insurance are more likely to receive preventive care, prenatal care, medications, and treatment when they are sick.
- Economic security makes it easier to afford safe housing, nutritious food, clean water, and utilities, all of which contribute to better health.
- Financial hardship can create chronic stress, anxiety, and depression. Long-term stress is associated with poorer physical and mental health outcomes.
- Individuals facing financial strain may have fewer opportunities for exercise, healthy eating, and other health-promoting activities.
- Economic resources can affect access to prenatal care, healthy pregnancies, and early childhood services, which can influence health throughout life.
- Economic stability is closely connected to education and employment, which in turn affect income, health literacy, and access to benefits.

Median Income

Figure 22 shows median income trends for five years across the five counties. All counties had an increase in median income during the time frame. Madison County had a 38% increase in median income, followed by Hamilton County, 31%, Jefferson County, 25%, Suwannee County, 22%, and Lafayette County, 21%. Although the percent increase was smallest for Lafayette County, the 2024 median income was higher than the other four counties.

Figure 22. Median Income by Year and Resident County, 2020-2024

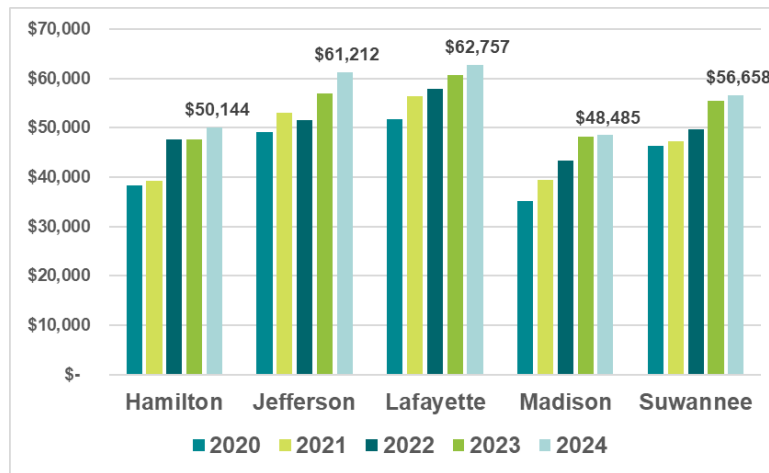


Figure 23 below illustrates median income by census tract for the combined years of 2020-2024. The darker colors depict lower median income. Also included is Table 22 that lists the highest and lowest median income census tracts for each county. Census tract 2501.04 in Jefferson County had the highest median income of the five-county region. Census tract 1103.02 in Madison County had the lowest median income in the region.

Figure 23. Median Income by Census Tract, 2020-2024

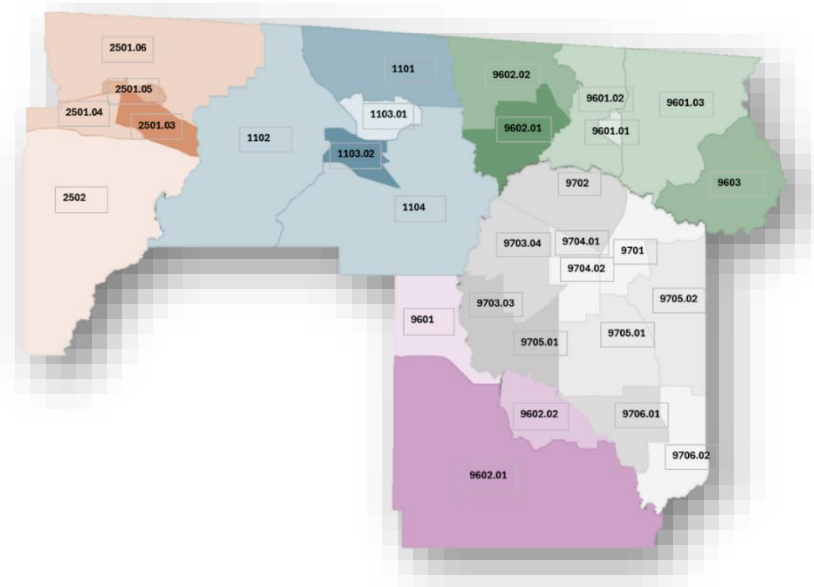


Table 23. Median Income by Census Tract

County	Highest Median Income		Lowest Median Income	
	Income	Census Tract	Income	Census Tract
Hamilton	\$53,123	9601.02	\$34,951	9601.01
Jefferson	\$81,902	2501.04	\$41,806	2501.03
Lafayette	\$63,886	9602.02	\$49,659	9602.01
Madison	\$60,496	1104	\$29,144	1103.02
Suwannee	\$65,208	9704.01	\$29,709	9703.03

Table 24 shows 2024 median income by race/ethnicity for each county. Note that median income for Black, non-Hispanic residents is not listed for Lafayette County, due to the low population. Black, non-Hispanic residents had the lowest median income for all other counties.

Table 24. 2024 Median Income by Race/Ethnicity

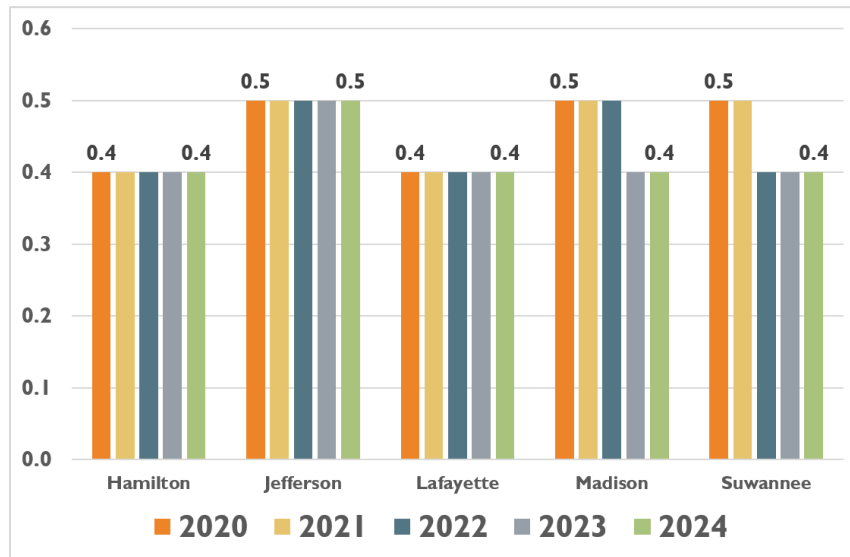
County	White	Black	Hispanic
Hamilton	\$52,821.00	\$29,335.00	\$57,097.00
Jefferson	\$75,644.00	\$40,393.00	\$87,765.00
Lafayette	\$62,948.00	\$-	\$47,134.00
Madison	\$55,980.00	\$30,463.00	\$63,617.00
Suwannee	\$58,116.00	\$45,402.00	\$55,985.00
Florida	\$80,213.00	\$56,881.00	\$70,097.00

Income Inequality



Income inequality exists when some people earn significantly more income than others, resulting in an unequal distribution of earnings across society. In the figure below, income inequality is measured using a Gini Coefficient (Gini Index). This is a value between 0 and 1, where 0 represents perfect equality and higher values indicate greater inequality. If a small group of people earns a large share of a county's total income while many others earn much less, that county has a high-income inequality rate. Conversely, if income is distributed more evenly, income inequality is lower.

Figure 24. Income Inequality, by Residence County

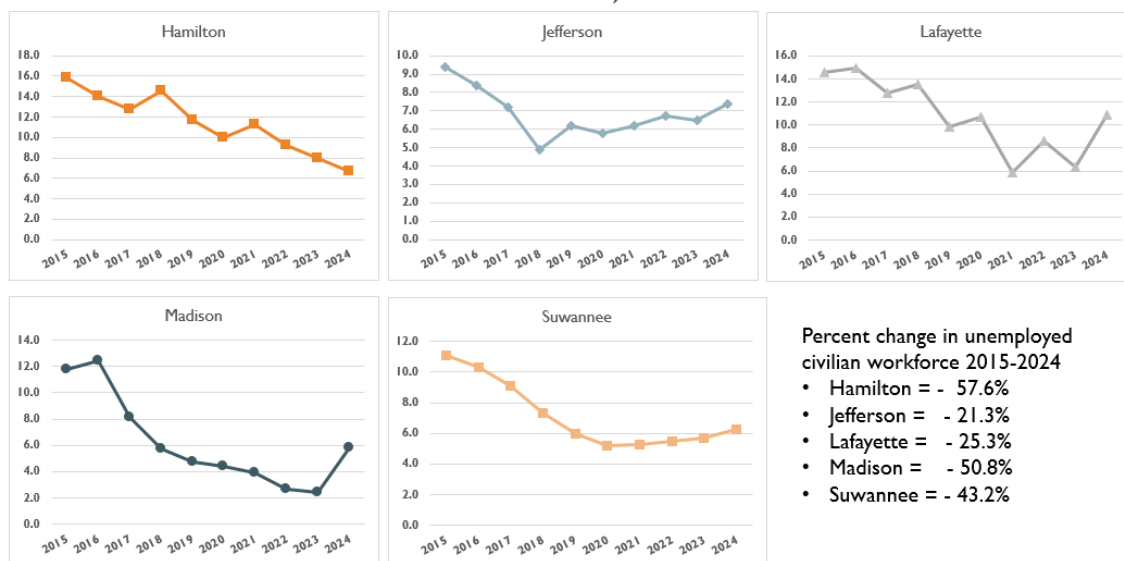


Unemployment

Figure 25 shows trend lines for the percentage of county civilian labor force unemployed for ten years. All five counties and the state of Florida experienced a decrease in unemployment over the ten years. Jefferson County experienced the lowest decrease over the time period, at -21.3%, followed by Lafayette County, -25.3%, Suwannee County, -43.2%, Madison County, -50.8%, and Hamilton County, -57.6%.

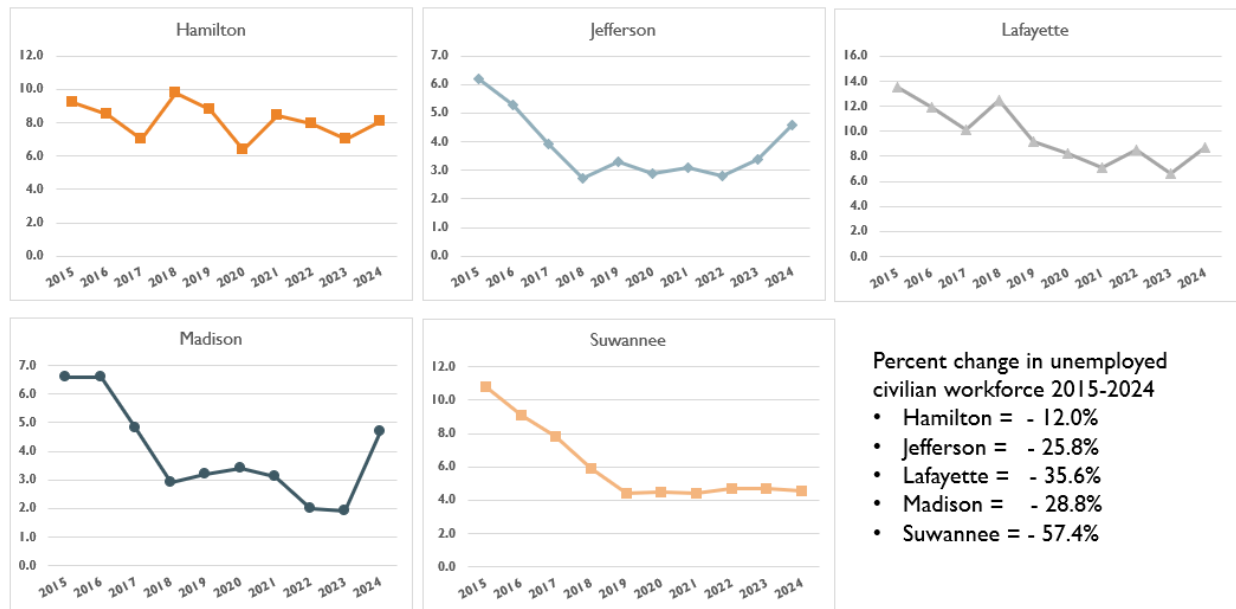
All five counties had a higher percentage of unemployed residents in 2024, compared to Florida's percentage of 4.8%. Lafayette County had the highest percentage of unemployed in 2024, at 10.9%. Madison County had the lowest percentage of unemployed, at 5.8%.

Figure 25. Unemployed Civilian Labor Force, by Residence County, 2015-2024



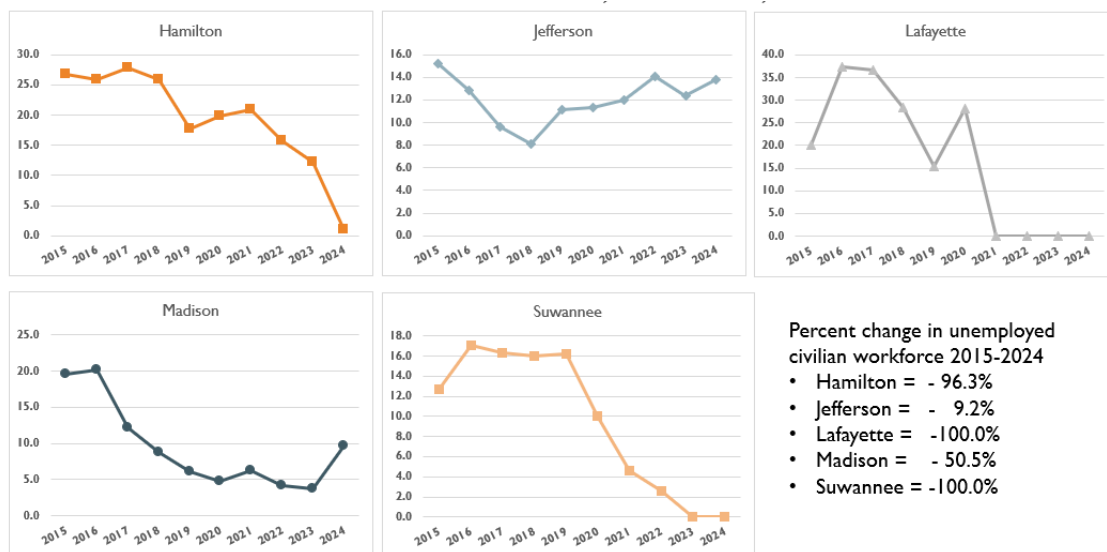
Unemployment trends for white residents show a corresponding decrease over the ten-year time period. Hamilton County had the lowest decrease in unemployment among White, non-Hispanic residents at 12.0%. Suwannee County had the largest decrease with 57.4%.

Figure 26. Unemployed Civilian Labor Force, White Residents, 2015-2024



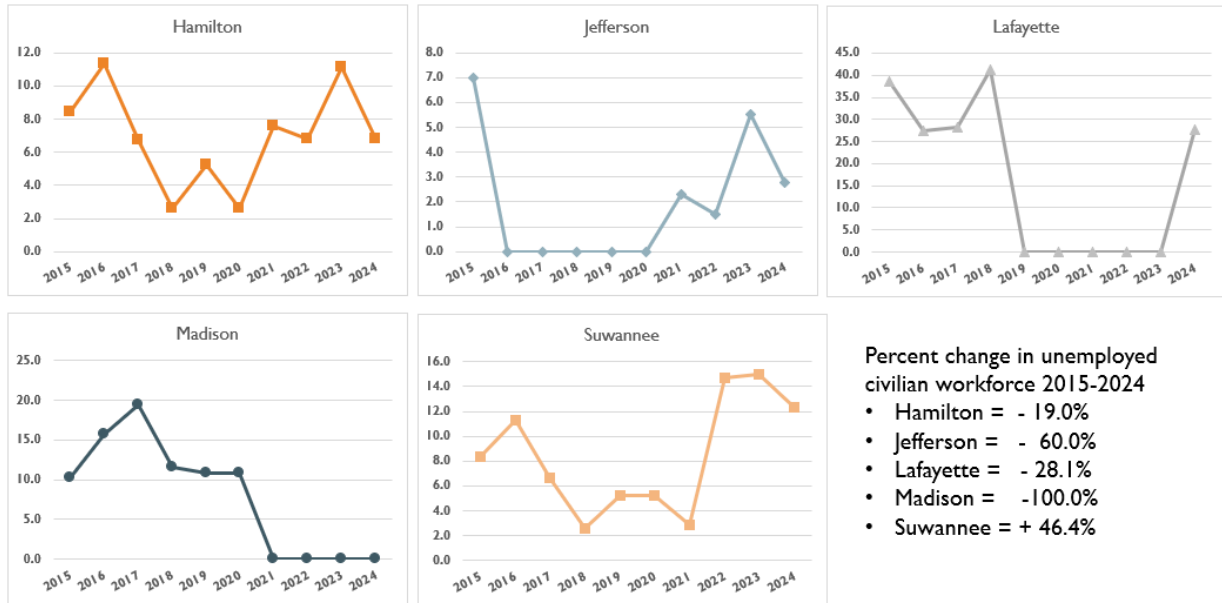
Three of the five counties had a decrease in unemployment among Black residents when comparing 2024 to 2015. Note that Lafayette County did not have reported unemployment rates for years 2021-2024 due to the small number of Black residents. Suwannee County did not have reported unemployment rates for 2023 and 2024. Jefferson had a large decrease in Black resident unemployment rates in 2018; however, rates have been increasing since 2018.

Figure 27. Unemployed Civilian Labor Force, Black Residents, 2015-2024



Unemployment data for Hispanic residents is shown in Figure 28. Several counties had no data reported for some years due to low numbers of Hispanic residents. Low numbers of residents also resulted in static trend lines, making these data difficult to interpret.

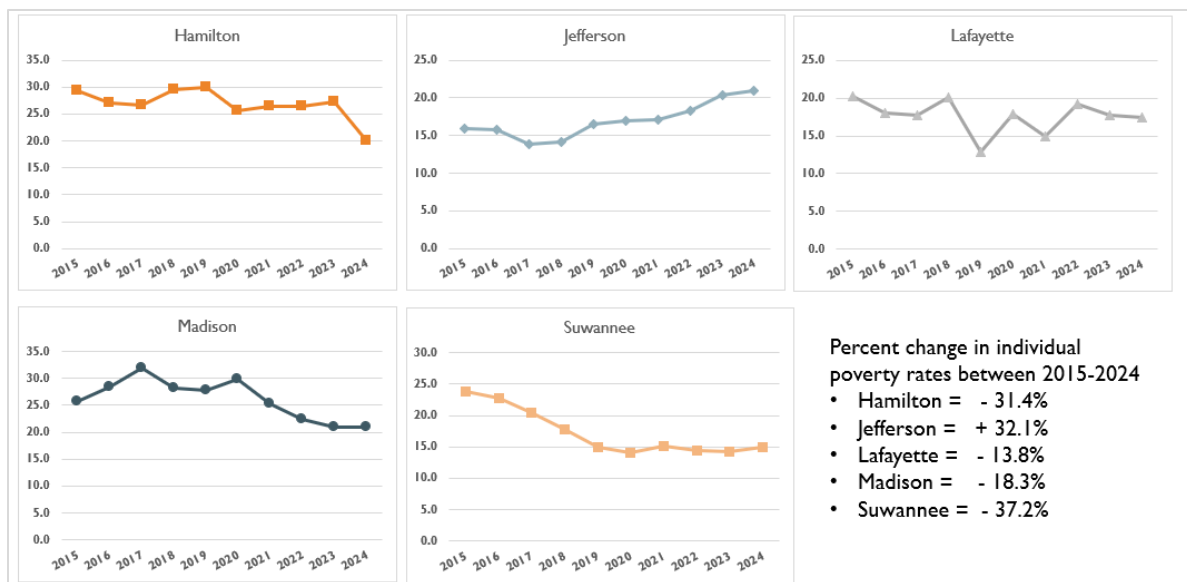
Figure 28. Unemployed Civilian Labor Force, Hispanic Residents, 2015-2024



Poverty

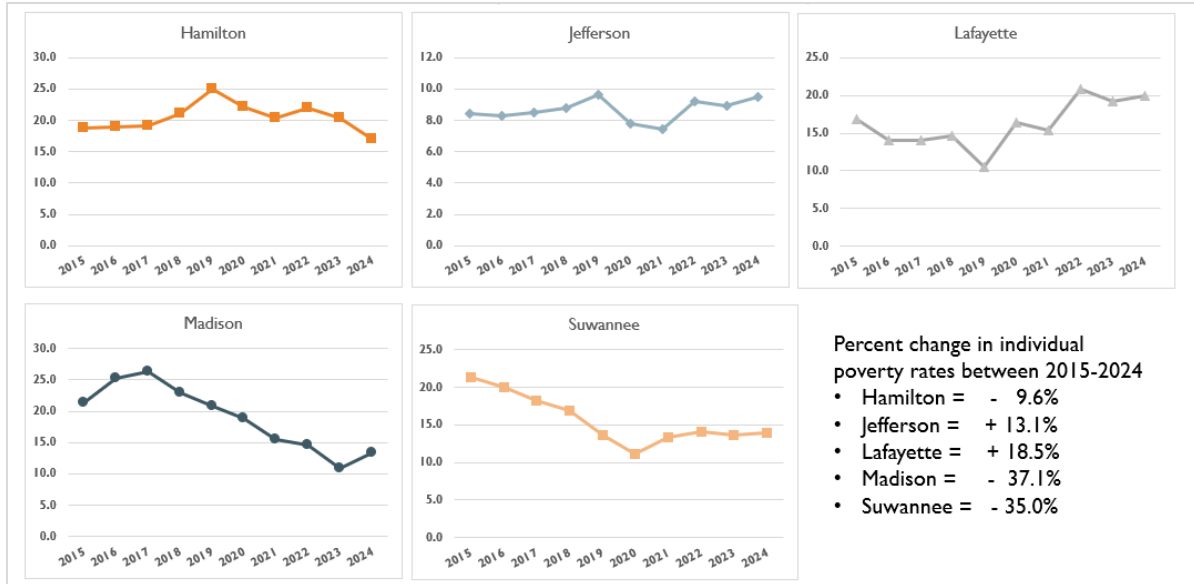
The trend lines for the percentage of individual residents living below poverty level are shown in Figure 29 below for years 2015 through 2024. Jefferson County is the only County showing an increase in poverty rates during the time frame. Data by race/ethnicity are shown in separate trend graphs below. Data by gender is not available in Florida CHARTS.

Figure 29. Individual Poverty Rates by Residence County, 2015-2024



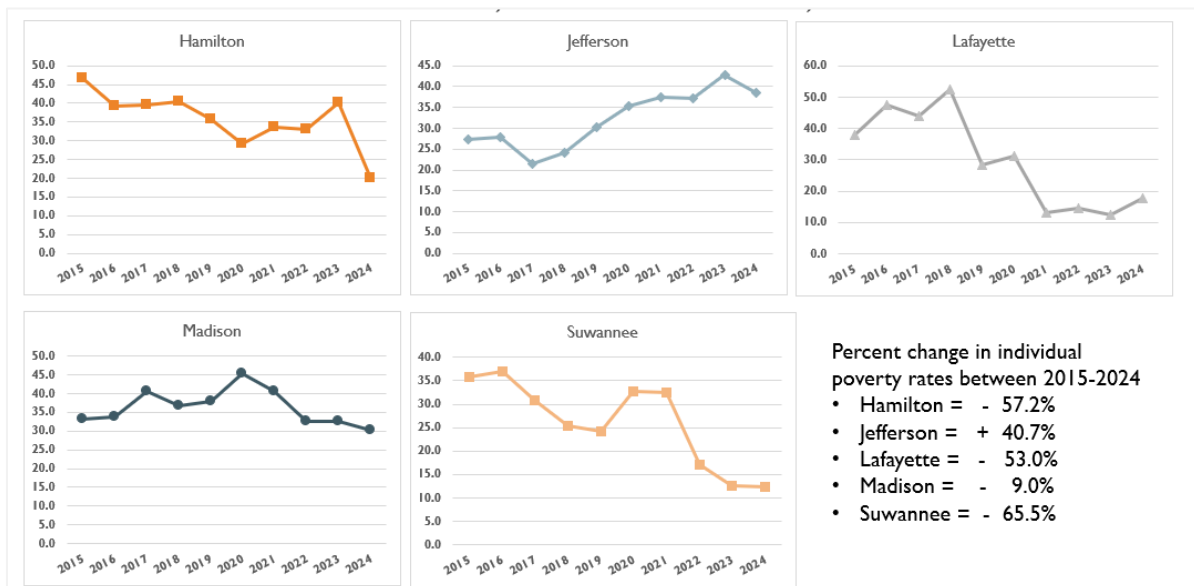
The percent of White, non-Hispanic residents living below poverty level increased during 2015-2024 in Jefferson and Lafayette Counties. White, non-Hispanic poverty rates in Hamilton County decreased by 10% while rates in Madison and Suwannee Counties decreased by more than 30% during the time frame.

Figure 30. Individual Poverty Rates by Residence County, White Residents



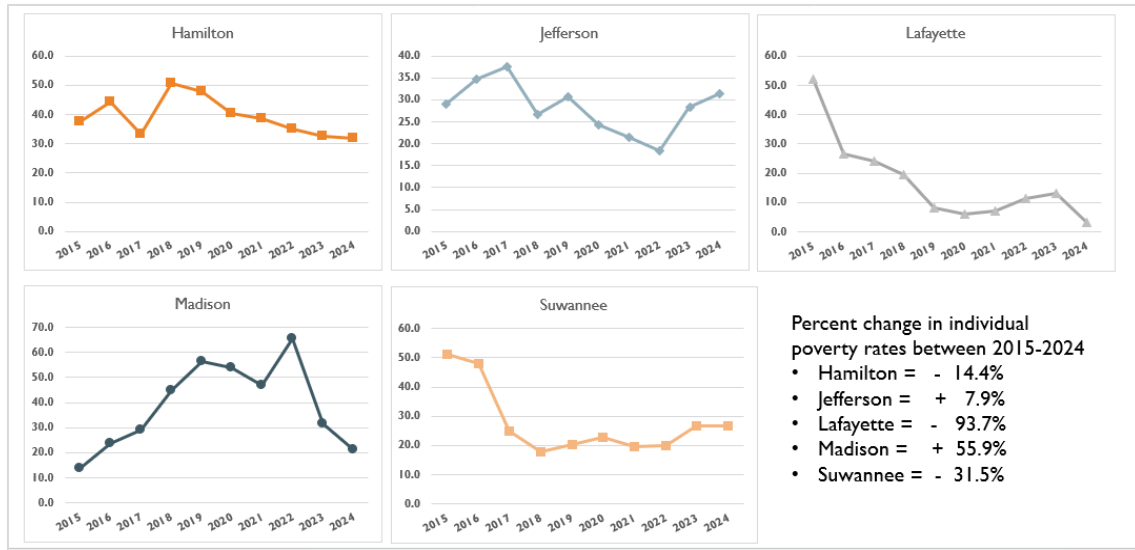
When comparing the percent of Black, non-Hispanic residents living below poverty for 2015-2024, the percent decreased in all counties except Jefferson County. Jefferson County experienced a 41% increase among Black, non-Hispanic residents during the time frame. Decreases ranged between 9% in Madison County and 66% in Suwannee County.

Figure 31. Individual Poverty Rates by Residence County, Black Residents



Jefferson and Madison Counties had increases in individual poverty rates for Hispanic residents during the time frame. Jefferson County had the highest poverty rate among Hispanic residents in 2024.

Figure 32. Individual Poverty Rates by Residence County, Hispanic Residents



Individual poverty levels by census tract are listed in figure 33 below. Darker colors denote higher percentages of individual residents living below 100% poverty level. In Jefferson County, the communities most affected by individual poverty rates are Monticello and Wacissa. The towns of Greenville and Madison had the highest individual poverty rates in Madison County. Census tracks for Jasper and White Springs had the highest percentages of individual poverty in Hamilton County. The cities or towns most affected by individual poverty in Suwannee County are Branford and Live Oak. The town of Mayo in Lafayette County had the highest percentage of residents living below poverty level.

Figure 33. Individual Poverty Rates by Census Tract, 2020-2024

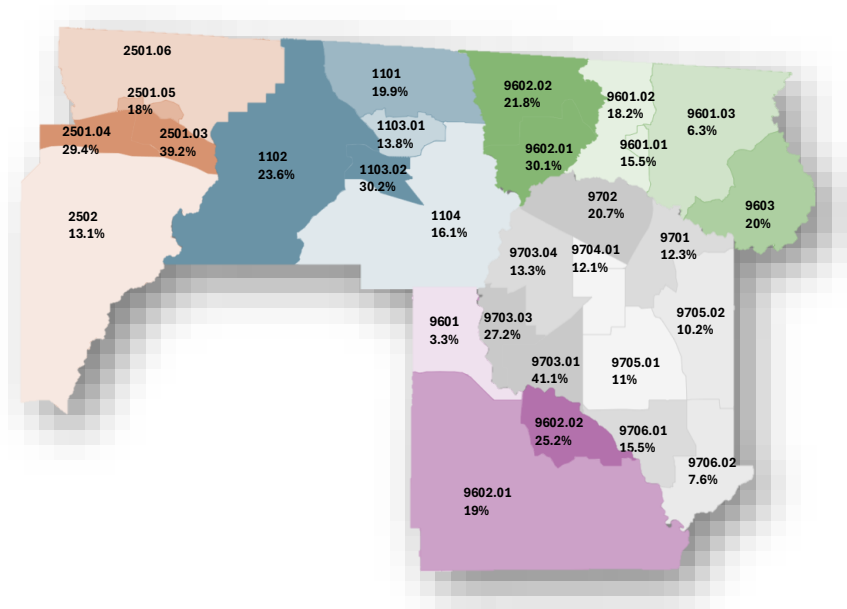
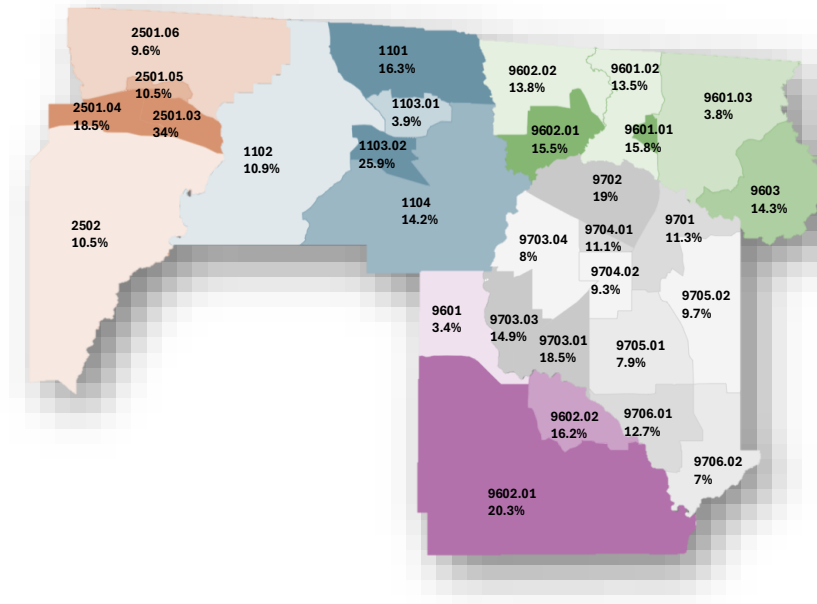


Figure 34 below shows the percentage of families living below 100% poverty level by census tract. Poverty data by census tract for individuals and families in Jefferson County was consistent. In Madison County, the Greenville census tract had high poverty rates for individuals while census tracts 1101 and 1104 had higher percentages of families living below poverty level. Census tract 9601.02 in Hamilton County had a high individual poverty rate but a low family poverty rate.

Figure 34. Family Poverty Rates by Census Tract, 2020-2024

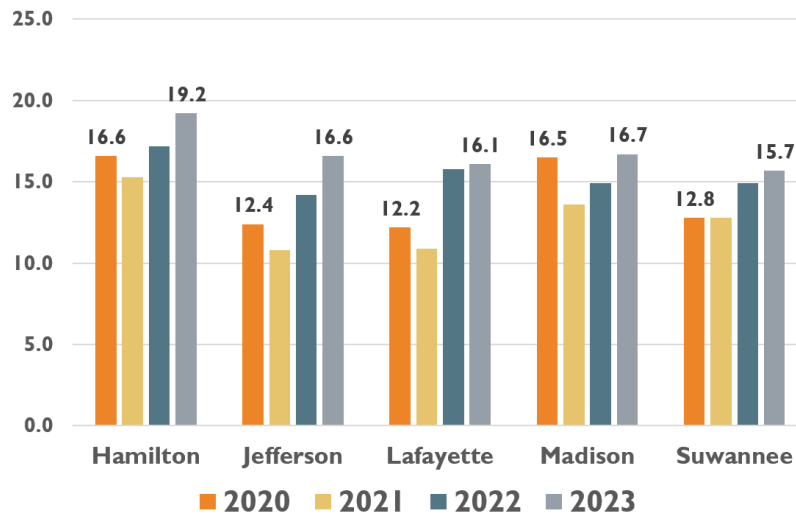


Food Insecurity

Food insecurity rate is the percentage of households or people who do not have reliable access to enough nutritious food for a healthy life. It measures how common food insecurity is within a population. A higher food insecurity rate indicates that a larger share of the population faces challenges obtaining enough food. Food insecurity can range from concerns about running out of food to reduced food quality, skipped meals, or disrupted eating patterns due to lack of resources.

Figure 35 displays the food insecurity rates for the five counties for calendar years 2020-2024. All five counties had an increase in food insecurity rates during the time frame. Suwannee County experienced a 36% increase, followed by Jefferson County, 34%, Lafayette County, 32%, Hamilton County, 16%, and Madison County, 1%.

Figure 35. Food Insecurity Rates, by Residence County



When comparing 2024 to 2020 data, the percentage of households receiving SNAP benefits decreased for all counties except for Jefferson County. Jefferson County increased by 82%. Decreases among the four counties were 3% for Suwannee County, 8% for Madison County, 12% for Hamilton County, and 15% for Lafayette County.

Figure 36. Percentage of Households Receiving SNAP Benefits, by Residence County

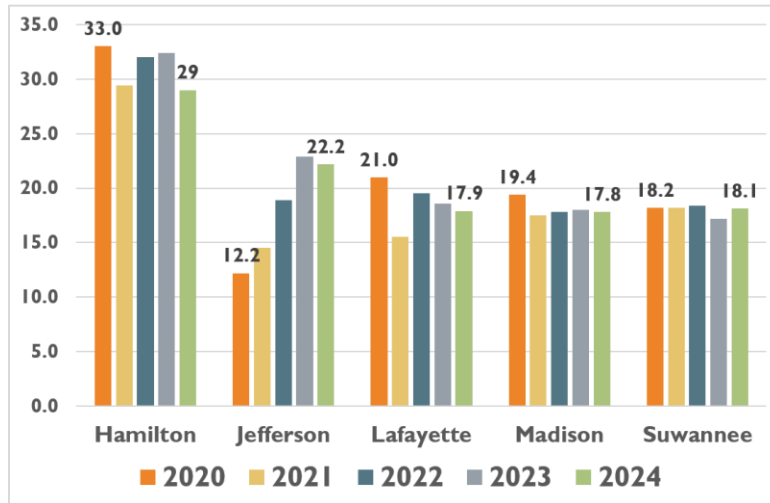
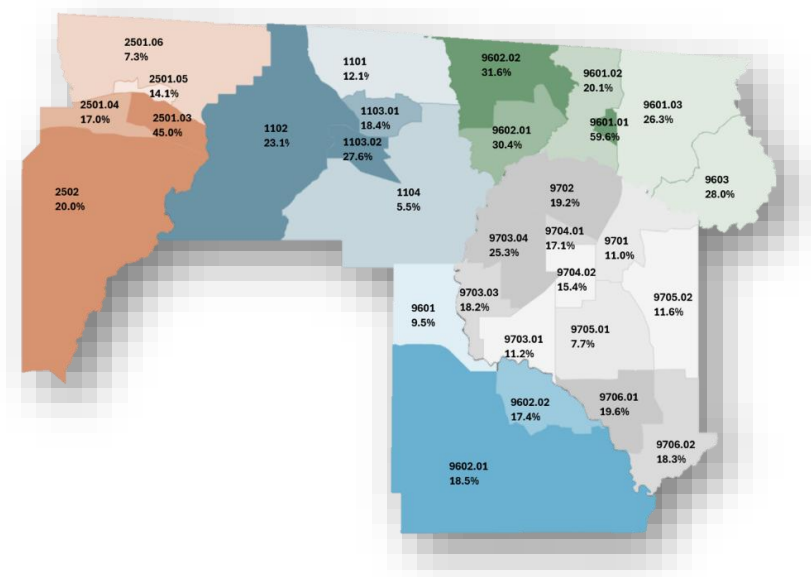


Figure 37 provides the percentage of households receiving SNAP benefits by census tract. The darker colors denote higher percentages for that county. In Jefferson County, the census tract with the highest percentage of households receiving SNAP benefits during 2020-2024 was 2501.03, Monticello. Approximately 45% of households in that census tract received SNAP benefits. In Madison County, census tract 1103.02 had the highest percent with 27.6%. This is the city of Madison. Census tract 9601.01 in Hamilton County had 59.6% of households receiving SNAP benefits. The town of Jasper is located in census tract 9601.01. The towns of Live Oak and White Springs in Suwannee County census tract 9703.04 had 25.3% of households enrolled in SNAP benefits. The town of Mayo, located in Lafayette County census tract 9602.01, had 18.5% of households enrolled in SNAP benefits.

Figure 37. Percentage of Households Receiving SNAP Benefits, by Census Tract



Economic Indicators Well Women



The percentage of female head of household families living below 100% poverty for the combined years of 2020-2024 is shown below in Figure 38. The census tracts with the highest percentages of female head of households living in poverty are consistent with the census tracts for families living below poverty levels; however, the percentages of female head of households living below poverty are generally higher.

Figure 38. Female HOH Families Living Below Poverty Level, by Census Tract
2020-2024

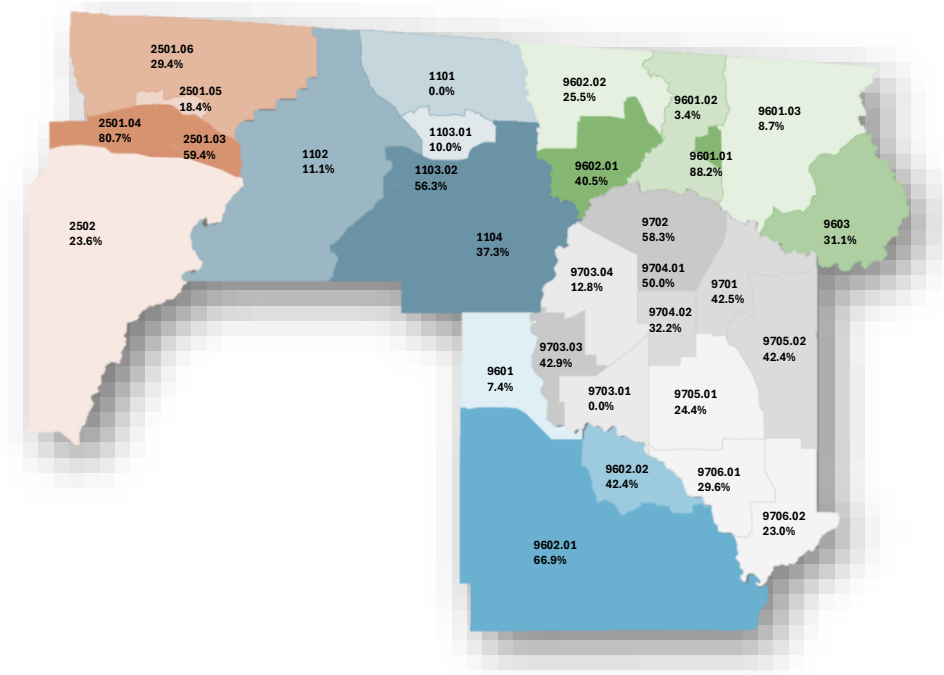


Table 25 is a comparison of families living below poverty level to female head of household families living below poverty level by census tract for each of the five counties. Census tracts with the highest female HOH families living below poverty level include 9601.01, 88.2%. 2501.04, 80.7%, 9602.02, 42.4%, 1103.02, 56.3%, and 9702, 58.3%.

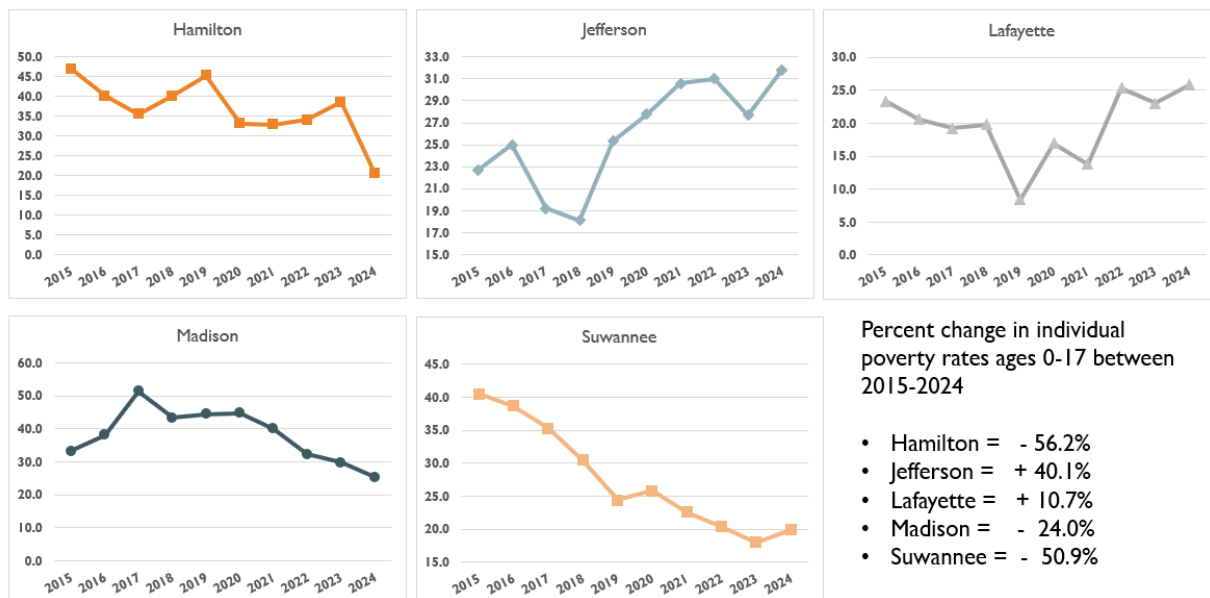
Table 25. Comparison of Families Living in Poverty to Female HOH Families Living in Poverty, 2020-2024, by Census Tract

Hamilton			Jefferson			Madison			Suwannee		
Census Tract	Family Poverty	Female HOH Poverty	Census Tract	Family Poverty	Female HOH Poverty	Census Tract	Family Poverty	Female HOH Poverty	Census Tract	Family Poverty	Female HOH Poverty
9601.01	15.8%	88.2%	2501.03	34.0%	59.4%	1101	16.3%	0.0%	9701	11.3%	42.5%
9601.02	13.5%	3.4%	2501.04	18.5%	80.7%	1102	10.9%	11.1%	9702	19.0%	58.3%
9601.03	3.8%	8.7%	2501.05	10.5%	18.4%	1103.01	3.9%	10.0%	9703.01	18.5%	0.0%
9602.01	15.5%	40.5%	2501.06	9.6%	29.4%	1103.02	25.9%	56.3%	9703.03	14.9%	42.9%
9602.02	13.8%	25.5%	2502	10.3%	23.6%	1104	14.2%	37.3%	9703.04	8.0%	12.8%
9603	14.3%	31.1%	Lafayette						9704.01	11.1%	50.0%
			Census Tract	Family Poverty	Female HOH Poverty				9704.02	9.3%	32.2%
			9601	3.4%	7.4%				9705.01	7.9%	24.4%
			9602.01	20.3%	66.9%				9705.02	9.7%	42.4%
			9602.02	16.2%	42.4%				9706.01	12.7%	29.6%
									9706.02	7.0%	23.0%

Economic Indicators Growing Well

Figure 39 below includes trend lines for the percent of children ages 0-17 living in poverty between 2015 and 2024. Jefferson and Lafayette Counties show a net increase in the percentage of children living below poverty level during the time frame, with Jefferson County experiencing a 40.1% increase. The remaining three counties show a net decrease, with Hamilton County experiencing a 56.2% decrease, Suwannee had a 50.9% decrease, and Madison showed a 10.7% decrease.

Figure 39. Percent of Children Living Below Poverty Level Ages 0-17



Figures 40 and 41 depict the percent of Elementary and Middle School students who were determined to be eligible for free or reduced lunch. For elementary students, the percentage of

students eligible for free or reduced lunch increased in all counties except for Madison County. For middle school students, the percentages increased in Hamilton, Lafayette, and Madison Counties.

Figure 40. Percent of Elementary School Students Eligible for Free/Reduced Lunch

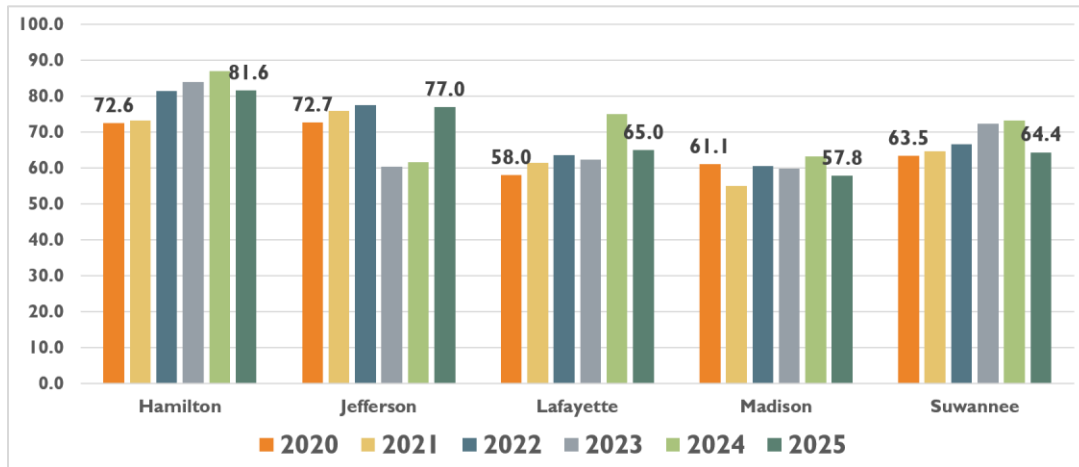
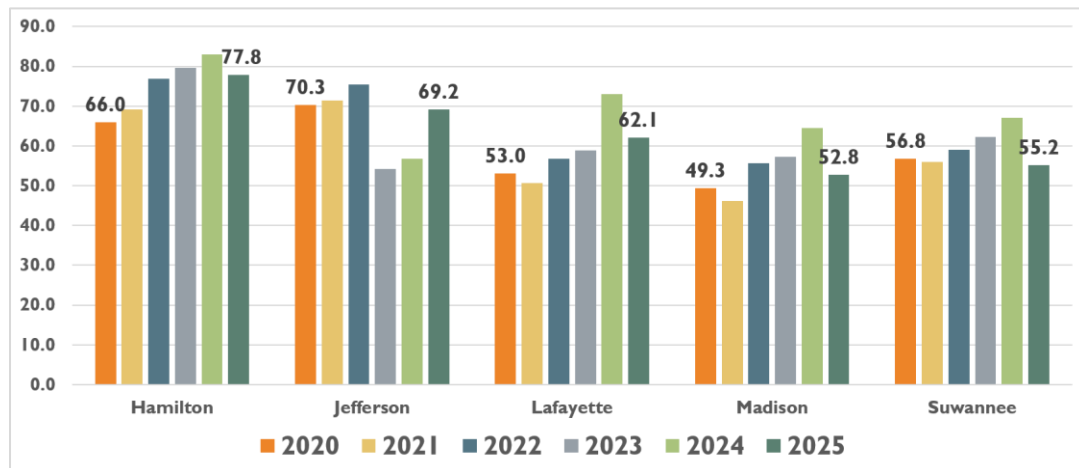


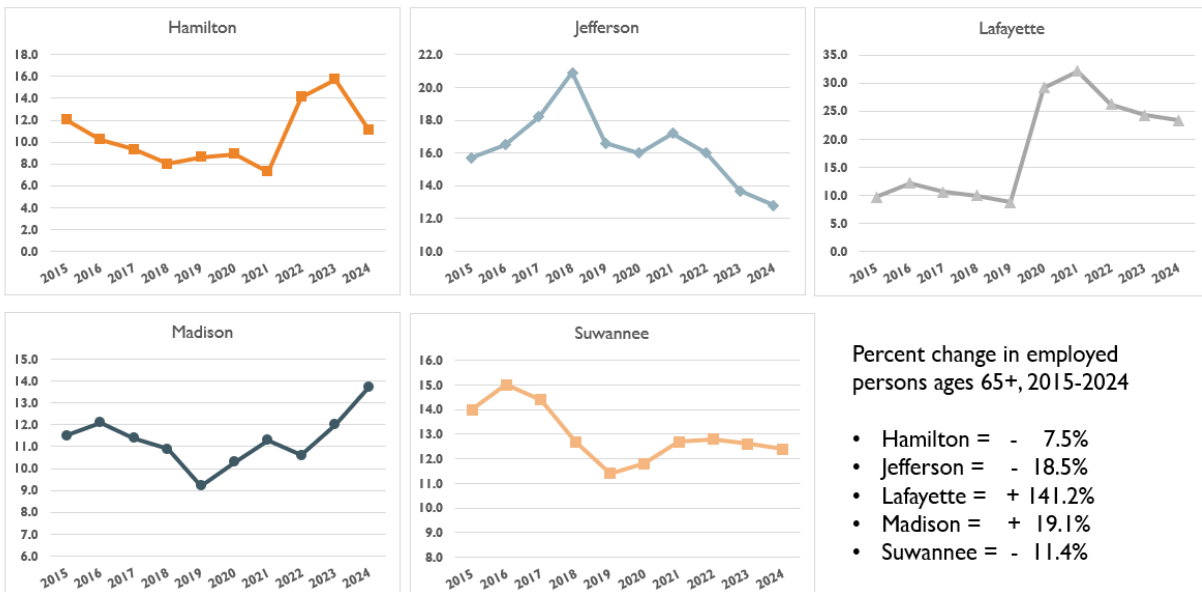
Figure 41. Percent of Middle School Students Eligible for Free/Reduced Lunch



Economic Indicators - Aging Well

The graphs in Figure 42 are trend lines for the percentage of population ages 65+ who were employed between 2015 and 2024. The percentage of population ages 65+ who were employed during 2015-2024 increased in Lafayette and Madison Counties.

Figure 42. Employed Persons, Percent of Population Ages 65+



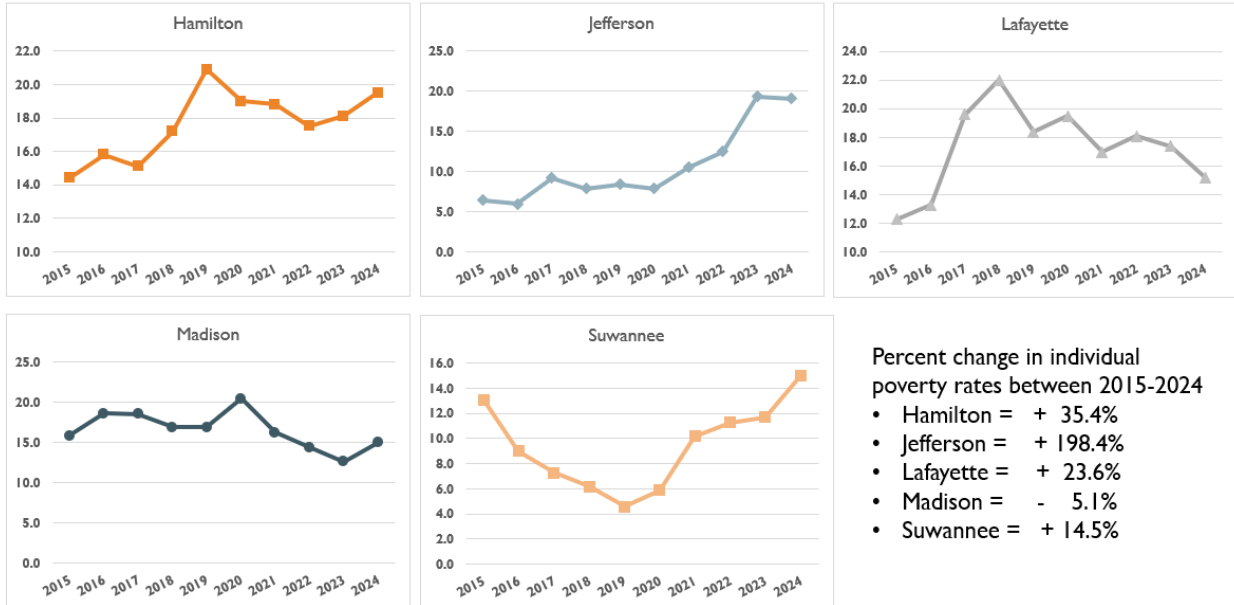
The median household income for ages 65+ increased in all five counties when comparing 2024 to 2021. Median income increased by 20.7% in Hamilton County, 15.6% in Jefferson County, 18.3% in Lafayette County, 22.0% in Madison County, and 7.0% in Suwannee County. Jefferson County had the highest median income for ages 65+; however, median income for ages 65+ for the whole state was higher by \$8,613.

Table 26. Median Household Income by Residence County, Ages 65+

County	2020	2021	2022	2023	2024
Hamilton	\$34,353	\$34,810	\$40,682	\$40,417	\$41,463
Jefferson	\$42,204	\$43,142	\$48,487	\$44,261	\$48,784
Lafayette	\$34,972	\$35,883	\$38,326	\$41,727	\$41,382
Madison	\$33,836	\$37,517	\$39,747	\$44,842	\$42,292
Suwannee	\$36,527	\$34,593	\$38,673	\$39,570	\$39,074
Florida	\$46,182	\$49,257	\$53,384	\$56,005	\$57,397

The percentage of individuals ages 65+ living below poverty level increased between 2015 and 2024 for all counties except for Madison County. Jefferson County experienced a 198% increase during the time period, followed by Hamilton County, 35%, Lafayette County, 24%, and Suwannee County, 15%. The percent of individuals ages 65+ living below poverty level decreased by 5% in Madison County.

Figure 43. Population Ages 65+ Below 100% Poverty Level



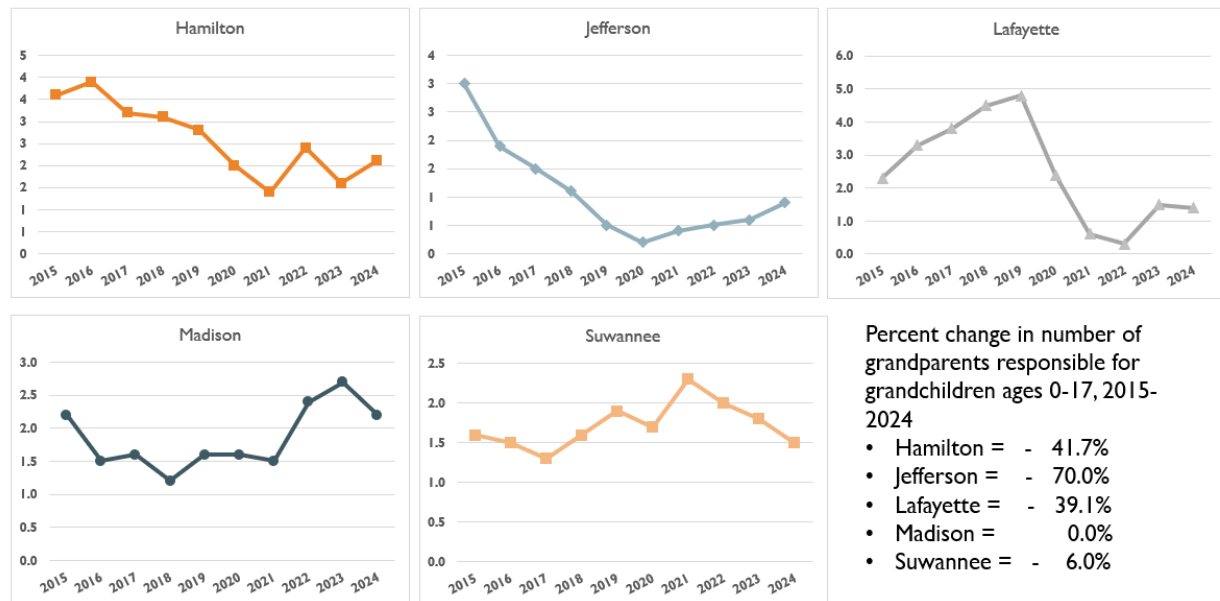
The percentage of households receiving SNAP benefits with at least one person ages 60+ increased for all five counties, when comparing 2024 to 2015. Percentage increases ranged from 4% in Suwannee County to 129% in Lafayette County.

Figure 44. Number of Households With ≥ 1 Person Ages 60+ Receiving SNAP Benefits



The percentage of individual grandparents responsible for minor grandchildren ages 0-17 decreased between 2015 and 2024 for all counties except Madison County, which shows no decrease or increase. Note that the percent of grandparents caring for minor grandchildren stayed below 6% in all counties during the time frame.

Figure 45. Percentage of Grandparents Responsible for Minor Grandchildren Ages 0-17



Education

Education is important for health outcomes because it affects people's ability to make informed decisions about their health. Lower educational attainment is often linked to higher rates of chronic diseases such as diabetes and heart disease, reduced access to healthcare and preventive services, increased risk of unemployment and poverty, poorer health literacy and difficulty navigating healthcare systems, and shorter life expectancy.

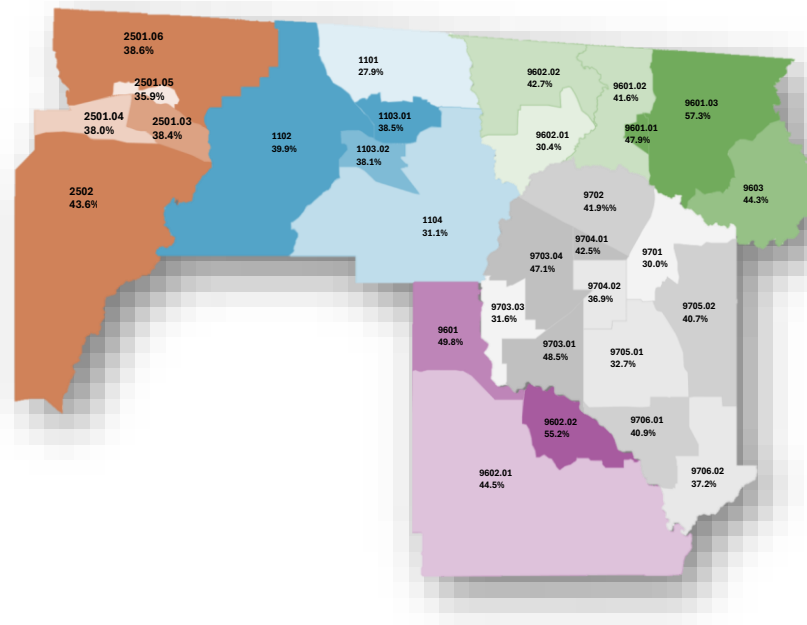
Table 27 shows the percentage of population ages 25 and older with a high school diploma. Data are not available by race/ethnicity or gender. Note that Madison and Suwannee Counties had a decrease in the percentage of population with a high school diploma. All five counties showed less than 50% of the population ages 25+ had a high school diploma in 2024.

Table 27. Percent of Population with a High School Diploma, Ages 25+

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	44.0	33.3	40.8	38.1	39.3
2019	45.4	34.7	38.9	39.7	38.9
2020	46.4	34.5	41.9	37.0	41.2
2021	45.7	34.7	42.6	36.8	40.6
2022	44.1	37.2	50.5	35.7	40.5
2023	41.5	38.7	48.4	36.4	40.4
2024	44.2	39.6	49.3	35.2	39.0
% Change 2018-2024	0.5%	18.9%	20.8%	-7.6%	-0.8%

Figure 46 shows percent of population ages 25+ with a high school diploma by census tract for the combined years of 2020-2024. Census tracts with the highest percent of population with a high school diploma include tract 9601.03 in Hamilton County, 57.3%, tract 2502 in Jefferson County, 43.6%, tract 9602.02 in Lafayette County, 55.2%, tract 1102 in Madison County, 39.9%, and tract 9703.04 in Suwannee County, 47.1%

Figure 46. Percentage of Population Ages 25+ With a High School Diploma by Census Tract, 2020-2024 Combined



Tables 28-31 show the percentage of county population ages 25+ with a bachelor's degree or higher for all residents, and by race/ethnicity. All five counties have lower percentages of residents with a bachelor's degree or higher compared to the state as a whole. In 2024, 34.1% of Floridians ages 25+ had a bachelor's degree or higher. Jefferson and Lafayette Counties had decreases in the percent of population with a bachelor's degree or higher when comparing 2024 to 2018.

Table 28. Percent of Population Ages 25+ with a Bachelor's Degree or Higher All Residents

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	9.3	22.0	15.8	13.8	14.7
2019	7.9	22.3	11.8	14.0	15.5
2020	8.2	23.3	9.3	13.8	15.7
2021	9.0	21.5	7.3	13.1	16.0
2022	9.2	19.5	8.1	13.0	15.9
2023	11.2	18.8	7.9	12.5	16.4
2024	11.0	19.2	9.9	13.9	16.7
% Change 2018-2024	18%	-13%	-37%	1%	14%

The tables below show that the percentages of White residents ages 25+ with a bachelor's degree or higher were higher than percentages for Black and Hispanic residents. Note that Jefferson County experienced a decrease in the percentage of residents ages 25+ with a bachelor's degree or higher for all races and ethnicities.

**Table 29. Percent of Population Ages 25+ with a Bachelor's Degree or Higher
White Residents**

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	11.6	28.3	19.6	18.1	14.9
2019	10.2	29.0	13.4	19.2	15.8
2020	10.9	30.5	10.4	18	16.8
2021	11.8	27.6	8.5	16.4	16.4
2022	12.2	26.0	8.8	16.3	17.1
2023	14.5	24.2	9.5	14.1	17.5
2024	14.7	23.9	11.9	15.4	17.3
% Change 2018-2024	27%	-16%	-39%	-15%	16%

Note that 23.2% of Black residents aged 25+ in Florida had a bachelor's degree or higher in 2024. This is more than twice the percentages of Black residents in the five counties. Lafayette County had a 333% increase in the percent of Black residents ages 25+ with a bachelor's degree or higher when comparing 2024 to 2018.

**Table 30. Percent of Population Ages 25+ with a Bachelor's Degree or Higher
Black Residents**

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	4.6	8.2	0.6	7.4	7.6
2019	4.0	7.0	0.9	6.3	8.5
2020	3.4	8.2	5.2	7.5	4.3
2021	2.8	7.5	4.7	7.9	5.4
2022	2.9	6.1	4.4	6.8	5.7
2023	3.9	6.2	2.6	8.7	5.2
2024	5.1	7.1	2.6	10.0	6.7
% Change 2018-2024	11%	-24%	333%	18%	-32%

Statewide, 29.2% of Hispanic residents ages 25+ had a bachelor's degree or higher in 2024. All counties had an increase in the percent of Hispanic residents with a bachelor's degree or higher between 2018 and 2024. Suwannee County had an increase of 241% when comparing 2024 to 2018 data.

Table 31. Percent of Population Ages 25+ with a Bachelor's Degree or Higher Hispanic Residents

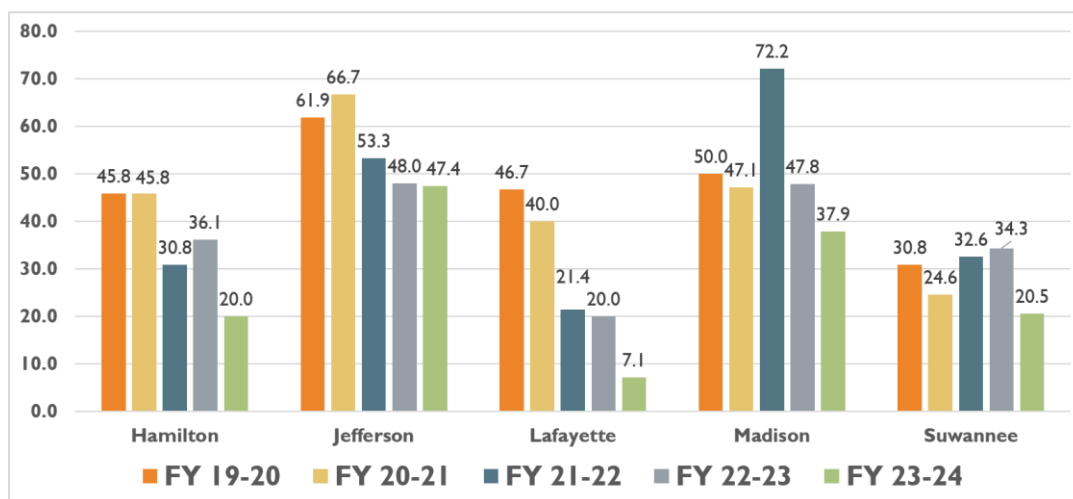
Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	11.2	12.7	30.0	10.5	6.3
2019	5.5	7.9	25.5	15.9	9.1
2020	13.6	4.9	21.5	22.4	13.1
2021	13.5	5.7	3.0	18.7	15.7
2022	12.0	4.0	7.9	22.2	18.7
2023	12.0	8.6	1.5	9.1	23.0
2024	6.7	9.0	5.5	11.4	21.5
% Change 2018-2024	-40%	-29%	-82%	9%	241%

Education Indicators - Growing Well

Figures 47 and 48 show early childhood education program enrollment, which are important to ensure readiness for kindergarten. 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.

Note that the percentage of children served by Early Steps has declined for all five counties. There have been no noted changes to the program eligibility. There have been decreases in the population aged 0-19 for Hamilton, Lafayette, and Madison Counties, which may account for some of the decrease in children served.

Figure 47. Percent of Children <3 Served by Early Steps



The voluntary pre-kindergarten (VPK) education program is a free educational program designed to help prepare children for kindergarten. Eligible children live in Florida and are four years of age on or before September 1 of the year the student will be enrolled.

When comparing 2024 to 2022, the percent of VPK students funded by the VPK Voluntary Education Program decreased for Jefferson and Lafayette Counties and increased for Madison and Suwannee Counties. Hamilton County had no net change.

Figure 48. Percent of Full-time VPK Students Funded by the VPK Education Program

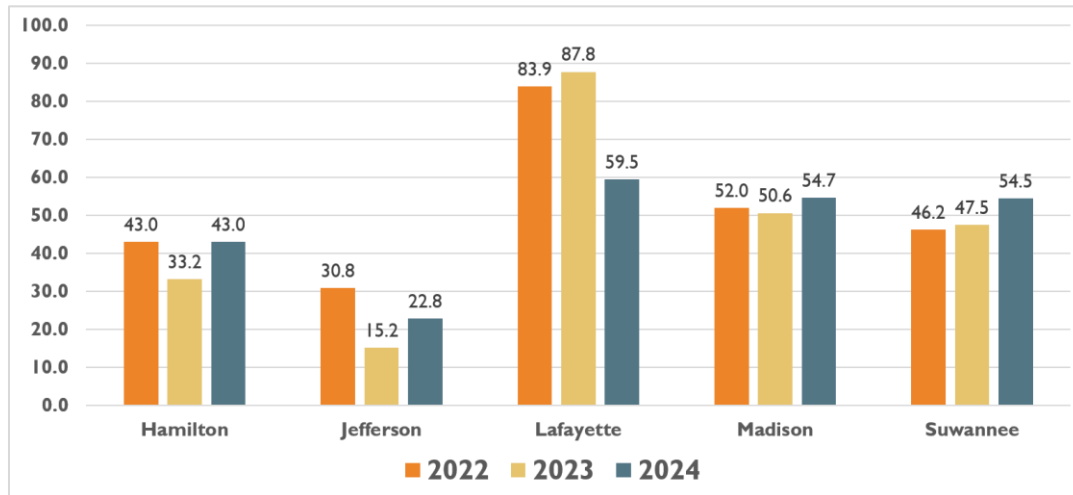


Figure 49 shows the number of children with disabilities receiving pre-kindergarten for each county. Note that there is no data reported for Jefferson County after 2020. All counties except Madison County were serving more disabled children in the 2024-25 school year than in the 2015-16 school year.

Figure 49. Number of Disabled Children Receiving Pre-Kindergarten Services

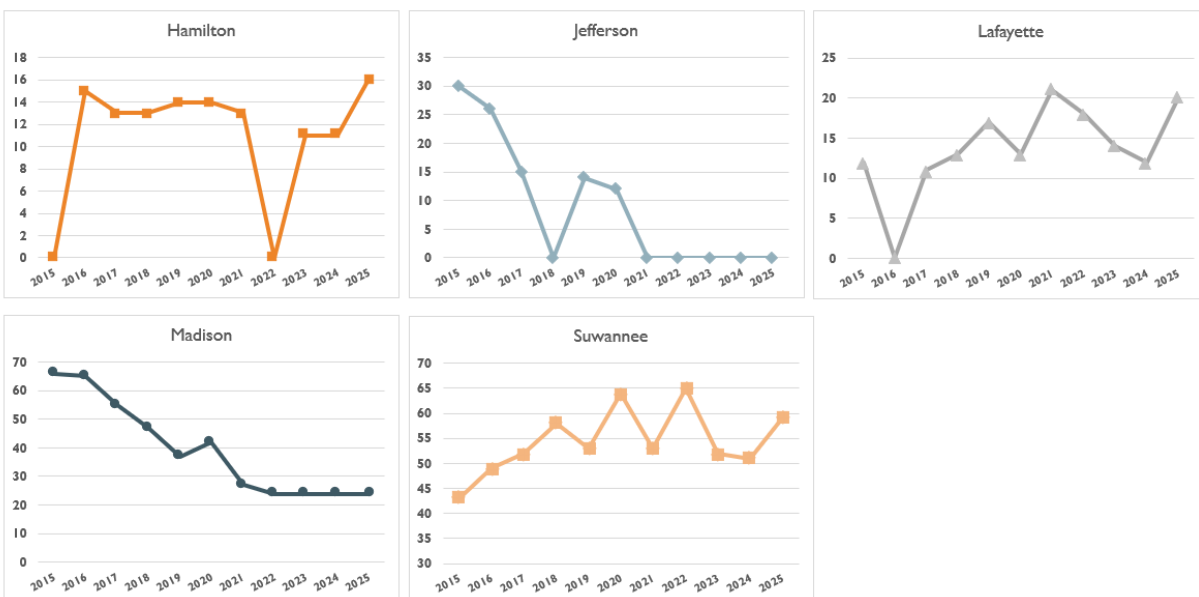


Table 32 shows the percentage of children determined to be ready for kindergarten. Readiness is defined as the percentage of kindergarten students who score 690+ on the Florida Assessment

of Student Thinking (FAST) Star Early Literacy. State law requires screening for all public-school kindergarten students within the first 30 days of the school year.

Note that the percentage of children ready for kindergarten decreased for all five counties and the state of Florida, when comparing school year 2024-2025 to 2020-2021. This may be related to the decrease in the percentage of children served by Early Steps and in the percentage of children receiving VPK services. Jefferson County had the lowest percentage of children determined to be ready for kindergarten in the state during the 2024-2025 school year.

Table 32. Percent of Children Ready for Kindergarten

County	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Hamilton	43.2	32.1	50.9	37.1	37.0
Jefferson	32.3	19.2	36.8	26.4	13.0
Lafayette	53.1	51.9	36.8	38.0	38.0
Madison	64.0	37.7	46.0	52.4	40.0
Suwannee	48.4	43.8	37.5	44.5	46.0
Florida	56.9	50.0	49.2	51.0	44.0

Tables 33 and 34 show the percentage third grade students with a passing Florida Standards Assessment (FSA) score in English and Mathematics. When comparing school year 2024-2025 to 2020-2021, only Madison County had a decrease in the percent of third grade students with a passing FSA English score. Lafayette and Suwannee Counties had higher percentages of students with a passing English score than the state of Florida combined.

Table 33. Percent of Third Grade Students with a Passing FSA English Score

County	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Hamilton	34.0	31.0	37.0	52.0	55.0
Jefferson	28.0	19.0	22.0	37.0	47.0
Lafayette	63.0	51.0	59.0	67.0	65.0
Madison	44.0	39.0	41.0	52.0	43.0
Suwannee	53.0	50.0	50.0	46.0	60.0
Florida	54.0	53.0	50.0	55.0	57.0

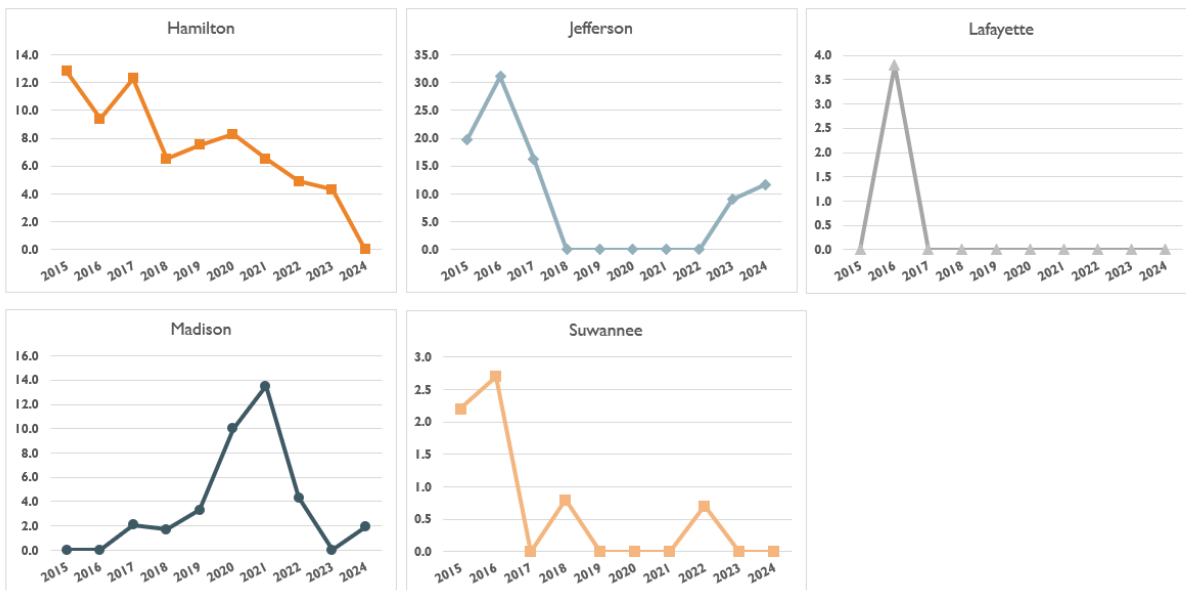
When comparing school year 2024-2025 to 2020-2021, only Lafayette County had a decrease in the percentage of students with a passing FSA math score. However, the percentage of students with a passing math score was still higher for Lafayette County than the state of Florida. Jefferson and Suwannee Counties also had higher percentages for passing math scores than Florida.

Table 34. Percent of Third Grade Students with a Passing FSA Math Score

County	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Hamilton	56.0	41.0	47.0	52.0	57.0
Jefferson	43.0	51.0	37.0	62.0	60.0
Lafayette	77.0	73.0	65.0	65.0	73.0
Madison	44.0	36.0	46.0	46.0	54.0
Suwannee	52.0	60.0	57.0	57.0	68.0
Florida	51.0	58.0	59.0	60.0	63.0

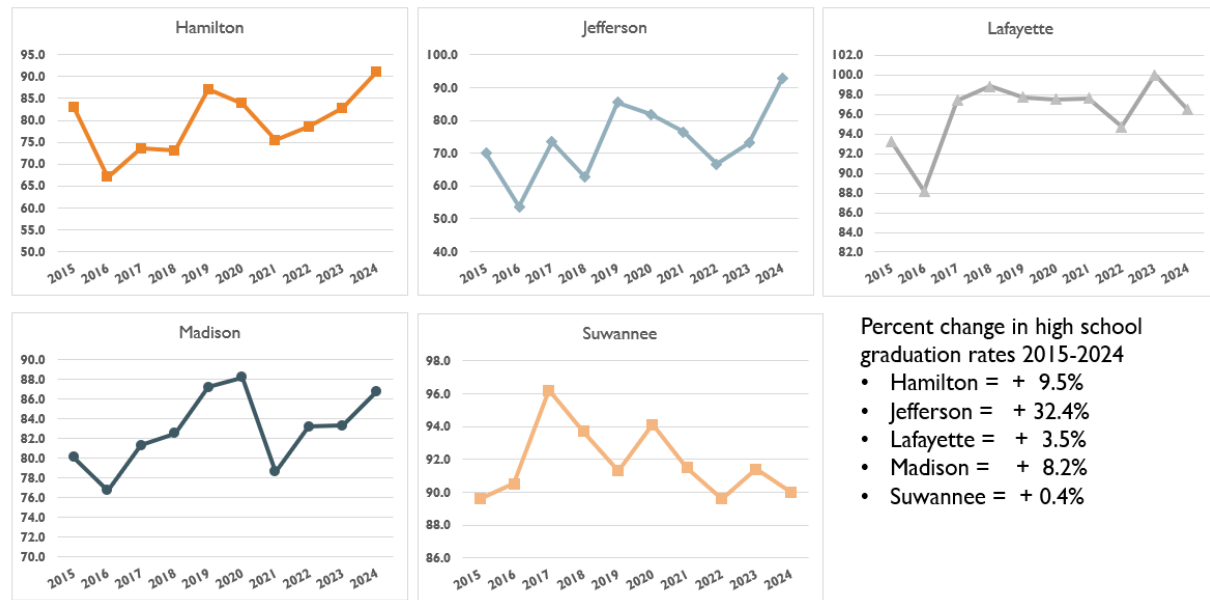
Data for Middle School students not promoted to a higher grade includes gaps for all five counties. No data for Jefferson County were reported during 2018-2022. Lafayette County shows 2016 as the only school year with students not promoted. Hamilton, Madison and Suwannee Counties had at least one year with a zero-value reported. These zero values may mean that no students were held back during that school year, or that data were not reported for that school year.

Figure 50. Middle School Students Not Promoted



High School graduation rates increased in all five counties between 2015 and 2024. Madison, Suwannee and Hamilton Counties all had graduation rates slightly below that of Florida. Jefferson and Lafayette Counties had a higher graduation rate than the state.

Figure 51. High School Graduation Rates



Education Indicators - Aging Well

Table 35 lists the percent of population ages 65+ with a high school education for all five counties. Percentages decreased between 2018 and 2024 for Hamilton and Madison Counties.

Table 35. Percent of Population Ages 65+ with a High School Education

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	47.4	29.2	32.9	33.5	40.1
2019	49.3	29.8	34.1	38.3	40.5
2020	46.9	30.0	46.1	37.1	42.9
2021	45.0	31.8	46.9	35.1	43.9
2022	45.0	36.5	52.9	35.0	42.3
2023	43.1	39.2	51.4	36.4	42.5
2024	45.4	37.0	52.6	33.3	41.4
% Change 2018-2024	-4.2%	26.7%	59.9%	-0.6%	3.2%

The percentages of population ages 65+ with an Associate's Degree significantly increased in Hamilton, Lafayette, and Suwannee Counties when comparing 2024 to 2018. The percentages decreased in Jefferson and Madison Counties.

Table 36. Percent of Population Ages 65+ with an Associate's Degree

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	4.4	8.7	1.8	8.7	7.1
2019	4.0	6.3	3.1	9.5	6.4
2020	6.9	5.7	7.7	8.3	4.6
2021	8.5	6.3	9.0	9.4	4.6
2022	7.8	6.6	7.7	7.2	5.9
2023	7.7	7.0	7.6	9.0	7.2
2024	9.2	6.6	8.8	6.1	8.5
% Change 2018-2024	109.1%	-24.1%	388.9%	-29.9%	19.7%

The percentage of population ages 65+ with a bachelor's degree decreased for all counties except Hamilton County when comparing 2024 to 2018.

Table 37. Percent of Population Ages 65+ with a Bachelor's Degree

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
2018	9.2	13.1	10.5	11.4	10.4
2019	6.7	13.5	7.1	8.7	9.2
2020	6.3	16.4	4.3	7.1	7.7
2021	8.6	16.3	4.4	7.9	9.4
2022	8.3	14.5	5.4	6.5	9.3
2023	11.4	9.7	4.0	6.0	8.8
2024	9.5	10.6	7.2	8.1	8.6
% Change 2018-2024	3.3%	-19.1%	-31.4%	-28.9%	-17.3%

Neighborhood and Built Environment

Neighborhood and built environment indicators include housing, transportation, walkability, access to healthy foods, environmental exposures, and safety and violence. All of these can impact health outcomes. Linked impacts to health outcomes are listed below.

- Substandard housing conditions can result in respiratory illnesses, infectious diseases, injuries and mental health issues.
- Reliable transportation impacts access to healthcare services, employment, education and healthy food sources.
- Communities with sidewalks, bike lanes, parks and recreational facilities encourage physical activity, leading to improved health.
- Neighborhoods with limited access to healthy food options tend to have higher rates of obesity, diabetes and other chronic diseases.
- Exposure to environmental hazards such as air and water contaminants have negative impacts on health.
- Neighborhoods with high crime rates increase the risk of injuries, reduce outdoor physical activities, and contribute to stress and anxiety.

Table 38 describes the 2024 housing unit characteristics for all five counties. The majority of housing units were owner-occupied in 2024. The median owner-occupied housing unit values in all five counties were significantly below the state median value of \$359,000. The majority of housing units in the five counties were built during 1980-1999.

Table 38. Housing Unit Characteristics 2024

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
% Owner Occupied Housing Units	79.8	75.9	77.2	73.4	74.9
% Renter Occupied Housing Units	20.2	24.1	22.8	26.6	25.1
% Housing Units that are Vacant	24.3	16.5	21.4	17.1	16.0
% Rental Units that are Vacant	1.1	1.3	0.8	5.0	4.9
Median Owner-Occupied Housing Unit Value	\$111,200	\$232,600	\$157,200	\$116,200	\$171,600
% Housing Units Built 1939 or Earlier	3.1	6.8	2.8	9.3	4.1
% Housing Units Built 1940 – 1959	8.3	9.1	10.2	11.8	6.5
% Housing Units Built 1960 – 1979	18.5	25.6	22.2	16.6	16.5
% Housing Units Built 1980 – 1999	41.9	31.4	38.2	32.1	44.3
% Housing Units Built 2010 or Later	10.2	12.2	9.0	10.2	11.5

Table 39 lists housing unit indicators for 2024. The percent of housing units that were mobile homes exceeded the statewide average of 8% for Florida. There were high percentages of rental units that cost more than 30% of the renter's income.

Jefferson County had 11.1% of housing units with no vehicles, which is almost double the percentage of housing units with no vehicles in the other four counties. Jefferson and Madison Counties also had the lowest percentages of households with access to broadband.

Table 39. Housing Unit Indicators 2024

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
% Housing Units Lacking Complete Plumbing	0.1	1.9	0.3	0.3	0.8
% Housing Units Lacking Complete Kitchen	0.6	1.0	0.3	0.3	1.3
% Housing Units Using Wood for Heating	1.1	1.4	0.5	1.4	1.1
% Housing Units that are Mobile Homes	42.4	29.2	37.5	33.9	47.7
% Owned Units With Costs 30%+ Income	18.6	22.1	17.5	22.0	18.8
% Rented Units With Costs 30%+ Income	58.1	45.8	44.7	55.1	36.0
% Housing Units With No Vehicles	3.6	11.1	4.7	6.7	5.9
% Households with Access to Broadband	81.4	75.4	87.7	77.1	86.5
Homeless Estimates (2025 Actual Numbers)	38	0	22	0	121

These five rural counties have low percentages of population living within ½ mile of fast food and within ½ mile of healthy food sources. Between 4-6% of the five-county population lived within ½ mile of a park.

Table 40. Housing Health Indicators 2024

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
% Pop Living Within ½ Mile of Fast Food (Latest Data 2022)	0.3	0.8	0.3	1.6	1.1
% Pop Living Within ½ Mile of Healthy Food (Latest Data 2022)	0.3	0.9	0.2	2.2	1.4
% Pop Living Within ½ Mile of a Park (Latest Data 2022)	6.1	4.2	4.9	5.5	4.9
Carbon Monoxide Poisoning (2024 Rates)	0.0	0.0	0.0	0.0	8.7
Lead Poisoning (2024 Rates)	0.0	12.8	0.0	5.3	13.1

Table 41 shows the means that working residents used to get to work in 2024. Most working residents drove their own vehicle or carpooled with someone. The percentages of workers using public transportation to get to work show that public transportation options are limited or non-existent.

Table 41. Transportation to Work Indicators, 2024

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
% Workers Using a Taxi, Motorcycle, Bicycle	1.5	1.1	5.3	2.6	0.9
% Workers Who Walked	1.3	1.5	1.2	2.2	2.3
% Workers Who Used Public Transportation	0.1	0.2	0.1	0.1	0.0
% Workers Who Carpooled	17.2	10.6	9.1	12.4	10.3
% Workers Who Drove Alone in a Vehicle	71.8	80.3	80.3	78.0	78.1

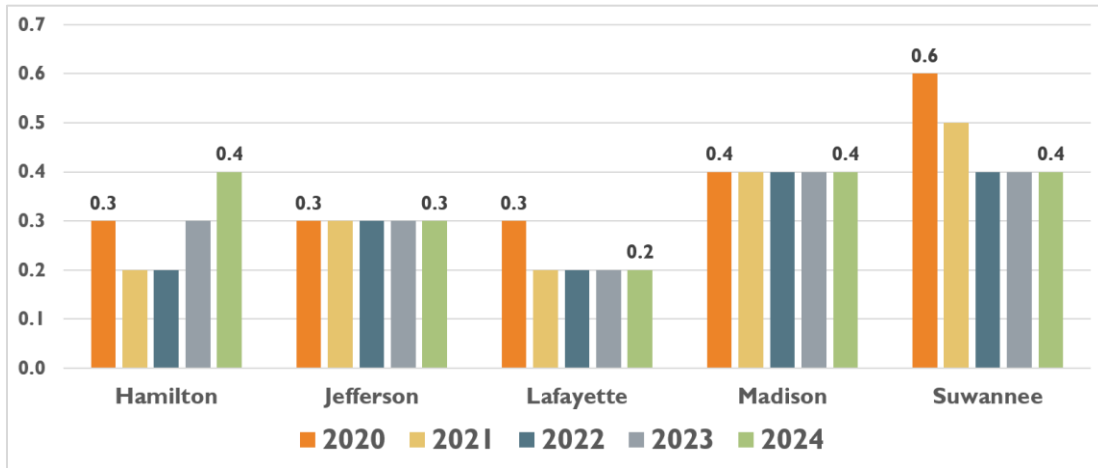
Social and Community Context

Racial Segregation

Research has shown that higher levels of residential segregation are associated with poorer health outcomes, including disparities in access to healthcare, chronic disease, and mortality. Racial residential segregation is associated with unequal access to health care resources, including health care settings and quality of treatment. 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."

Figure 52 shows the Index of Racial Residential Segregation for the five counties over five years. Hamilton County became slightly more segregated in 2024. Jefferson and Madison Counties remained consistent at 0.3 and 0.4 respectively. Lafayette and Suwannee Counties showed a decrease in the index of racial residential segregation in 2024.

Figure 52. Index of Racial Residential Segregation, 2020-2024

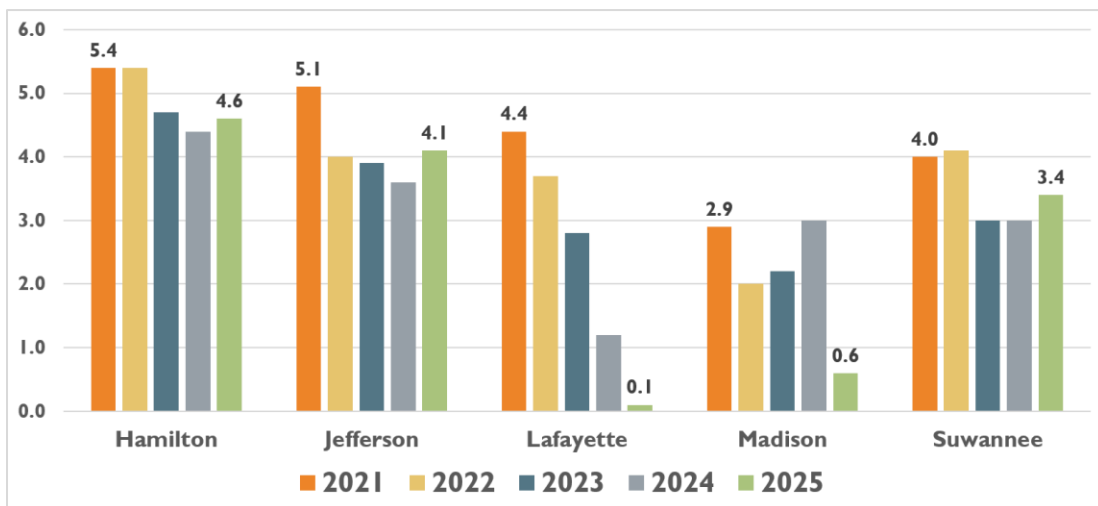


Incarceration

Incarceration rates are a social determinant that impacts health. Higher incarceration rates are often associated with communities experiencing greater socioeconomic challenges, including poverty, unemployment, limited educational opportunities, and poorer health outcomes. Overall, incarceration and recidivism can negatively impact the well-being of communities and individuals.

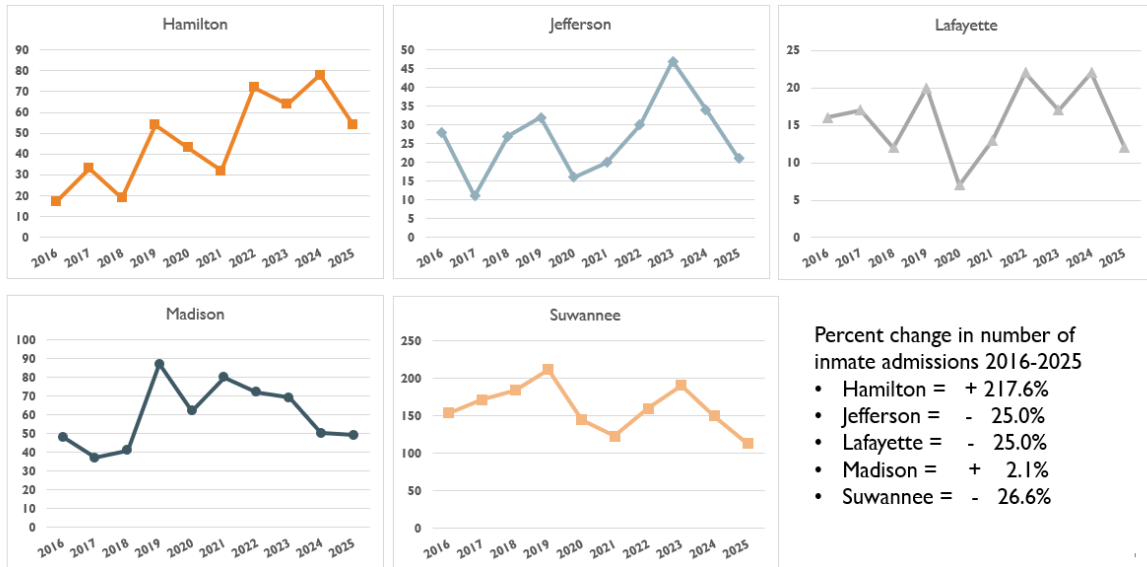
Figure 53 shows the incarceration rates per 1,000 population. Incarceration can be either jail or prison. All five counties had a decrease in incarceration rates in 2025. Lafayette and Madison Counties had 2025 incarceration rates lower than the 2.5 per 1,000 rate for Florida.

Figure 53. Incarceration Rates Per 1,000 Population, by Residence County



The trend graph in Figure 54 shows numbers of prison inmate admissions, for ages 19+, by their residence county prior to incarceration.

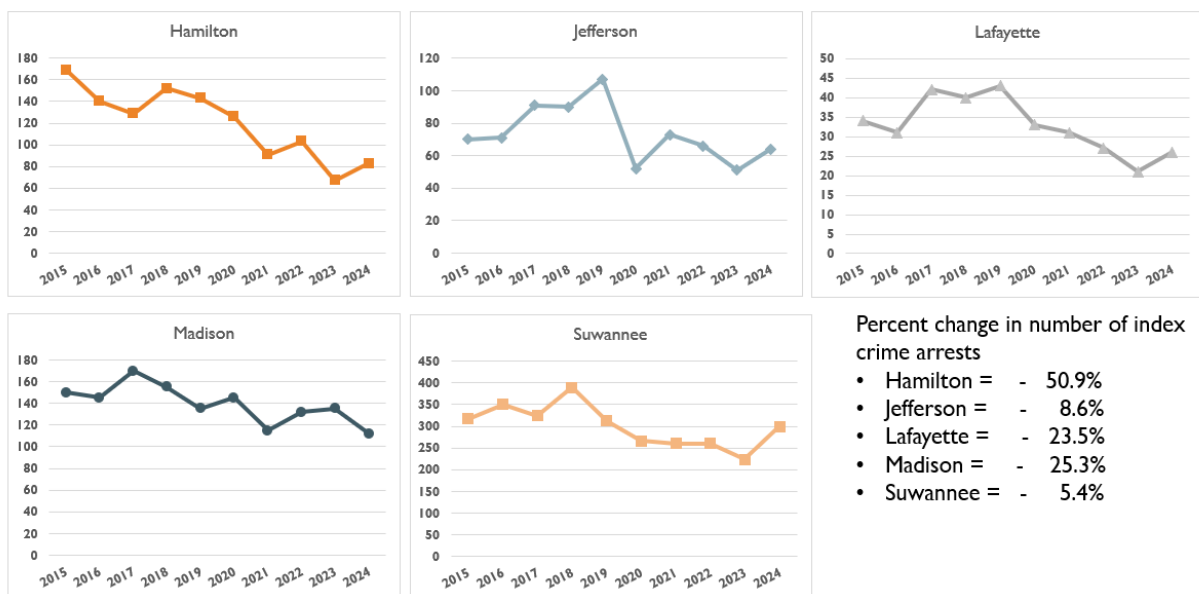
Figure 54. Number of Inmate Admissions, Ages 19+, 2016-2025



Crime Trends

Drug related arrest data are located in the social and behavioral health section of this assessment. A more detailed analysis of violent crime is located in the injury and violence section. Figure 55 shows numbers of arrests for index crimes by residence county. Index crimes include murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft. Note that these are arrest data and not conviction data. All five counties had a decrease in the number of annual index crime arrests between 2015 and 2024. Note that all counties except Madison had an uptick in arrests in 2024.

Figure 55. Index Crime Arrests, 2015-2024, by Residence County

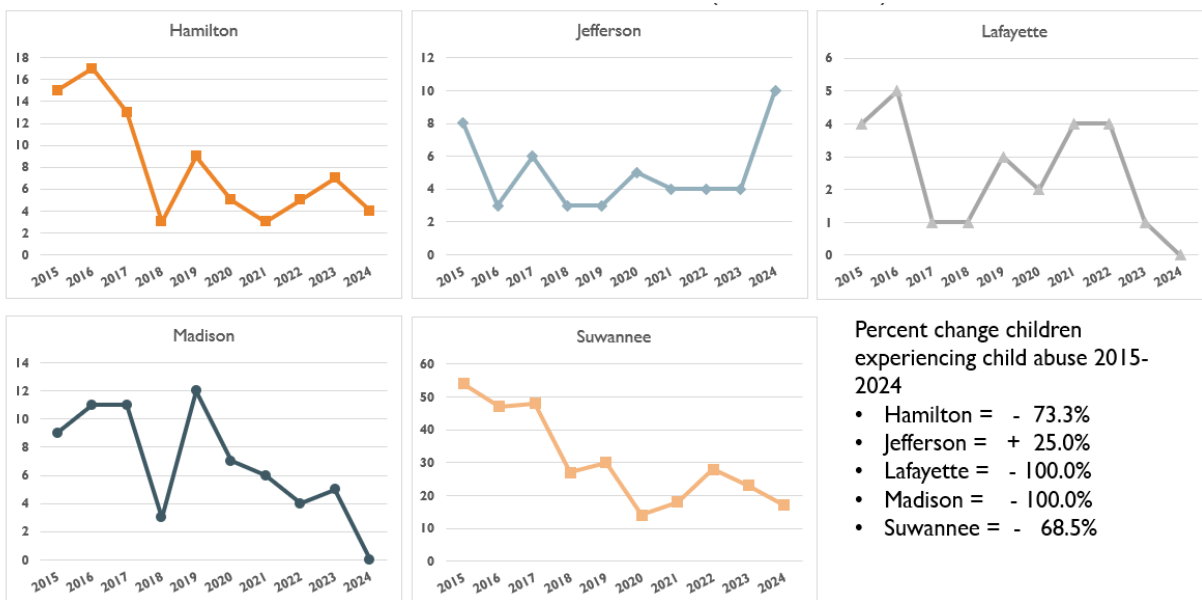


Crime Indicators - Growing Well

Abuse" means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions.

Figure 56 shows the reported number of children ages 5-11 who experienced child abuse, as described in the paragraph above. Jefferson County had an increase of 25% in the number of children experiencing child abuse when comparing 2024 to 2015. The remaining four counties all had significant decreases.

Figure 56. Children Experiencing Child Abuse, Ages 5-11, 2015-2024



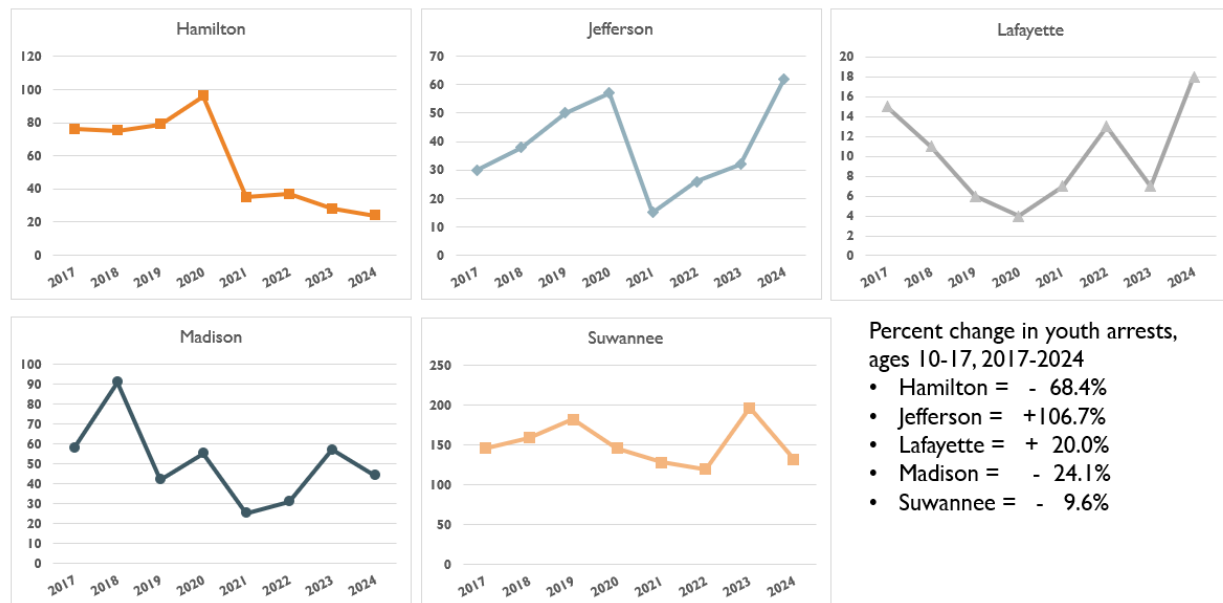
The reported number of children experiencing sexual violence is listed below in Table 42. All counties had one or more years with no reports of child sexual violence. Totals are shown for two ten-year periods, and an overall total.

Table 42. Children Experiencing Sexual Violence, Ages 5-11, 2005-2024

County	2005-2014	2015-2024	Total
Hamilton	7	8	15
Jefferson	7	11	18
Lafayette	6	2	8
Madison	10	2	12
Suwannee	45	35	80

Youth arrests for ages 10-17, have been collected since 2017 and are reported below in Figure 57. Note these are arrests and not convictions. Jefferson and Lafayette Counties experienced an increase in the number of youths arrested when comparing 2024 to 2017.

Figure 57. Number of Youths Arrested, Ages 10-17, By Calendar Year



Significant Findings

Access to Care

- Pediatricians, OB/GYN, Family Practice and Internal Medicine physicians continue to be a need among all five counties. Negative birth and post-natal outcomes for the region are linked to the lack of access to prenatal care and pediatric care.
- Behavioral health and substance use services continue to be underserved in the five-county area. Hamilton and Lafayette Counties have the least access to mental health providers.
- Dental services are an issue in the five counties. Medicaid reimbursement and patient no-show rates are among the reasons that public health dental services have declined. The need for dentists is highest in Suwannee County.
- Jefferson County had a 94.7% increase in the percentage of households without a vehicle during 2020-2024. Lafayette County had a 27% increase during the time frame.
- Only 77.1% of Madison County households, and 75.4% of Jefferson County households have access to broadband internet.
- More than half of 2024 births in Hamilton, Madison and Suwannee Counties were covered by Medicaid.
- Hamilton County showed an increase in the percent of children ages 0-18 without health insurance in 2024.
- All five counties had an increase in the number of adults aged 65+ that enrolled in Medicaid.

Economic Factors

- 2024 median income was lowest for Black, non-Hispanic residents in all counties except Lafayette County. Median income for Black, non-Hispanic residents in Lafayette County was not reported due to the low population.
- All five counties had a higher percentage of unemployed residents in 2024, compared to Florida's percentage of 4.8%. Lafayette County had the highest percentage of unemployed in 2024, at 10.9%. Madison County had the lowest percentage of unemployed, at 5.8%.
- Jefferson County had an increase in the percentage of individuals living below poverty level. The increase applied to White, Black and Hispanic residents.
- Census tracts with the highest female HOH families living below poverty level include 9601.01, 88.2%. 2501.04, 80.7%, 9602.02, 42.4%, 1103.02, 56.3%, and 9702, 58.3%.
- Jefferson and Lafayette Counties show a net increase in the percentage of children living below poverty level during 2015-2024, with Jefferson County experiencing a 40.1% increase.
- The percent of population ages 65+ living below poverty level increased in four of the five counties. Jefferson County experienced a 198% increase during 2015-2024, followed by Hamilton County, 35%, Lafayette County, 24%, and Suwannee County, 15%. The percent of individuals ages 65+ living below poverty level decreased by 5% in Madison County.
- All five counties had an increase in food insecurity rates. Suwannee County experienced a 36% increase, followed by Jefferson County, 34%, Lafayette County, 32%, Hamilton County, 16%, and Madison County, 1%.
- Jefferson County was the only county to show an increase in the percentage of households receiving SNAP benefits.

Education

- Less than 50% of population ages 25+ had a high school diploma in 2024 in all five counties.
- The percentage of children served by Early Steps has declined for all five counties.
- The percentage of children ready for kindergarten decreased for all five counties and the state of Florida, when comparing school year 2024-2025 to 2020-2021.
- High School graduation rates increased in all five counties between 2015 and 2024.

Housing

- The median owner-occupied housing unit values in all five counties were significantly below the state median value of \$359,000.
- The five counties all had low percentages of population living within ½ mile of healthy food sources. Between 4-6% of the five-county population lived within ½ mile of a park.

Social and Community Context

- All five counties had a decrease in adult incarceration rates in 2025.
- Hamilton and Madison Counties had an increase in the number of inmate admissions, ages 19+, when comparing 2016 to 2025.
- Index crime arrests showed a net decrease in all five counties when comparing 2024 to 2015. Index crimes include murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft.
- Jefferson County experienced an increase in the number of children experiencing child abuse when comparing 2024 to 2015.
- Jefferson and Lafayette Counties had an increase in the number of youth arrests, ages 10-17, when comparing 2024 to 2017.



Chronic Diseases

When looking across the five counties, the chronic disease indicators and causes of death data tell a clear and consistent story. Preventable chronic conditions continue to drive health outcomes in our communities, with cardiovascular disease, cancer, diabetes, and related conditions remaining the leading causes of death across Jefferson, Madison, Lafayette, Hamilton, and Suwannee Counties. These patterns are not new or isolated. They reflect long-standing health challenges that continue to affect individuals, families, and the healthcare system as a whole.

Table 43. Leading Causes of Death for 2024 and 2025, Regional Catchment Area

Causes of Death All Five Counties	2024 Deaths	2025 Deaths	Total Deaths
Heart Diseases (I00-I09,I11,I13,I20-I51)	311	340	651
Other Causes of Death	291	305	596
Malignant Neoplasm (Cancer) (C00-C97)	287	283	570
Cerebrovascular Diseases (I60-I69)	98	98	196
Unintentional Injury (V01-X59,Y85-Y86)	90	87	177
Chronic Lower Respiratory Diseases (J40-J42,J43,J44,J45-J46,J47)	86	86	172
Diabetes Mellitus (E10-E14)	53	66	119
Essential Hypertension and Hypertensive Renal Disease (I10,I12,I15)	41	54	95
Influenza and Pneumonia (J09-J11,J12-J18)	24	20	44
Suicide (U03,X60-X84,Y87.0)	15	28	43

Cardiovascular Disease

Cardiovascular Diseases are listed below in two categories. The category heart diseases includes coronary heart disease, heart attack, and heart failure. Blood vessel diseases include hypertension, cerebrovascular disease and stroke.

Heart Diseases

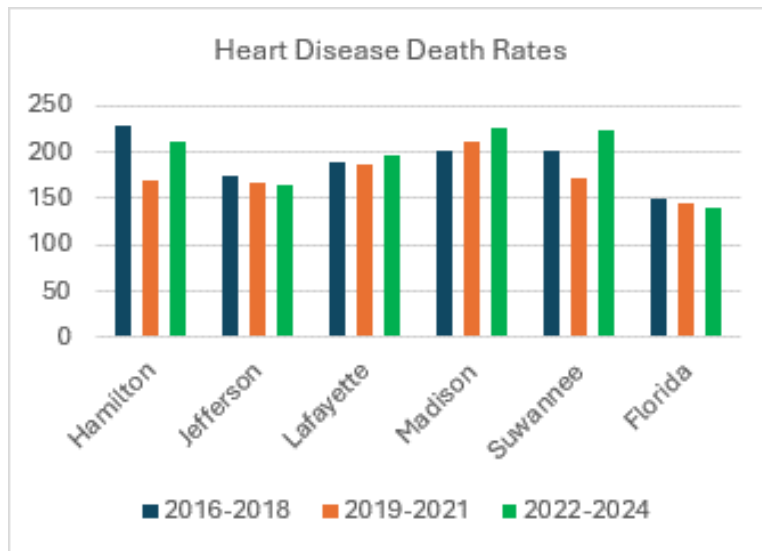
Heart disease refers to conditions that affect the structure and function of the heart. These conditions include coronary artery disease, heart failure, heart rhythm disorders, and other diseases that can interfere with the heart's ability to pump blood effectively.

Heart disease death rates remained elevated throughout the five-county area. In 2022–2024, Madison County reported the highest death rate at 226.1, followed closely by Suwannee County at 223.8, compared with the Florida rate of 139.2. Madison County experienced a steady increase across all three reporting periods, while Florida's rate declined over the same period.

Figure 58 illustrates heart disease death rates for the five-county area. In 2022–2024, Madison County had the highest heart disease death rate at 226.1, followed closely by Suwannee County

at 223.8, compared with Florida's rate of 139.2. Madison County's rate increased across each period, while the statewide rate declined from 148.9 in 2016–2018 to 139.2 in 2022–2024.

Figure 58. Heart Disease Death Rates per 100,000 Population, by Resident County



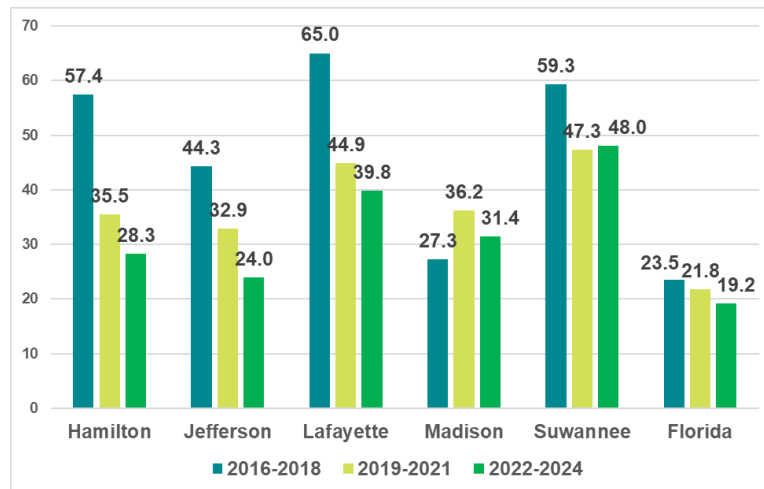
Myocardial Infarction

Acute Myocardial Infarction, or heart attack, occurs when blood flow to part of the heart is blocked. A heart attack occurs when a clot in the coronary artery blocks the supply of blood and oxygen to the heart.

Myocardial infarction (heart attack) mortality rates declined across most of the counties over the reporting periods. However, rates in all five counties remained higher than the state. Lafayette and Suwannee counties experienced the highest mortality rates despite improvements over time, while Hamilton and Jefferson showed the greatest declines. Madison County experienced an increase in the 2019-2021 reporting period before improving in the most recent period, although its rate also remained above the state average.

Figure 59 displays age-adjusted myocardial infarction (heart attack) death rates for the five-county area. Lafayette and Suwannee counties reported the highest heart attack death rates throughout the reporting periods, while Hamilton and Jefferson experienced the largest declines. Despite overall improvement, all counties remained above the Florida rate in 2022–2024.

Figure 59. Death Rates from Myocardial Infarction (Heart Attack) per 100,000 Population, by Resident County



Heart Failure

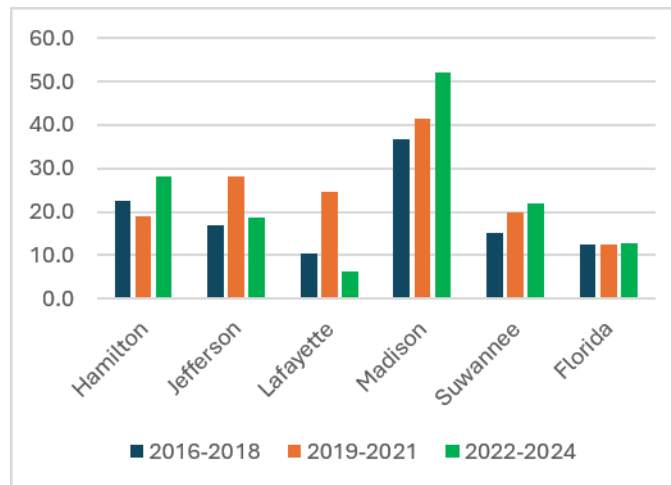
Heart failure is a chronic condition that occurs when the heart is unable to pump enough blood to meet the body's needs. It can develop as a result of conditions that weaken or damage the heart, including coronary artery disease, high blood pressure, previous heart attack, and other cardiovascular conditions.

Heart failure death rates are an important concern across the five-county area, with notable differences in trends among counties. Madison County demonstrated a persistent upward trend, while other counties experienced either fluctuations or declines over time.

Figure 60 illustrates heart failure death rates across the five-county area. Madison County experienced the highest rates across all three reporting periods. Madison County's rate increased steadily from 36.8 in 2016–2018 to 52.2 in 2022–2024, more than four times the Florida rate of 12.8 in the most recent period. Hamilton and Suwannee counties also remained above the state rate.



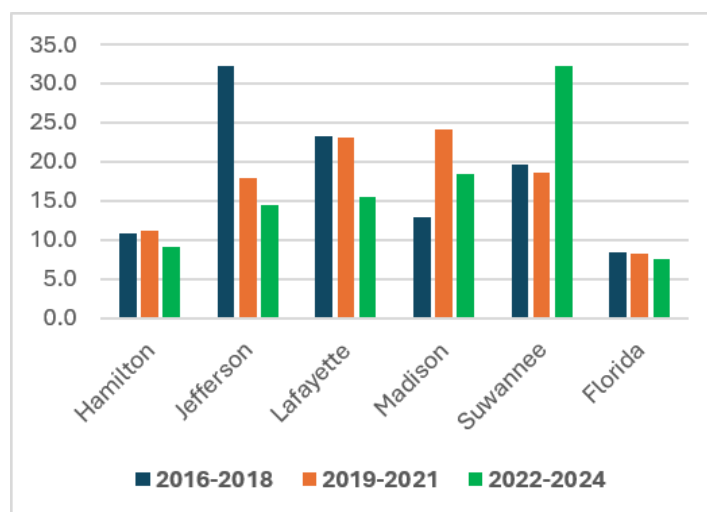
Figure 60. Death Rates from Heart Failure



Ambulatory care hospitalization rates for congestive heart failure among adults ages 0–64 exceeded the Florida rate across the five-county area. While several counties experienced declines over time, the overall pattern shows continued burden across the counties.

Figure 61 illustrates ambulatory care congestive heart failure hospitalization rates among adults ages 0–64. In 2022–2024, Suwannee County reported the highest rate at 32.3, followed by Madison County at 18.4, compared with the Florida rate of 7.5. Suwannee County experienced a substantial increase in the most recent reporting period, while other counties showed declines.

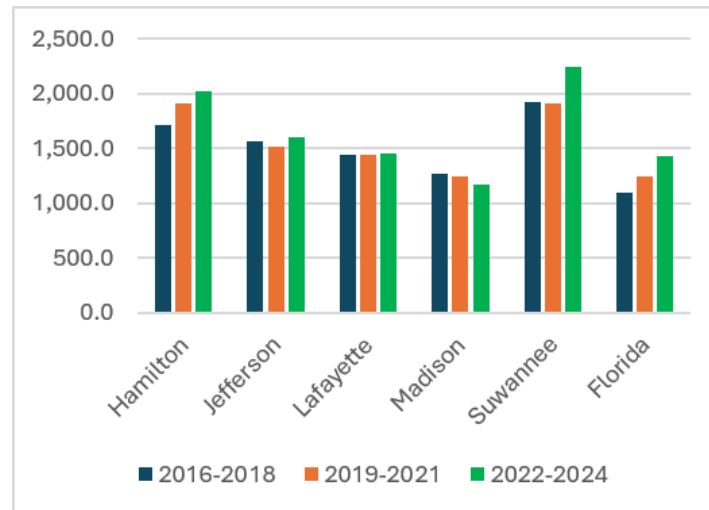
Figure 61. Ambulatory Care Congestive Heart Failure Hospitalizations



Heart failure hospitalization rates remained elevated across much of the five-county area, although trends varied by county. Suwannee and Hamilton counties experienced an increase in hospitalizations in 2022–2024, while Madison County showed a gradual decline over the three reporting periods.

Figure 62 illustrates hospitalization rates from heart failure. In 2022–2024, Suwannee County had the highest heart failure hospitalization rate at 2,235.5, followed by Hamilton County at 2,020.7. Jefferson (1,604.1) and Lafayette (1,454.9) also remained above the Florida rate of 1,424.8. Madison County was the only county below the state rate in the most recent period, declining to 1,172.2 despite an increase in the Florida rate over time.

Figure 62. Hospitalization Rates from Heart Failure



Blood Vessel Diseases

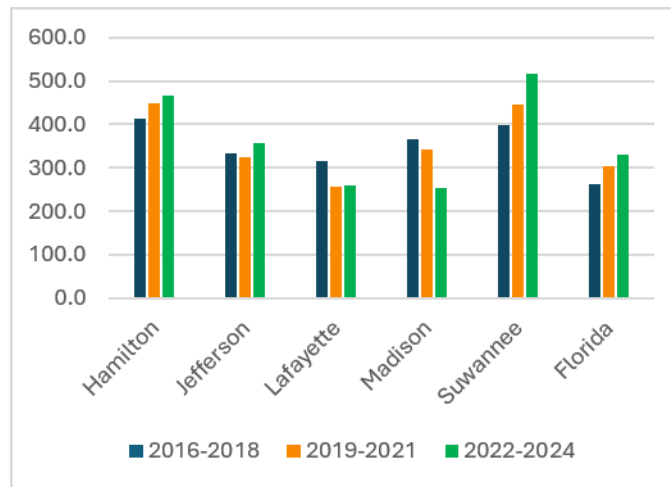
Hypertension

Hypertension, or high blood pressure, occurs when the force of blood against the walls of the arteries remains consistently elevated. Over time, uncontrolled hypertension can damage blood vessels and place added strain on the heart, increasing the risk of heart disease, heart attack, stroke, and other serious health complications.

Hypertension hospitalization trends varied across the five-county area. Madison County experienced a substantial decline, while the Florida rate increased. Suwannee and Hamilton County were the highest-rate counties in the most recent period.

Figure 63 illustrates hypertension hospitalization rates. In 2022–2024, Suwannee and Hamilton counties recorded the highest hypertension hospitalization rates at 515.7 and 465.7, compared with Florida’s rate of 329.0. Madison County showed the greatest improvement, declining from 365.2 in 2016–2018 to 254.5 in 2022–2024.

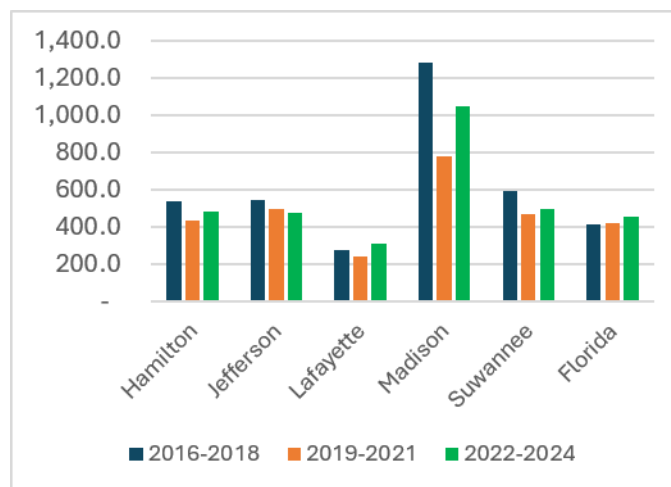
Figure 63. Hypertension Hospitalization Rates



In 2022–2024, four of the five counties reported hypertension-related emergency room visit rates above the Florida rate of 452.9. Madison County remained the highest at more than twice the state rate, despite improving in 2016–2018. Lafayette County was the only county below the state rate at 304.9.

Hypertension-related emergency room rates remained particularly high in Madison County, with a 2022–2024 rate of 1,050.8 compared with 452.9 statewide. Although Madison improved from its 2016–2018 rate of 1,281.1, its most recent rate remained more than twice the Florida rate.

Figure 64. Emergency Room Visits for Hypertension

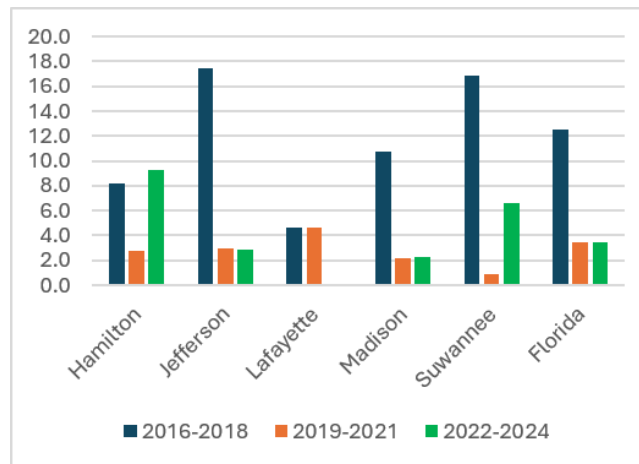


Among adults ages 0–64, ambulatory care sensitive hospitalizations for hypertension declined in several counties from 2016–2018 to 2022–2024. Madison County decreased and remained below the Florida rate, while Hamilton and Suwannee increased in the most recent period.

Figure 65 illustrates ambulatory care sensitive hospitalization from hypertension for ages 0–64. In 2022–2024, Hamilton County had the highest rate at 9.3, followed by Suwannee County at 6.6,

both above Florida's rate of 3.5. Madison County remained comparatively low at 2.3 after declining from 10.7 in 2016–2018.

Figure 65. Ambulatory Care Sensitive Hospitalization from Hypertension Ages 0-64

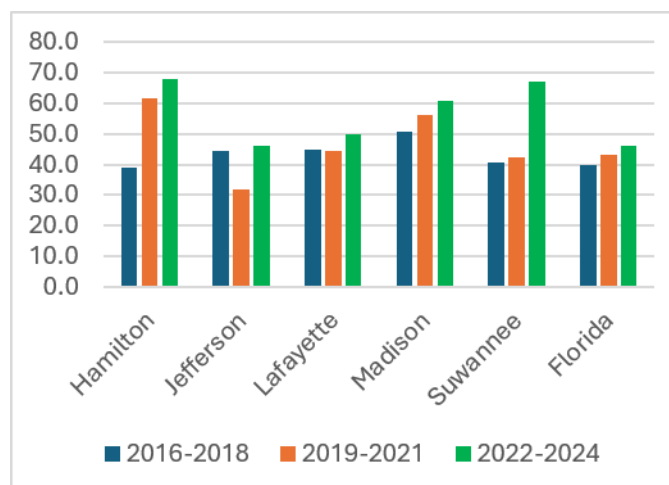


Stroke

Stroke occurs when blood flow to part of the brain is interrupted or reduced, preventing brain tissue from receiving enough oxygen and nutrients. This can happen because of a blocked blood vessel or bleeding in the brain. Stroke death rates increased in most counties over the reporting periods. In 2022–2024, Hamilton County had the highest rate at 67.9, followed closely by Suwannee at 67.2 and Madison at 60.9, all notably above the Florida rate of 46.0. Jefferson and Lafayette also remained near or slightly above the state rate.

Figure 66 illustrates deaths due to stroke. In 2022–2024, stroke death rates were highest in Hamilton (67.9), Suwannee (67.2), and Madison (60.9), compared with the Florida rate of 46.0. Madison County's rate increased steadily across all three reporting periods, rising from 50.8 in 2016–2018 to 60.9 in 2022–2024.

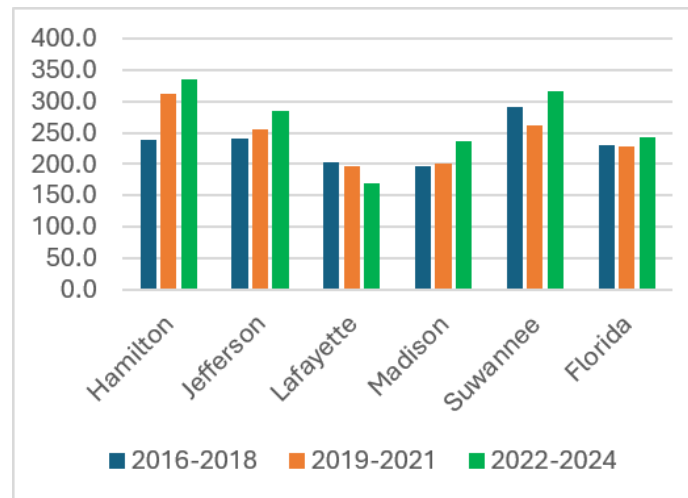
Figure 66. Stroke Death Rates



Stroke hospitalization trends varied across the five counties. In 2022–2024, Hamilton County had the highest rate, followed by Suwannee and Jefferson. Madison County increased in 2022–2024 but remained slightly below the state rate, while Lafayette declined.

Figure 67 illustrates stroke hospitalizations for the five counties. In 2022–2024, stroke hospitalization rates were highest in Hamilton County at 335.2 and Suwannee County at 317.4, compared with Florida’s rate of 242.4. Madison County increased from 195.8 in 2016–2018 to 237.7 in 2022–2024, remaining just below the state rate, while Lafayette showed the largest decline to 169.0.

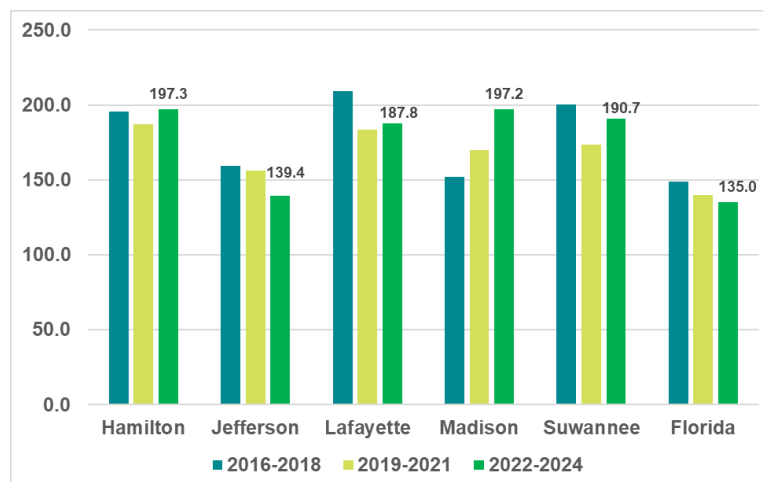
Figure 67. Stroke Hospitalizations



Cancer

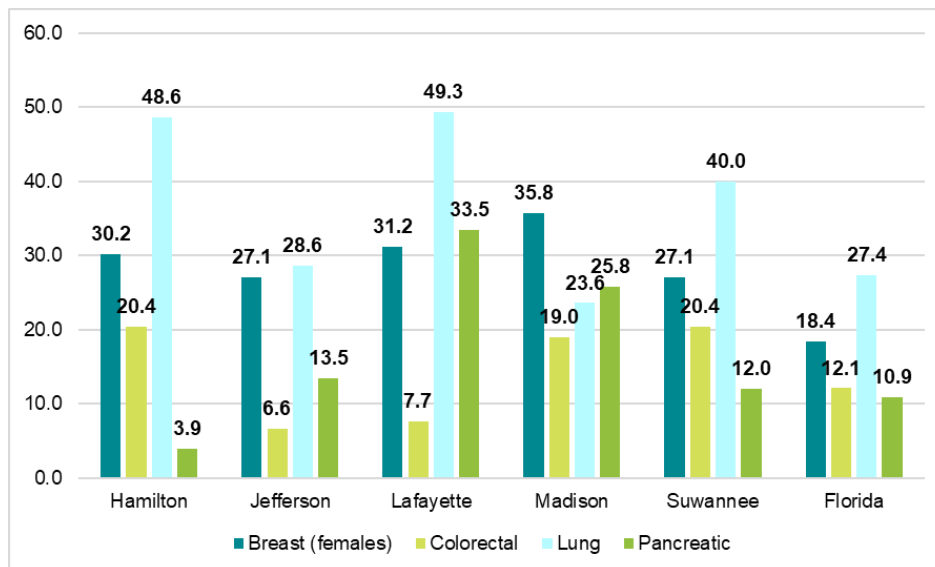
Cancer death rates per 100,000 population were consistently higher than the state of Florida except for Jefferson County during the most recent time period. All five counties had higher cancer death rates than Florida during 2016-2018 and 2019-2021.

Figure 68. Cancer Death Rates per 100,000 Population, by Residence County



Lung cancer was the leading cause of cancer deaths during 2024 for all counties except Madison County. Breast cancer was the leading cause of cancer deaths in Madison County and the second highest cause of cancer deaths among three of the remaining four counties. Pancreatic cancer also had high death rates in 2024 due to low survivability rates for pancreatic cancer, which was the second highest cause of cancer deaths in Lafayette County. Colorectal cancer was the fourth highest cause of cancer deaths among four of the five counties. Colorectal cancer ranked third in Hamilton County.

Figure 69. 2024 Cancer Death Rates, by Type of Cancer



Similar to cancer deaths, cancer incidence rates were highest for breast cancer, lung cancer, and colorectal cancer. Prostate cancer incidence rates were higher among the five counties than pancreatic cancer.

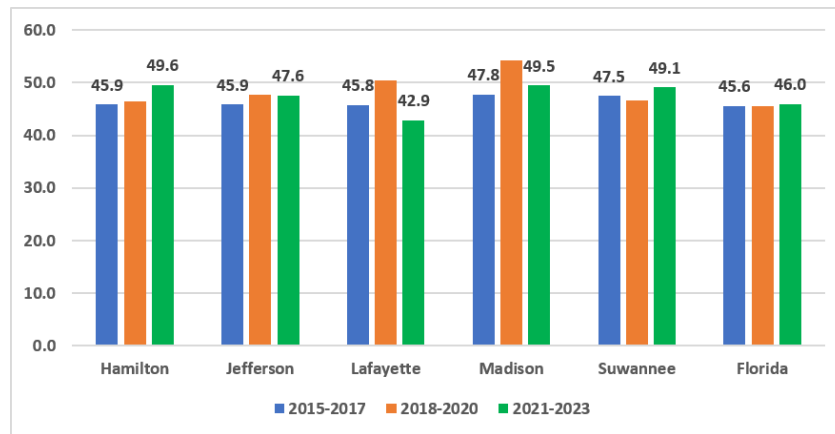
Table 44. 2023 Cancer Incidence Rates per 100,000 Population, by Residence County

Cancer Type	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
Bladder	12.1	14.6	32.9	10.3	19.4	17.9
Brain/Central Nervous System	25.1	13.5	0.0	14.6	5.1	6.7
Breast (females)	105.2	144.2	125.7	166.1	143.5	132.1
Cervical	0.0	0.0	0.0	0.0	4.9	10.2
Colorectal	59.0	51.5	27.3	66.1	49.6	37.4
Esophageal	5.3	6.7	0.0	2.6	5.1	4.2
Head and Neck Cancer	34.4	19.1	0.0	8.9	23.1	18.3
Hodgkin's Disease	7.6	0.0	0.0	0.0	5.0	3.2
Kidney/Renal/Pelvis	9.9	34.6	22.0	13.8	15.6	17.4
Leukemia	10.5	21.3	17.1	12.2	19.7	16.8
Lung	90.2	78.6	60.2	56.1	73.1	51.1
Melanoma	19.2	10.3	9.1	12.6	20.8	28.5
Non-Hodgkin's Lymphoma	20.1	23.5	9.1	32.6	22.6	22.1

Cancer Type	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
Oral	29.7	19.1	0.0	8.9	15.6	14.3
Ovarian (females)	0.0	0.0	16.0	27.7	27.8	11.1
Pancreatic	9.3	17.8	9.1	18.3	14.6	14.6
Prostate (males)	114.0	105.7	50.0	190.8	82.0	111.6
Stomach	4.0	3.1	0.0	9.4	5.2	6.7
Uterine (females)	26.9	34.9	39.3	32.7	56.4	28.6
Other rare gynecological	0.0	0.0	0.0	22.4	8.1	5.3

It is worth noting that half of the cancer diagnoses happened at an advanced stage in three of the five counties during 2021-2023. Jefferson and Lafayette Counties had percentages of advanced stage cancer diagnoses slightly lower but still significant.

Figure 70. Cancer at Advanced Stage When Diagnosed, Percent of Cancer Incidence

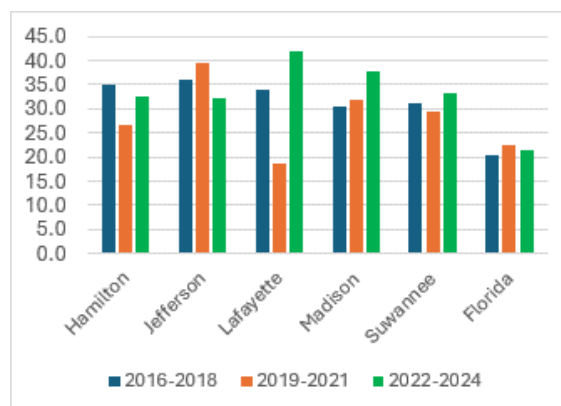


Diabetes

Diabetes death rates remained elevated across the five-county area, with all counties reporting rates above the Florida rate in the most recent reporting period. Rates fluctuated over time, with particularly notable increases in Lafayette and Madison counties in 2022–2024.

Figure 71 illustrates diabetes death rates by county of residence for the five rural counties. In 2022–2024, Lafayette County reported the highest rate at 41.9 deaths per 100,000 population, followed by Madison County at 37.7. Suwannee, Hamilton, and Jefferson counties reported rates of 33.1, 32.5, and 32.3, respectively. All five counties exceeded the Florida rate of 21.4.

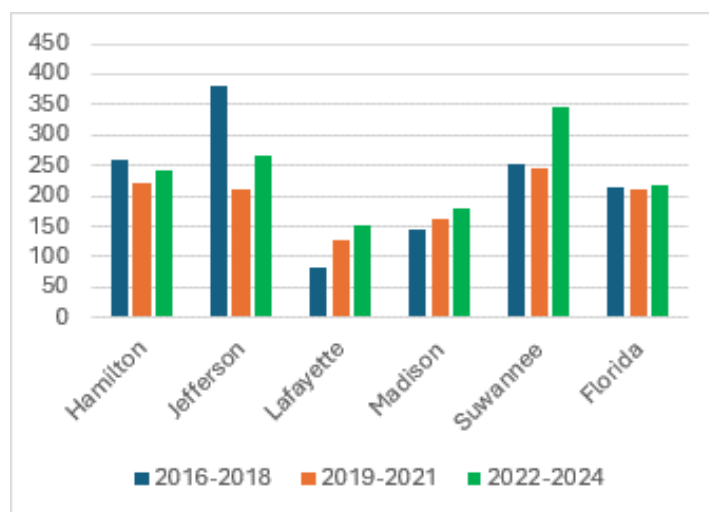
Figure 71. Diabetes Death Rates



Diabetes-related hospitalization rates varied considerably across the five-county area over the reporting periods. Suwannee County experienced a substantial increase in the most recent period, while Lafayette and Madison counties showed steady increases over time. Florida's hospitalization rate remained relatively stable.

Figure 72 illustrates hospitalization rates from or with diabetes for the five rural counties. In 2022–2024, Suwannee County reported the highest rate at 346.0 hospitalizations per 100,000 population, followed by Jefferson County at 266.8 and Hamilton County at 242.1. All three counties exceeded the Florida rate of 218.7. Lafayette and Madison counties reported lower rates of 152.3 and 179.3, respectively.

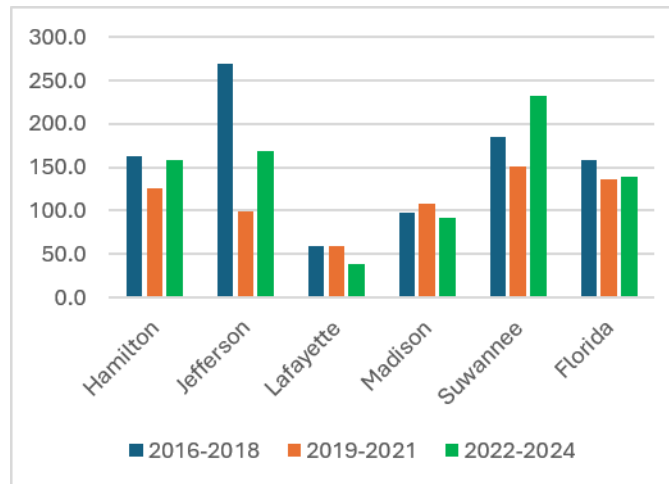
Figure 72. Hospitalization Rates from Diabetes



Ambulatory care sensitive hospitalization rates from diabetes among residents ages 0–64 varied across the five-county area over the reporting periods. Suwannee County experienced a substantial increase in the most recent period, while Jefferson County remained above the Florida rate despite an overall decline from the earliest reporting period. Lafayette and Madison counties reported comparatively lower rates.

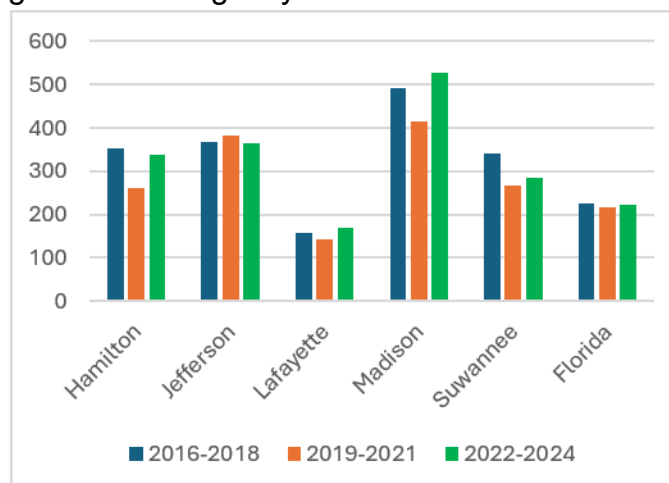
Figure 73 illustrates ambulatory care sensitive hospitalization rates from diabetes among residents ages 0–64 across the five rural counties. In 2022–2024, Suwannee County reported the highest rate at 232.1 hospitalizations per 100,000 population, followed by Jefferson County at 169.1 and Hamilton County at 158.4. All three counties exceeded the Florida rate of 139.1. Madison and Lafayette counties reported lower rates of 92.2 and 39.1, respectively.

Figure 73. Ambulatory Care Sensitive Hospitalization Rates from Diabetes Aged 0-64



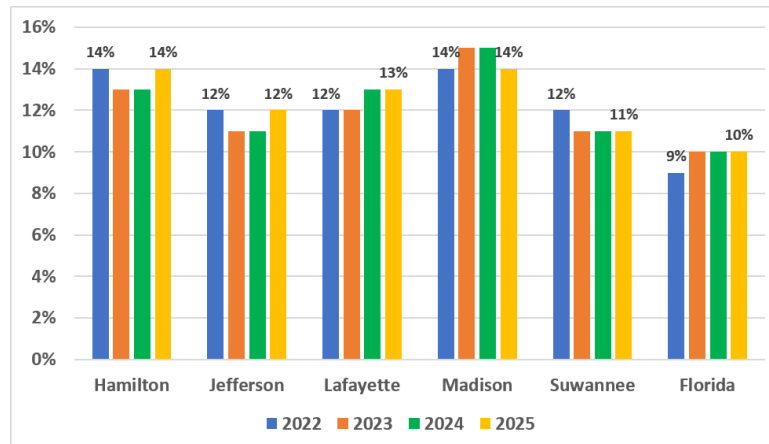
Diabetes-related emergency room visit rates varied across the five-county area over the reporting periods. Madison County consistently experienced the highest rates and increased further in the most recent period, while Jefferson County also remained well above the Florida rate. Hamilton and Suwannee counties declined from their earliest reporting periods but continued to exceed the state rate in 2022–2024. Figure 74 illustrates emergency room visit rates due to diabetes for the five rural counties. In 2022–2024, Madison County reported the highest rate at 527.4 visits per 100,000 population, more than twice the Florida rate of 222.9. Jefferson County followed at 365.8, while Hamilton and Suwannee counties reported rates of 336.7 and 286.0, respectively. Lafayette County had the lowest rate at 168.2, remaining below the Florida rate.

Figure 74. Emergency Room Visits Due to Diabetes



Diabetes prevalence estimates from the Robert Wood Johnson foundation show that all five counties have higher diabetes prevalence rates than the state of Florida. Madison and Hamilton Counties were most affected.

Figure 75. Diabetes Prevalence, RWJ Foundation



Diabetes prevalence estimates from the Robert Wood Johnson foundation

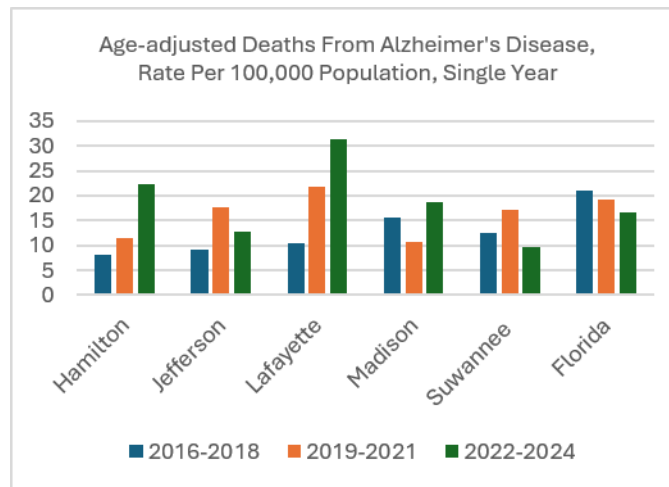
Alzheimer's Disease

Alzheimer's disease is the most common type of dementia and is caused by progressive damage to nerve cells in the brain. It often begins with mild memory loss and gradually affects thinking, communication, and the ability to complete daily activities. As the disease progresses, individuals may eventually lose the ability to respond to their environment or care for themselves. Alzheimer's disease is irreversible and currently has no cure.

Alzheimer's disease death rates varied among the counties across the three reporting periods. A few counties experienced notable fluctuations, with rates increasing in Hamilton and Lafayette counties, while Jefferson and Suwannee counties showed declines in the most recent reporting period.

Figure 76 illustrates deaths from Alzheimer's disease for the five rural counties. In 2022-2024, Lafayette County had the highest rate at 31 deaths per 100,000 population. Hamilton and Madison counties followed with 22 and 19. Lafayette and Hamilton counties had notable increases across the reporting periods.

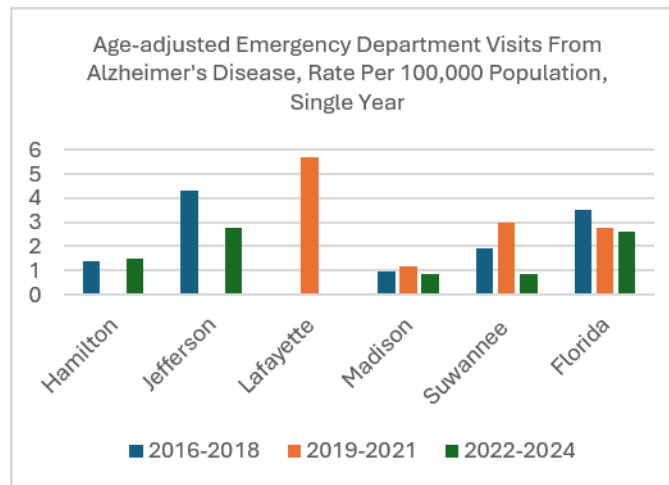
Figure 76. Deaths from Alzheimer's Disease



Alzheimer's related emergency department visit rates were generally low across the five-county area and remained below the Florida rate in most reporting periods. Rates fluctuated in several counties, with Jefferson and Suwannee showing declines in the most recent period after higher rates in earlier years.

Figure 77 illustrates emergency department visit rates from Alzheimer's disease across the five rural counties. In 2022–2024, Jefferson County reported the highest rate at 2.8 visits per 100,000 population, followed by Hamilton County at 1.5. Madison and Suwannee each reported rates of 0.9, all below the Florida rate of 3.0.

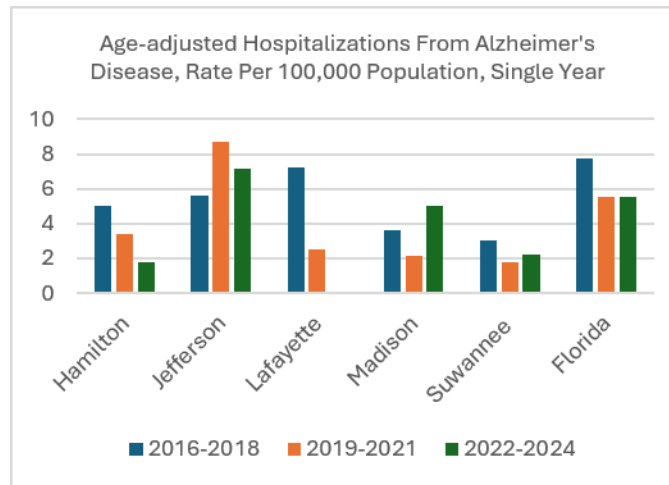
Figure 77. Emergency Department Visits from Alzheimer's Disease



Alzheimer's disease hospitalization rates varied across the five-county area over the reporting periods. Most counties remained at or below the Florida rate, while Jefferson County experienced higher hospitalization rates. Hamilton and Lafayette counties showed declines over time, while Madison County increased in the most recent reporting period.

Figure 78 illustrates hospitalizations from Alzheimer’s disease for the five rural counties. In 2022–2024, Jefferson County reported the highest rate at 7 hospitalizations per 100,000 population, exceeding the Florida rate of 6. Madison County followed at 5, while Hamilton and Suwannee counties each reported rates of 2.

Figure 78. Hospitalizations from Alzheimer’s Disease



Chronic Diseases - Growing Well

When reviewing childhood cancer incidence for ages 0-19, there are very few cases between 2015 and 2022, the latest year data are available. Note that numbers of cancer diagnoses are not reported if that number is between one and ten. For that reason, only incidence rates are listed in Table 45 below. All counties had at least one cancer case diagnosed among children ages 0-19 during 2015-2022.

Hamilton County had diagnosed cancer cases among White and Hispanic children ages 0-19 during 2015-2022. Jefferson County had diagnosed cases among White and Black children. Lafayette County had diagnosed cases among White and Hispanic children. Madison County had cancer cases diagnosed among Black children. Suwannee County had cancer cases diagnosed among White, Black and Hispanic children during the time frame.

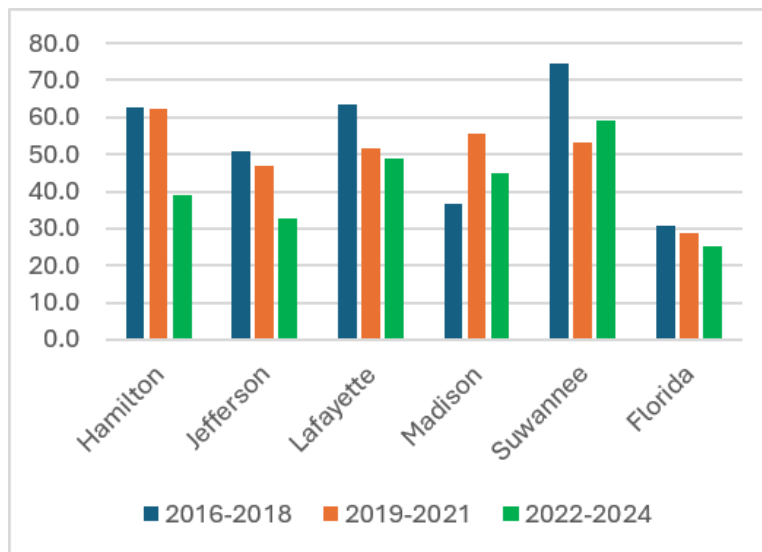
Table 45. Cancer Incidence Rates Per 100,000 Population, Ages 0-19

	2015	2016	2017	2018	2019	2020	2021	2022
Hamilton	0.0	31.2	0.0	0.0	0.0	32.2	64.7	0.0
Jefferson	36.3	72.0	0.0	35.6	35.9	0.0	0.0	0.0
Lafayette	0.0	0.0	0.0	0.0	0.0	0.0	0.0	58.8
Madison	0.0	0.0	0.0	0.0	0.0	25.6	0.0	0.0
Suwannee	19.2	29.2	0.0	38.5	28.3	0.0	38.1	29.2

Chronic Diseases - Well Men

Male myocardial infarction death rates were consistently higher than female rates across the five counties and Florida. Male death rates remained elevated in Suwannee County, which had the highest rate in the most recent period. Overall, both male and female rates declined in several counties over time, although they remained above the Florida average in most of the counties.

Figure 79. Myocardial Infarction Death Rates for Males

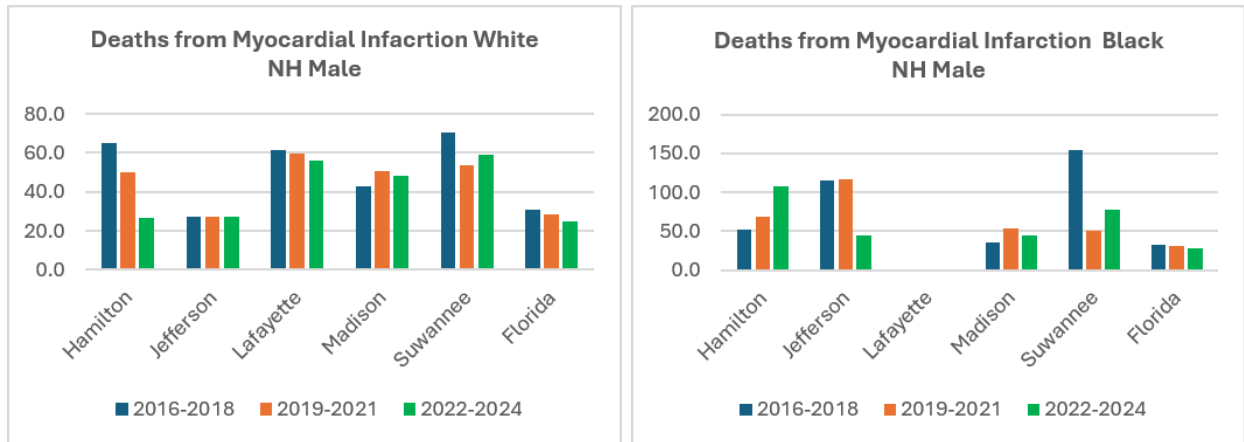


Among White non-Hispanic males, myocardial infarction death rates were generally higher than those among females. In 2022–2024, Suwannee County had the highest rate at 58.8, followed by Lafayette County at 56.2 and Madison County at 48.5, compared with 24.9 statewide. Hamilton County showed a decline from 65.3 in 2016–2018 to 26.4 in 2022–2024, while Jefferson County remained relatively stable.

Myocardial infarction death rates among Black non-Hispanic residents varied across the counties and reporting periods. Among Black, non-Hispanic males, Madison County's 2022–2024 rate was 44.2 compared with 27.6 statewide.



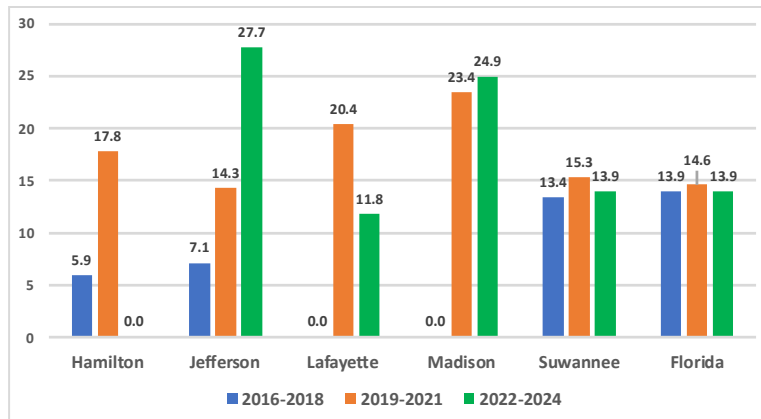
Figure 80. Male Myocardial Infarction Death Rates by Race



Although not pictured, myocardial infarction death rates among Hispanic residents varied considerably across the region. Suwannee County consistently showed elevated rates compared with Florida, while Madison County reported a notably high Hispanic male death rate during 2019–2021.

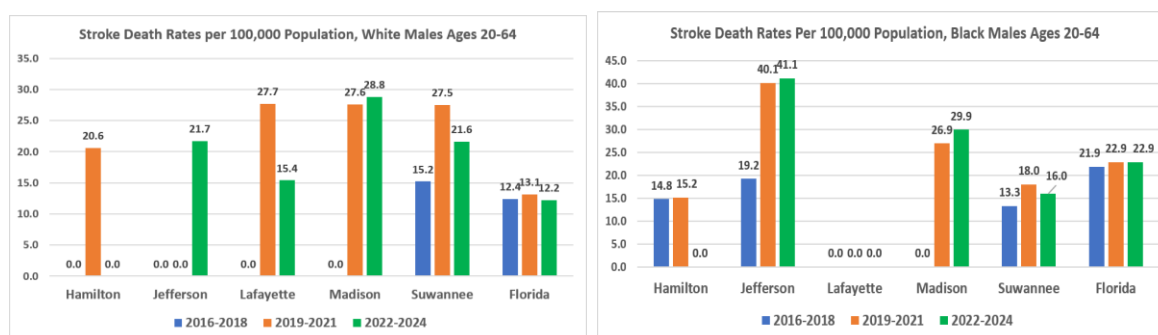
Stroke death rates for males ages 20-64 during 2022-2024 were highest in Jefferson and Madison Counties, which exceeded the state death rate. There were no stroke deaths for males in this age group in Hamilton County during the time frame.

Figure 81. Stroke Death Rates per 100,000 Population, Males Ages 20-64



Stroke death rates were higher among white males ages 20-64 than black males except in Jefferson County during 2022-2024. Lafayette County reported no stroke deaths among black males from 2016-2024.

Figure 82. Stroke Death Rates per 100,000 Population, Males Ages 20-64, by Race

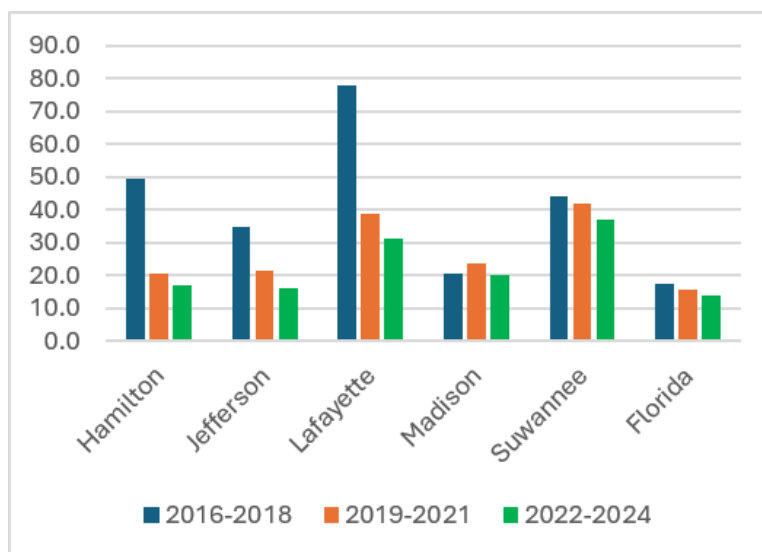


Chronic Diseases - Well Women



Female myocardial infarction death rates were consistently lower than male rates across the five counties and Florida. Female death rates were highest in Lafayette County. Overall, both male and female rates declined in several counties over time, although they remained above the Florida average in most of the counties.

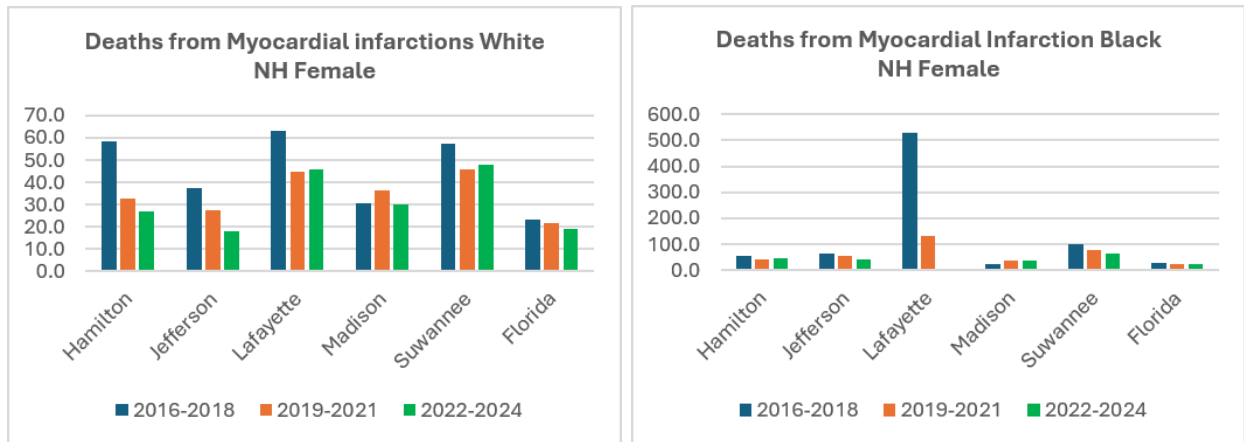
Figure 83. Myocardial Infarction Death Rates for Females



Among White non-Hispanic females, Lafayette and Suwannee counties reported the highest recent myocardial infarction death rates at 45.6 and 47.7 deaths, respectively, compared with the Florida rate of 18.9. Madison County's rate was 30.0, also considerably higher than the state rate. Hamilton and Jefferson counties demonstrated substantial declines over the three reporting periods.

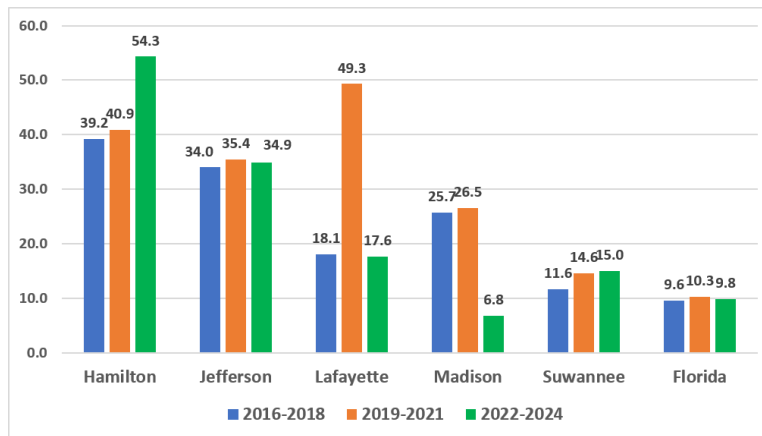
Myocardial infarction death rates among Black non-Hispanic residents varied across the counties and reporting periods. In Madison County, female myocardial infarction death rates increased from 26.2 in 2016–2018 to 37.9 in 2022–2024, while the Florida rate declined from 27.1 to 22.1.

Figure 84. Female Deaths from Myocardial Infarction, by Race



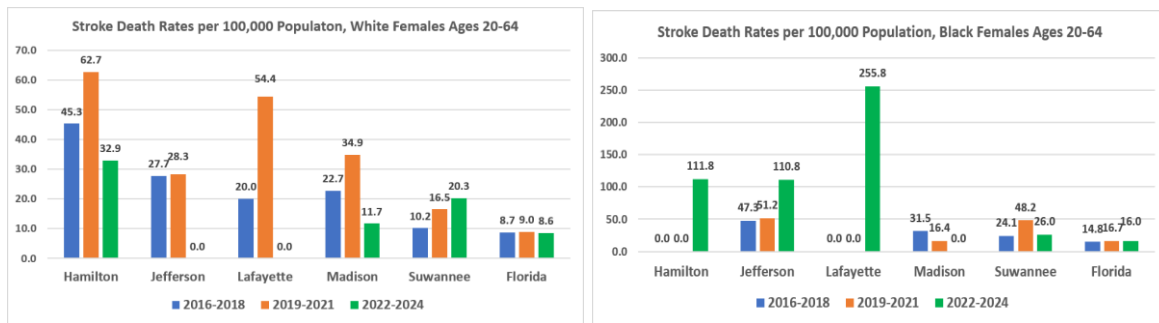
Stroke death rates among females ages 20-64 were higher in four of the five counties compared to Florida during 2022-2024. Only Madison County had a lower stroke death rate than Florida. Hamilton County had a stroke death rate that was disproportionately higher than the remaining four counties and the state. All counties except Suwannee County had high rates of stroke deaths among females ages 20-64 between 2016 and 2024.

Figure 85. Stroke Death Rates per 100,000 Population, Females Ages 20-64



Stroke death rates were generally higher for white females ages 20-64 than black females in this age group. However, all stroke deaths in Jefferson and Lafayette Counties during 2022-2024 were among black females.

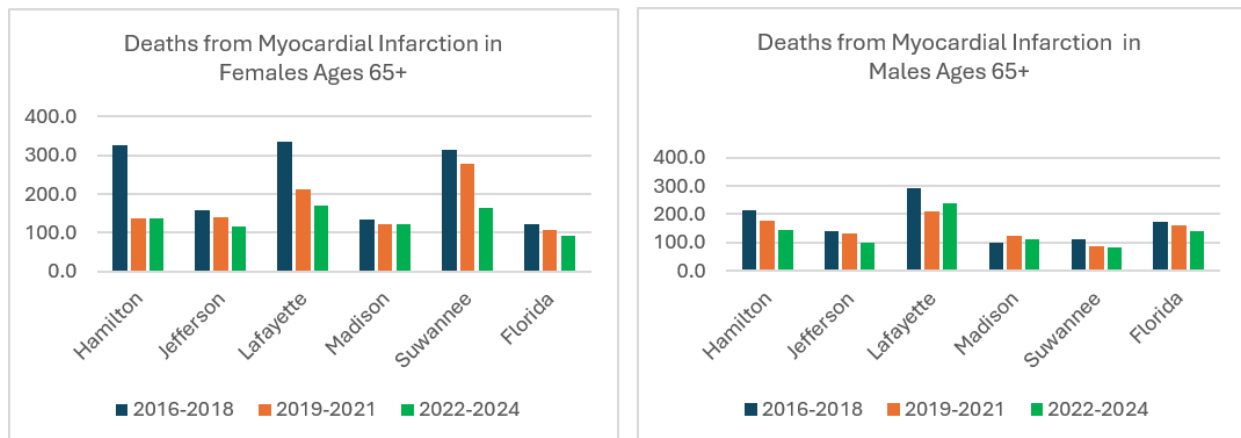
Figure 86. Stroke Death Rates per 100,000 Population, Females Ages 20-64, by Race



Chronic Diseases - Aging Well

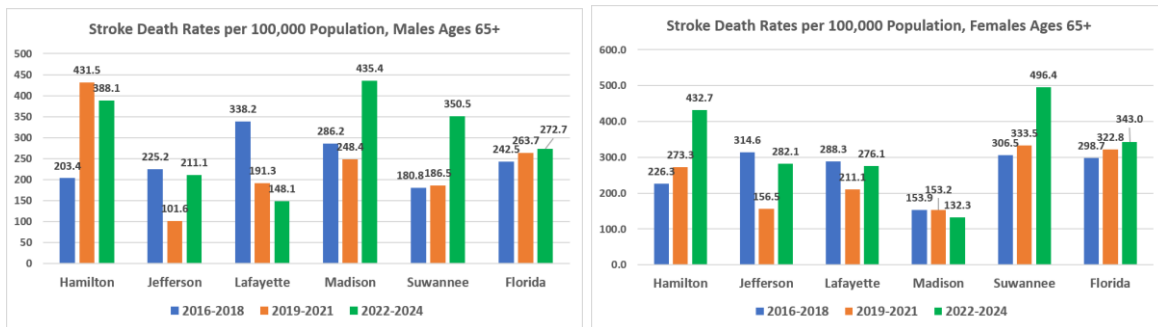
Among adults ages 65 and older, myocardial infarction death rates remained elevated across the five-county area compared with Florida. Female rates were highest in Hamilton, Lafayette, and Suwannee counties, while Lafayette County consistently demonstrated the highest male death rates. Although most of the counties experienced declines over time, Madison County's 2022–2024 rates remained above the Florida rate among females, while the male rate was lower than the statewide rate.

Figure 87. Acute Myocardial Infarction Death Rates Among Adults 65+



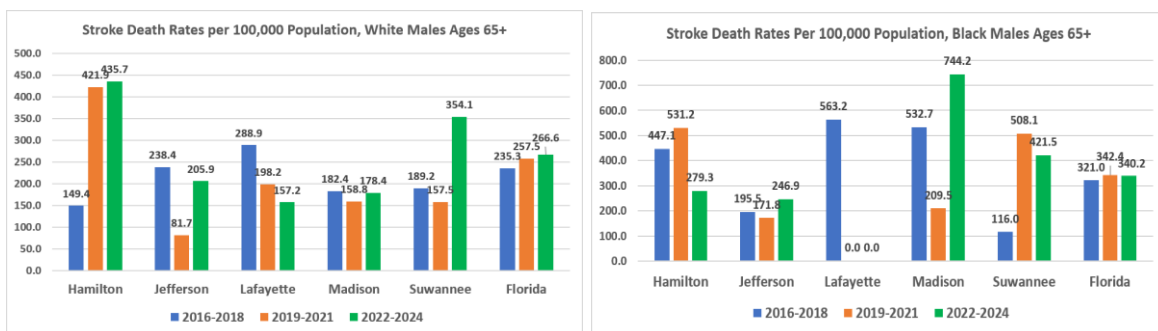
Stroke death rates for males ages 65+ were higher than that of Florida during 2022-2024 for all counties except Jefferson and Lafayette. Among females ages 65+, Hamilton and Suwannee Counties had higher death rates than Florida.

Figure 88. Stroke Death Rates per 100,000 Population, by Sex, Ages 65+



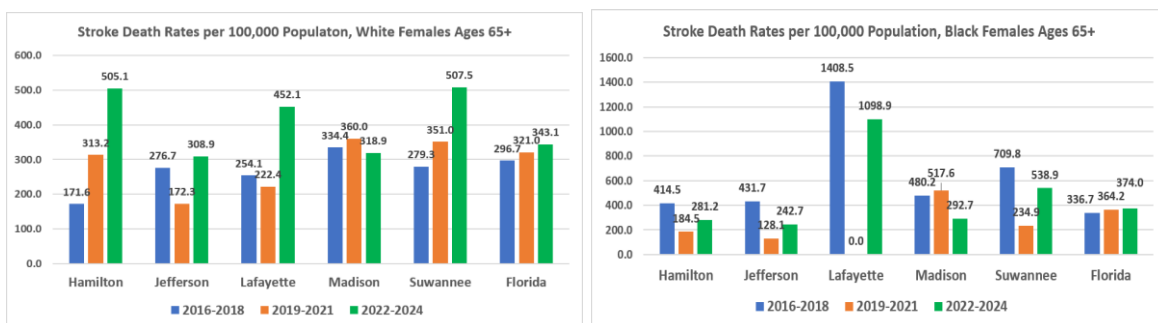
Among males ages 65+, stroke death rates were highest for white males in Hamilton and Suwannee Counties. Black males ages 65+ were most impacted in Madison County.

Figure 89. Stroke Death Rates per 100,000 Population, Males Ages 65+, by Race



White females had higher death rates during 2022-2024 than black females except in Lafayette County. This is most likely due to the small number of black female residents in Lafayette County. Death rates spike when the total population is small.

Figure 90. Stroke Death Rates per 100,000 Population, Females Ages 65+, by Race

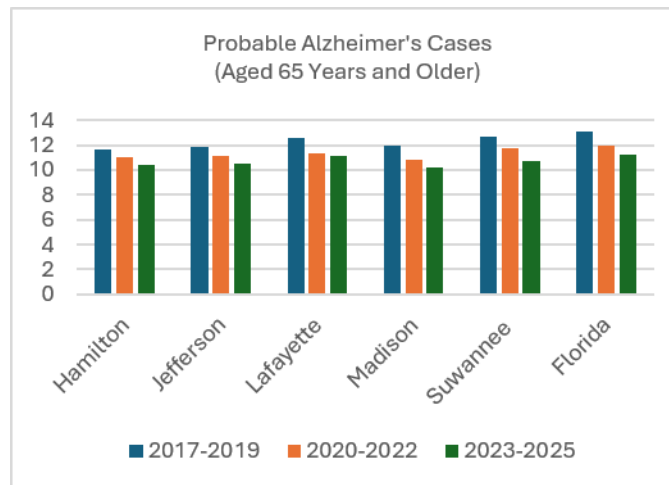


Probable Alzheimer's disease prevalence among adults ages 65 and older declined across all five counties over the reporting periods. By 2023–2025, county percentages were either close to or slightly below the Florida percentage, ranging from 10% to 11%.

Figure 91 illustrates the percentage of adults aged 65 and older with probable Alzheimer's disease. In 2023–2025, Jefferson, Lafayette, and Suwannee counties each reported 11%, all

equal to the Florida percentage. Hamilton and Madison counties reported slightly lower percentages at 10%. All five counties showed declines from the earliest reporting period.

Figure 91. Probable Alzheimer's Cases (Aged 65 and Older)



Chronic Disease Lifestyle Indicators

Listed below are lifestyle indicators that are linked to increased risk for chronic diseases.

Tobacco Use

Note that data are not available by race/ethnicity. Suwannee has the highest current smoking percentage, 23.7 percent, and the highest former smoking percentage, 33.7 percent. Jefferson and Madison follow for current smoking. Jefferson has the lowest reportable quit attempt percentage, 36.5 percent, while Hamilton, Madison, and Suwannee are close to one half. Lafayette is not ranked on quit attempts because that value is not reported.

Table 46. Tobacco Use Among Behavioral Risk Surveillance System Participants, Percent of Participants, 2022

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Current Smokers	17.7%	19.9%	17.5%	19.2%	23.7%
Currently Use Chewing Tobacco, Snuff or Snus	4.6%	7.0%	6.4%	6.5%	6.9%
Current Smokers Who Tried to Quit at Least Once in Past Year	50.3%	36.5%	NR	48.9%	48.6%
Former Smokers	21.9%	24.9%	23.0%	26.9%	33.7%

Physical Activity

Four counties end below their first physical inactivity bar. Madison moves in the opposite direction and has the latest highest value, 37 percent. Every county is still above Florida's latest value of 24 percent, with the largest gaps in Madison and Hamilton. The labels may show County Health Rankings release years, so the underlying observation year should be confirmed before describing these as annual changes.

Figure 92. Physical Inactivity, Percent of Population, RWJ Foundation

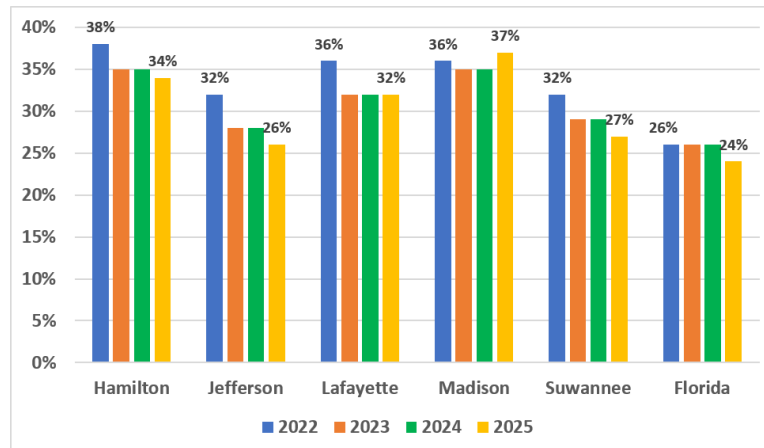
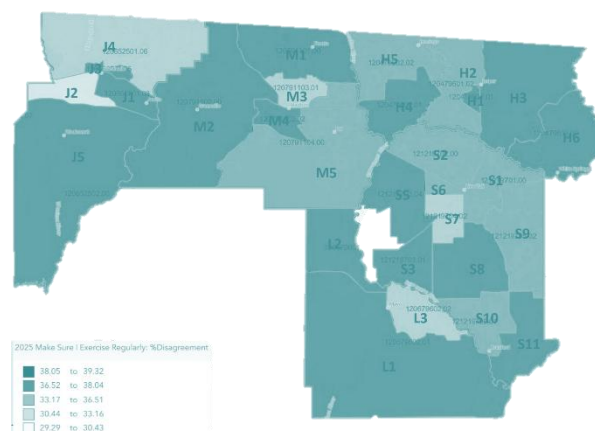


Figure 93 shows the percentage of adults who responded that they disagreed with the statement that they exercised regularly. This includes any level of disagreement. Overall, 37.5% of adults in the five-county service area reported some level of disagreement that they exercise regularly, compared to 30.9% of adults in Florida. Note that darker census tracts indicated higher percentages of adults who do not exercise regularly.

Figure 93. Adults Who Report They Do Not Exercise Regularly

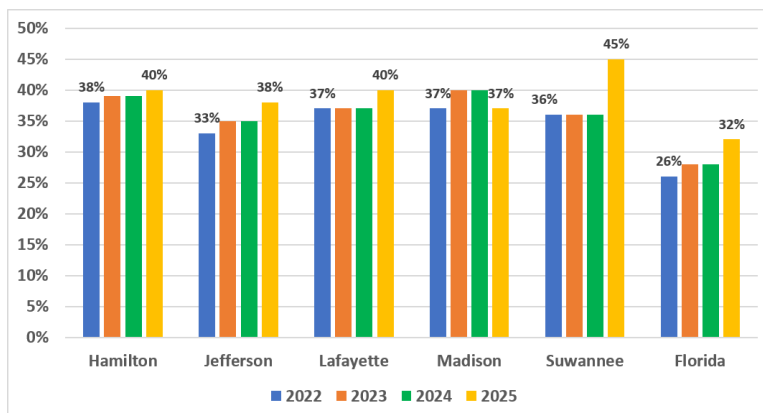


Overweight and Obesity

Every county ends above Florida's adult obesity value of 32 percent. Suwannee is highest at 45 percent and shows the largest increase from the first bar. Hamilton and Lafayette follow at 40 percent and shows the largest increase from the first bar.

percent. In four counties, inactivity falls while obesity rises, showing that the two indicators do not move together and that obesity reflects more than physical activity alone.

Figure 94. Adult Obesity, Percent of Adult Population, by Residence County



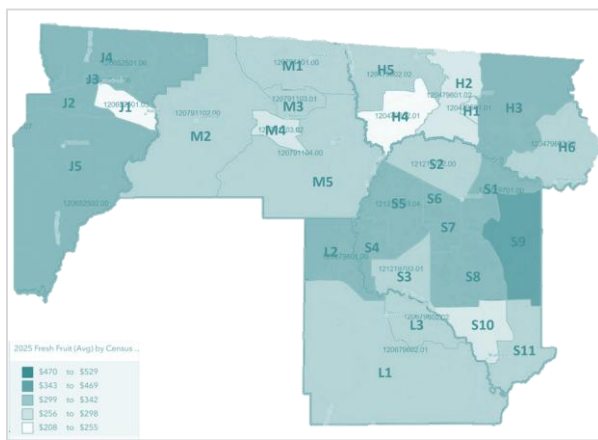
Nutrition

Geographic census data show that the five-county region spends less on healthy foods when compared to the state of Florida. Multiple census tracts show lower healthy food purchasing patterns. Residents report lower levels of healthy eating and regular physical activity than the state average.

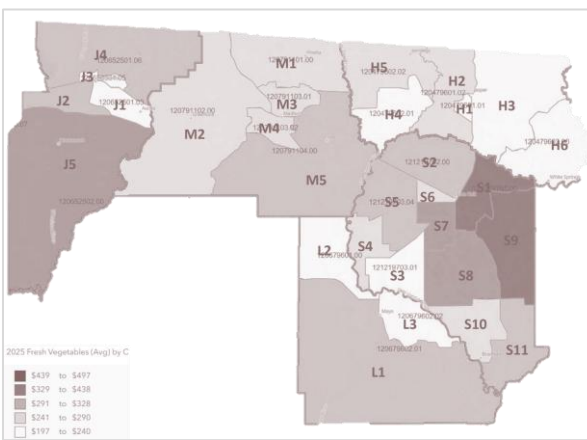
Households in the five-county region spent \$336 annually on fresh fruits in 2025, compared to \$506 annually for Florida. Spending on fresh vegetables show that households in the five-county region spent \$313 annually, compared to \$468 for Florida as a whole. The maps below show spending data by census tract, with the highest spending denoted by darker colors. Madison County households spent the least on fresh fruits and vegetables, with \$312 spent on fresh fruits and \$291 spent on fresh vegetables.

Figure 95. Spending Maps for Fresh Fruits and Vegetables

Fresh Fruits

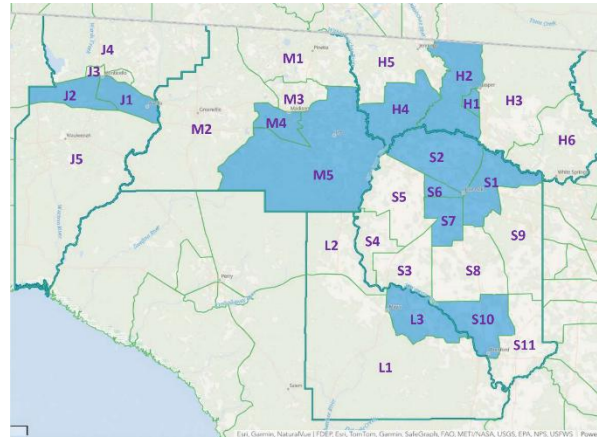


Fresh Vegetables



The 13 census tracts demonstrated below-state average household spending on fresh fruit, fresh vegetables, animal proteins, and vitamins/supplements. Households in these census tracts spent an average of \$310 on fresh fruit, \$289 on fresh vegetables, \$997 on animal proteins, and \$122 on vitamins/supplements. Compared with the Florida average, household spending in these census tracts was 63% lower for fresh fruit, 62% lower for fresh vegetables, 49% lower for animal proteins, and 32% lower for vitamins/supplements.

Figure 96. Census Tracts Showing the Least Spent on Fresh Fruits, Vegetables, Animal Proteins and Vitamins/Supplements



Lifestyle Indicators - Growing Well



Note that data not available by race/ethnicity or sex. Vaping exceeds cigarette experimentation in every county with reportable high school values. Suwannee is highest on both measures, 14.1 percent for ever smoking and 24.7 percent for ever vaping. Hamilton and Madison show a similar gap of about ten percentage points between the two measures. Jefferson and Lafayette cannot be compared because their values are not reported.

Table 47. Tobacco Use Among High School Students, Percent of Florida Youth Substance Abuse Survey Participants, 2024

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Students Who Ever Smoked Cigarettes	8.5%	NR	NR	8.9%	14.1%
Students Who Ever Vaped Nicotine	18.7%	NR	NR	19.6%	24.7%

Madison has the highest reported middle school cigarette experimentation, 12.8 percent, and the highest vaping percentage, 18.3 percent. Hamilton is close behind for vaping at 17.6 percent, followed by Suwannee at 15.3 percent. Vaping exceeds cigarette experimentation in every county with usable data. Lafayette is not ranked because its values are not reported.

Table 48. Tobacco Use Among Middle School Students, Percent of Florida Youth Substance Abuse Survey Participants, 2024

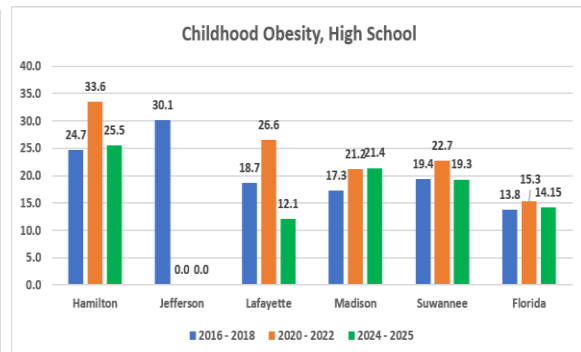
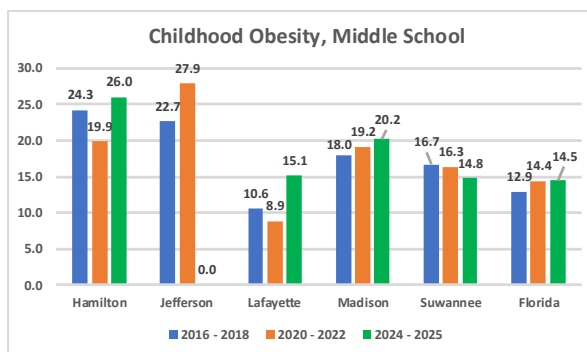
	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Students Who Ever Smoked Cigarettes	8.3%	4.4%	NR	12.8%	6.4%
Students Who Ever Vaped Nicotine	17.6%	9.9%	NR	18.3%	15.3%

Middle School Analysis

Hamilton has the highest latest middle school obesity percentage, 26.0 percent, followed by Madison at 20.2 percent. Lafayette and Suwannee are close to Florida's 14.5 percent. Hamilton, Lafayette, and Madison rise from their first period, while Suwannee declines. Jefferson's 0.0 value requires validation and is not treated as a true zero.

High School Analysis

Hamilton has the highest latest high school percentage, 25.5 percent, followed by Madison at 21.4 percent and Suwannee at 19.3 percent. Lafayette falls to 12.1 percent, below Florida's latest value. Hamilton and Lafayette decline from their middle period peaks. Jefferson's 0.0 entries require validation and are excluded from the ranking.

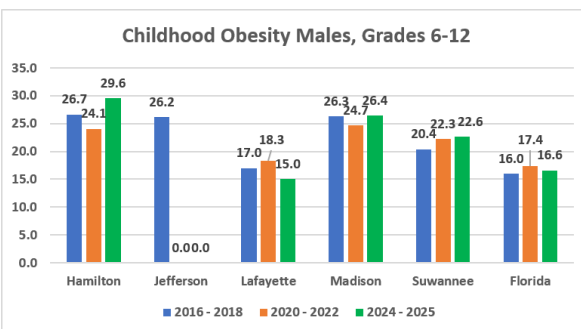
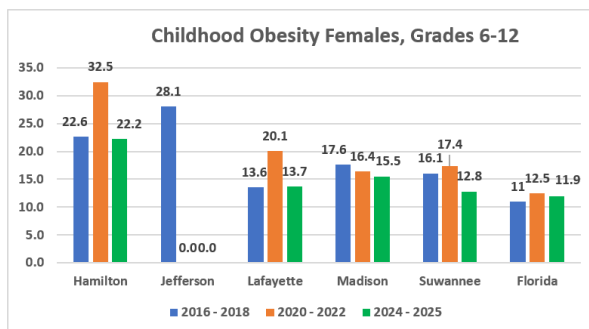


Female, Grades 6 Through 12 Analysis

Hamilton has the highest latest female obesity percentage, 22.2 percent. Madison follows at 15.5 percent, then Lafayette at 13.7 percent and Suwannee at 12.8 percent. All four are above Florida's 11.9 percent. Madison and Suwannee decline from their first period. Jefferson's 0.0 entries require validation.

Male, Grades 6 Through 12 Analysis

Hamilton also has the highest latest male percentage, 29.6 percent, followed by Madison at 26.4 percent and Suwannee at 22.6 percent. Lafayette is 15.0 percent, below Florida's 16.6 percent. Male values exceed female values in every county with usable data. Jefferson's 0.0 entries require validation.



Lifestyle Indicators - Well Men

Jefferson has the highest current smoking percentage among men, 32.0 percent. Suwannee has the highest smokeless tobacco use, 12.8 percent, and the highest former smoking percentage, 41.6 percent. Among counties with reportable quit attempt data, Suwannee is lowest at 41.1 percent. Missing Jefferson and Lafayette values prevent a complete five county comparison of quit attempts.

Table 49. Tobacco Use Among Behavioral Risk Surveillance System Participants, Percent of Male Participants, 2022

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Current Smokers	17.2%	32.0%	12.8%	24.1%	25.5%
Currently Use Chewing Tobacco, Snuff or Snus	6.1%	12.0%	10.2%	11.3%	12.8%
Current Smokers Who Tried to Quit at Least Once in Past Year	50.0%	NR	NR	47.1%	41.1%
Former Smokers	22.0%	26.8%	23.8%	33.2%	41.6%

Lifestyle Indicators - Well Women

Suwannee has the highest current smoking percentage among women, 21.7 percent, and the highest reportable quit attempt percentage, 58.3 percent. Hamilton follows for current smoking at 18.4 percent. Smokeless tobacco use is low across all five counties, with Hamilton highest at 2.5 percent. Jefferson and Lafayette are not ranked on quit attempts because those values are not reported.

Table 50. Tobacco Use Among Behavioral Risk Surveillance System Participants, Percent of Female Participants, 2022

	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Current Smokers	18.4%	5.3%	12.6%	13.7%	21.7%
Currently Use Chewing Tobacco, Snuff or Snus	2.5%	0.8%	1.6%	0.9%	0.5%
Current Smokers Who Tried to Quit at Least Once in Past Year	50.7%	NR	NR	52.4%	58.3%
Former Smokers	21.7%	22.5%	21.9%	19.7%	25.0%

Significant Findings Chronic Disease and Lifestyle Indicators

- Heart disease and cancer remained the region's two leading chronic disease causes of death, accounting for 1,221 deaths across the five counties in 2024 and 2025.
- Madison and Suwannee reported the highest heart disease death rates in 2022 through 2024, both about 60 percent above Florida; Madison's rate rose while the statewide rate declined.

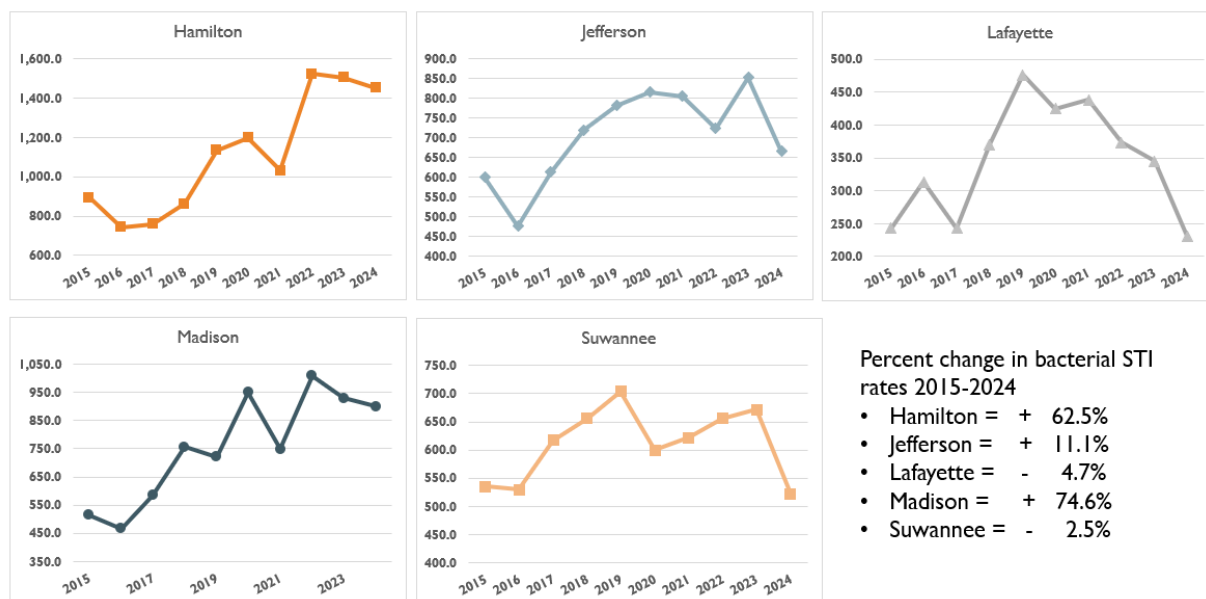
- All five counties exceeded Florida for both heart attack and diabetes death rates; Lafayette recorded the highest diabetes mortality at 41.9 per 100,000.
- Cancer mortality remained above the state rate in four counties, and roughly half of cancer diagnoses were advanced stage in three counties, making earlier screening and timely follow up especially important.
- In 2022-2024, stroke death rates reached 67.9 per 100,000 in Hamilton, 67.2 in Suwannee, and 60.9 in Madison, compared with 46.0 statewide.
- Stroke hospitalizations rates reached 335.2 per 100,000 in Hamilton and 317.4 in Suwannee, compared with 242.4 statewide.
- Suwannee's diabetes hospitalization rate reached 346.0 per 100,000, while Madison recorded 527.4 diabetes emergency room visits per 100,000, more than twice Florida's rate of 222.9.
- Potentially preventable heart failure hospitalization rates were 32.3 per 100,000 in Suwannee and 18.4 in Madison, compared with 7.5 statewide.
- High rates of emergency, inpatient, and potentially preventable care suggests that chronic disease is too often addressed at a crisis stage, highlighting opportunities for earlier detection, consistent primary care, and timely disease management.
- Physical inactivity declined in four counties while obesity increased in those same communities; every county remained above Florida's latest adult obesity percentage.
- Regional households spent about one third less on fresh fruits and vegetables than households statewide, with Madison reporting the lowest spending.
- Suwannee had the highest overall adult smoking percentage and the highest reported high school cigarette and vaping percentages.
- Vaping exceeded cigarette experimentation in every county with reportable youth values.



Reproductive Health

Bacterial sexually transmitted infection (STI) rates varied considerably across the five-county area from 2015 to 2024. Hamilton and Madison counties experienced the largest overall increases, while Jefferson County showed a smaller increase. Lafayette and Suwannee counties experienced slight declines over the ten-year period.

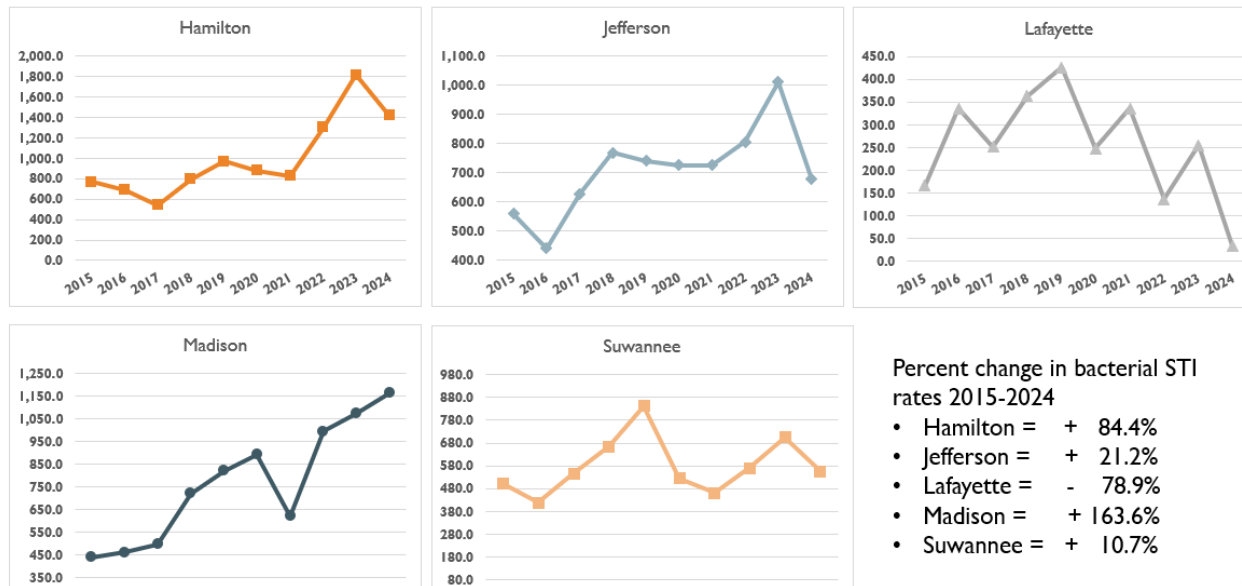
Figure 97. Bacterial STI Rates per 100,000 Population, 2015-2024



Reproductive Health - Well Men

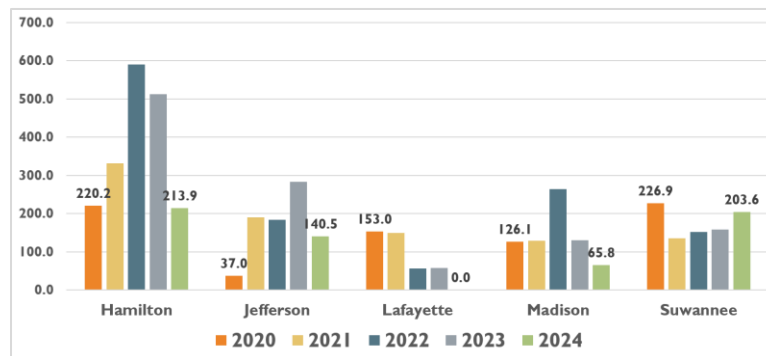
Bacterial STI rates among males ages 20–64 varied considerably across the five-county area from 2015 to 2024. Rates increased in four of the five counties, with the largest increases occurring in Madison and Hamilton counties. Lafayette County was the only county to experience an overall decline.

Figure 98. Bacterial STI Rates per 100,000 Population, Males Ages 20-64 2015-2024



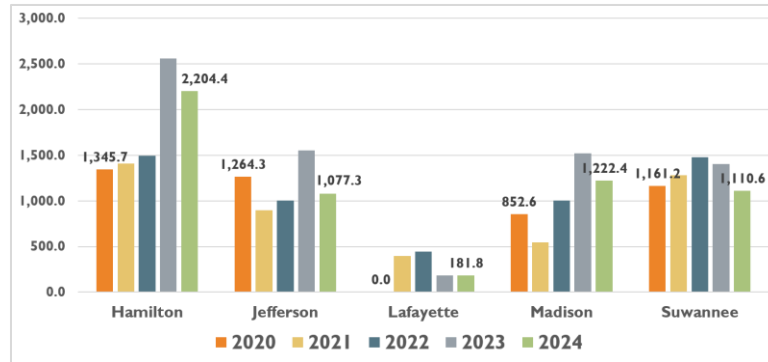
Bacterial STI rates among White males ages 20–64 fluctuated across the five counties from 2020 to 2024. Hamilton County experienced a substantial increase through 2022 and 2023 before declining in 2024, while Jefferson County also experienced an increase followed by a decline. Suwannee County remained comparatively stable, while Lafayette and Madison counties generally reported lower rates.

Figure 99. White Male STI Rates per 100,000 Population, Ages 20-64



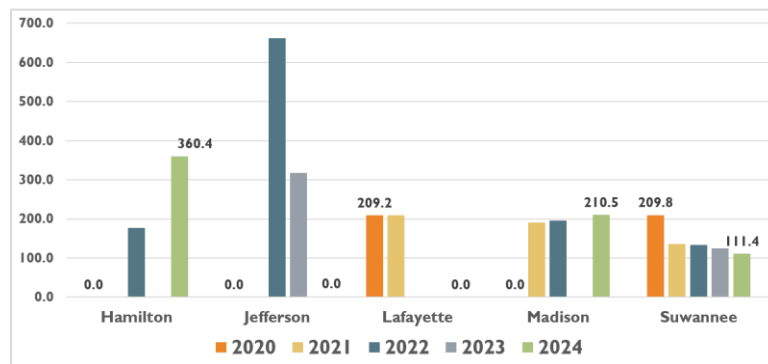
Bacterial STI rates among Black males ages 20–64 were substantially elevated in several counties and showed considerable year-to-year variation. Hamilton County reported particularly high rates in 2023 and 2024, while Jefferson, Madison, and Suwannee counties also experienced elevated rates during the reporting period. Lafayette County reported considerably lower rates than the other counties.

Figure 100. Black Male STI Rates per 100,000 Population, Ages 20-64



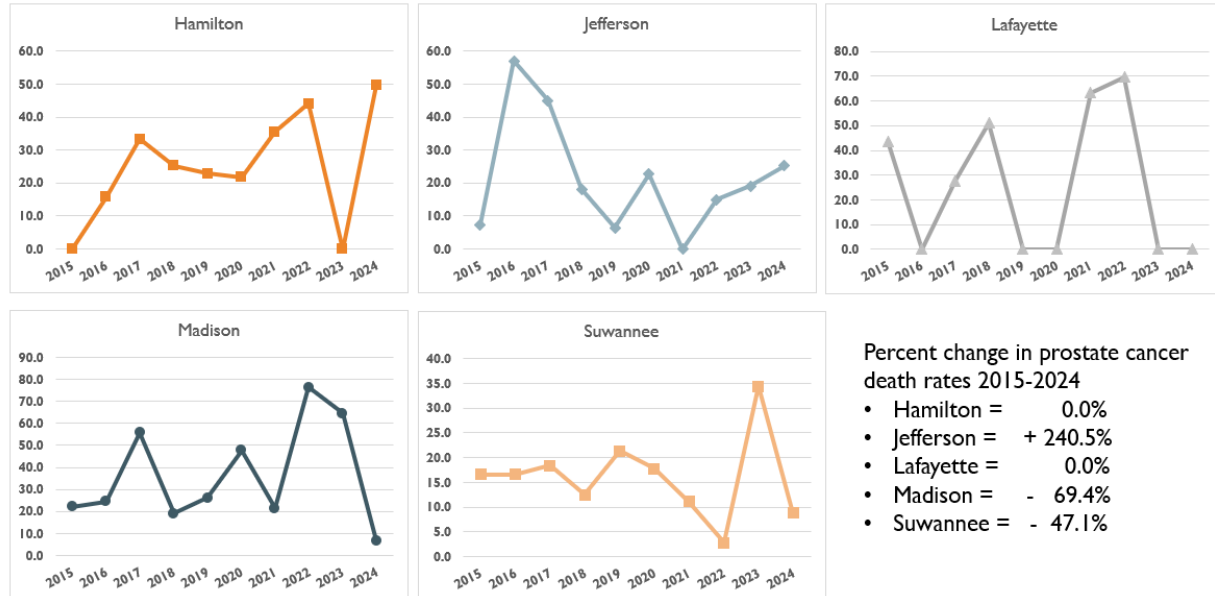
Bacterial STI rates among Hispanic males ages 20–64 were sporadic across the five counties. Several counties reported years with no cases or very low rates followed by substantial increases in other years. Jefferson County experienced a particularly large increase in 2022, while Hamilton County reported its highest rate in 2024. Suwannee County reported cases more consistently across the five-year period.

Figure 101. Hispanic Male STI Rates per 100,000 Population, Ages 20-64



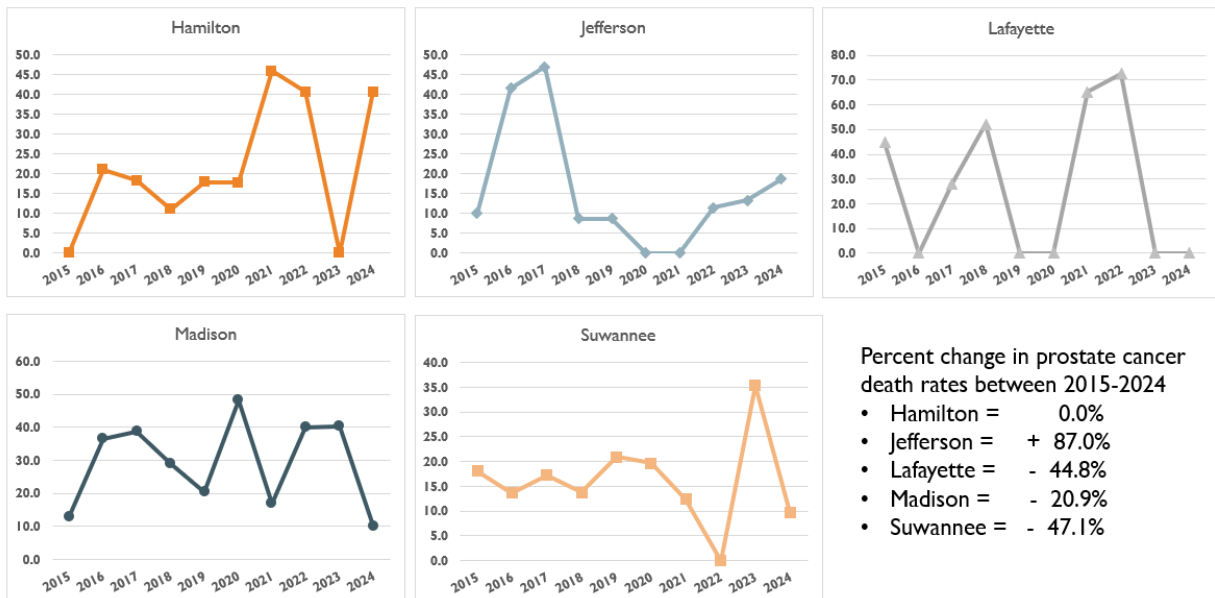
Prostate cancer death rates fluctuated considerably across the five counties from 2015 to 2024. Hamilton, Jefferson, Madison, and Suwannee counties experienced repeated increases and decreases, while Lafayette County alternated between years with no reported deaths and years with comparatively high rates.

Figure 102. Prostate Cancer Death Rates Per 100,000 Population



Prostate cancer death rates among White males also varied considerably over the reporting period. Hamilton and Madison counties experienced periods of elevated mortality followed by substantial declines, while Jefferson and Suwannee counties demonstrated repeated fluctuations. Lafayette County reported multiple years with no deaths.

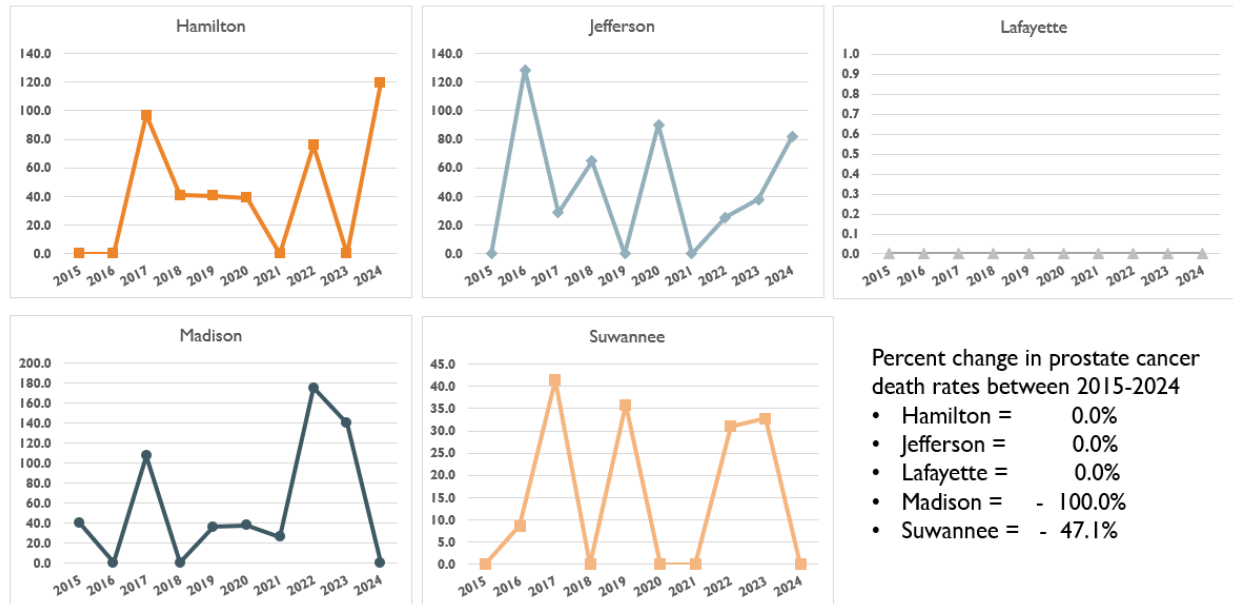
Figure 103. White Prostate Cancer Death Rates Per 100,000 Population



Prostate cancer death rates among Black males demonstrated substantial year-to-year variation. Hamilton, Jefferson, and Madison counties experienced pronounced peaks during individual

years, while Lafayette County reported no deaths throughout the period. Suwannee County also alternated between years with reported deaths and years with none.

Figure 104. Black Prostate Cancer Death Rates Per 100,000 Population



There were no deaths due to prostate cancer among Hispanic men in any county during the 2015-2024 time- frame.

Prostate cancer incidence varied across the counties and reporting periods. During 2021–2023, Madison County reported the highest overall incidence rate at 153.9 per 100,000 population and was the only county exceeding the Florida rate of 113.0. Hamilton, Jefferson, Lafayette, and Suwannee counties all reported rates below the statewide rate during the most recent reporting period.

Table 51. Prostate Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	63.1	105.9	76.5	77.6	94.1	87.5
2018-2020	115.4	73.1	5.5	86.2	95.8	90.5
2021-2023	101.8	108.6	66.0	153.9	102.8	113.0

Among White males, Madison County reported the highest prostate cancer incidence rate during 2021–2023 at 137.0 per 100,000 population, exceeding the Florida rate of 104.7. The other four counties reported rates below the statewide rate. Hamilton and Madison counties experienced increases across the reporting periods, while the other counties fluctuated.

Table 52. White Male Prostate Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	52.1	93.5	81.0	53.2	94.9	77.3
2018-2020	71.5	56.1	5.7	88.2	91.1	83.2
2021-2023	91.1	96.5	63.0	137.0	98.4	104.7

During 2021–2023, Lafayette County reported the highest rate at 298.9 per 100,000 population, followed by Madison County at 206.6; both exceeded the Florida rate of 158.9. Jefferson County reported a rate of 155.6, while Hamilton and Suwannee counties reported rates of 150.9 and 140.5, respectively.

Table 53. Black Male Prostate Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	93.9	115.1	0.0	116.9	90.8	135.3
2018-2020	249.7	111.1	0.0	75.4	86.0	127.1
2021-2023	150.9	155.6	298.9	206.6	140.5	158.9

Prostate cancer incidence among Hispanic males was sporadic across the counties. During 2021–2023, Jefferson County reported the highest rate at 124.6 per 100,000 population, exceeding the Florida rate of 88.3. Hamilton, Madison, and Suwannee counties reported rates closer to or below the state rate, while Lafayette County reported a rate of zero.

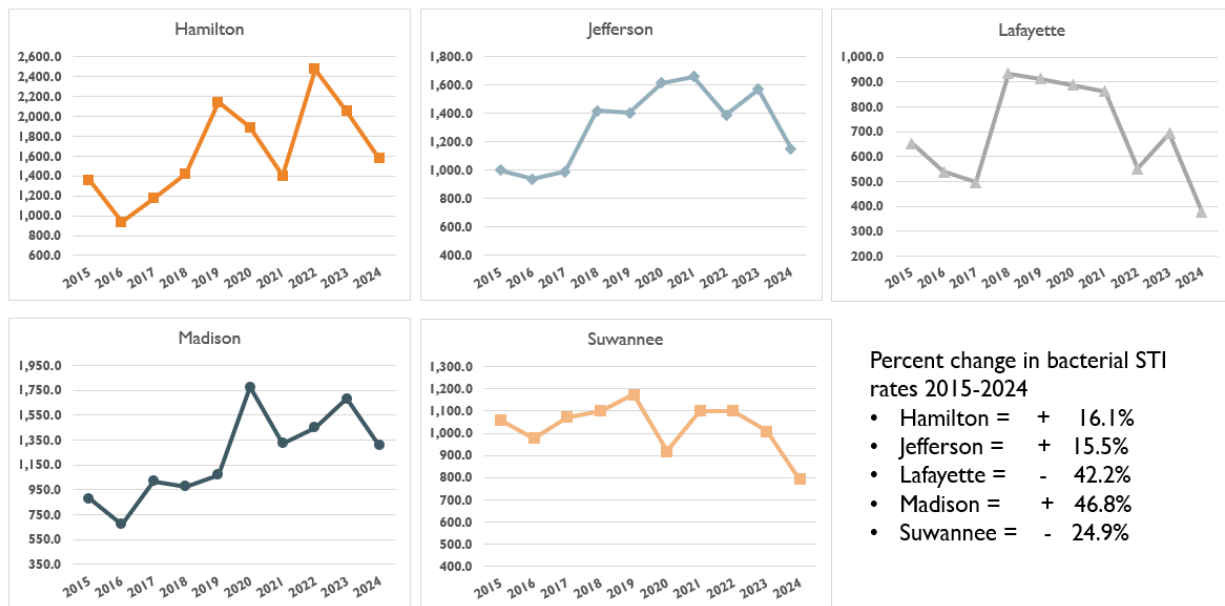
Table 54. Hispanic Male Prostate Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	0.0	258.5	178.5	0.0	56.1	75.5
2018-2020	0.0	0.0	0.0	0.0	13.8	74.6
2021-2023	81.5	124.6	0.0	76.3	86.5	88.3

Reproductive Health - Well Women

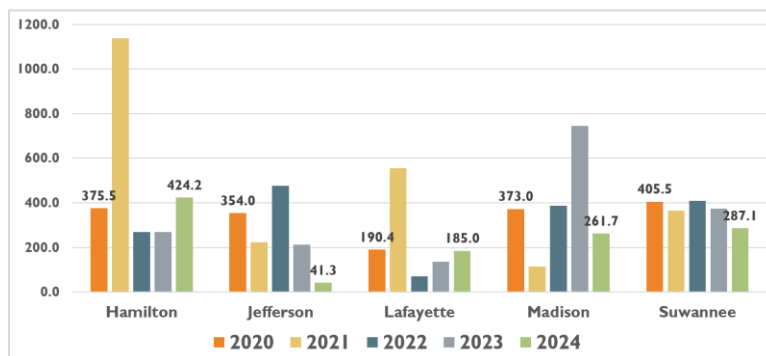
Bacterial STI rates among females ages 20–64 varied across the five counties from 2015 to 2024. Madison County experienced the largest overall increase, while Hamilton and Jefferson counties experienced smaller increases. In contrast, Lafayette and Suwannee counties experienced overall declines.

Figure 105. Bacterial STI Rates per 100,000 Population, Females Ages 20-64
2015-2024



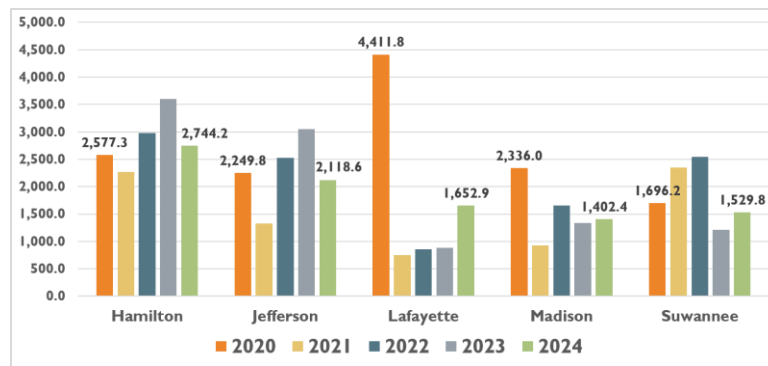
Bacterial STI rates among White females ages 20–64 fluctuated considerably between 2020 and 2024. Several counties experienced single-year increases, including Hamilton, Jefferson, Lafayette, and Madison counties, followed by declines in subsequent years. Suwannee County demonstrated a comparatively more stable pattern.

Figure 106. White Female STI Rates per 100,000 Population, Ages 20-64



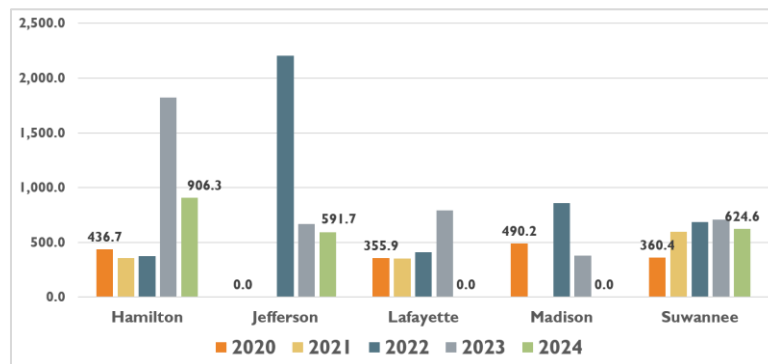
Bacterial STI rates among Black females ages 20–64 remained high across much of the five-county area. Hamilton and Jefferson counties reported particularly elevated rates during the reporting period, while substantial rates were also observed in Lafayette, Madison, and Suwannee counties.

Figure 107. Black Female STI Rates per 100,000 Population, Ages 20-64



Bacterial STI rates among Hispanic females ages 20–64 were variable, with several counties experiencing isolated periods of elevated rates as well as years with no reported cases. Hamilton and Jefferson counties experienced particularly large spikes during the reporting period, while Suwannee County reported cases more consistently.

Figure 108. Hispanic Female STI Rates per 100,000 Population, Ages 20-64



Note that the calculated fertility rate is the total number of births in an area per 1,000 female population between the ages of 15 and 44. This age specific fertility rate is an important measure because the likelihood of having a child varies by age. Ages 15-44 are generally accepted reproductive years for females, and this is one of the standard methods of assessing fertility.

Fertility rates among females ages 15–44 were consistently higher in the five-county area than in Florida overall. During 2022–2024, all five counties exceeded the Florida rate of 54.2 births per 1,000 females. Hamilton County reported the highest rate at 83.9, followed by Madison County at 70.3, Jefferson County at 66.2, Suwannee County at 64.1, and Lafayette County at 58.0.

Table 55. Fertility Rates Among Females Ages 15-44 per 1,000 Female Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2016-2018	81.4	62.3	54.5	61.3	68.6	59.2
2019-2021	85.3	65.5	46.0	67.1	62.8	54.8
2022-2024	83.9	66.2	58.0	70.3	64.1	54.2

Fertility rates among White females ages 15–44 also exceeded the Florida rate in all five counties during 2022–2024. Hamilton County reported the highest rate at 92.3 per 1,000 females, followed by Madison County at 75.1. Jefferson, Suwannee, and Lafayette counties also remained above the statewide rate of 53.8. Rates increased in Hamilton, Jefferson, Lafayette, and Madison counties from the previous reporting period.

Table 56. Fertility Rates Among White Females Ages 15-44 per 1,000 Female Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2016-2018	84.9	63.7	53.6	65.0	68.8	58.0
2019-2021	88.0	63.5	45.6	72.4	63.5	53.7
2022-2024	92.3	68.0	59.3	75.1	64.0	53.8

It should be noted that black female fertility rates for the state of Florida decreased over the three discrete time periods. Three of the five counties showed a similar trend, with fertility rate increases only in Jefferson and Madison Counties. All five counties had higher fertility rates among black females than the state during 2022-2024.

Table 57. Fertility Rates Among Black Females Ages 15-44 per 1,000 Female Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2016-2018	78.1	62.8	76.4	59.3	70.0	62.9
2019-2021	82.5	71.1	49.6	62.1	58.8	57.5
2022-2024	67.4	63.5	72.5	65.8	68.8	54.1

Fertility rates among Hispanic females were elevated in several counties compared with Florida overall. During 2022–2024, Hamilton County reported the highest rate at 136.6 per 1,000 females, followed by Jefferson County at 122.9, Madison County at 90.0, and Suwannee County at 80.9; all exceeded the Florida rate of 60.0. Lafayette County reported a lower rate of 42.7. Jefferson and Madison counties experienced particularly notable increases across the reporting periods, while Hamilton County remained consistently high.

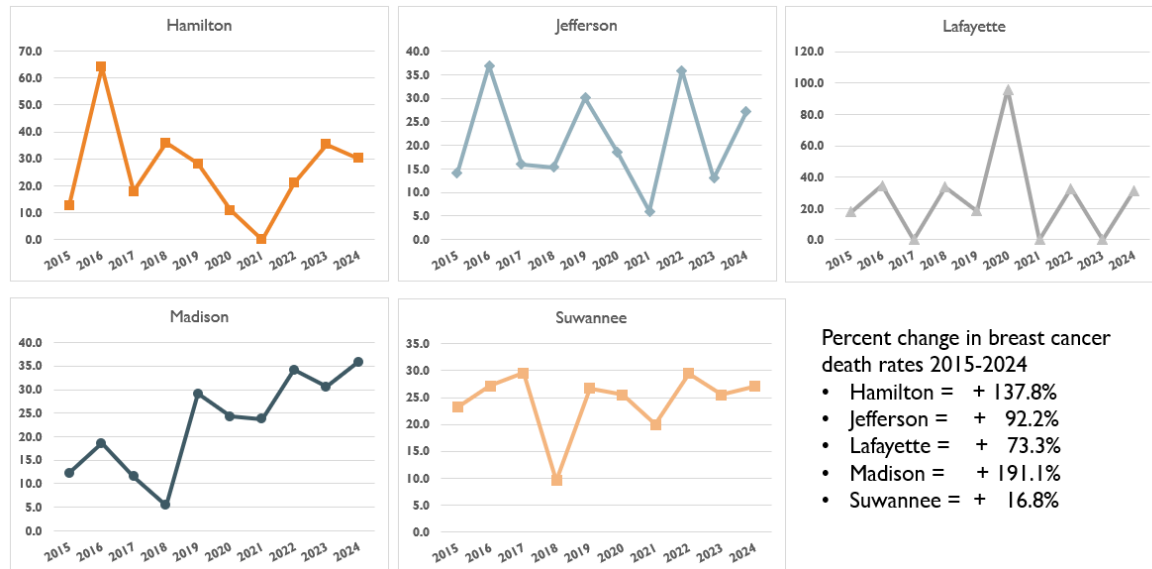
Table 58. Fertility Rates Among Hispanic Females Ages 15-44 per 1,000 Female Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2016-2018	152.5	59.9	58.5	52.2	85.7	59.8
2019-2021	136.5	87.0	32.4	73.3	73.0	55.9
2022-2024	136.6	122.9	42.7	90.0	80.9	60.0

Breast Cancer

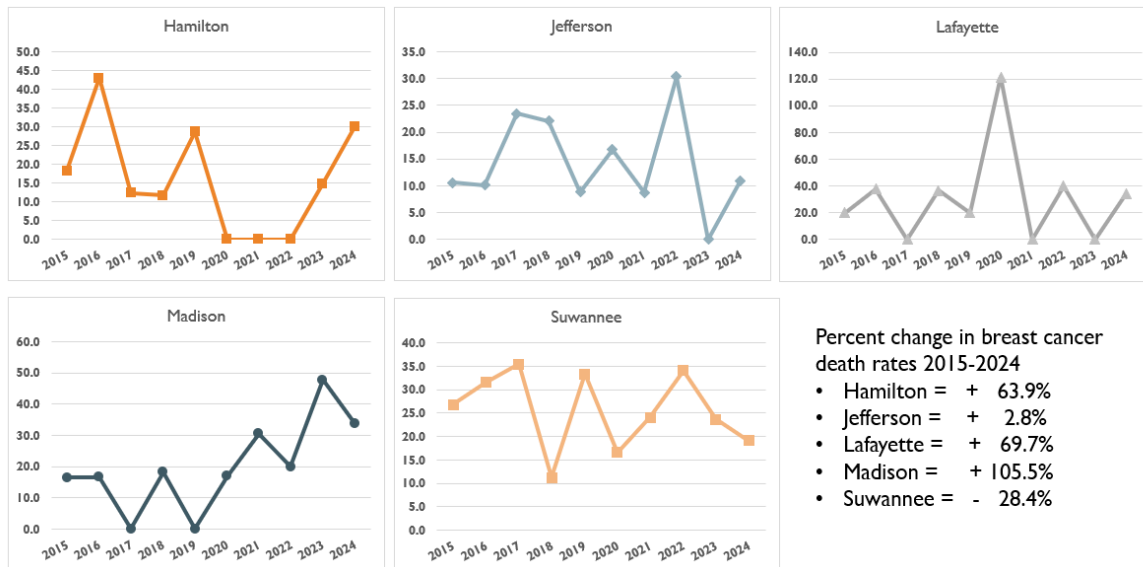
Breast cancer death rates fluctuated considerably across all five counties from 2015 to 2024. Overall mortality was higher in 2024 than in 2015 in each county, although the magnitude and timing of increases varied substantially. Madison County showed an overall upward pattern, while Hamilton, Jefferson, Lafayette, and Suwannee counties experienced repeated increases and decreases.

Figure 109. Female Breast Cancer Death Rates Per 100,000 Population



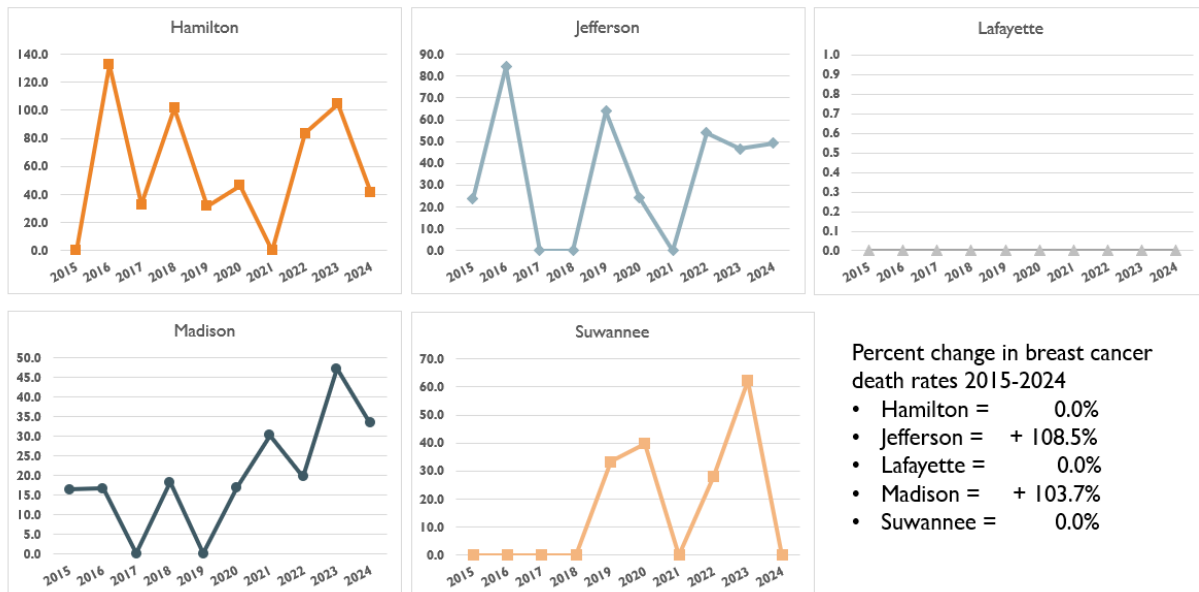
Breast cancer mortality among White, non-Hispanic females also varied considerably over time. Madison County demonstrated an overall increase, particularly in the later years of the reporting period, while Hamilton and Lafayette counties experienced pronounced fluctuations. Suwannee County experienced an overall decline between 2015 and 2024, and Jefferson County ended the reporting period near its 2015 level.

Figure 110. White, Non-Hispanic Female Breast Cancer Death Rates Per 100,000 Population



Breast cancer death rates among Black, non-Hispanic females were highly variable across counties. Hamilton, Jefferson, and Madison counties experienced substantial fluctuations and several periods of elevated mortality, while Lafayette County reported no deaths during the reporting period. Suwannee County alternated between years with no reported deaths and years with elevated rates.

Figure 111. Black, Non-Hispanic Female Breast Cancer Death Rates Per 100,000 Population



Suwannee County had two reported breast cancer deaths among Hispanic women during 2015-2024. The remaining four counties did not have any reported breast cancer deaths among Hispanic women.

During 2021–2023, Suwannee County reported the highest overall breast cancer incidence rate at 143.9 per 100,000 females and was the only county to exceed the Florida rate of 133.7. Jefferson County was very close to the state rate at 133.6, while Madison, Hamilton, and Lafayette counties reported lower rates. Trends varied across the reporting periods, with several counties experiencing fluctuations.

Table 59. Breast Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	80.2	110.0	90.9	68.5	132.6	119.5
2018-2020	147.3	87.1	161.6	81.4	100.0	123.5
2021-2023	129.1	133.6	116.1	131.3	143.9	133.7

Among White, non-Hispanic females, Suwannee and Jefferson counties exceeded the Florida rate during 2021–2023, reporting rates of 140.1 and 136.7 per 100,000 females, respectively, compared with 132.3 statewide. Hamilton, Lafayette, and Madison counties reported rates below Florida. Incidence fluctuated considerably over the three reporting periods, particularly in Hamilton and Lafayette counties.

Table 60. White, Non-Hispanic Breast Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	79.3	98.3	83.9	55.0	140.3	117.6
2018-2020	172.2	77.5	133.8	82.3	97.1	122.3
2021-2023	109.7	136.7	126.1	109.6	140.1	132.3

Breast cancer incidence among Black, non-Hispanic females showed substantial variation across counties and reporting periods. During 2021–2023, Hamilton County reported the highest rate at 185.7 per 100,000 females, followed by Madison County at 150.1 and Jefferson County at 146.9; all exceeded the Florida rate of 122.4. Suwannee County also slightly exceeded the statewide rate at 124.8. Lafayette County reported no cases during the most recent period after an elevated rate during 2018–2020.

Table 61. Black, Non-Hispanic Breast Cancer Incidence Rates per 100,000 Population

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2015-2017	69.4	119.6	137.6	84.7	80.3	111.1
2018-2020	110.6	98.9	806.4	75.4	113.3	109.6
2021-2023	185.7	146.9	0.0	150.1	124.8	122.4

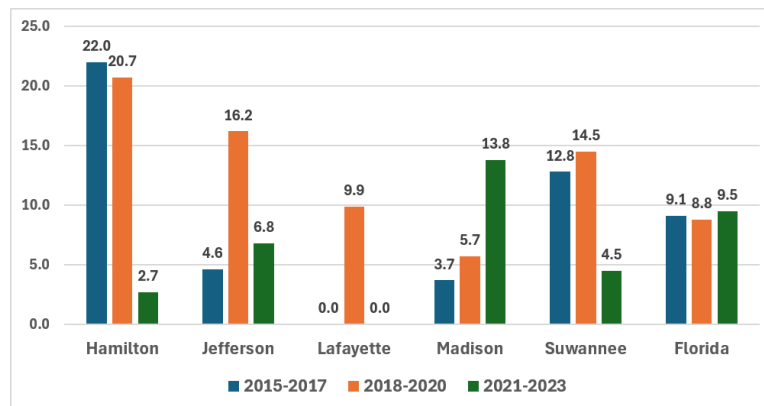
Breast cancer incidence rates among Hispanic women were also sporadic during the time frame. However, it should be noted that all counties except Madison County had at least one diagnosis of breast cancer among Hispanic women during 2021-2023.

Cervical Cancer

For the time period of 2015-2024, Hamilton County had one death due to cervical cancer. Jefferson County had four reported deaths due to cervical cancer. Lafayette County had one cervical cancer death during the time frame. Madison County had two reported cervical cancer deaths. Suwannee County had 16 cervical cancer deaths during the time frame.

Figure 112 shows cervical cancer incidence rates for 2015-2023; the latest year for which data are available. The number of diagnoses is small for these counties; however, rates are higher due to the small county populations.

Figure 112. Cervical Cancer Incidence Rates per 100,000 Population



Reproductive Health - Growing Well

Bacterial STI rates among residents ages 0–19 increased in all five counties from 2015 to 2024. Hamilton County experienced the largest overall increase at 114.4%, followed by Madison County at 73.9% and Suwannee County at 49.1%. Jefferson and Lafayette counties experienced smaller increases.

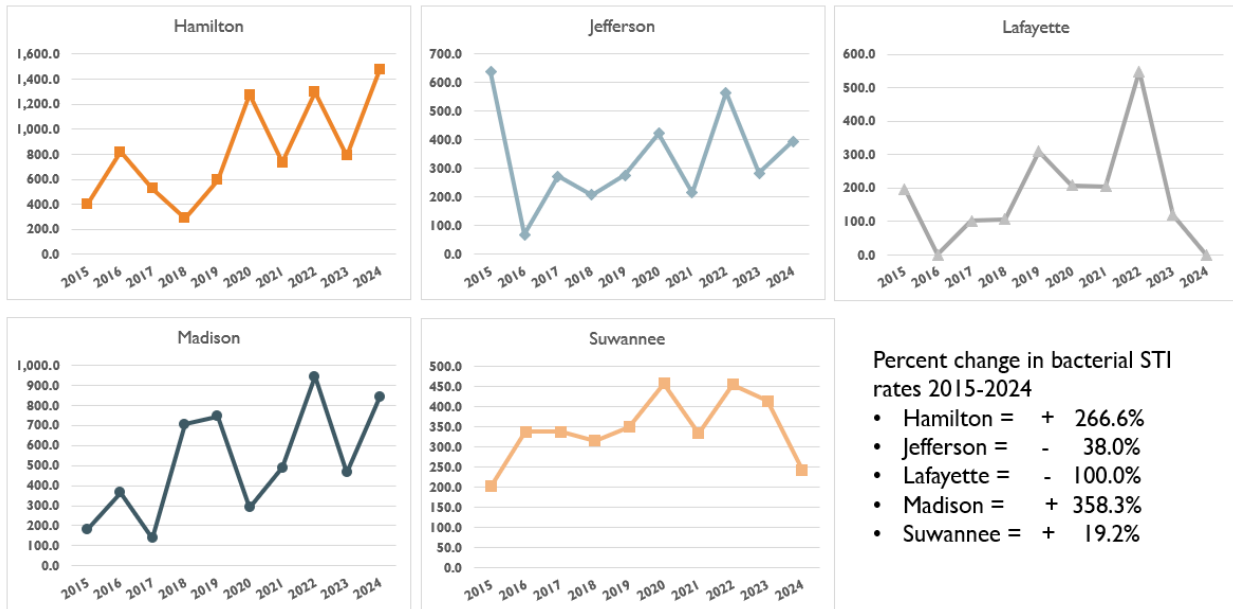
Figure 113. Bacterial STI Rates per 100,000 Population, Ages 0-19, 2015-2024



Trends among males ages 0–19 varied substantially by county. Madison County experienced the largest increase from 2015 to 2024 at 358.3%, followed by Hamilton County at 266.6%. Suwannee County experienced a smaller increase of 19.2%, while Jefferson County declined by 38.0% and Lafayette County declined to no reported rate in 2024.



Figure 114. Bacterial STI Rates per 100,000 Population, Males Ages 0-19, 2015-2024



Bacterial STI rates among females ages 0–19 increased in all five counties between 2015 and 2024. Lafayette County experienced the largest percentage increase at 219.0%, followed by Jefferson County at 65.5% and Suwannee County at 56.6%. Hamilton and Madison counties experienced smaller overall increases of 16.1% and 17.7%, respectively.

Figure 115. Bacterial STI Rates per 100,000 Population, Females Ages 0-19, 2015-2024



Significant Findings, Reproductive Health

- Bacterial STI rates increased among youth in all five counties from 2015 through 2024, led by Hamilton at 114.4 percent and Madison at 73.9 percent.
- Rates among Black men and women were particularly elevated in several counties and showed substantial year to year variation.
- All five counties had fertility rates above Florida in 2022 through 2024, led by Hamilton at 83.9 births per 1,000 women ages 15 through 44, compared with 54.2 statewide.
- Madison was the only county whose latest overall prostate cancer incidence exceeded Florida; among Black men, Lafayette and Madison were also above the state rate.
- Breast cancer mortality was higher in 2024 than in 2015 in every county.
- Latest breast cancer incidence among Black women exceeded Florida in Hamilton, Jefferson, Madison, and Suwannee.



Maternal and Child Health

The Maternal and Child Health priority area examines indicators that influence the health and well-being of mothers and infants. Measures included in this section are infant mortality, preterm births, low birth weight births, prenatal care, pregnancy intervals, Medicaid coverage, severe maternal morbidity, cesarean deliveries, characteristics of birth mother, breastfeeding initiation, smoking during pregnancy, and significant findings. Together, these indicators provide insight into maternal health, access to healthcare, and birth outcomes across the five-county region.

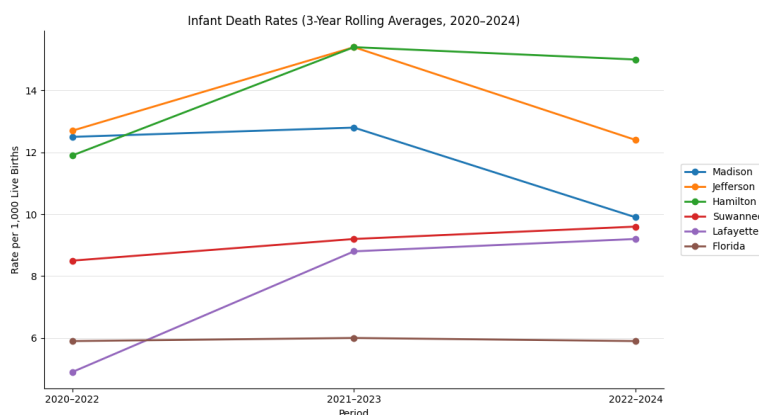
Growing Well – Characteristics of Infants

Infant Mortality

Infant mortality rates across the five counties continue to be higher than the state of 5.9–6.0 deaths per 1,000 live births. Hamilton and Jefferson consistently show the highest rates, reaching 15.0 and 12.4 deaths per 1,000 live births, respectively, during the 2022–2024 reporting period. Madison demonstrates improvement, declining from 12.8 to 9.9 deaths per 1,000 live births, while Suwannee and Lafayette show gradual increases.

Figure 116 illustrates infant mortality rates for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties and the state of Florida. All five counties remain higher than the state rate. Hamilton and Jefferson have the highest rates overall.

Figure 116. Infant Mortality 3-Year Rolling Rates per 1,000 Live Births



Preterm Births

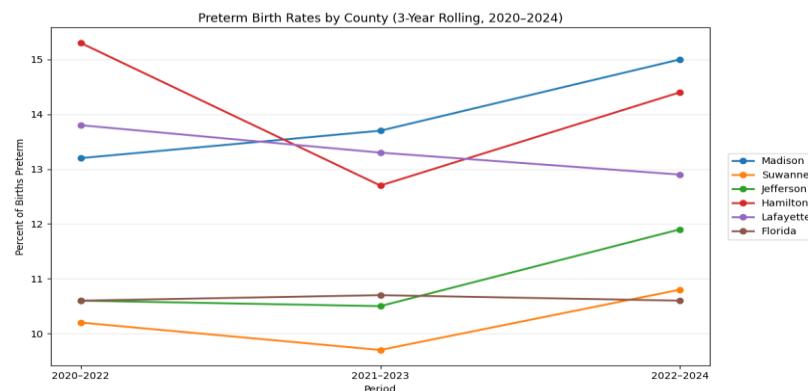
Preterm birth, defined as delivery before 37 weeks of gestation, remains a maternal and child health concern. Preterm births are closely linked to infant morbidity, mortality, and long-term developmental complications. Looking at pre-term birth trends, helps identify potential gaps in maternal health, access to prenatal care, and other conditions that may influence birth outcomes.

The data shows preterm birth rates across the five-county focus vary. Madison County shows an upward trend, increasing from 13.2% in 2020-2022 to 15% in 2022-2024, with 36 preterm births among 223 total births in 2024. Hamilton County shows a decrease from 15.3% to 12.7% before

increasing again to 14.4%. This increase was due to the 32 preterm births among the 161 total births in 2024. Lafayette County remains elevated ranging from 12.9% to 13.8% across reporting periods. Jefferson County increased from 10.6% to 11.9%, which is higher than the state rate in the most recent reporting period, while Suwannee County remained close to the state rate ranging from 9.7% to 10.8%.

Figure 117 shows the percentage of total births classified as preterm across Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties compared with the state of Florida. Madison, Hamilton, and Lafayette counties remained highest while Jefferson and Suwannee remained closer to the state average.

Figure 117. Percentage of Total Births Classified as Preterm



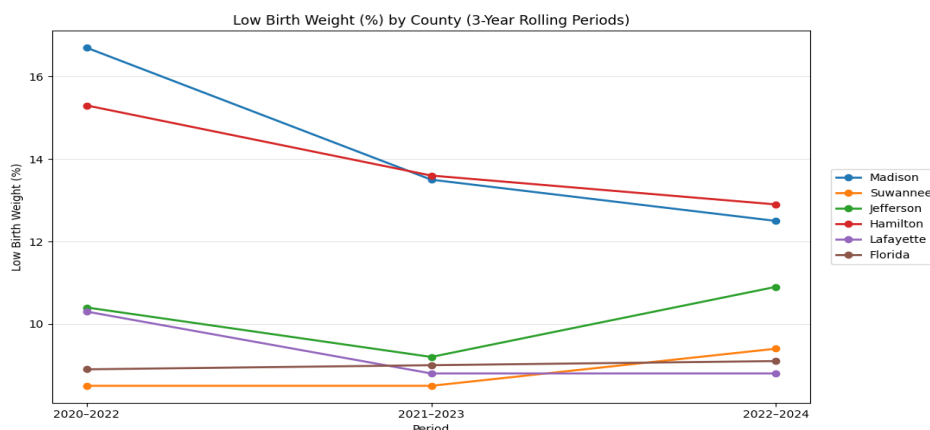
Low Birthweight Births

Low birthweight births are defined as infants born weighing less than 2,500 grams (approximately 5 pounds, 8 ounces). Low birthweight is associated with increased risk of infant mortality, developmental delays, chronic health conditions, and other complications during infancy and childhood. Reviewing low birth weight trends helps identify concerns related to prenatal care, tobacco use, chronic disease, maternal health, and nutrition.

Across the 2020–2024 three-year rolling periods, rates across the five-county focus area generally experienced higher rates of low birth weight than the Florida average (8.9%–9.1%), indicating persistent disparities in maternal and infant health. Madison and Hamilton reported the highest percentages, although both demonstrated declines over time. Jefferson showed some fluctuation but remained above the state average in the most recent period, while Suwannee and Lafayette maintained rates closer to the state benchmark but generally remained at or slightly above it.

Figure 118 illustrates county-level variation in low birth weights across the reporting period. Madison and Hamilton consistently reported the highest rates, while Suwannee and Lafayette remained closer to the state average.

Figure 118. Percentage of Total Births Low Birth Weight



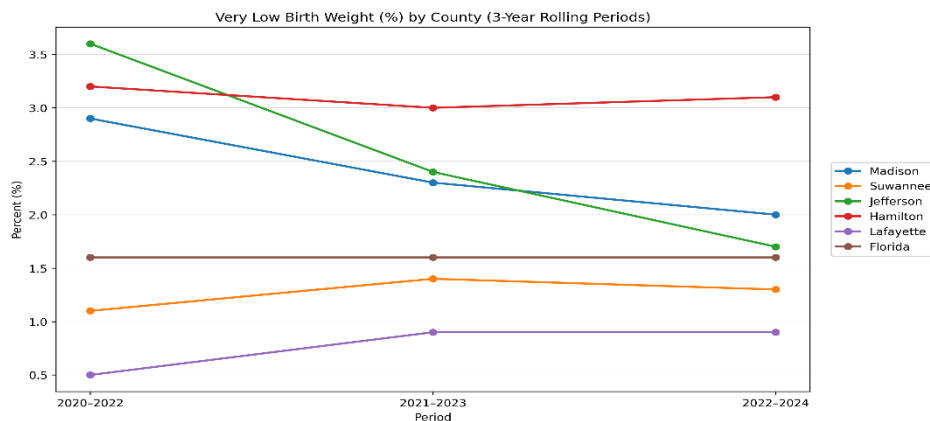
Very Low Birth Weight

Very low birth weight, defined as a birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces), can cause increased risk of infant mortality, long-term disability, and serious medical complications. Reviewing very low birth weight provides additional insight into severe adverse birth outcomes and maternal health.

Very low birth weight rates varied across the five-county focus area but generally remained at or above the Florida average of 1.6%. Hamilton County reported the highest rates and showed little overall improvement over time. Jefferson declined significantly, reaching a level closer to the state average in the most recent period, while Madison also demonstrated a steady decrease. Suwannee and Lafayette maintained the lowest rates throughout the reporting periods, although both remained relatively stable.

Figure 119 shows county trends varied over the reporting periods. Hamilton consistently reported the highest very low birth weight rates, while Jefferson and Madison showed improvement over time. Suwannee and Lafayette remained relatively stable with the lowest rates.

Figure 119. Percentage of Total Births Very Low Birth Weight



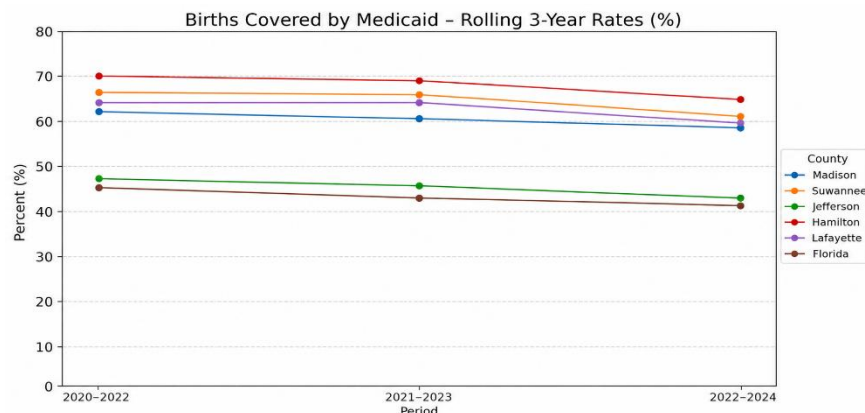
Births Covered by Medicaid

In rural communities, Medicaid plays a critical role in supporting access to prenatal care, delivery services, and postpartum care for mothers and infants. Monitoring Medicaid-covered births helps identify populations that may be more vulnerable to socioeconomic barriers and healthcare access challenges.

Medicaid coverage for births remained substantially higher across the five-county region than the Florida average throughout the 2020–2024 reporting period, highlighting the important role Medicaid plays in supporting maternal and infant healthcare in rural communities. Hamilton and Suwannee counties consistently reported the highest percentages of Medicaid-covered births, while Jefferson maintained the lowest rate among the five counties but remained above the statewide average. Most counties experienced modest declines in Medicaid-covered births over time, mirroring a slight decrease observed statewide.

Figure 120 illustrates the percentage of births covered by Medicaid across the five-counties and Florida. All five counties exceeded the statewide average, with Hamilton and Suwannee reporting the highest levels of Medicaid coverage throughout the reporting period.

Figure 120. Percentage of Births Covered by Medicaid



Cesarean Deliveries

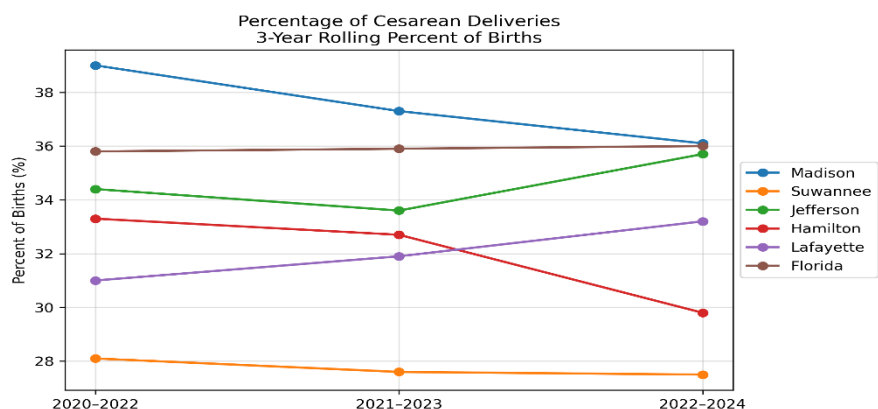
Cesarean delivery (C-section) is a surgical procedure used to deliver a baby when a vaginal birth poses risks to the mother or infant. While cesarean deliveries can be lifesaving when medically indicated, higher-than-recommended rates may increase the risk of maternal complications, longer recovery times, and adverse outcomes in future pregnancies. Monitoring cesarean delivery rates helps assess maternal health, obstetric care practices, and opportunities to support safe, evidence-based childbirth.

Cesarean delivery rates varied across the five rural counties. Madison County consistently demonstrated the highest rates, ranging from 39.0% in 2020–2022 to 36.1% in 2022–2024. Suwannee County maintained the lowest cesarean delivery rates, ranging from 28.1% to 27.5%. Jefferson County experienced an increase in cesarean deliveries over time, reaching 35.7% in

2022–2024, nearly equal to the Florida average of 35.9%. Overall, Florida's cesarean delivery rate remained relatively stable at approximately 36% throughout the study period.

Figure 121 shows cesarean deliveries for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties during 2020–2024. Madison County consistently demonstrated the highest Cesarean delivery rates, exceeding the Florida average during all three rolling periods. Jefferson County approached the state average by 2022–2024, while Suwannee County maintained the lowest rates.

Figure 121. Percentage of Cesarean Deliveries



Well Women – Characteristics of Birth Mother



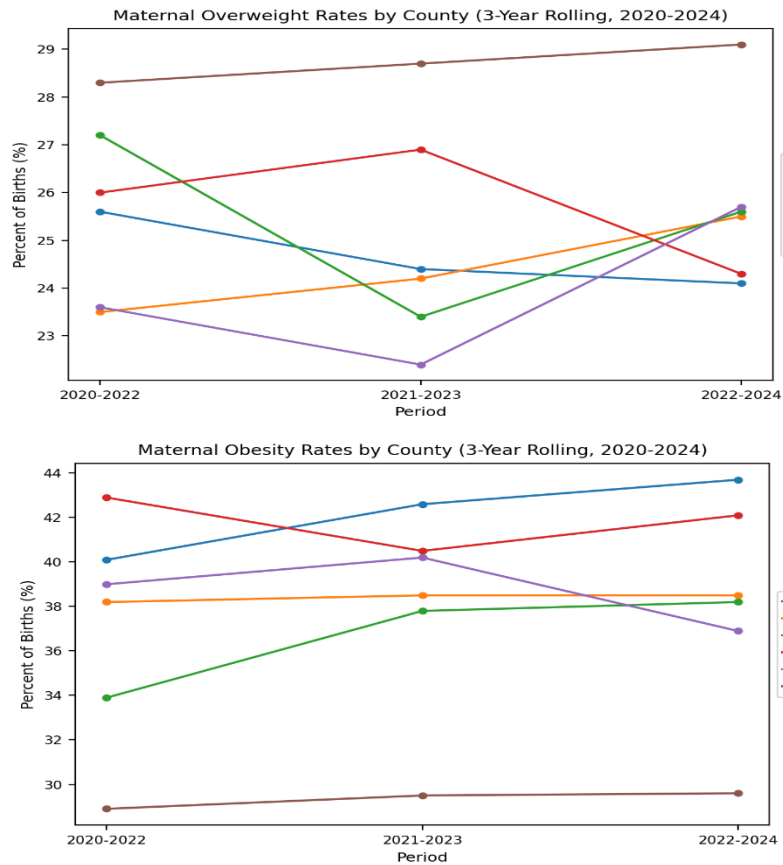
Mother's Weight

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.

Among the rural counties for women overweight at the time of pregnancy, Jefferson County reported the highest initial rate at 27.2%, followed by a decline to 23.4% before increasing again to 25.6% in the most recent period. Hamilton County showed a similar pattern, reaching a high of 26.9% before declining to 24.3%. Madison County demonstrated a modest downward trend, decreasing from 25.6% to 24.1%. In contrast, Suwannee and Lafayette counties experienced increases in the most recent period, reaching 25.5% and 25.7%, respectively.

Looking at women who were considered obese at the time of pregnancy, Madison County shows a continued upward trend, increasing from 40.1% in 2020–2022 to 43.7% in 2022–2024, resulting in the highest rate among the counties in the most recent period. Hamilton County reported the highest initial rate at 42.9%, followed by a slight decline and subsequent increase to 42.1% in the latest period. Suwannee County remained relatively stable, with rates ranging from 38.2% to 38.5%. Jefferson County demonstrated improvement over time, increasing from 33.9% to 38.2%, although rates remain above the statewide average. Lafayette County experienced an increase followed by improvement, rising to 40.2% before declining to 36.9% in 2022–2024.

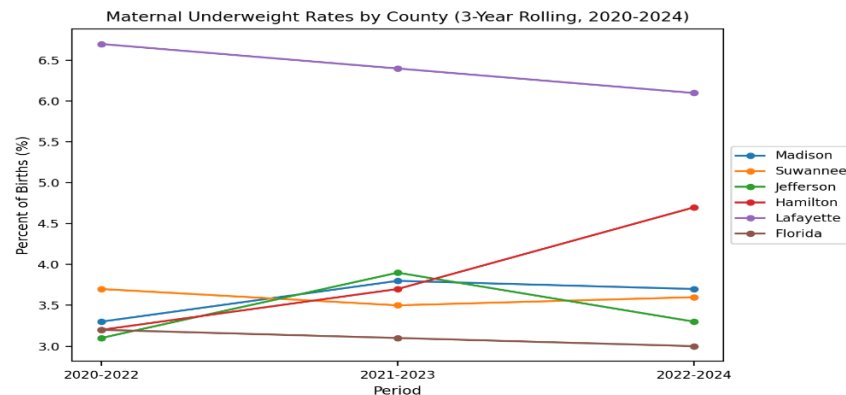
Figure 122. Percent of Pregnant Women Overweight or Obese at Time of Pregnancy, 2020-2024



Across the 2020–2024 three-year rolling periods, maternal underweight rates remained relatively low across the five-counties and were generally comparable to the Florida average of approximately 3.0%–3.2%. Lafayette County consistently reported the highest rates, ranging from 6.1% to 6.7%, despite a slight decline over time. Hamilton County demonstrated an upward trend, increasing from 3.2% to 4.7% and exceeding the statewide average in the most recent reporting period. Madison, Suwannee, and Jefferson counties remained relatively stable, with rates close to the Florida benchmark.

Figure 123 illustrates maternal underweight rates across the five-counties and Florida over the three reporting periods. Lafayette consistently reported the highest rates, while Hamilton showed an upward trend. Madison, Suwannee, and Jefferson remained relatively stable and close to the statewide average.

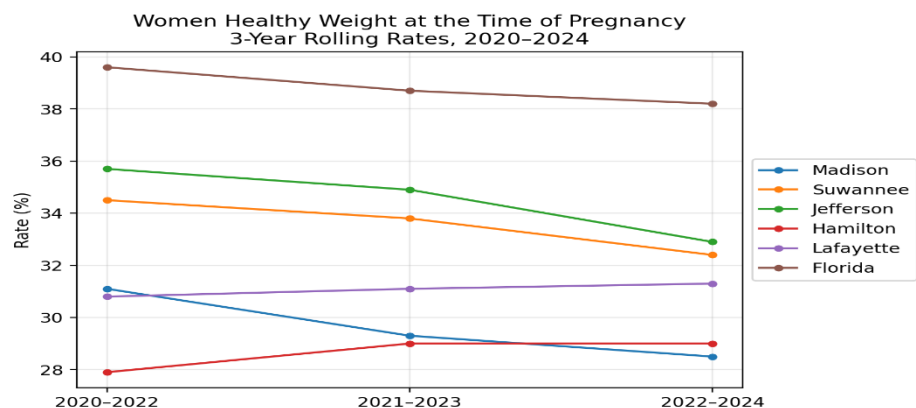
Figure 123. Percentage of Mothers Who Were Underweight Before Pregnancy



Across the 2020–2024 three-year rolling periods, the percentage of mothers entering pregnancy at a healthy weight remained below the Florida average across all five counties. Jefferson and Suwannee reported the highest healthy weight rates among the rural counties, although both experienced gradual declines over time. Madison demonstrated the largest decrease, while Hamilton consistently reported the lowest percentage of mothers at a healthy weight. Lafayette remained relatively stable throughout the reporting period. Although Florida's statewide rate declined slightly, it continued to exceed the rates observed across the five-county region, highlighting persistent disparities in maternal health.

Figure 124 illustrates the percentage of mothers entering pregnancy at a healthy weight across the five-counties and Florida. All five counties remained below the statewide average throughout the reporting period, with Jefferson and Suwannee reporting the highest healthy weight rates among the rural counties and Hamilton the lowest.

Figure 124. Percentage of Mothers at a Healthy Weight Before Pregnancy



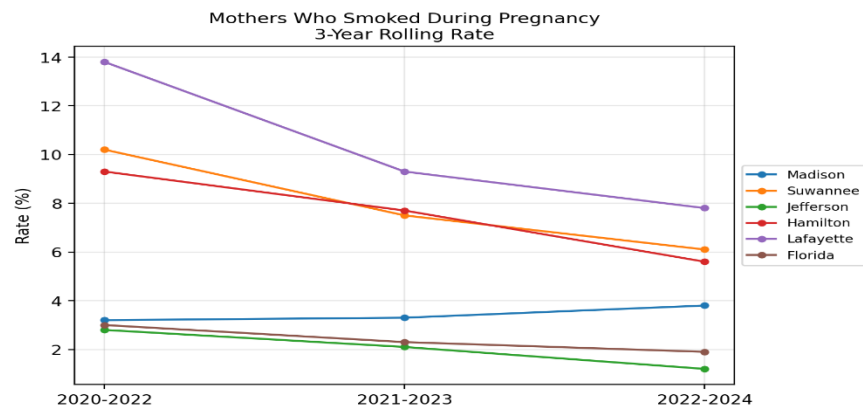
Smoking During Pregnancy

Maternal smoking during pregnancy increases the risk of preterm birth, low birth weight, birth defects, and infant mortality. Monitoring tobacco use during pregnancy helps identify opportunities to improve maternal health, promote healthy pregnancies, and reduce adverse birth outcomes.

Across the 2020–2024 three-year rolling periods, the percentage of mothers who smoked during pregnancy declined across all five counties and statewide, reflecting encouraging progress in reducing prenatal tobacco use. Lafayette County reported the highest rates throughout the reporting periods but experienced the largest decline, decreasing from 13.8% in 2020–2022 to 7.8% in 2022–2024. Suwannee and Hamilton counties also demonstrated substantial declines, while Madison County remained relatively stable at approximately 3% to 4%. Jefferson County consistently reported the lowest rates and declined to 1.2% in the most recent reporting period, falling below the Florida average of 1.9%.

Figure 125 illustrates declining maternal smoking rates across all five counties over the reporting periods. While prenatal tobacco use decreased throughout the region, variation between counties remained evident, with Lafayette reporting the highest rates and Jefferson the lowest.

Figure 125. Percentage of Mothers Who Smoked During Pregnancy



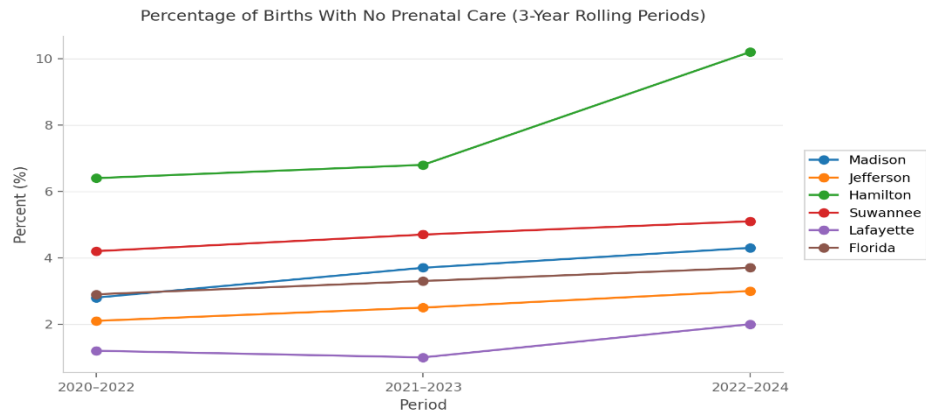
Prenatal Care

Timing of prenatal care is an important measure of maternal and infant health. Early initiation of prenatal care allows providers to identify health risks, manage chronic conditions, provide preventive services, and promote healthy pregnancy outcomes. Delayed or absent prenatal care may increase the risk of adverse maternal and infant outcomes. The following indicators examine the timing of prenatal care initiation across the five-county region.

Hamilton County consistently reported the highest rates and demonstrated the greatest variation across the reporting periods. Madison and Suwannee counties showed gradual increases over time, while Jefferson and Lafayette remained lower than the other counties but also experienced increases in the most recent reporting period. Florida's rate remained relatively stable throughout the study period.

Figure 126 shows that the percentage of births to mothers with no prenatal care remains elevated across the counties compared to the state average. Rates varied among counties, while Suwannee and Lafayette remained comparatively stable.

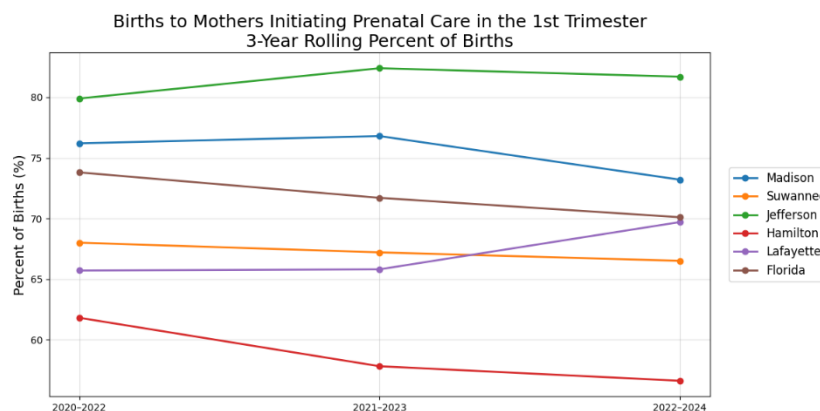
Figure 126. Percentage of Births with No Prenatal Care



Jefferson County consistently reported the highest rates of first-trimester prenatal care initiation and remained above the Florida average throughout the study period. Madison County also exceeded the statewide benchmark despite a slight decline in the most recent reporting period. Lafayette demonstrated gradual improvement over time, while Suwannee experienced a modest decline. Hamilton County consistently reported the lowest rates and experienced the greatest decline across the reporting periods.

Figure 127 illustrates county-level variation in first-trimester prenatal care initiation across the three reporting periods. Jefferson consistently reported the highest rates, while Hamilton remained the lowest. Madison exceeded the Florida average throughout the reporting period, whereas Lafayette showed improvement in the most recent period

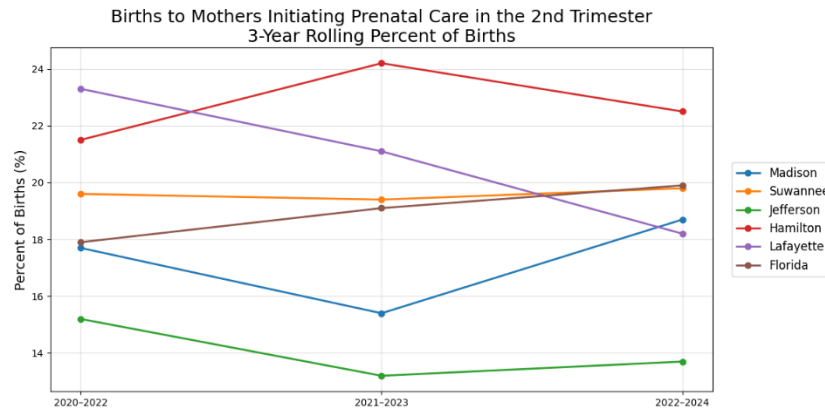
Figure 127. Percentage of Births to Mothers Initiating Prenatal Care in the 1st Trimester



Across the 2020–2024 three-year rolling periods, second-trimester prenatal care initiation remained relatively stable across the five-county region. Hamilton County consistently reported the highest percentages, while Jefferson County maintained the lowest rates throughout the reporting period. Lafayette demonstrated the greatest improvement, suggesting a shift toward earlier prenatal care initiation. Madison experienced modest variation over time, and Suwannee remained relatively stable. Florida's statewide percentage increased slightly during the reporting period, indicating a modest increase in second-trimester prenatal care initiation.

Figure 128 illustrates county-level differences in second-trimester prenatal care initiation across the three reporting periods. Hamilton consistently reported the highest percentages, while Jefferson maintained the lowest rates. Most counties showed relatively stable trends with only modest changes over time.

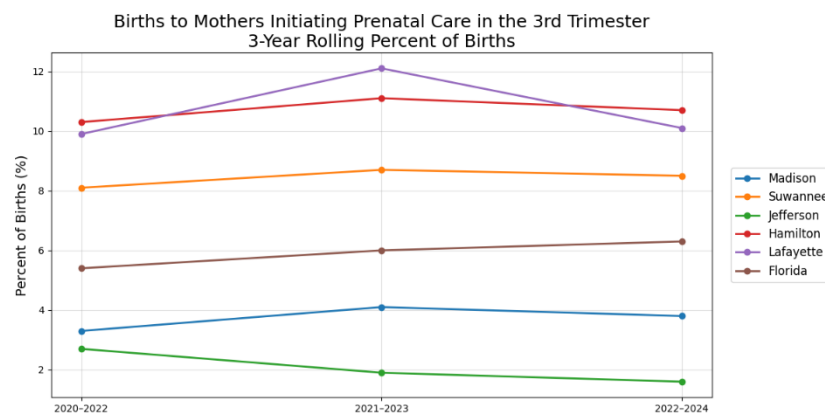
Figure 128. Percentage of Births to Mothers Initiating Prenatal Care in the 2nd Trimester



Across the 2020–2024 three-year rolling periods, third-trimester prenatal care initiation remained relatively low across the five-county region but varied by county. Hamilton County consistently reported the highest percentages throughout the reporting period, while Lafayette also remained above the Florida average despite improvement in the most recent period. Suwannee County remained relatively stable, Madison reported consistently lower rates, and Jefferson maintained the lowest percentages across all three reporting periods. Florida experienced a slight increase in third-trimester prenatal care initiation over time.

Figure 129 illustrates county-level variation in third-trimester prenatal care initiation across the three reporting periods. Hamilton and Lafayette consistently reported the highest percentages, while Jefferson maintained the lowest rates. Overall, trends remained relatively stable with only modest changes across the region.

Figure 129. Percentage of Births to Mothers Initiating Prenatal Care in the 3rd Trimester

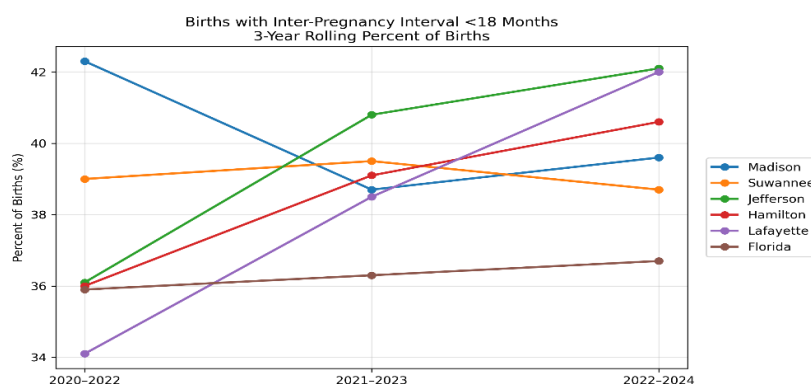


Pregnancy Intervals

It's healthiest for women to allow at least 18 months between pregnancies, giving the body time to fully recover pregnancy and childbirth. A longer interval also supports stronger bonding with each child and reduces the stress that can come with caring for multiple young children. When pregnancies occur too close together, the risk increases for maternal complications, as well as negative birth outcomes such as preterm delivery and low birthweight.

Figure 130 shows the percentage of births with an interval of less than 18 months for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties and the state of Florida. By 2022–2024, every county surpassed the Florida benchmark, with Jefferson and Lafayette showing the highest levels at roughly 42%.

Figure 130. Percent of Births Inter-Pregnancy Interval <18 Months Interval, 2020-2024



Repeat Births

Closely spaced or repeat pregnancies may increase the risk of adverse maternal and infant outcomes, including preterm birth, low birth weight, and pregnancy complications. Monitoring repeat births helps assess access to family planning services, reproductive healthcare, and education that support healthy pregnancy timing and improved birth outcomes.

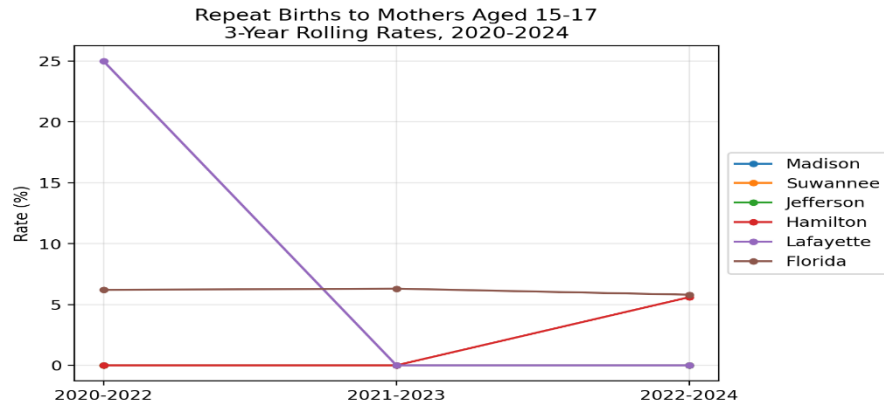
Repeat Births to Mothers Aged 15-17

It's important to note for this indicator there is an extremely small number of births among this age group across the five rural counties, which limits the reliability of rate-based comparisons. Madison, Suwannee, and Jefferson reported zero repeat births throughout the 2020–2024 period, resulting in a consistent rate of 0.0% across all rolling periods. Lafayette recorded one repeat birth in 2020 among only four total births in this age group during the 2020–2022 period, producing a 25.0% rate; however, this percentage declined to 0.0% in later periods as the single event was no longer included in the rolling calculation. Hamilton reported one repeat birth in 2024 among 18 total births during 2022–2024, resulting in a rate of 5.6%.

Figure 131 shows the percentage of repeat teen birth rates aged 15-17 for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties are 0.0% due to extremely small denominators. Lafayette had one repeat birth in 2020–2022 (25.0% of just 4 births), and Hamilton recorded one

in 2022–2024 (5.6%). The state average is around 5.8–6.3%. Note that the small numbers of repeat births to mothers aged 15-17 limit meaningful trend analysis for these rural counties.

Figure 131. Percent of Repeat Births to Mothers Aged 15-17



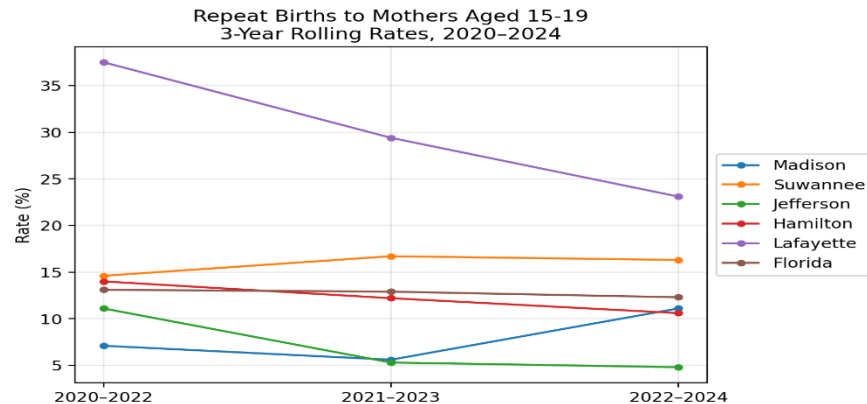
Repeat Births to Mothers Aged 15-19

These data expand the repeat teen birth analysis to include all mothers ages 15–19, providing larger denominators and a more reliable view of trends compared with the narrower 15–17 age group. Lafayette County reported the highest repeat birth rate during the 2020–2022 period at 37.5%; however, the rate declined substantially to 23.1% by 2022–2024. Suwannee County has the largest rural sample size, with approximately 24–46 births per year, and demonstrates a relatively stable repeat birth rate between 14.6% and 16.7%, remaining slightly above the Florida average of approximately 12–13%. Hamilton County shows continued improvement, with rates declining from 14.0% to 10.6%, nearing the statewide benchmark. Jefferson County experienced the largest improvement, decreasing from 11.1% to 4.8%, which is now below the Florida average. Madison County shows an upward trend, increasing from 7.1% to 11.1% in the most recent period, influenced by three repeat births among 15 total births in 2024.



Figure 132 shows the percentage of repeat teen birth rates aged 15-19 for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties. Lafayette stands out with the highest repeat teen birth rate at 37.5% in 2020–2022, though it is declining toward 23.1%. Suwannee holds steady around 15–17%, near the state average of 12–13%. Hamilton shows a favorable downward trend from 14.0% to 10.6%. Madison increased to 11.1% in the latest period. Jefferson improved from 11.1% to 4.8%.

Figure 132. Percent of Repeat Births to Mothers Aged 15-19



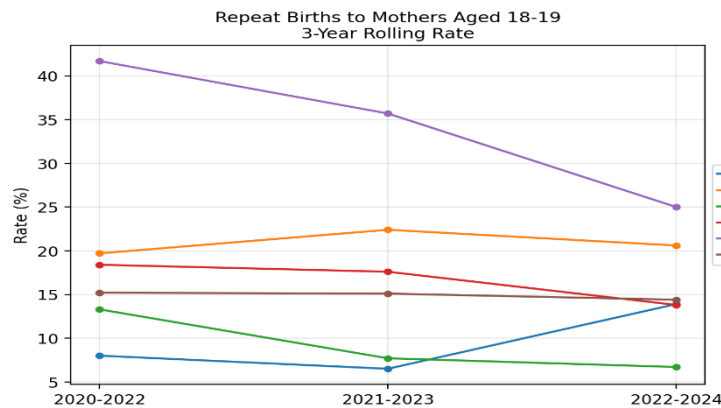
Repeat Births to Mothers Aged 18-19

Lafayette County reported the highest repeat birth rate during the 2020–2022 period at 41.7%; however, the rate declined substantially to 25.0% by 2022–2024. While this reduction is encouraging, interpretation remains limited by small numbers, as the county recorded only 4–12 births annually within this age group, meaning individual cases can significantly influence the overall percentage. Suwannee County continues to demonstrate elevated repeat birth rates, ranging from 19.7% to 22.4%, consistently exceeding the Florida average of approximately 14–15%. Hamilton County shows positive progress, with rates declining from 18.4% to 13.8%, approaching the statewide average. Jefferson County also experienced notable improvement, decreasing from 13.3% to 6.7%; however, the small number of births annually limits the ability to draw strong conclusions from year-to-year changes.

Madison County is the only county demonstrating a concerning upward trend, with the repeat birth rate increasing from 6.5% to 13.9% in the most recent period, driven by five repeat births among 36 total births during 2022–2024. Florida’s statewide rate remained relatively stable, ranging from 14.4% to 15.2% across the reporting periods. Compared with the broader 15–19 age group, the 18–19 subgroup consistently demonstrates higher repeat birth rates, indicating that older teens account for a substantial proportion of repeat teen births.

Figure 133 shows the percentage of repeat teen birth rates aged 18-19 for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties. Lafayette County has the highest rate at 41.7% (2020–2022) but declines to 25.0% by 2022–2024. Suwannee County maintains higher rates around 20–22%, and above the state rate. Madison County’s rate doubled from 6.5% to 13.9%. Hamilton County shows improvement from 18.4% to 13.8%. Jefferson County dropped from 13.3% to 6.7%.

Figure 133. Percent of Repeat Births to Mothers Aged 18-19



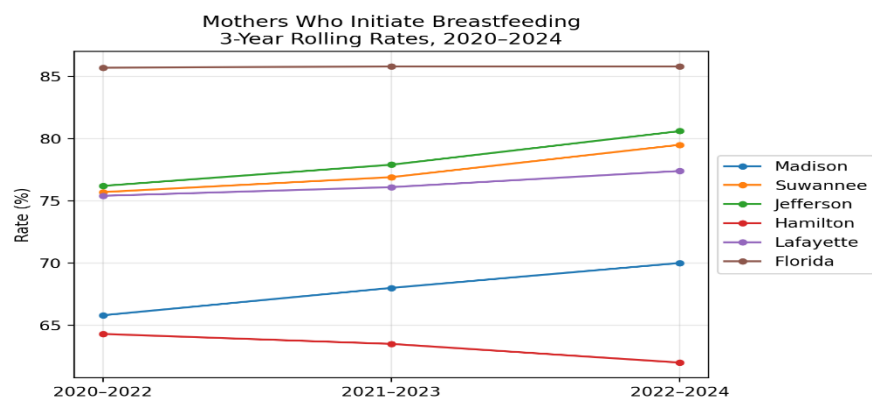
Breastfeeding Initiation

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' benefits by helping to form a bond with their infants, as well as helping the mother's body to recover from pregnancy and childbirth.

Breastfeeding initiation rates across the five-county focus area remained below the Florida average (approximately 85.8%). Jefferson reported the highest breastfeeding initiation rates and demonstrated steady improvement over time, followed by Suwannee and Lafayette. Madison also showed gradual gains, 65.8% to 70%. Hamilton experienced a slight decline across the reporting periods and reported the lowest breastfeeding initiation rates.

Figure 134 illustrates breastfeeding initiation rates across the five-counties and Florida over the three reporting periods. While several counties demonstrated gradual improvement, all five remained below the Florida average, with Jefferson reporting the highest rates among the rural counties and Hamilton the lowest.

Figure 134. Breastfeeding Initiation



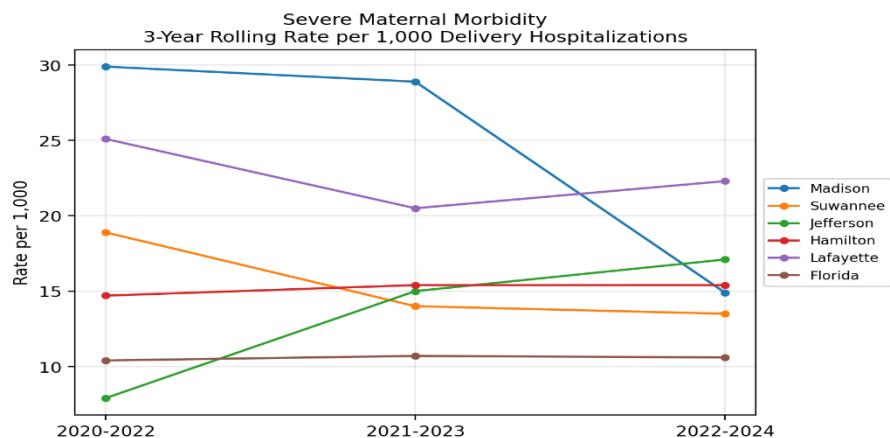
Severe Maternal Morbidity

Severe Maternal Morbidity (SMM) refers to unexpected complications during labor and delivery that result in significant short- or long-term health consequences for the mother. It is a key indicator of maternal health and the quality of obstetric care. Common conditions associated with SMM include severe hemorrhage, eclampsia, sepsis, blood transfusions, and other life-threatening complications. Monitoring SMM helps identify disparities in maternal health outcomes and informs efforts to improve access to timely, high-quality prenatal, delivery, and postpartum care.

Madison County shows the biggest improvement, declining from 28.1 per 1,000 in 2020–2022 to 14.8 per 1,000 in 2022–2024, a 47% relative reduction. However, with approximately 120–140 births per year, this could reflect year to year variation as much as systemic improvement. Suwannee County shows a steady decline from 18.8 to 13.5 per 1,000, which is more statistically meaningful given its larger birth volume (433–488 births per year). Jefferson County shows a concerning upward trend from 7.9 to 16.3 per 1,000. With only 60–80 births per year, even a few additional morbidity cases can significantly shift the rate. Hamilton County remains relatively stable at 14.2–14.6 per 1,000, suggesting consistent but elevated morbidity levels compared to the state average. Lafayette County fluctuates between 20.8 and 23.7 per 1,000, maintaining the highest sustained rates among the rural counties, likely reflecting limited access to specialized obstetric care given its very small birth volume (54–84 births per year).

Figure 135 shows the severe maternal morbidity rates per 1,000 births for Madison, Suwannee, Jefferson, Hamilton, and Lafayette counties. It illustrates the changes in severe maternal morbidity rates across the counties over the three reporting periods. Trends differed by county, with some showing declines over time while others remained stable or increased.

Figure 135. Severe Maternal Morbidity Per 1,000 Live Births



Significant Findings, Maternal and Child Health

- Across the five-counties, maternal and infant health indicators demonstrate persistent disparities compared with Florida statewide averages. Infant mortality remains a significant concern, with Hamilton and Jefferson counties reporting the highest rates and limited improvement over time. Preterm birth and low birthweight rates also remain elevated in several counties, particularly Madison, Hamilton, and Lafayette, highlighting continued risk factors for poor infant outcomes.
- Prenatal care is of concern. Hamilton County reports the lowest rates of first-trimester prenatal care initiation and the highest levels of inadequate or absent prenatal care, while Jefferson County demonstrates stronger early prenatal care. However, most counties continue to perform below statewide benchmarks. Pregnancy spacing remains another area of concern, with all counties exceeding the Florida average for births occurring less than 18 months after a previous birth.
- Teen repeat births remain an ongoing challenge, particularly in Lafayette and Suwannee counties, although improvements are evident. Medicaid remains a primary source of maternity coverage across the region, with all five counties reporting substantially higher Medicaid-covered births than the state average.
- Maternal health outcomes continue to show areas of concern. Severe maternal morbidity trends vary by county, with improvements observed in Madison and Suwannee but persistently elevated rates in Lafayette and increasing concerns in Jefferson. Cesarean delivery rates remain high in several counties, particularly Madison and Jefferson. Additionally, maternal weight indicators reveal ongoing disparities, with obesity rates substantially above the state average, lower healthy weight percentages, and breastfeeding initiation rates that remain below statewide levels despite gradual progress in some counties.
- Smoking during pregnancy represents one area of improvement, with declining rates across the region, although Lafayette and Hamilton continue to exceed statewide levels. Overall, these findings demonstrate persistent maternal and infant health challenges throughout the rural region.

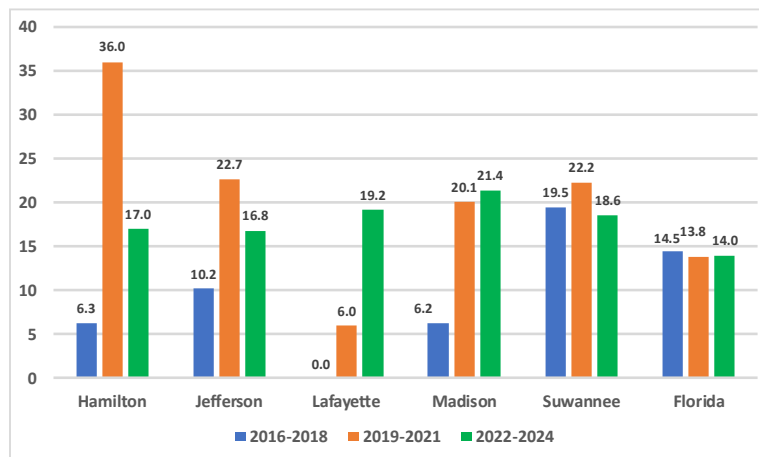


Social and Behavioral Health

Behavioral Health

The most recent three-year period shows a regional concern rather than an isolated county problem. Each of the five counties exceeded Florida's 2022 through 2024 rate of 14.0 per 100,000. Madison recorded the highest current rate at 21.4, followed by Lafayette at 19.2 and Suwannee at 18.6. Lafayette showed the largest sustained increase, rising from 0.0 in 2016 through 2018 to 19.2 in 2022 through 2024. Hamilton's sharp rise and partial decline also illustrates why rates in small counties should be read over several years. Even with that caution, the regional pattern supports coordinated prevention, early identification, and connection to care.

Figure 136. Suicide Death Rates per 100,000 Population by Residence County



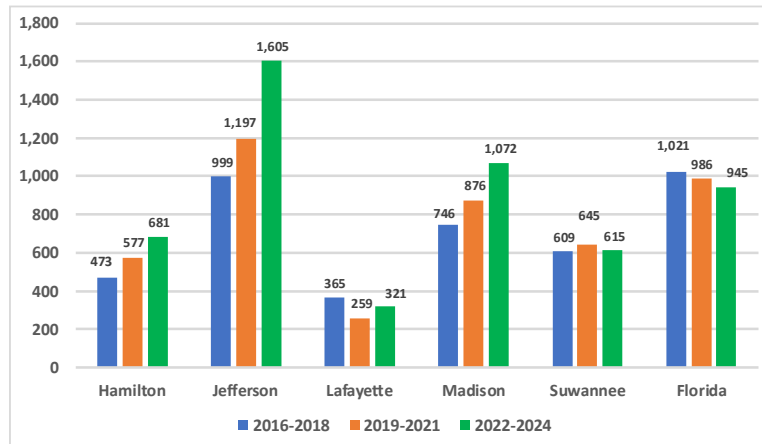
Methods differ by county, which means prevention cannot rely on one approach. Firearms represented the largest method specific rate in Madison, Jefferson, and Suwannee, while the category labeled Other was highest in Hamilton and Lafayette. Drug poisoning was lower as a suicide method in this table, but it remains part of the broader overdose picture presented later. Safe storage, clinical screening, family education, and timely follow up after a crisis should be treated as connected parts of the same prevention strategy.

Table 62. Suicide Death Rates per 100,000 Population, by Method
Years 2022-2024 Combined

	Firearms	Drug Poisoning	Other
Hamilton	3.6	3.6	13.4
Jefferson	11.4	0.0	5.4
Lafayette	7.2	3.0	12.0
Madison	13.7	0.0	7.7
Suwannee	9.9	2.3	8.7

This is one of the strongest signals in the section. From 2016 through 2018 to 2022 through 2024, hospitalization rates for mental disorders rose substantially in Hamilton, Jefferson, and Madison, increased slightly in Suwannee, and declined in Lafayette. Florida's rate also declined, from 1,021 to 945. Jefferson reached 1,605, approximately 70 percent above the state rate, and Madison reached 1,072. The sharp divergence in several rural counties suggests growing severity, delayed access to care, limited outpatient capacity, or some combination of these pressures. The data do not establish the cause, but they clearly support earlier intervention closer to home.

Figure 137. Hospitalization Rates Due to Mental Disorders, by Residence County



The age profile shows that need is not evenly distributed. Hospitalization rates among children ages 0 through 17 were more than twice the Florida rate in Jefferson and Madison. Among adults ages 22 through 24, Hamilton and Jefferson were well above the state rate, with Suwannee near it. Jefferson also exceeded Florida among adults ages 25 through 44 and 45 through 64, while Suwannee had a notably elevated rate among adults 75 and older. These differences support age specific access points, including school and family partnerships, young adult transition support, services for working age adults, and outreach designed for older residents.

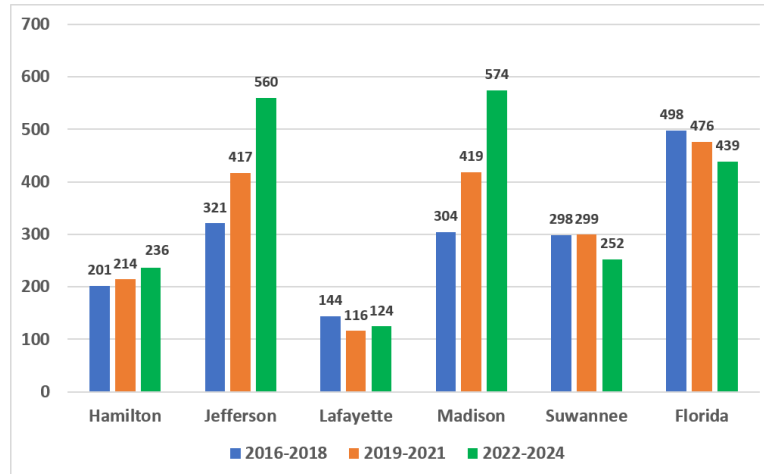
Table 63. Hospitalization Rates for Mental Disorders, by Age Group, 2024

Ages	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
0-17	206.6	1,365.7	249.1	1,325.6	328.8	651.0
18-21	585.7	356.5	217.4	706.2	480.1	1,055.2
22-24	1,964.0	2,427.2	522.2	536.7	1,106.5	1,129.2
25-44	898.4	1,822.2	427.8	992.2	841.3	1,214.0
45-64	970.9	1,055.9	616.1	720.4	631.1	989.0
65-74	119.4	447.4	117.0	157.2	618.0	642.1
75+	682.6	295.3	145.3	283.8	807.0	454.7

Hospitalizations for mood and depressive disorders moved sharply upward in Jefferson and Madison, reaching 560 and 574 in 2022 through 2024, while Florida declined to 439. Hamilton increased more modestly to 236; Lafayette remained low, and Suwannee declined to 252. The rise in Jefferson and Madison suggests that depression is increasingly reaching a level that

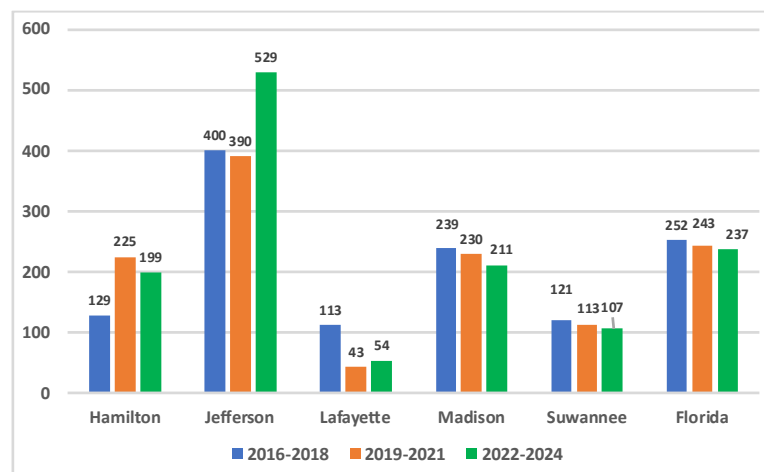
requires inpatient care. Screening alone will not be enough. Communities need pathways that move people from identification to timely treatment, follow up, and sustained support.

Figure 138. Hospitalization Rates Due to Mood and Depressive Disorders by Residence County



Jefferson stands apart, rising to 529 in 2022 through 2024, more than twice Florida's rate of 237. Hamilton also remained above its earlier baseline, although below the state rate, while Lafayette, Madison, and Suwannee were stable or declining. The Jefferson pattern supports dependable medication management, coordinated case support, and timely follow up after discharge so care does not begin and end with hospitalization.

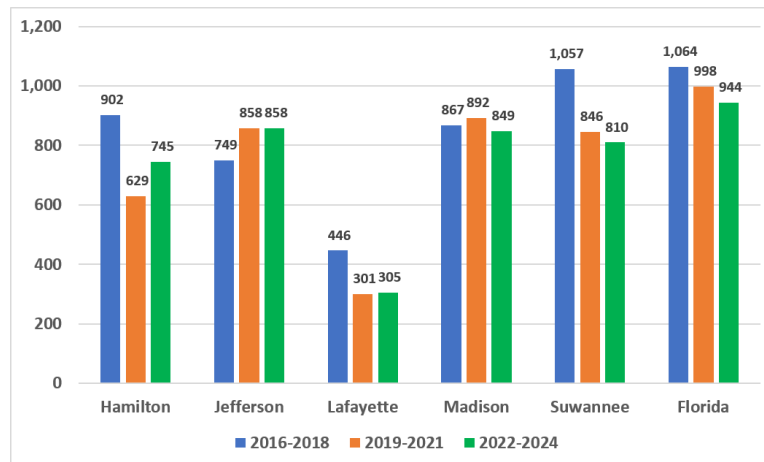
Figure 139. Hospitalization Rates Due to Schizophrenic Disorders, by Residence County



Emergency department visit rates declined in Hamilton, Lafayette, Madison, and Suwannee between the earliest and latest periods, while Jefferson rose from 749 to 858. All five counties remained below Florida's latest rate of 944. Lower emergency department use should not be read as lower need, particularly because hospitalization, Baker Act, and self-reported indicators remain

elevated in several counties. The contrast may reflect differences in access, referral patterns, transportation, crisis response, or where residents seek care. It reinforces the need to examine the full care pathway rather than treating lower emergency use as a favorable outcome by itself.

Figure 140. Emergency Room Visit Rates Due to Mental Disorders, by Residence County



Statewide Baker Act examination rates declined from 2017 through 2024, but Madison moved in the opposite direction after 2021. Its rate rose to 1,510.2 in 2022 and remained 1,278.1 in 2024, nearly 80 percent above Florida. Jefferson also remained above the state rate in 2024. Because involuntary examinations reflect both acute crisis and local response pathways, these figures support mobile crisis options, rapid follow up, and alternatives that can intervene before a situation reaches the threshold for an involuntary examination.

Table 64. Baker Act Involuntary Examinations, Rate per 100,000 Population

Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2017	28.9	1,273.2	751.4	1,596.3	1,170.1	1,036.8
2018	904.4	1,154.5	585.6	1,153.5	946.3	1,023.4
2019	987.4	1,286.9	313.5	1,126.3	897.1	967.0
2020	1,039.8	970.9	447.2	1,028.4	938.6	911.0
2021	882.6	936.4	472.0	1,060.6	922.6	844.1
2022	952.5	1,190.3	515.3	1,510.2	955.1	805.3
2023	565.3	1,017.6	345.0	1,278.4	544.0	721.8
2024	566.2	986.5	329.0	1,278.1	539.6	713.3

Madison shows the heaviest self-reported burden among the five counties. In 2022, 20.4 percent of adults reported poor mental health on at least 14 of the prior 30 days, 22.5 percent reported having been told they had a depressive disorder, and only 79.6 percent reported good mental health. Suwannee also showed elevated poor mental health at 15.3 percent and the greatest reported interference with daily life at 7.6 days. Jefferson's high hospitalization rate, despite more favorable self-reported measures, shows that surveys and health care use reveal different parts

of the same picture. Because the indicators come from different years, they should be used to identify patterns rather than create a single year ranking.

Table 65. Behavioral Health Indicators for Adults

Indicator	Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Emergency Department Visits From Mental Disorders (Aged 18 Years and Older)	2024	855.5	801.6	515.2	797	872.6
Hospitalizations From Mental Disorders (Aged 18 Years and Older)	2024	818.7	1079.1	409.1	653.3	683.8
Adults Who Are Limited in Any Way in Any Activities Because of Physical, Mental or Emotional Problems (BRFSS)	2016	29.1	27.4	33.6	24.1	32
Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days (BRFSS)	2022	9.1	8.2	5.7	20.4	15.3
Adults Who Have Ever Been Told They Had a Depressive Disorder (BRFSS)	2022	14.4	12.1	18.2	22.5	15.9
Adults Whose Poor Physical or Mental Health Kept Them From Doing Usual Activities on 14 or More of the Past 30 Days Among Adults Who Have Had at Least One Day of Poor Mental or Physical Health (BRFSS)	2022	27.1	17.4	21.8	17.1	22
Adults With Good Mental Health (BRFSS)	2022	90.9	91.8	94.3	79.6	84.7
Average Number of Unhealthy Mental Days in the Past 30 Days (BRFSS)	2019	3.5	3.2	4.6	4.1	4.4
Average Number of Days Where Poor Mental or Physical Health Interfered With Activities of Daily Living in the Past 30 Days Among Adults Who Have Had at Least One Day of Poor Mental or Physical Health (BRFSS)	2019	6.7	5.7	5.2	7.1	7.6

Substance Use

Suwannee carries the clearest overdose burden in this regional comparison. In 2024, it recorded 11 drug overdose deaths, 80 nonfatal overdose emergency department visits, 72 overdose hospitalizations, and 29 emergency department visits involving intentional self-harm by drug overdose. In 2025, EMS responded to 161 suspected drug overdoses and administered naloxone 111 times. Most naloxone was given by EMS rather than before arrival, suggesting an opportunity to expand community access, training, and bystander readiness. Madison and Hamilton also show meaningful EMS activity, supporting a regional response that links prevention, harm reduction, behavioral health care, and follow up after every overdose.

Table 66. Substance Use Indicators

Indicator	Measure	Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Fatal Overdoses							
Opioid Overdose Deaths	Count	20 24	1	1	0	2	5
Drug Overdose Deaths	Count	20 24	2	1	0	2	11
Opioid Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	20 24	10.9	3	0	9	12.3
Drug Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	20 24	15.6	3	0	9	25.6
Emergency Medical Service Responses to Drug Overdoses							
Emergency Medical Service Responses to a Suspected Opioid-involved Overdose	Count	20 25	11	3	5	14	63
Emergency Medical Service Responses to a Suspected Drug Overdose Including Opioids	Count	20 25	73	31	19	62	161
Naloxone Administered	Count	20 25	22	4	17	20	111
Naloxone Administered by EMS	Count	20 25	18	4	11	18	97
Naloxone Administered Prior to EMS	Count	20 25	4	0	3	2	14
Naloxone Administration Not Applicable/Not Recorded	Count	20 25	0	0	3	0	0
All Drug Non-fatal Overdose Emergency Department Visits							
All Drug Non-fatal Overdose Emergency Department Visits	Count	20 24	12	14	5	25	80
Unintentional/Undetermined Non-fatal Drug Overdose Emergency Department Visits	Count	20 24	9	12	<5	23	51
Intentional Self-harm Non-fatal Drug Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	29
Opioid-Involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	5	<5	<5	13
Unintentional/Undetermined Non-fatal Opioid-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	5	<5	<5	13
Intentional Self-harm Non-fatal Opioid-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5

Indicator	Measure	Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Heroin-Involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5
Unintentional/undetermined Non-fatal Heroin-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5
Intentional Self-harm Non-fatal Heroin-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5
Stimulant-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5
Unintentional/Undetermined Non-fatal Stimulant-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5
Intentional Self-harm Non-fatal Stimulant-involved Non-fatal Overdose Emergency Department Visits	Count	20 24	<5	<5	<5	<5	<5
All Drug Non-fatal Overdose Hospitalizations							
All Drug Non-fatal Overdose Hospitalizations	Count	20 24	17	12	<5	8	72
Unintentional/Undetermined Non-fatal Drug Overdose Hospitalizations	Count	20 24	10	10	<5	7	54
Intentional Self-harm Non-fatal Drug Overdose Hospitalizations	Count	20 24	7	<5	<5	<5	18
Opioid-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	18
Unintentional/Undetermined Non-fatal Opioid-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	15
Intentional Self-harm Non-fatal Opioid-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	<5
Heroin-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	<5
Unintentional/Undetermined Non-fatal Heroin-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	<5
Intentional Self-harm Non-fatal Heroin-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	<5
Stimulant-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	7

Indicator	Measure	Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Unintentional/Undetermined Non-fatal Stimulant-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	7
Intentional Self-harm Non-fatal Stimulant-involved Non-fatal Overdose Hospitalizations	Count	20 24	<5	<5	<5	<5	<5

Well Men Behavioral Health and Substance Use

Suicide deaths among working age men were most persistent in Suwannee, which recorded at least three deaths every year and 43 across the ten year period. Madison recorded 20 deaths, with higher counts in 2019, 2022, and 2023. The remaining counties had smaller but recurring losses. Because these are counts rather than population rates, they should not be used to rank county risk. The repetition over time does make clear that working age men require intentional outreach through settings they already trust, including primary care, workplaces, faith communities, veteran networks, and emergency services.

Table 67. Suicide Deaths Among Males Ages 20-64

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	0	0	0	3	1	5	0	1	3
Jefferson	0	1	0	2	1	0	3	0	1	3
Lafayette	0	0	0	0	0	0	0	2	3	0
Madison	1	0	2	1	4	2	1	4	4	1
Suwannee	3	3	5	5	5	5	6	3	3	5
Florida	1,668	1,623	1,694	1,887	1,797	1,587	1,683	1,781	1,842	1,834

Well Women Behavioral Health and Substance Use

Suicide deaths among women ages 20 through 64 were less frequent than among men in the same age range, but the losses were still persistent. Suwannee recorded deaths in every year shown and 21 across the decade, while Madison recorded eight. Hamilton, Jefferson, and Lafayette had smaller but recurring losses. Florida's annual total declined from 565 in 2015 to 502 in 2024, although the pattern fluctuated rather than falling steadily. Because these are counts rather than population rates, they should not be used to rank county risk. They do show that prevention for working aged women must remain visible through primary care, behavioral health care, workplaces, and trusted community settings.

Table 68. Suicide Deaths Among Females Ages 20-64

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	0	0	0	3	1	5	0	1	3
Jefferson	0	1	0	2	1	0	3	0	1	3
Lafayette	0	0	0	0	0	0	0	2	3	0
Madison	1	0	2	1	4	2	1	4	4	1
Suwannee	3	3	5	5	5	5	6	3	3	5
Florida	1,668	1,623	1,694	1,887	1,797	1,587	1,683	1,781	1,842	1,834

Growing Well – Behavioral Health and Substance Use



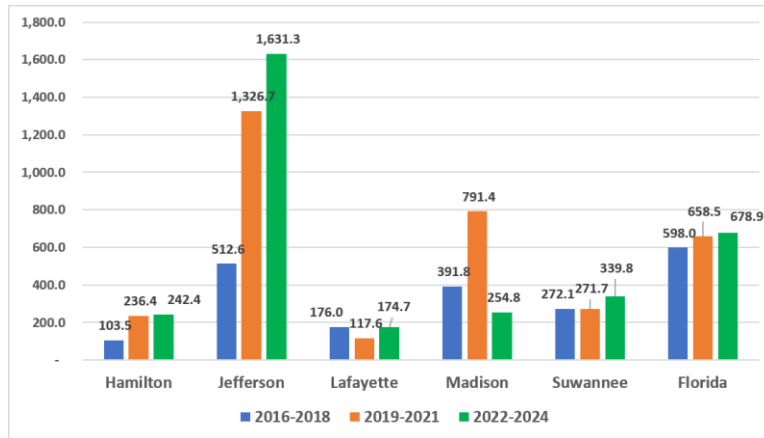
Note that actual numbers are listed below in Table 69. Jefferson and Suwannee Counties reported suicide deaths during the ten-year timeframe. Across the ten years shown, the five counties recorded six suicide deaths among residents ages 0 through 19: four in Suwannee, one in Hamilton, and one in Jefferson. Madison and Lafayette recorded none during the period. In small counties, low counts can change rates sharply and should not be treated as evidence that risk is absent. Each death represents a young life and a circle of family, classmates, and community members affected. Prevention requires consistent school-based identification, family support, and a clear route to urgent care.

Table 69. Suicide Deaths for Ages 0-19

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	0	0	0	0	1	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0
Lafayette	0	0	0	0	0	0	0	0	0	0
Madison	0	0	0	0	0	0	0	0	0	0
Suwannee	1	0	2	1	0	0	0	0	0	0
Florida	112	117	124	138	129	146	128	139	120	134

The multi-year youth hospitalization trend is dominated by Jefferson, whose rate rose from 512.6 to 1,631.3, more than twice Florida's latest rate of 678.9. Hamilton and Suwannee also increased, although they remained below the state rate; Lafayette remained relatively stable, and Madison declined after a middle period rise. These patterns show why regional planning needs both a common foundation and county specific responses. Jefferson's trajectory especially supports stronger connections among schools, families, primary care, and crisis follow up.

Figure 141. Hospitalization Rates Due to Mental Disorders, Ages 0-17



Eating disorder hospitalizations increased statewide from 37.0 to 67.1 per 100,000. In 2022 through 2024, Jefferson reached 164.1 and Madison reached 126.9, both well above Florida; Suwannee was near the state rate at 61.2. Recorded zeros in Hamilton and Lafayette should be interpreted cautiously because small numbers, suppression, travel for care, and under recognition can hide need. The increases in Jefferson and Madison support early identification and referral pathways that do not depend on a young person already appearing medically fragile.

Table 70. Hospitalization Rates Due to Eating Disorders, Ages 12-18

Data Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee	Florida
2016-2018	0.0	69.1	0.0	0.0	45.4	37.0
2019-2021	0.0	0.0	0.0	23.7	52.5	52.7
2022-2024	0.0	164.1	0.0	126.9	61.2	67.1

The table combines service use rates with student percentages, so each row should be interpreted on its own scale. In 2024, Hamilton and Suwannee had the highest emergency department visit rates at 344.4 and 340.2, while Jefferson and Madison had by far the highest hospitalization rates at 1,365.7 and 1,325.6. Jefferson also reported the highest share of students who had purposely hurt themselves without wanting to die at 23.1 percent and the highest school safety concern at 20.3 percent. Madison had the highest share of students feeling sad or hopeless at 28.6 percent, followed closely by Suwannee at 27.2 percent. Together, these measures support a connected youth pathway linking schools, families, primary care, crisis response, and follow up after emergency or inpatient care.

Table 71. Behavioral Health Indicators, Ages <18, Percent of Population

Indicator	Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Students With Emotional/Behavioral Disability (Kindergarten - 12th Grade)	2024				0.5	340.2
Emergency Department Visits From Mental Disorders (Aged 0-17 Years)	2024	344.4	189.7	124.5	288.2	382.8
Hospitalizations From Mental Disorders (Aged 0-17 Years)	2024	206.6	1365.7	249.1	1325.6	10.9
Indicator	Year	Hamilton	Jefferson	Lafayette	Madison	Suwannee
Students Who, in the Past Year, Did Something to Purposely Hurt Themselves Without Wanting to Die (FYTS)	2024	15.7	23.1	9.5	12	27.2
Students Who, in the Past Year, Felt Sad or Hopeless for Two or More Weeks in a Row and Stopped Doing Usual Activities (FYTS)	2024	25.3	25.9	15.1	28.6	8.1
Students Who Did Not Go to School Because They Felt They Would Be Unsafe at School or on Their Way to School in the Past 30 Days (FYTS)	2024	12.4	20.3	5.8	9.7	

Aging Well Behavioral Health and Substance Use

Suicide deaths among older men were concentrated in Suwannee, which recorded 26 deaths during the decade, including five in both 2022 and 2023. The other four counties reported far fewer, but recurring deaths still occurred. Florida's total rose from 665 in 2015 to 952 in 2024, the highest value shown. The pattern supports outreach that does not wait for older men to ask for help, with attention to isolation, serious illness, loss, and transitions in independence.

Table 72. Suicide Deaths Among Males Ages 65+

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	2	0	1	0	2	1	0	0	0
Jefferson	2	1	0	0	1	0	0	0	1	1
Lafayette	1	0	0	0	0	0	1	0	0	0
Madison	1	0	0	0	0	0	0	1	0	0
Suwannee	4	1	4	1	3	2	1	5	5	0
Florida	665	648	684	800	754	720	761	793	844	952

Suicide deaths among women ages 65 and older were less frequent than among men in both the local counties and Florida. Local deaths were concentrated in Jefferson, Hamilton, and Suwannee, while Lafayette and Madison recorded none during the period shown. Florida totals fluctuated and reached a decade high in 2023 before declining in 2024. Small counts should be

interpreted carefully, but they should not be mistaken for an absence of risk. Prevention must remain available to older women as part of the same Aging Well strategy.

Table 73. Suicide Deaths Among Females Ages 65+

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	0	0	0	0	0	1	0	0	0
Jefferson	0	0	0	0	1	2	0	1	0	0
Lafayette	0	0	0	0	0	0	0	0	0	0
Madison	0	0	0	0	0	0	0	0	0	0
Suwannee	0	0	0	0	0	2	0	0	1	0
Florida	142	168	135	164	155	144	178	171	199	168

Significant Findings Behavioral Health and Substance Use

- Every county exceeded Florida's 2022 through 2024 suicide death rate; Madison was highest at 21.4 per 100,000, compared with 14.0 statewide.
- Firearms represented the largest method category in Madison, Jefferson, and Suwannee, while other methods led in Hamilton and Lafayette.
- Mental disorder hospitalization rates rose in Hamilton, Jefferson, and Madison while Florida's rate declined; Jefferson reached 1,605, about 70 percent above the state.
- Madison's 2024 Baker Act examination rate remained nearly 80 percent above Florida, and Jefferson also exceeded the statewide rate.
- Madison reported the heaviest adult self-reported burden, including 20.4 percent with poor mental health on at least 14 of the prior 30 days and 22.5 percent with a depressive disorder.
- Suwannee carried the clearest overdose burden, with 11 deaths, 80 emergency visits, and 72 hospitalizations in 2024; EMS responded to 161 suspected overdoses and administered naloxone 111 times in 2025.
- Youth mental health pressures were concentrated in Jefferson and Madison, where hospitalization rates were more than twice Florida's; eating disorder hospitalization rates in both counties also exceeded the state.

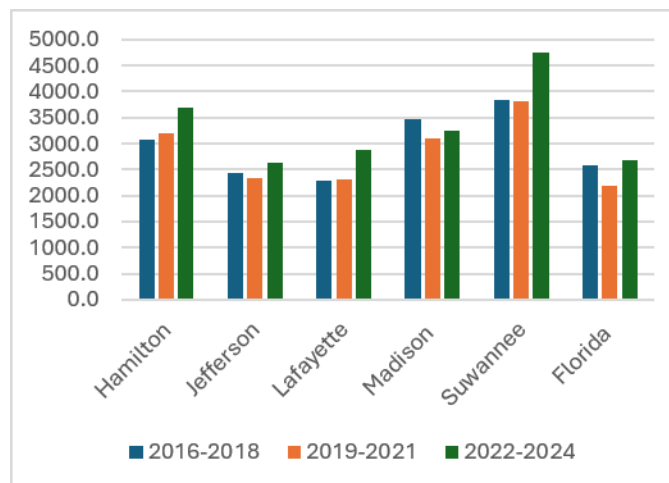
Unintentional Injury

This analysis focuses on analysis of falls, drownings and drug poisonings with undetermined intent. While motor vehicle crashes are common, many of the victims are not residents of the five-county region. Assaults and other crime-based injuries are analyzed in the Social Determinants of Health section of this assessment.

Falls

Figure 142 illustrates emergency department visit rates for non-fatal unintentional falls across the five counties. In 2022–2024, Suwannee County reported the highest rate at 4,758.1 visits per 100,000 population, followed by Hamilton County at 3,685.9 and Madison County at 3,237.0. Lafayette County reported a rate of 2,880.4, also exceeding the Florida rate of 2,684.8, while Jefferson County reported a slightly lower rate of 2,635.2.

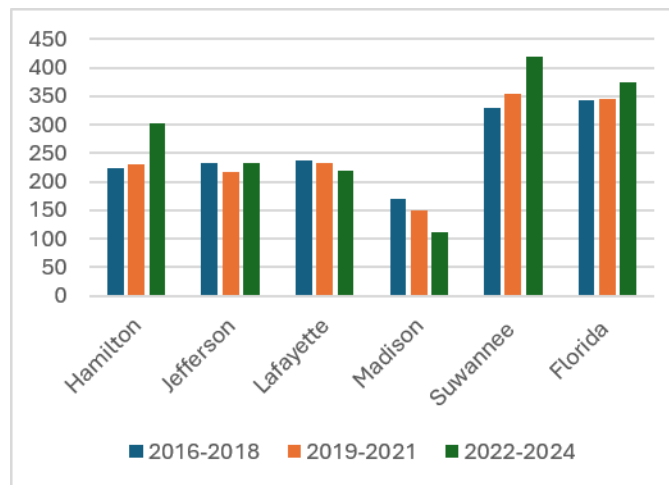
Figure 142. Emergency Department Visits from Non-Fatal Unintentional Falls



Hospitalization rates from non-fatal unintentional falls varied across the five-county area over the reporting periods. Suwannee County showed a steady increase, while Hamilton County also increased overall. Lafayette and Madison counties experienced declines, and Jefferson County remained relatively stable.

Figure 143 illustrates hospitalization rates from non-fatal unintentional falls across the five counties. In 2022–2024, Suwannee County reported the highest rate at 420, exceeding the Florida rate of 375. Hamilton County followed at 303, while Jefferson and Lafayette counties reported rates of 233 and 218, respectively. Madison County reported the lowest rate at 111.

Figure 143. Hospitalizations from Non-Fatal Unintentional Falls

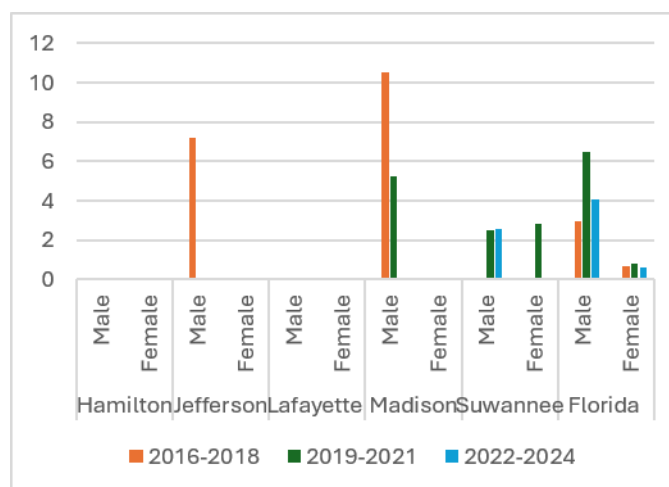


Drowning

Unintentional drowning death rates among adults ages 20–64 were generally low and sporadic across the five-county area, with deaths occurring more frequently among males than females. Jefferson and Madison counties experienced elevated male drowning death rates in earlier reporting periods, while Hamilton and Lafayette counties reported no drowning deaths during the periods shown. By 2022–2024, reported drowning mortality had declined across most counties.

Figure 144 illustrates unintentional drowning death rates among adults ages 20–64 by sex. In 2022–2024, Suwannee County was the only county reporting a male drowning death rate, at 3 per 100,000 population, compared with the Florida male rate of 4. The remaining four counties reported no male drowning deaths during the most recent period, and no female drowning deaths were reported among the five counties in 2022–2024.

Figure 144. Deaths from Unintentional Drowning, Age 20-64

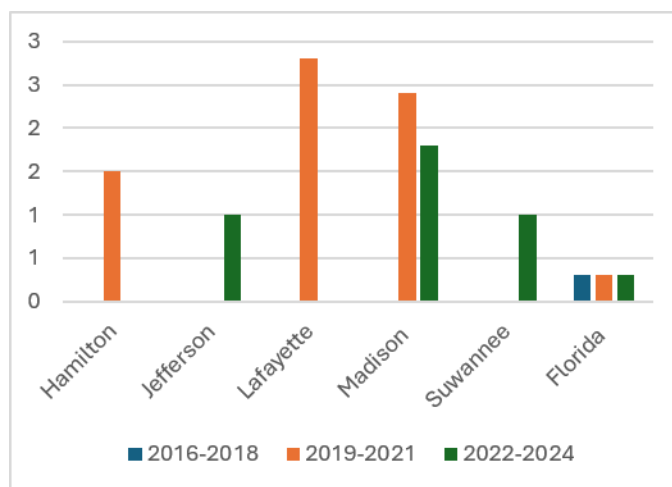


Drug Poisoning With Undetermined Intent

Death rates from drug poisoning with undetermined intent were generally low and sporadic across the five-county area. No counties reported deaths during 2016–2018, while several counties experienced isolated increases during later reporting periods. Lafayette County had the highest rate in 2019–2021, while Madison County was the only county with an elevated rate in both of the two most recent periods.

Figure 145 illustrates death rates from drug poisoning with undetermined intent across the five counties. In 2022–2024, Madison County reported the highest rate at 2 deaths per 100,000 population, followed by Jefferson and Suwannee counties at 1 each. Hamilton and Lafayette counties reported no deaths during the most recent period. In 2019–2021, Lafayette County reported the highest rate at 3, while Hamilton and Madison counties each reported rates of 2 per 100,000 population.

Figure 145. Deaths from Drug Poisoning with Undetermined Intent

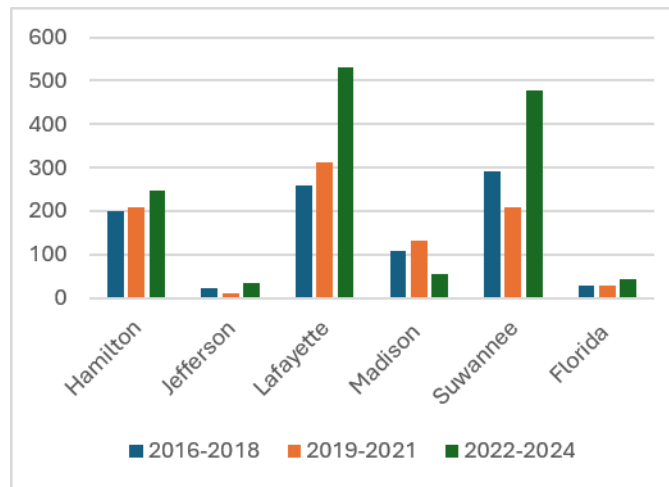


Aging Well Unintentional Injury

Emergency department visit rates for fall-related hip fractures among adults ages 65 and older varied considerably across the five-county area. Lafayette and Suwannee counties experienced substantial increases in the most recent reporting period, while Madison County experienced a notable decline. In 2022–2024, four of the five counties reported rates above the Florida rate.

Figure 146 illustrates emergency department visit rates for fall-related hip fractures among adults ages 65 and older. In 2022–2024, Lafayette County reported the highest rate at 530 visits per 100,000 population, followed by Suwannee County at 477 and Hamilton County at 246. Madison County reported a rate of 55, while Jefferson County had the lowest rate at 35. Lafayette, Suwannee, Hamilton, and Madison counties all exceeded the Florida rate of 42 per 100,000 population.

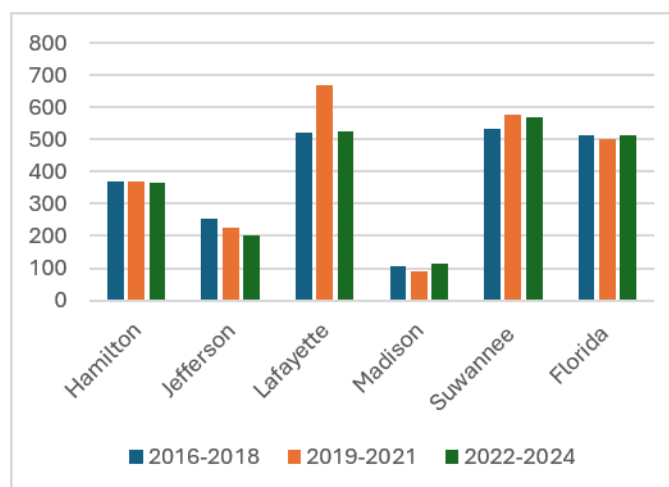
Figure 146. Emergency Department Visits from Fall-Related Hip Fracture Ages 65+



Hospitalization rates for fall-related hip fractures among adults ages 65 and older varied across the five-county area. Suwannee County consistently reported elevated rates and remained above the Florida rate across all three reporting periods. Lafayette County experienced a substantial increase during 2019–2021 before declining in the most recent period, while Jefferson County showed a steady decline. Hamilton County remained relatively stable, and Madison County consistently reported the lowest rates.

Figure 147 illustrates hospitalization rates for fall-related hip fractures among adults ages 65 and older. In 2022–2024, Suwannee County reported the highest rate at 571 hospitalizations per 100,000 population, followed by Lafayette County at 525. Both counties exceeded the Florida rate of 515. Hamilton County reported a rate of 368, while Jefferson and Madison counties reported substantially lower rates of 204 and 113, respectively.

Figure 147. Hospitalization Rates from Fall-Related Hip Fracture Ages 65 and Older

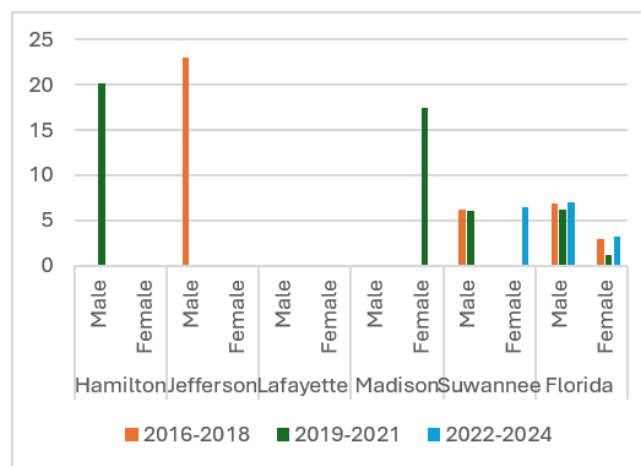


Growing Well – Unintentional Injury

Unintentional drowning death rates among residents ages 0–19 were generally low and sporadic across the five-county area, with several counties reporting no deaths during the periods shown. Elevated rates occurred during individual reporting periods in Hamilton, Jefferson, and Madison counties, while Suwannee County reported drowning deaths across multiple periods. By 2022–2024, Suwannee County was the only county with a reported drowning death rate among youth.

Figure 148 illustrates unintentional drowning death rates among residents ages 0–19 by sex. In 2022–2024, Suwannee County reported a female drowning death rate of 6.5 per 100,000 population, exceeding the Florida female rate of 3.2. No male drowning deaths were reported among the five counties during the most recent period. Earlier reporting periods showed notably elevated rates among males in Jefferson County at 23.0 and Hamilton County at 20.2, as well as among females in Madison County at 17.5.

Figure 148. Deaths from Unintentional Drowning, Age 0-19



Significant Findings Unintentional Injury

- Suwannee County consistently reported elevated rates of fall-related hip fractures among adults ages 65 and older and remained above the Florida rate.
- Fall-related emergency department visit rates varied considerably across the five-county region, with Suwannee County reporting the highest rate in 2022–2024.
- Suwannee County also reported the highest hospitalization rate for non-fatal unintentional falls in 2022–2024, while Madison County reported the lowest rate.
- In 2022–2024, four of the five counties reported emergency department visit rates for fall-related hip fractures among adults ages 65 and older above the Florida rate.
- Madison County reported the highest rate of deaths from drug poisoning with undetermined intent in 2022–2024, although rates remained low overall across the five-county region.
- Unintentional drowning deaths were infrequent and sporadic across the region. In 2022–2024, Suwannee County was the only county to report a drowning death among residents ages 0–19, with the female rate exceeding the Florida rate.

Reportable Diseases

Listed below are reportable diseases that had at least one reported case in the past ten years among the five-county region.

Amebic Infections

Naegleria fowleri (commonly referred to as the “brain-eating amoeba” or “brain-eating ameba”), can cause an infection of the brain called primary amebic meningoencephalitis (PAM). The amoeba is commonly found in warm freshwater and soil. *Naegleria fowleri* usually infects people when contaminated water enters the body through the nose. Once the amoeba enters the nose, it travels to the brain where it causes PAM, which is usually fatal. Infection typically occurs when people go swimming or diving in warm freshwater places, like lakes and rivers.

Florida experienced ten cases of these infections during 2015-2024, one of which occurred in Suwannee County in 2018.

Campylobacteriosis

Campylobacter infection, or campylobacteriosis, is caused by *Campylobacter* bacteria. Symptoms include diarrhea (often bloody), fever, and abdominal cramps. Campylobacter infections are most often due to eating raw or undercooked poultry or from contamination of other foods by these items.

Table 74. Number of Reported Campylobacteriosis Cases, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	4	14	3	3	3	4	3	2	2
Jefferson	1	1	4	4	6	1	1	2	5	4
Lafayette	1	4	7	6	7	2	3	1	6	7
Madison	1	2	3	6	7	4	8	1	9	2
Suwannee	10	4	17	10	14	13	9	14	11	24
Florida	3,351	3,262	4,318	4,729	4,525	3,403	3,873	4,021	4,719	5,438

Carbon Monoxide Poisoning

Carbon monoxide (CO) is an odorless, colorless gas that causes illness and death. The sources of carbon monoxide include gas and oil-burning furnaces, portable generators, and charcoal grills that produce this poisonous gas.

During 2015-2024, Jefferson County reported six cases, Madison County reported one case, and Suwannee County reported six cases.

Chlamydia

Chlamydia is the most commonly reported sexually transmitted disease in the U.S. These numbers are included in the bacterial infections reported in the Reproductive Health Section of this assessment.

Table 75. Number of Reported Chlamydia Cases, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	119	84	87	97	119	128	115	128	140	135
Jefferson	69	53	69	65	82	72	76	60	72	69
Lafayette	19	23	15	19	25	28	26	23	15	16
Madison	75	65	82	92	96	120	104	125	102	105
Suwannee	209	196	210	236	238	190	206	200	208	166

COVID-19

Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Illness ranges from no noticeable symptoms to severe cases with symptoms typically including fever, cough, and shortness of breath. Case counts include individuals who have either a positive SARS-CoV-2 polymerase chain reaction (PCR) result or antigen result. Data are provisional and subject to change.

Table 76. Number of Reported COVID-19 Cases, by Residence County

County	2020	2021	2022	2023	2024	2025	2026
Hamilton	1,267	1,605	1,547	288	116	54	16
Jefferson	1,005	1,678	2,145	336	339	35	20
Lafayette	1,431	836	806	189	88	36	6
Madison	1,552	2,333	2,944	469	156	26	15
Suwannee	4,066	5,479	5,791	1,444	714	336	55
Florida	1,317,158	2,933,439	3,071,107	581,894	422,054	215,952	50,105

Dengue Fever

Dengue viruses are spread through the bite of an infected mosquito. Symptoms include fever, nausea, vomiting, rash, and aches and pains. The mosquitoes that spread dengue are found in most tropical and subtropical regions of the world, including many parts of the United States.

Suwannee County reported two cases of Dengue Fever in 2022. No cases were reported in the remaining four counties during 2015-2024

Eastern Equine Encephalitis (EEE)

Eastern Equine Encephalitis virus is a rare cause of brain infections (encephalitis) with few cases reported in the United States each year. Approximately 30% of people with EEE die and many survivors have ongoing neurologic problems. The most effective way to prevent infection from Eastern Equine Encephalitis virus is to prevent mosquito bites.

Suwannee County reported one case of EEE in 2023. There were no cases reported among the four remaining counties

Ehrlichiosis

Ehrlichiosis is caused by the bacteria *Ehrlichia chaffeensis*, *E. ewingii*, or *E. muris eauclairensis*. These bacteria are spread through the bite of infected ticks including the lone star tick (*Amblyomma americanum*) and the blacklegged tick (*Ixodes scapularis*). People with ehrlichiosis will often have fever, chills, headache, muscle aches, and sometimes upset stomach.

Jefferson and Madison Counties reported four cases each during 2015-2024. Suwannee reported one case during the time frame.

Giardiasis, Acute

Giardiasis is a parasitic infection of the intestines caused by the microscopic parasite *Giardia intestinalis*. The infection is spread through contaminated food or water or by person-to-person contact. Symptoms usually include stomach cramps, bloating, nausea, diarrhea, and dehydration.

During 2015-2024, Hamilton County reported seven cases, Jefferson County reported one case, Lafayette and Madison Counties each reported 13 cases and Suwannee County reported 44 cases.

Gonorrhea

Gonorrhea is a commonly reported sexually transmitted disease in the U.S. These numbers are included in the bacterial infections reported in the Reproductive Health Section of this assessment.

Table 77. Number of Reported Gonorrhea Cases, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	7	23	17	26	45	39	27	55	51	44
Jefferson	17	16	15	34	31	40	30	32	47	25
Lafayette	1	4	3	11	12	6	10	6	10	0
Madison	23	25	30	45	35	60	32	55	67	55
Suwannee	16	38	60	54	78	78	71	76	83	50

Haemophilus Influenzae Invasive Disease (Aged 0-4 Years)

Haemophilus influenzae disease refers to any illness caused by H. influenzae bacteria. Some of these illnesses, like ear infections, are mild while others, like bloodstream infections, are very serious. Despite the name, H. influenzae do not cause influenza (the flu). While H. influenzae can infect people of all ages, these bacteria usually cause illness in babies and young children.

During 2015-2024, Jefferson and Lafayette Counties reported one case each, and Madison County reported three cases among children ages 0-4. Among residents over the age of four, Hamilton County reported one case, Jefferson and Lafayette Counties reported two cases each, Madison County reported seven cases, and Suwannee County reported four cases.

Hemolytic Uremic Syndrome (HUS)

Hemolytic Uremic Syndrome is caused by Shiga toxin-producing Escherichia coli, most commonly E. coli O157. Symptoms include the onset of anemia, renal injury, and low platelet count. Most cases of HUS occur after an acute gastrointestinal illness (usually diarrheal).

During 2015-2024 Jefferson and Lafayette Counties each reported one case.

Hepatitis A

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus. The virus is one of several types of hepatitis viruses that can cause inflammation and affect the liver's ability to function. Hepatitis A is acquired from contaminated food or water or from close contact with a person or object that's infected.

During 2015-2024, Hamilton, Lafayette and Madison Counties reported one case, Jefferson County reported four cases, and Suwannee County reported 17 cases.

Hepatitis B

Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). Hepatitis B is transmitted through the exchange of blood, semen, or another body fluid. Transmission modes include sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

No cases of acute Hepatitis B reported among ages 0-18 during the time frame. No perinatal Hepatitis B cases reported during the time frame. No cases of Hepatitis B reported in pregnant women during the time frame.

Table 78. Number of Reported Chronic Hepatitis B Cases by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	3	4	1	2	5	2	1	2	1
Jefferson	1	1	0	1	1	2	3	0	1	0
Lafayette	2	1	0	2	4	1	1	0	0	0
Madison	5	0	1	4	3	4	6	3	1	1
Suwannee	10	10	8	4	12	10	6	6	2	3
Florida	4,827	4,972	4,927	4,763	4,812	4,061	4,412	4,328	5,694	4,245

Hepatitis C

Hepatitis C is a liver infection caused by the Hepatitis C virus (HCV). Hepatitis C is a blood-borne virus. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness but for 70%–85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection. Reported acute Hepatitis C cases in the region during 2015-2024 include seven in Hamilton County, one in Jefferson County, six in Lafayette County, seven in Madison County, and 25 in Suwannee County. Please note that reported chronic Hepatitis C cases shown below include perinatal cases.

Table 79. Number of Reported Chronic Hepatitis C Cases, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	34	39	48	20	38	17	8	8	4	10
Jefferson	22	12	17	13	19	11	7	4	3	5
Lafayette	13	17	25	6	17	4	2	3	2	1
Madison	28	21	25	14	18	12	4	6	10	6
Suwannee	124	102	63	46	55	24	23	33	17	14

Human Immunodeficiency Virus (HIV)

HIV, a condition caused by the human immunodeficiency virus (HIV), attacks the immune system, which makes it harder for the body to fight infections. Treatment delays the process. The data below represent new diagnoses of HIV in Florida by year of diagnosis (HIV incidence).

Table 80. HIV Diagnoses, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	1	0	3	4	4	5	1	2	4	3
Jefferson	2	0	2	3	2	2	2	0	2	2
Lafayette	0	1	1	1	1	0	0	0	0	1
Madison	4	1	2	5	2	4	5	0	3	1
Suwannee	1	7	5	3	2	0	5	1	4	6
Florida	4,532	4,577	4,516	4,416	4,224	3,268	4,010	4,381	4,541	4,463

Lead Poisoning

Lead poisoning is defined as blood lead levels above 5 micrograms of lead per deciliter of blood. Lead poisoning can cause learning disabilities, behavioral problems, seizures, coma, and death. The major sources of lead exposure among children are lead based paint and lead-contaminated dust found in deteriorating buildings.

During 2015-2024, Hamilton and Jefferson Counties each reported 10 cases of lead poisoning, Lafayette County reported two cases, Madison County reported 12 cases, and Suwannee County reported 28 cases.

Legionellosis

Legionnaires' disease is a serious type of pneumonia caused by Legionella bacteria. People can become sick when they breathe in mist containing Legionella or accidentally aspirate contaminated water into the lungs. Symptoms include cough, shortness of breath, fever, muscle aches, and headaches.

During 2015-2024, Hamilton, Lafayette, and Madison Counties reported one case, Jefferson County reported four cases, and Suwannee County reported 15 cases.

Listeriosis

Listeriosis is caused by eating food contaminated with the bacterium *Listeria monocytogenes*. Listeria can cause fever and diarrhea. Pregnant women typically experience only fever and other flu-like symptoms, such as fatigue and muscle aches. However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn. For people other than pregnant women symptoms of invasive listeriosis can include headache, stiff neck, confusion, loss of balance, and convulsions in addition to fever and muscle aches.

Only two counties reported Listeriosis cases during 2015-2024. Hamilton County reported one case, and Suwannee County reported two cases.

Meningitis, Bacterial or Mycotic

Meningitis is swelling of the membranes covering the brain and spinal cord. A bacterial or viral infection of the fluid surrounding the brain and spinal cord usually causes the swelling. However, injuries, cancer, certain drugs, and other types of infections can cause meningitis. Fungal (mycotic) meningitis is rare in the United States. It can develop after a fungus spreads from somewhere else in the body to the brain or spinal cord.

During 2015-2024, two of the five counties reported a bacterial or mycotic meningitis case. Jefferson County reported one case. Suwannee County reported four cases.

Meningococcal Disease

Meningococcal disease refers to illnesses caused by bacteria called *Neisseria meningitidis*, also known as meningococcus. They include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia). Doctors treat meningococcal disease with antibiotics, but quick medical attention is extremely important.

Only Suwannee County reported a case of meningococcal disease during 2015-2024.

Pertussis (Whooping Cough)

Pertussis, also known as whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. The most common symptom is violent coughing which often makes it hard to breathe. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old.

During 2015-2024, Lafayette County reported one case, and Suwannee County reported nine cases. Madison County experienced an outbreak in 2024, when 21 cases were reported.

Rabies

Rabies is a fatal but preventable viral disease. People and pets become infected if they are bitten or scratched by a rabid animal. Rabies is mostly found in wild animals like bats, raccoons, skunks, and foxes.

During 20115-2024, the region had 24 cases of rabies reported in animals. This total included two reported cases for Hamilton and Jefferson Counties, one reported case for Lafayette County and nine reported cases for Madison and Suwannee Counties. There were no definitive cases of rabies reported in humans during the time frame.

Table 81. Possible Rabies Exposures, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	1	2	1	2	1	0	0	0	0	1
Jefferson	0	0	0	1	9	3	2	0	2	3
Lafayette	1	1	2	0	0	2	2	0	5	7
Madison	0	5	1	9	5	6	1	0	3	7
Suwannee	18	10	15	20	22	11	18	27	37	44
Florida	3,364	3,302	3,478	4,083	4,398	3,458	3,751	4,831	6,630	7,453

Rocky Mountain Spotted Fever and Spotted Fever Rickettsiosis

Spotted fever group rickettsioses (spotted fevers) are diseases caused by closely related bacteria. These bacteria are spread to people through the bite of infected mites and ticks. The most serious and commonly reported spotted fever group rickettsiosis in the United States is Rocky Mountain spotted fever. Signs and symptoms can include fever, headache, rash, and muscle aches.

During 2015-2024, Jefferson, Lafayette and Suwannee Counties each reported two cases of Rocky Mountain Spotted Fever.

Salmonellosis

Salmonella is the bacteria that causes salmonellosis. Symptoms include diarrhea, fever, and abdominal cramps between 12 and 72 hours after infection. The illness usually lasts 4 to 7 days, and most individuals recover without treatment. Avoiding contaminated food and water is the main way to prevent salmonellosis

Table 82. Reported Salmonellosis Cases, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	4	3	5	4	7	6	4	6	4	4
Jefferson	4	5	6	5	5	4	2	7	0	10
Lafayette	0	1	0	1	4	3	4	6	3	9
Madison	4	2	3	10	11	7	6	6	7	7
Suwannee	13	16	13	28	17	21	21	11	14	23
Florida	5,924	5,621	6,557	7,224	7,099	6,738	6,240	7,044	7,131	8,414

Shiga Toxin-Producing Escherichia coli (STEC) Infection

Escherichia coli (abbreviated E. coli) are bacteria found in the intestines of people and animals and in the environment; they can also be found in foods. The types of E. coli that can cause illness are spread through contaminated food or water and through contact with animals or people. Two types of E. coli that cause diarrheal illness diagnosed in the United States are Shiga toxin-producing E. coli (STEC) and enterotoxigenic E. coli (ETEC). STEC are a group of E. coli that produce Shiga toxin. This toxin causes people to have diarrhea, which can be bloody.

During 2015-2024, Hamilton County reported four STEC infections, Jefferson County reported nine, Lafayette County reported five, Madison County reported 16, and Suwannee County reported 25.

Shigellosis

Shigellosis is an infectious disease caused by a group of bacteria called Shigella. Symptoms include diarrhea, fever, and stomach cramps starting a day or two after they are exposed to the bacteria. Shigellosis usually resolves in 5 to 7 days. The spread of Shigella can be stopped by frequent and careful handwashing with soap and taking other hygiene measures.

Hamilton County reported three cases, Jefferson County reported four, Lafayette County reported one, Madison County reported 19, and Suwannee County reported 13 cases.

Streptococcus pneumoniae Invasive Disease

Pneumococcal disease is an infection caused by *Streptococcus pneumoniae* bacteria, sometimes referred to as pneumococcus. Pneumococcus can cause many types of illnesses, including ear infections and meningitis.

There were 57 Pneumococcal disease cases reported during 2015-2024. This total included eight cases in Hamilton County, four cases in Jefferson County, one case in Lafayette County, 13 cases in Madison County, and 31 cases in Suwannee County.

Syphilis

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Infectious syphilis includes primary syphilis, which includes one or more ulcerative lesions and secondary syphilis, characterized by a rash. Patients can spread the disease to others during these stages. Syphilis is included in Bacterial STI data in the Reproductive Health section of this assessment.

Congenital syphilis is diagnosed in infants and occurs during pregnancy. A pregnant mother who has syphilis can infect her baby through the placenta. There were six congenital syphilis cases reported in the region during 2015-2024, including three in Jefferson County, one in Madison County and two in Suwannee County.

Table 83. Reported Infectious Syphilis Cases, by Residence County

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hamilton	0	0	3	1	1	2	3	3	1	3
Jefferson	1	0	1	1	2	5	5	5	4	1
Lafayette	0	0	0	0	0	2	0	0	0	1
Madison	0	0	0	1	3	1	2	2	3	2
Suwannee	3	0	1	3	1	2	2	1	5	2
Florida	2,090	2,407	2,388	2,882	3,206	3,499	4,499	4,617	4,375	3,635

Tuberculosis

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs but can attack any part of the body. TB disease in the lungs or throat can spread to other people through the air through coughs, speaking, or singing.

There were 15 TB cases reported in the five counties during 2015-2024, including one in Hamilton County, one in Jefferson County, two in Lafayette County, two in Madison County, and nine in Suwannee County.

Varicella (Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). It can cause an itchy, blister-like rash. The rash first appears on the chest, back, and face, and then spreads over the entire body. Chickenpox can be serious, especially in babies, adolescents, adults, pregnant women, and people with a weakened immune system.

There were 28 cases reported in the five-county area during 2015-2024. These include four cases from Hamilton County, nine cases from Jefferson County, one case in Madison County and 14 cases in Suwannee County. Lafayette County did not report any varicella cases during the timeframe.

Vibriosis (excluding cholera and *Vibrio vulnificus*)

Vibriosis is caused by infection with *Vibrionaceae*. These pathogens typically cause gastrointestinal illness with watery diarrhea that can range in severity from mild to severe and wound infections. The most common mode of transmission is consumption of raw or undercooked seafood; raw oysters are a frequently associated source. Transmission can also occur through contact with seawater or brackish water, a mix of fresh and seawater.

There were 23 cases reported in the five-county area during 2015-2024. These include six cases from Hamilton County, four cases from Jefferson County, four cases in Lafayette County, two cases in Madison County, and seven cases in Suwannee County.

Vibriosis (*Vibrio vulnificus*)

Vibrio vulnificus infections can lead to severe and life-threatening gastrointestinal illness, necrotizing wound infections, or septicemia, particularly in individuals with underlying health conditions. The most common mode of transmission is open wound contact with seawater or brackish water (a mix of fresh and seawater). Transmission is also associated with consumption of raw or undercooked seafood, particularly oysters. Persons with liver diseases, cirrhosis, iron storage disorders, immune suppression, malignancies, and alcoholism are at particularly high risk of serious infection. Only Madison County reported Vibriosis cases, two of which occurred in 2015 and two occurred in 2022.

West Nile Virus

West Nile virus (WNV) is a mosquito-borne disease spread to people through the bite of an infected mosquito. About 1 in 5 people who are infected develop a fever and other symptoms. About 1 out of 150 infected people develop a serious, sometimes fatal, illness.

Only two counties reported West Nile virus cases during 2015-2024. Lafayette County reported one case, and Suwannee County reported two cases.

Significant Findings Reportable Diseases

- Madison County's 2024 pertussis outbreak, with 21 reported cases.
- Suwannee County's consistently higher burden for several reportable diseases, including campylobacteriosis, chronic hepatitis C, and other infections.
- Suwannee County's 15 Legionellosis cases compared with one each in Hamilton, Lafayette, and Madison and four in Jefferson.
- Suwannee County's 31 invasive pneumococcal disease cases versus 13 in Madison and much lower counts in the other counties.
- Suwannee County's 25 STEC infections versus 16 in Madison.
- Madison County's 12 lead poisoning cases, compared with 28 in Suwannee.
- Congenital syphilis occurred in Jefferson, Madison, and Suwannee counties during the period, which is worth noting because of its public-health significance.

MADISON COUNTY MEMORIAL HOSPITAL

APPENDIX A: COMMUNITY ENGAGEMENT SYNTHESIS

2026 Community Health Needs Assessment

A decision-focused synthesis of listening sessions, partner participation, documented priorities, and the actions emerging across a five-county rural service area.

THE ENGAGEMENT THROUGHLINE Bring care closer, connect scarce regional capacity, prevent avoidable crises, and build partnerships that residents can navigate and the region can sustain.

HAMILTON | JEFFERSON | LAFAYETTE | MADISON | SUWANNEE

Engagement conducted January–February 2026; partner development continued through spring 2026



Prepared to support CHNA validation, board direction, implementation planning, partnership development, and resource alignment.

PRIORITY BRIEF 01: How the Community Was Engaged-*A deliberately regional process combined topic sessions, structured outreach, partner follow-up, and implementation planning*

ENGAGEMENT AT A GLANCE Five listening sessions were reported. Four named topic sessions are represented in the consolidated archive. Verified rosters document 39 attendance instances and 30 unique participants across two sessions.

Engagement component	Documented evidence	Contribution to the CHNA
Listening sessions	Behavioral Health; Mobile Integrated Health; Increasing Access to Care; Healthy Lifestyles and Prevention	Tested whether quantitative findings reflected regional experience and surfaced feasible responses
Regional outreach	Email invitations, partner sharing, social media and website promotion, two-week promotion window	Extended participation beyond hospital leadership and invited cross-sector input
Structured discussion	Topic decks, discussion prompts, survey plan, agenda and listening tools	Organized input around needs, gaps, assets, barriers, roles, sustainability, and measures
Partner follow-up	Emails and meetings with health systems, EMS, public health, payers, universities, and nonprofits	Converted broad interest into potential service, referral, technical, and funding roles
Implementation planning	Grant meetings, work-plan development, regional alignment, scope and budget templates	Connected engagement findings to accountable actions rather than ending with assessment

Source: *Listening-session flyer; December 18 planning minutes; attendance rosters; session decks; partner correspondence; implementation meeting records.*

Engagement timeline

- January 12 - Behavioral Health
- January 22 - Mobile Integrated Health
- January 29 - Increasing Access to Care
- February 2 - Healthy Lifestyles and Prevention

EVIDENCE BOUNDARY Counts are reported only where a verified roster exists. Outreach contacts are not treated as attendees. Session presentations show the questions and planning direction; subsequent emails and meetings show how partners responded and refined potential roles.

PRIORITY BRIEF 02: Who Participated—The documented engagement brought together clinical, public-health, emergency-response, academic, community, payer, and planning perspectives

VERIFIED PARTICIPATION Two available rosters contain 39 attendance instances representing 30 confirmed unique people. Unresolved platform identities were excluded.

Sector	Participants	Contribution
Hospital and clinical care	MCMH/MCHHS; Tallahassee Memorial HealthCare; Healthy Start; HCA; Mayo Clinic	Clinical capacity, transitions, women's health, workforce, and regional referral pathways
Public health and government	Florida Department of Health; county and regional partners	Population data, prevention infrastructure, maternal/child health, and public accountability
EMS and mobile care	Suwannee, Madison, Jefferson, Hamilton, Lafayette, Columbia County paramedicine; hospital mobile-wellness leadership	Home-based care, post-discharge support, chronic-disease monitoring, and rapid rural reach
Higher education and workforce	Florida State University; Erskine College; Jacksonville University; University of North Florida	Training, research, evaluation, telehealth, and workforce pipelines
Behavioral health and community organizations	Hand-in-Hand Network; Woods Fitness; Healthy Start; DISC Village engagement; Apalachee	Trusted access points, prevention, family support, recovery, and community connection
Payers and coverage navigation	Sunshine Health follow-up; Medicaid benefit and enrollment support	Coverage navigation, credentialing, reimbursement, and sustainable financing
Planning, data, and technical support	Techvisor; Health-Tech; TCVeris; DSR partners	Facilitation, data interpretation, evaluation, grant development, and implementation design

Source: *Verified Mobile Integrated Health and Increasing Access to Care rosters.*

What the participation mix added

- Connected local delivery realities with regional specialty, academic, payer, and technical capacity.

-
- Surfaced not only service gaps, but the operational requirements for implementation: workforce, billing, data exchange, supervision, transportation, referrals, and sustainability.
 - Created a partner pipeline that continued after the sessions through scoped meetings, profiles, budgets, and potential agreements.

PRIORITY BRIEF 03: What the Engagement Evidence Emphasized-Across topics, the same system-level barriers and opportunities repeatedly converged

SYSTEM THROUGHLINE Rural distance + workforce scarcity + enabling barriers -> delayed prevention and treatment -> higher emergency, inpatient, family, and financial burden.

Cross-theme	What the evidence indicates	Planning implication
Bring care closer	Travel distance, limited transportation, and sparse access points delay routine, specialty, behavioral, and preventive care	Use mobile services, community paramedicine, satellite access points, telehealth, and trusted community sites
Share scarce capacity	No single rural county can sustain every specialty, technology, or workforce pipeline	Build hub-and-spoke networks with rural and urban partners, shared recruitment, and clear referral pathways
Move upstream	Diabetes, hypertension, cancer, behavioral-health crises, and maternal needs worsen when identification/follow-up occur late	Standardize screening, navigation, coaching, medication support, and closed-loop follow-up
Integrate the whole person	Physical, mental, social, financial, educational, and environmental conditions shape care success	Connect clinical care with food, benefits, transportation, family, school, housing, and supports
Make access navigable	A service is not accessible if residents cannot find it, afford it, reach it, or complete the referral	Use navigators, shared directories, warm handoffs, eligibility support, and referral-completion tracking
Design for sustainability	Short-term grants cannot carry recurring staffing, technology, fleet, supervision, or data costs	Clarify ownership, billing, payer contracts, value-based arrangements, partner compensation, and transition plans
Coordinate without duplication	Multiple institutions are interested, but overlapping roles can fragment the model	Define complementary lanes, use common partner templates, and formalize governance and accountability

Cross-theme	What the evidence indicates	Planning implication
Measure resident experience	Encounter volume alone does not show whether access or outcomes improved	Track wait time, travel/no-show burden, referral completion, disease control, readmissions, avoidable acute use, and trust

Source: *Synthesis across listening-session materials, rosters, partner correspondence, planning records, and CHNA action priorities.*

Assets to build on

- MCMH as a rural coordinating hub with an existing mobile wellness unit and regional patient reach.
- Local EMS/community-paramedicine capability and relationships with public health, health systems, and FQHC partners.
- Urban specialty, family-medicine, cancer-screening, telehealth, and academic partners willing to extend capacity.
- Community organizations, schools, faith-based groups, fitness and wellness partners, and public events that can serve as trusted access points.

Date	Community Health Improvement Planning	County
January 21, 2026	Hamilton County Health Collaborative Planning & Monitoring	Hamilton
March 23, 2026	Social & Behavioral Collaborative	Jefferson
July 15, 2026	Hamilton County Health Collaborative Planning & Monitoring	Hamilton
August 18, 2026	Jefferson and Madison Annual Planning Session-CHIP	Jefferson & Madison
August 19, 2026	Hamilton County Health Collaborative	Hamilton
August 20, 2026	Healthy Suwannee	Suwannee & Lafayette
August 27, 2026	Maternal & Child Health	Jefferson & Madison

PRIORITY BRIEF 04: Behavioral Health and Increasing Access to Care-

Partners consistently pointed toward connected regional pathways rather than isolated programs

ACCESS PRINCIPLE Telehealth can extend reach, but it should complement - not replace - in-person behavioral, primary, maternal, pediatric, dental, and specialty care.

Behavioral Health

- Build a regional hub-and-spoke continuum that connects screening, crisis response, outpatient treatment, substance-use services, recovery, schools, families, law enforcement, hospitals, and community partners.
- Combine in-person capacity with telehealth and same-day screening-to-referral; address youth and family needs as well as adult crisis and recovery services.
- Create closed-loop follow-up after emergency, inpatient, Baker Act, overdose, and crisis encounters, including rapid contact and seven-day post-discharge connection.
- Strengthen workforce, referral protocols, data sharing, and sustainable reimbursement so the hub functions as an operating network rather than a directory.

Increasing Access to Care

- Use rural and satellite clinics, mobile services, community sites, and tele-specialty connections to reduce travel and extend primary, women's health, pediatric, dental, behavioral, and specialty capacity.
- Continue rural OB outreach and regional design with the Department of Health, family-medicine programs, midwives, residents, and urban hospital partners.
- Coordinate cancer-screening outreach and diagnostic follow-up, including the potential use of UF Health Cancer Institute mobile resources and community events.
- Create a shared referral and navigation structure across eastern and western urban catchments so residents encounter one coordinated pathway even when specialty destinations differ.

EMERGING RESPONSE Connect in-person and virtual access through a common navigation, referral, transportation, and follow-up backbone. The goal is not simply more encounters; it is earlier care and reliable completion.



PRIORITY BRIEF 05: Mobile Integrated Health and Community

Paramedicine-*The engagement process identified mobile care as both an access strategy and a bridge between hospital, home, EMS, telehealth, and community services*

MOBILE CARE VALUE Reach residents where barriers occur at home, after discharge, between appointments, in remote communities, and through trusted local access points.

Priority function	Potential service contribution	Implementation condition
Post-discharge and high-risk follow-up	Medication reconciliation, home assessment, symptom checks, education, and rapid escalation	Defined eligibility, clinical supervision, referral protocols, and hospital/EMS handoffs
Chronic-disease management	Blood pressure, glucose, weight, COPD/heart-failure monitoring, coaching, and connection to primary care	Remote-monitoring workflow, device support, documentation, registries, and payer strategy
Preventive outreach	Screening, immunization, cancer-navigation support, prenatal outreach, and health education	Public-health coordination, community schedules, supplies, and closed-loop diagnostic follow-up
Minor illness and access support	Assessment, telehealth connection, navigation, and diversion from avoidable acute use when clinically appropriate	Scope-of-practice clarity, medical direction, protocols, liability, and escalation standards
Data and accountability	Home-visit, referral, encounter, readmission, and outcome tracking across partners	HIE/ENS connectivity, common definitions, consent, dashboards, and partner data agreements

Source: *Mobile Integrated Health session deck and roster; community-paramedicine financing presentation; January 20-21 planning meetings; AHCA/FRHA alignment materials.*

Sustainability and partner design

- Resolve whether services operate as a hospital department, partner-led model, or shared network; assess Medicare cost-report, provider-based billing, payroll, fleet, compliance, and liability implications.

- Develop per-encounter, payer, value-based, or contracted pathways that can support recurring operations after grant funding.
- Use common SOPs, competency standards, training, documentation, quality measures, and partner compensation rules across the regional model.

POST-SESSION PARTNER DEVELOPMENT NAMIHP appears well suited for technical assistance, standards, training, evidence, payer strategy, and sustainability. The records reviewed do not establish an independent NAMIHP application. Clarify RFA/RFQ activity, exclusivity, Florida capacity, deliverables, references, and budget before defining its role.

MCMH Mobile Wellness Unit - an existing asset for rural outreach and coordinated care.



PRIORITY BRIEF 06: Healthy Lifestyles, Prevention, and Chronic Disease-

Community-facing prevention was treated as a core care strategy, not a stand-alone education campaign

PREVENTION PRINCIPLE Pair screening and education with the practical supports that make action possible: affordable food, medication access, coaching, transportation, follow-up, and trusted community relationships.

Need highlighted by the CHNA	Engagement implication	Priority response
Diabetes and cardiometabolic disease	Late identification and inconsistent outpatient support contribute to emergency and ambulatory-care-sensitive use	Shared registry, risk stratification, A1c/complication screening, medication support, remote monitoring, Food-as-Medicine, and coaching
Heart disease, stroke, and hypertension	Prevention must reach residents before symptoms become crises	Routine risk screening, tobacco support, blood-pressure monitoring, activity, nutrition, and rapid linkage to primary care
Cancer prevention and follow-up	Screening access is incomplete when abnormal results do not lead to timely diagnosis and treatment	Mobile/community screening, navigation, transportation, diagnostic follow-up, and urban cancer-center partnerships
Food and economic barriers	Residents cannot sustain health plans that conflict with household budgets, food availability, benefits, or transportation	Benefits navigation, healthy-food access, Food-as-Medicine, financial wellness, and community resource referral
Healthy behavior and social connection	Trusted, local, positive experiences can make prevention visible and achievable	Wellness ambassadors, schools, faith and community sites, fitness partners, expos, peer activities, and culturally responsive outreach

Source: *Healthy Lifestyles and Prevention materials; mobile-health discussion; CHNA chronic-disease findings; partner correspondence concerning cancer screening and community events.*

The seven dimensions of wellness

The engagement findings reinforce the Executive Summary framework: physical outcomes are inseparable from mental wellness, social connection, spiritual meaning, environmental conditions, financial stability, and educational opportunity. Implementation should therefore combine clinical services with the community conditions that help residents sustain change.

Measures that matter

- Screening completion and timely diagnostic follow-up, not screenings offered alone.
- A1c and blood-pressure control, diabetes emergency/ACS use, avoidable admissions, and readmissions.
- Food-security screening, benefits linkage, medication access, and completed community referrals.
- Participation, confidence, self-management, and whether programs reach geographic and demographic priority populations.

Community events provide trusted settings for prevention, navigation, and partner visibility.



PRIORITY BRIEF 07: From Listening to Measurable Change-*Community engagement strengthened the rationale for a coordinated regional action agenda and clarified what implementation must accomplish*

IMPLEMENTATION PRINCIPLE Organize regionally, target locally, and measure whether residents experience earlier care, fewer barriers, better control of chronic conditions, and less avoidable acute use.

CHNA action lane	How engagement shaped the response	Early evidence of progress
Regional access network	Emphasized mobile care, rural access points, in-person behavioral health, telehealth, transportation, and closed-loop referrals	Shorter waits; completed referrals; lower no-show/travel burden; crisis and post-discharge follow-up
Prevention and chronic care	Elevated diabetes, cardiometabolic, cancer, remote monitoring, coaching, medication, and transition support	A1c/BP control; screening completion; diabetes ED/ACS use; readmissions
Maternal, child, and family	Reinforced prenatal/OB outreach, pediatric pathways, coverage navigation, schools, early intervention, and family supports	Earlier prenatal entry; child coverage; developmental referrals; family connection
Food and economic resilience	Connected Food-as-Medicine, benefits, healthy food, financial wellness, and workforce supports to care delivery	Food-security screens; SNAP/WIC linkage; healthy-food access; employment/education referrals
Healthy aging and priority populations	Supported mobile/home access, cognitive and caregiver navigation, veteran/disability inclusion, and medication/falls/sensory support	Cognitive follow-up; caregiver connection; falls/medication review; reduced acute use
Data, trust, and accountability	Called for partner agreements, shared measures, HIE/ENS, resident-facing reporting, and role clarity	County/tract and equity-stratified dashboard; partner performance; resident confidence and trust

Source: *Crosswalk to the six action lanes in the 2026 CHNA Executive Summary.*

First 12 months

- Confirm governance, lead organizations, complementary partner lanes, scopes, budgets, and formal agreements.
- Complete the engagement archive: fifth session title/date, missing rosters, transcripts or notes, surveys, and resident demographic information.
- Build the shared navigation, referral, data, and measurement backbone before scaling disconnected programs.
- Launch a small set of coordinated pilots: behavioral-health access, mobile integrated health, chronic-disease prevention, and maternal/OB access.
- Establish a resident and partner advisory structure with quarterly learning, public progress reporting, and continuous course correction.

THE MEASURE OF SUCCESS Residents receive care earlier and closer to home; families navigate fewer barriers; partners understand their roles; and the region reduces preventable crises while building a model that can endure beyond the grant period.

Evidence base and interpretation

This synthesis draws from the listening-session flyer, available attendance rosters, Mobile Integrated Health and Healthy Lifestyles presentations, December planning minutes, partner email chains, community-paramedicine and FRHA/AHCA presentations, implementation meeting records, and the revised 2026 CHNA Executive Summary. It distinguishes verified attendance, session materials, post-session partner development, and implementation planning so that each source is used for what it can support.