LSF HEALTH SYSTEMS

NEEDS ASSESSMENT- SECONDARY DATAT ANALYSIS FY 2019

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Introduction to Community Health Needs Assessments

A Community Health Needs Assessment serves as a systematic approach to collecting, analyzing and utilizing data to identify priority areas for improving health. Hospitals use this report as a call to action, engaging community members through public awareness messages, creating effective programs and policies and collaborating with other organizations to bring positive change to their community. The long-term goal of a Community Health Needs Assessment is to identify health priorities and develop impact strategies with all health-related stakeholders in the community.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Community Health Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from both primary data obtained through surveys of consumers, providers and stakeholders as well as secondary data sources.

This report covers the secondary data collected and analyzed for the LSF Health Systems 23-county catchment area.

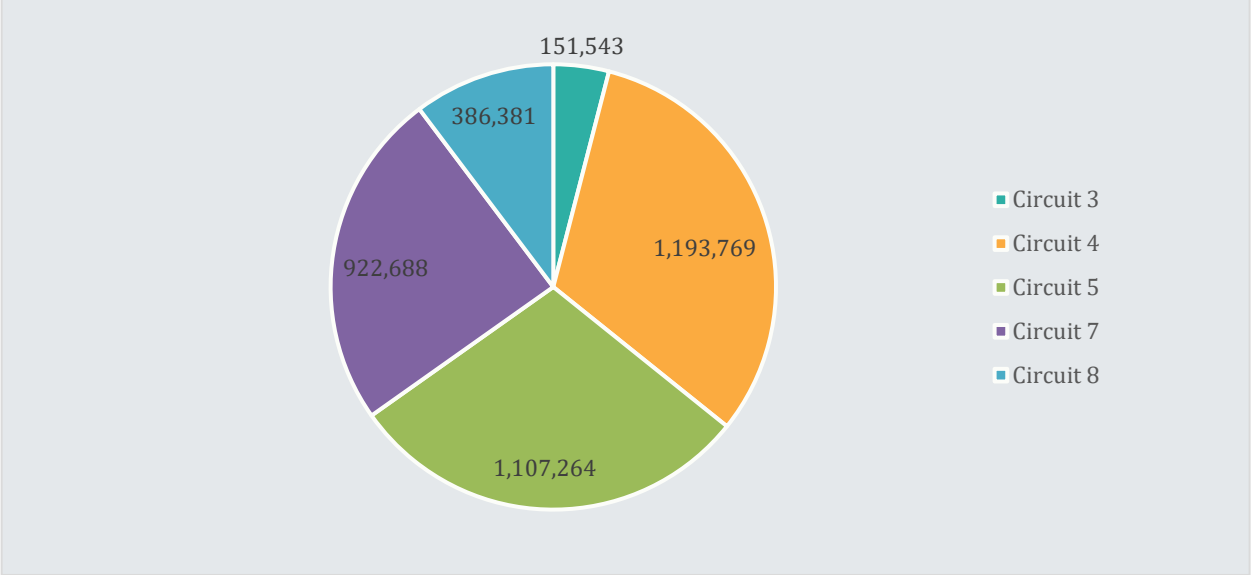
Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The LSF Health Systems Technical Appendix 2019 includes data on current population numbers and distribution by age, gender, and racial group by county and circuit. It also provides estimates on statistics such as education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms, including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Documented below are some of the key findings from the LSF Health Systems 23-County service area – hereafter referred to simply as the LSF service area – demographic and socioeconomic profile.

POPULATION

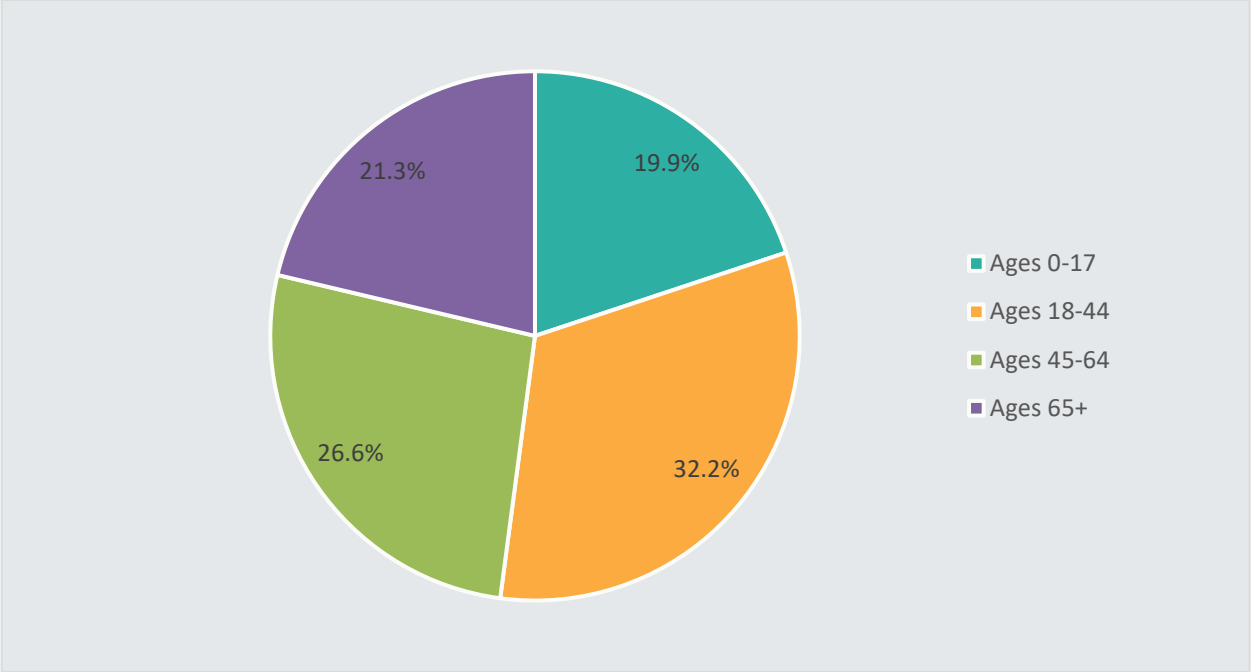
There are 3,761,645 people in the LSF service area, which is 18.6 percent of Florida's total population. The LSF service area is made up of five circuits. Circuits 4, 5 and 7 have the largest populations (32 percent, 29 percent, and 25 percent of the total, respectively) and Circuit 3 has the smallest with only 4 percent of the total. The LSF service area's population age distribution closely mirrors that of Florida, with people aged 18 to 44 representing the largest portion of the population at around 32 percent, followed by those in the 45 to 64 age bracket (26.6 percent), then those over 64 (21.3 percent in the LSF service area; 19.4 percent in Florida), and finally children 0 to 17 who make up almost 20 percent of the population in the LSF service area (and just over 20 percent in the state of Florida). (Technical Appendix, Table 12).

FIGURE 1: TOTAL POPULATION, 2013-2017.



Source: Table 9, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

FIGURE 2: TOTAL POPULATION BY AGE GROUP, LSF SERVICE AREA, 2013-2017.



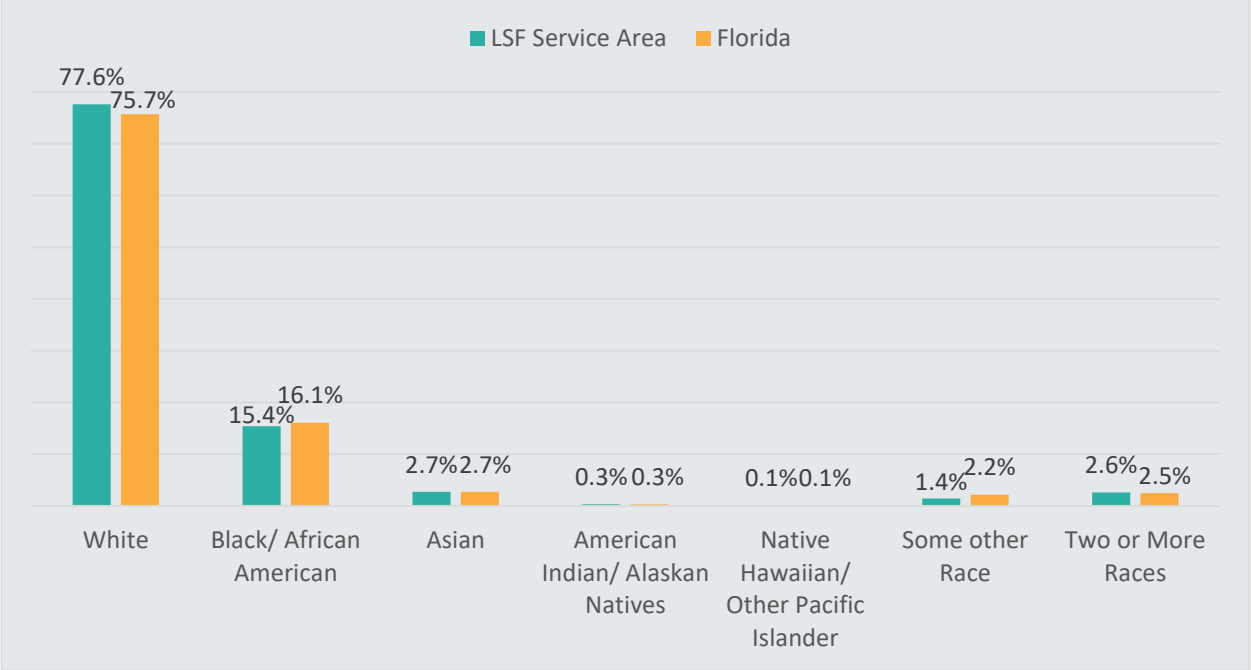
Source: Table 12, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

GENDER, RACE, AND ETHNICITY

Gender: The LSF service area and Florida have the same gender distribution; both areas have more females (51.1 percent) than males (48.9 percent). (Technical Appendix, Table 9).

Race: A majority of residents in both the LSF service area and Florida – 77.6 percent and 75.7 percent, respectively – identify as White. The second most represented racial group in both areas are those who identify as African American (16.1 percent in Florida; 15.4 percent in the LSF service area). The third most represented racial group in both the state and the LSF service area (2.7 percent in both) are those who identify as Asian. Other racial groups include American Indians and Alaskan Natives (0.3 percent of both), Native Hawaiians and Other Pacific Islander (0.1 percent of both), some other race (1.4 percent of LSF's service area's population; 2.2 percent of Florida's), and two or more races (2.6 percent in the LSF service area; 2.5 percent in Florida) (Technical Appendix, Table 10).

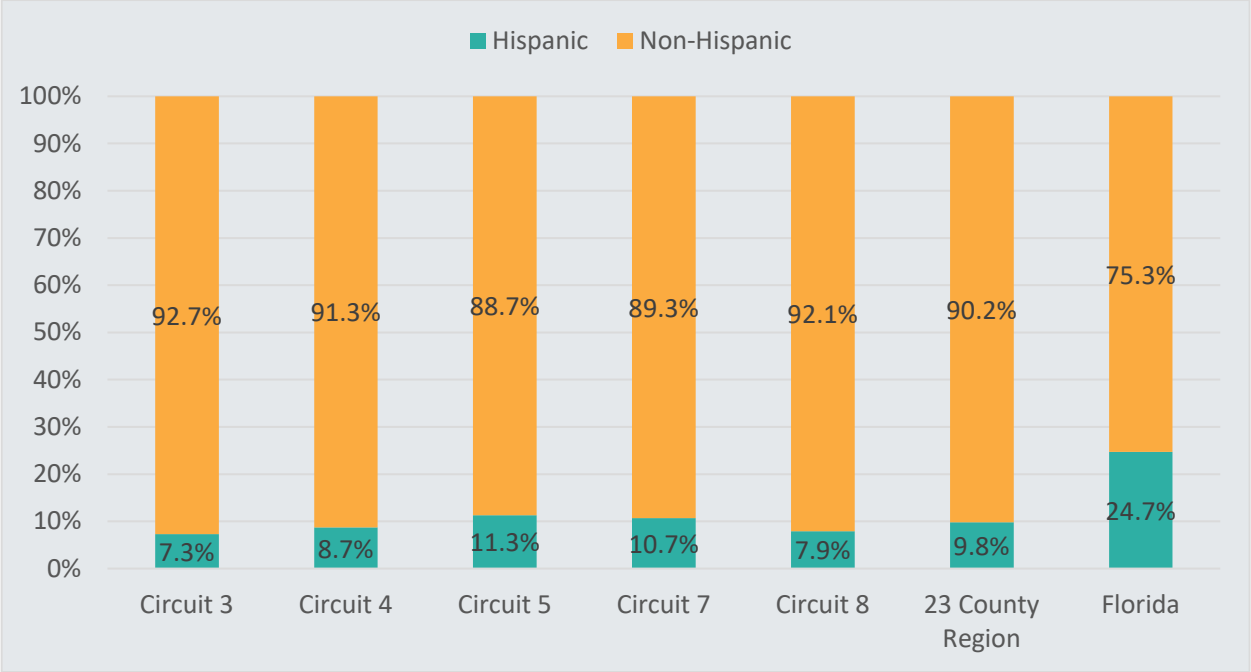
FIGURE 3: TOTAL POPULATION BY RACE, 2013-2017



Source: Table 10, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Ethnicity: The LSF service area has a smaller Hispanic population than the state of Florida, with less than 10 percent of the LSF service area's population identifying as Hispanic, compared to nearly 25 percent in the state of Florida (Technical Appendix, Table 11).

FIGURE 4: TOTAL POPULATION BY ETHNICITY, 2013-2017.



Source: Table 11, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

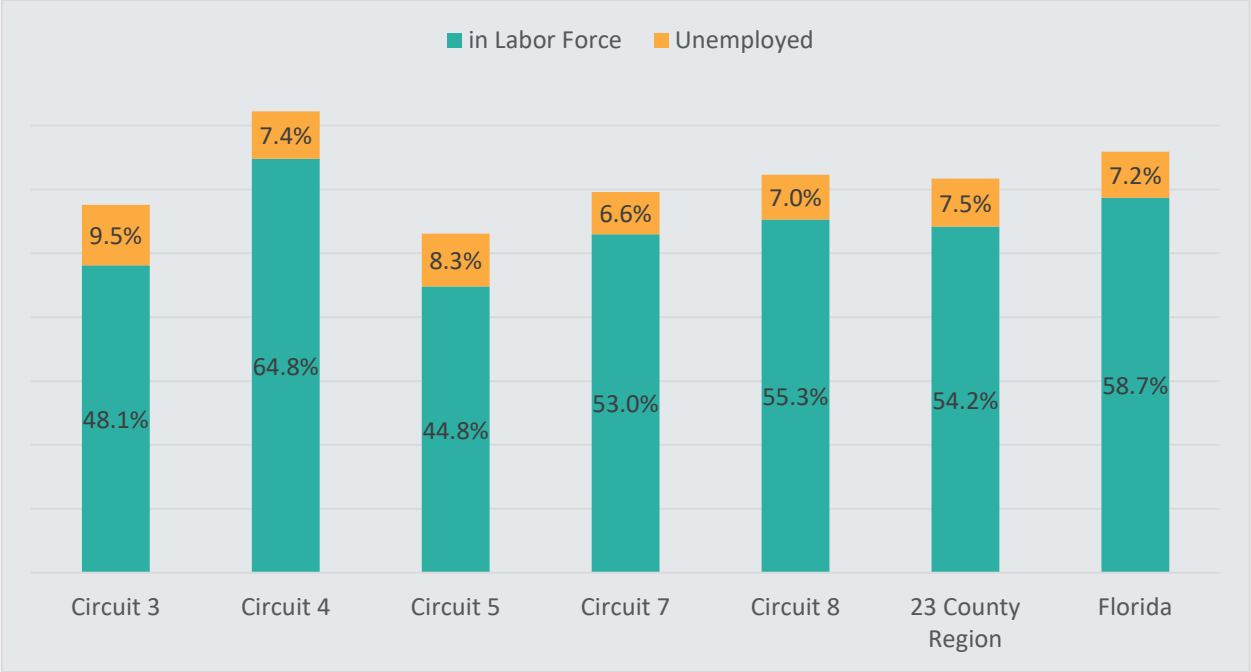
EDUCATIONAL ATTAINMENT

As of 2017, a high school diploma or a GED equivalent was the highest level of completed education for 54.2 percent of those over 24 years of age in the LSF service area, which is greater than the Florida percentage of 49.4 percent. A higher percentage of Floridians hold a college degree (38.2) than those in the LSF service area (34.8 percent). Eleven percent of the population in the LSF service area did not complete high school; this is lower than the state rate of 12.4 percent. Females at all levels of education in both Florida and the LSF service area have a higher percentage of completion and an overall higher level of education than males. Overall, the breakdown in educational attainment is similar in the LSF service area as it is in Florida, with the primary difference being that among the educated population, four percent more Florida residents hold a college degree than those in the LSF service area (Technical Appendix, Table 13).

EMPLOYMENT STATUS

Among individuals aged 16 years and older in the LSF service area, 54.2 percent are part of the labor force which is 4.5 percent lower than the state percentage of 58.7. Almost eight percent of the population of the LSF service area are unemployed, compared to 7.2 percent unemployment in Florida (Technical Appendix, Table 14).

FIGURE 5: EMPLOYMENT STATUS, 2013-2017.

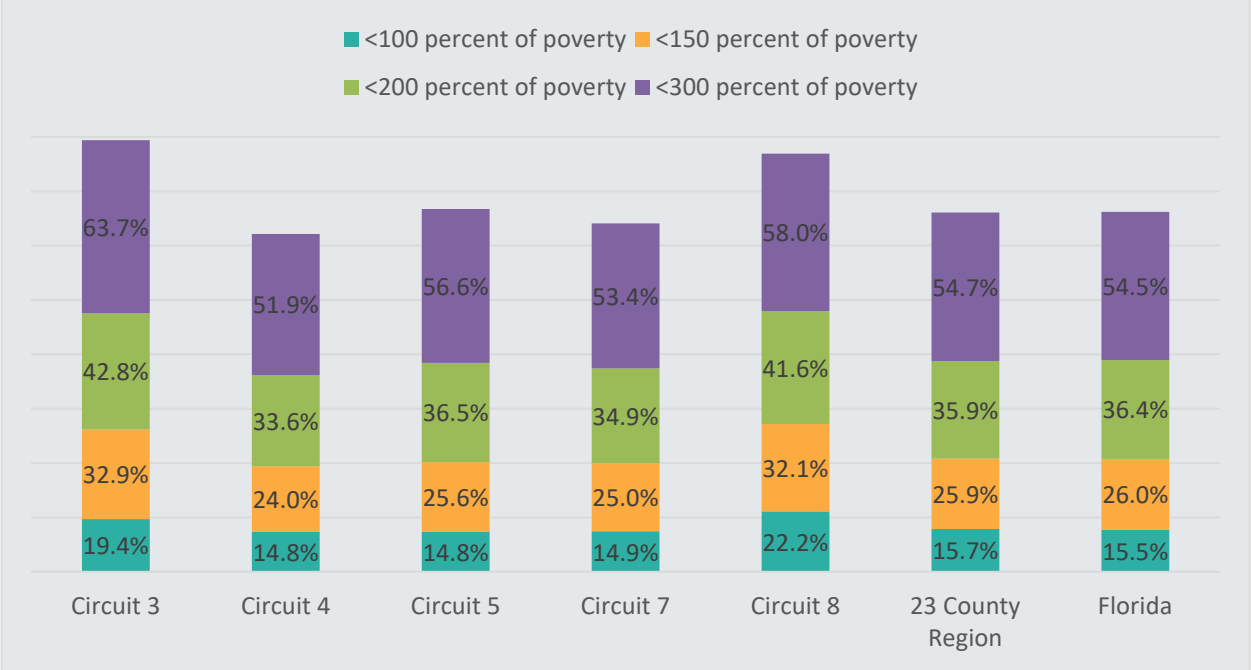


Source: Table 13, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

POVERTY

Similar percentages of the populations of the LSF service area and Florida are living under 100 percent of the federal poverty level: 15.7 percent and 15.5 percent, respectively. Circuit 8 has the highest percentage of individuals living under 100 percent of the federal poverty level with a rate that is almost seven percent higher than the state. Circuit 3 has 63.7 percent of its population living under 300 percent of the federal poverty level – that is nine percent more than the average for both Florida and the LSF service area. (Technical Appendix, Table 16).

FIGURE 6: ESTIMATED TOTAL POPULATION BY SELECTED RATIO OF INCOMES TO POVERTY LEVEL IN THE PAST 12 MONTHS, 2013-2017.



Source: Table 16, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

In the LSF service area just over 20 percent of children between the ages of 0 and 17 years old are living under 100 percent of the poverty level, 36.4 percent under 150 percent of the federal poverty level, 47.8 percent under 200 percent of the federal poverty level, and 66.7 percent under 300 percent of the federal poverty level. The service area's percentages of children living in poverty are slightly higher than the corresponding percentages for the state of Florida (Technical Appendix, Table 17).

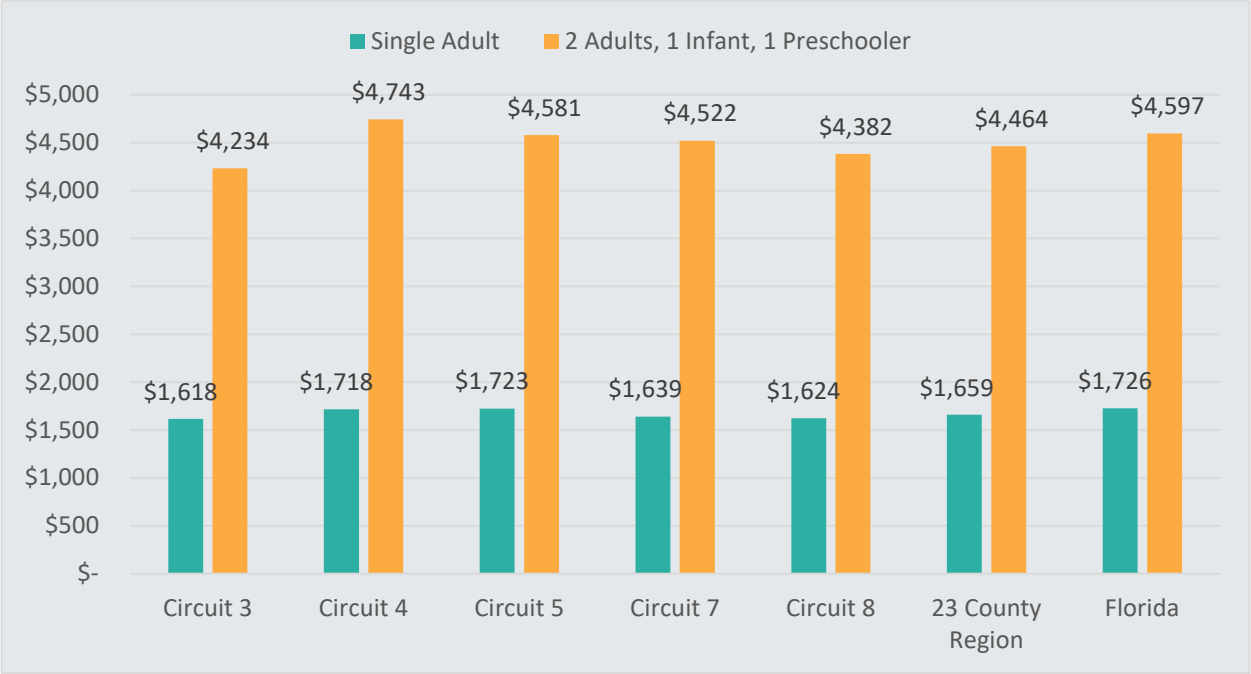
Among adults aged 18 years or older, the service area's numbers mirror Florida's percentages fairly closely with 13.9 percent of the population of the LSF service area living under 100 percent of the federal poverty level (.2 percent higher than Florida overall), about 23 percent living under 150 percent of the federal poverty level (.2 percent lower when compared to the state), 32.9 percent living under 200 percent of the poverty level (.6 percent lower than the state), and 51.7 percent under 300 percent of the poverty level (.1 percent lower than the state) (Technical Appendix, Table 18).

ALICE Report

ALICE (Asset Limited, Income Constrained, Employed) refers to individuals who are employed but live from paycheck to paycheck due to high living expenses, child care, transportation challenges, etc. The ALICE report is created in order to improve the understanding of this population of households with incomes above the

Federal Poverty Level but who nevertheless struggle to afford basic household necessities. The purpose of the ALICE Report is to better understand this growing portion of our population, and to use this information to inform policy decisions to affect positive change.[1] The ALICE Report calculates the cost of basic needs in each county in Florida and determines the number of households earning below this amount. The figure below shows what an individual or a family of four needs to be earning in order to cover their basic living expenses in each county. The average monthly survival budget for a single adult is slightly lower in every Circuit than it is in the state. For a family of four (defined as two adults with one infant and one preschooler), the monthly survival budget is 133 dollars lower in the LSF service area overall than it is in Florida, and lower in every Circuit save Circuit 4, where it is 146 dollars a month higher than the state average. Circuit 3 has the lowest average monthly household survival budget for both single adults and a family of four (Technical Appendix, Table 20).

FIGURE 7: ALICE AVERAGE MONTHLY HOUSEHOLD SURVIVAL BUDGET, 2016.



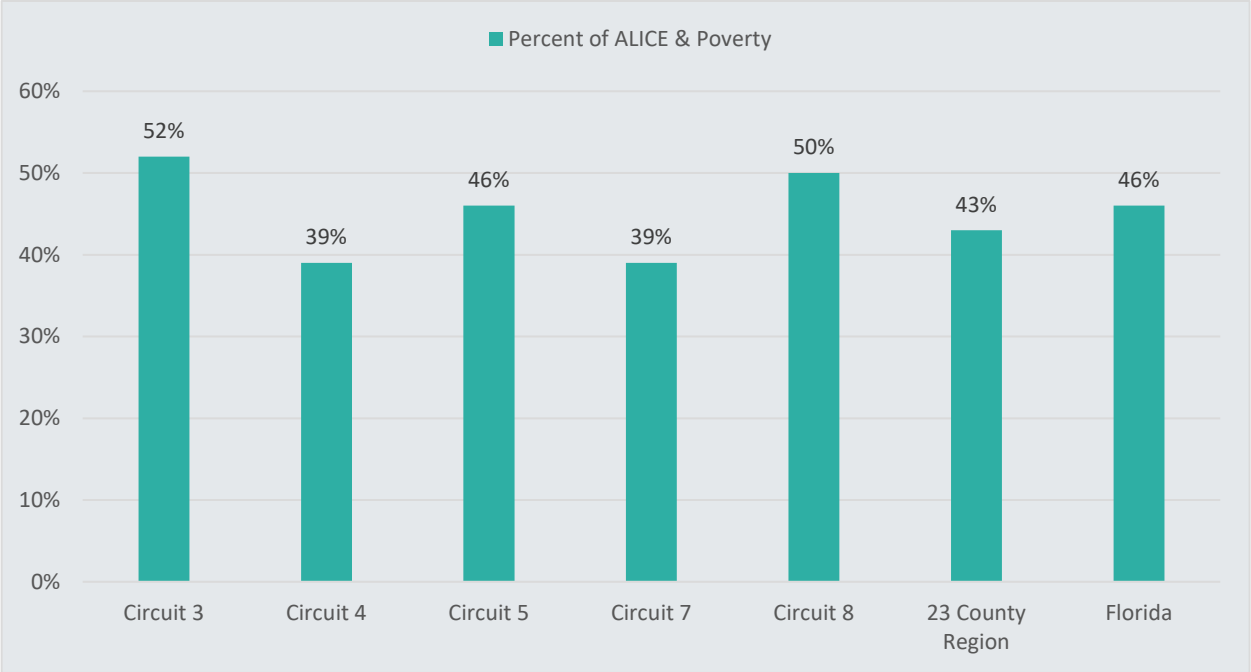
Source: Table 20, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The table below represents the total percentages of individuals who are living in poverty as established by federal guidelines as well as the working poor as defined by ALICE. The percentage in the LSF service area is lower (43 percent) overall than in Florida (46 percent). Circuit 3 displays the highest percentage of ALICE and poverty at 52 percent despite its lower-than-average survival budget, and Circuits 4 and 7 have the lowest

[1] United Way of Florida (08.15.2019). United Way ALICE Report: Florida. Retrieved from: http://www.uwof.org/alice

percentages at 39 percent. Most of the individual counties in the LSF service area are in the 40 to 55 percent range, with the notable exceptions of St. Johns County and Nassau County, which have much lower combined ALICE and poverty rates at 26 and 28 percent, respectively (Technical Appendix, Table 21).

FIGURE 8: PERCENT ALICE AND POVERTY, 2016.



Source: Table 21, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Health Assessment

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance Survey (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This statewide survey is conducted via telephone in order to collect self-reported data on individual risk behaviors and preventative health practices found to be related to the leading causes of morbidity and mortality in the United States. The current data available for the LSF service area is from 2016. More detailed information can be found in the LSF Health Systems Technical Appendix 2019.

Note: BRFSS Indicators are summarized only at the state and county levels.

Below are some highlights from the BRFSS by circuit (See Technical Appendix, Tables 22-51, for more details):

HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE

TABLE 1: HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE, BRFSS, CIRCUIT 3, 2016.

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.5)	27.7	32.2	28.4	28.4	29.7
Percentage of adults who describe their overall health as 'good' or 'excellent' (80.5)	72.3	67.8	71.6	71.6	70.3
Percentage of adults who had poor mental health on 14 or more of the past 30 days (11.4)	17.8	13.4	15.4	14.3	13.5
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	18.8	22.5	20.8	17.6	18.7
Percentage of adults with good physical health (87.1)	81.2	77.5	79.2	82.4	81.3
Percentage of adults with good mental health (88.6)	82.2	86.6	84.6	85.7	86.5
Average number of unhealthy mental days in the last 30 days (3.6)	5.2	4.1	4.6	4.5	4.4

Average number of unhealthy physical days in the last 30 days (4.0)	5.8	6.8	6.2	5.2	5.6
Percent of 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 1 of poor mental or physical health (18.6)	26.9	25.8	36.5	21.0	26.2
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (5.7)	8.1	7.6	10.1	6.9	7.2
Percentage of adults who have ever been told they have a depressive disorder (14.2)	23.8	19.3	16.9	21.4	19.8

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 22-30, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 report poorer mental and physical health than the state on every health status and health-related quality of life risk factor. The percentage of adults who describe their overall health as 'fair' or 'poor' exceeds the state (19.5 percent) by 8 to 12 percent in counties in Circuit 3. While all counties in Circuit 3 have higher percentages than Florida of adults whose poor physical or mental health prevented them from doing usual activities, Hamilton County, in particular, fares the worst with a percentage nearly twice that of the state. Within Circuit 3, Dixie County exhibits the highest risk on five of the eleven analyzed indicators, and Columbia County reports the highest risk on four of the eleven indicators.

TABLE 2: HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE, BRFSS, CIRCUIT 4, 2016.

Risk Factors (Florida)	Clay	Duval	Nassau
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.5)	21.0	20.2	23.1
Percentage of adults who describe their overall health as 'good' or 'excellent' (80.5)	79.0	79.8	76.9

Percentage of adults who had poor mental health on 14 or more of the past 30 days (11.4)	15.1	12.6	14.4
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	13.1	13.4	17.2
Percentage of adults with good physical health (87.1)	86.9	86.6	82.8
Percentage of adults with good mental health (88.6)	84.9	87.4	85.6
Average number of unhealthy mental days in the last 30 days (3.6)	4.2	4.1	4.1
Average number of unhealthy physical days in the last 30 days (4.0)	4.3	4.2	5.4
Percent of 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 1 day of poor mental or physical health (18.6)	19.2	19.3	23.3
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (5.7)	5.8	6.0	7.0
Percentage of adults who have ever been told they have a depressive disorder (14.2)	15.3	16.7	17.7

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 22-30, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

All three counties in Circuit 4 also fare worse on every behavioral risk factor when compared with the state. Nassau County exhibits the lowest health status in Circuit 4 based on the health-related quality of life indicators and fares worst among Circuit 4 counties on eight out of the eleven analyzed indicators.

TABLE 3: HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE, BRFSS, CIRCUIT 5, 2016.

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter

Percentage of adults who describe their overall health as 'fair' or 'poor' (19.5)	26.0	22.0	18.5	25.7	18.3
Percentage of adults who describe their overall health as 'good' or 'excellent' (80.5)	74.0	78.0	81.5	74.3	81.7
Percentage of adults who had poor mental health on 14 or more of the past 30 days (11.4)	13.4	14.4	12.5	12.9	6.7
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	19.4	17.9	15.4	19.6	15.5
Percentage of adults with good physical health (87.1)	80.6	82.1	84.6	80.4	84.5
Percentage of adults with good mental health (88.6)	86.6	85.6	87.5	87.1	93.3
Average number of unhealthy mental days in the last 30 days (3.6)	3.8	4.0	3.9	3.9	2.1
Average number of unhealthy physical days in the last 30 days (4.0)	6.1	5.5.	4.3	5.7	4.7
Percent of 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 1 day of poor mental or physical health (18.6)	29.6	27.6	18.8	26.2	14.8
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (5.7)	8.2	7.8	5.3	7.2	5.0
Percentage of adults who have ever been told they have a depressive disorder (14.2)	17.4	16.9	15.4	17.3	14.3

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 22-30, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

In Circuit 5, Citrus County, Hernando County, and Marion County fare worse than the state of Florida for all analyzed health status and health-related quality of life indicators. Citrus County's numbers indicate poorer health/mental health than other counties in this region, specifically in regards to the percentage of adults whose poor physical/mental health kept them from doing their usual activities, with a difference of 11 percent between Citrus County and Florida. Lake County's numbers were similar to the state's, and Sumter County fared better when compared to the state on all but three of the eleven risk factors analyzed.

TABLE 4: HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE, BRFSS, CIRCUIT 7, 2016.

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.5)	14.8	30.2	10.7	21.5
Percentage of adults who describe their overall health as 'good' or 'excellent' (80.5)	85.2	69.9	89.3	78.5
Percentage of adults who had poor mental health on 14 or more of the past 30 days (11.4)	9.3	12.8	7.3	15.7
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	13.0	19.5	11.3	5.5
Percentage of adults with good physical health (87.1)	87.0	80.5	88.7	84.5
Percentage of adults with good mental health (88.6)	90.7	87.2	92.7	84.3
Average number of unhealthy mental days in the last 30 days (3.6)	3.1	3.9	2.4	4.8
Average number of unhealthy physical days in the last 30 days (4.0)	4.1	5.9	3.5	5.0
Percent of 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 1 day of poor mental or physical health (18.6)	22.0	19.1	17.5	23.8
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (5.7)	6.4	6.2	5.2	6.7
Percentage of adults who have ever been told they have a depressive disorder (14.2)	12.6	19.9	12.2	18.2

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 22-30, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

In Circuit 7, residents of St. Johns County report higher physical and mental health than residents of the state of Florida and all other counties in Circuit 7 for all of the analyzed health status and health-related quality of life indicators. When compared to state data, Volusia County's percentages on nearly all risk factors indicate a lower health status and health-related quality of life, and Putnam County fares worse on every risk factor. Putnam County reports the lowest mental and physical health among all counties in Circuit 7.

TABLE 5: HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE, BRFSS, CIRCUIT 8, 2016.

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.5)	17.2	28.4	23.1	23.8	26.7	27.0
Percentage of adults who describe their overall health as 'good' or 'excellent' (80.5)	82.8	71.6	76.9	76.2	73.3	73.0
Percentage of adults who had poor mental health on 14 or more of the past 30 days (11.4)	11.9	14.5	11.4	12.9	14.2	19.3
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	13.2	18.3	15.7	21.3	19.9	17.7
Percentage of adults with good physical health (87.1)	86.8	81.7	84.3	78.7	80.1	82.3
Percentage of adults with good mental health (88.6)	88.1	85.5	88.6	87.1	85.8	80.7
Average number of unhealthy mental days in the last 30 days (3.6)	4.1	4.8	3.5	4.1	4.2	5.7
Average number of unhealthy physical days in the last 30 days (4.0)	4.4	5.6	4.9	6.6	6.1	5.5

Percent of 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 1 day of poor mental or physical health (18.6)	19.1	26.5	25.6	31.3	23.3	26.3
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (5.7)	6.0	7.3	7.4	9.0	6.8	7.4
Percentage of adults who have ever been told they have a depressive disorder (14.2)	14.6	20.6	21.0	17.9	17.3	28.4

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 22-30, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Baker County, Levy County, and Union County fare worse than the state on all presented health status and health-related quality of life measures. Alachua County, Bradford County, and Gilchrist County fare worse than Florida on most. Union County shows a specifically high percentage of adults who have ever been told they have a depressive disorder, with twice the Florida percentage (28.4 percent versus 14.2 percent, respectively).

HEALTH CARE ACCESS

TABLE 6: HEALTH CARE ACCESS, BRFSS, CIRCUIT 3, 2016.

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of adults with any type of Health Care Insurance Coverage (83.7)	83.9	82.2	78.4	82.6	79.5
Percentage of adults who have Medicare (37.9)	42.7	49.7	49.0	60.7	44.1
Percentage of adults who have a personal doctor (72.0)	75.7	71.9	71.3	83.5	73.7

Percentage of adults who could not see a doctor in the past year due to cost (16.6)	19.1	21.2	23.4	14.8	23.8
Percentage of adults who had a medical checkup in the past year (76.5)	76.8	76.1	77.5	79.1	75.6

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 31-35, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 have a lower percentage of adults with health care insurance coverage when compared to the state, with the exception of Columbia County. However, all counties of Circuit 3 report a higher percentage of adults on Medicare. The percentage of adults who could not see a doctor in the past year due to cost is significantly higher than the state in most counties of Circuit 3 with the exception of Lafayette County.

TABLE 7: HEALTH CARE ACCESS, BRFSS, CIRCUIT 4, 2016.

Risk Factors (Florida)	Clay	Duval	Nassau
Percentage of adults with any type of Health Care Insurance Coverage (83.7)	86.1	83.8	90.4
Percentage of adults who have Medicare (37.9)	33.7	32.4	43.3
Percentage of adults who have a personal doctor (72.0)	77.7	75.0	81.1
Percentage of adults who could not see a doctor in the past year due to cost (16.6)	19.0	18.9	16.8
Percentage of adults who had a medical checkup in the past year (76.5)	75.4	77.4	81.7

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 31-35, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

All three counties in Circuit 4 report higher percentages of adults with health insurance and a personal doctor compared to Florida. However, all three counties report a higher percentage of residents who could not see a doctor in the past year due to cost.

TABLE 8: HEALTH CARE ACCESS, BRFSS, CIRCUIT 5, 2016.

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter

Percentage of adults with any type of Health Care Insurance Coverage (83.7)	87.7	85.3	83.5	85.5	94.5
Percentage of adults who have Medicare (37.9)	63.9	48.8	47.5	51.3	76.5
Percentage of adults who have a personal doctor (72.0)	81.0	79.1	75.6	77.4	90.4
Percentage of adults who could not see a doctor in the past year due to cost (16.6)	12.2	17.6	17.1	19.2	6.9
Percentage of adults who had a medical checkup in the past year (76.5)	81.7	79.8	80.4	81.4	93.1

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 31-35, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Most counties in Circuit 5 report better access to health care when compared with residents of the state of Florida, and Sumter County, in particular, fares better than all other counties in Circuit 5 on all reported measures of health care access. All five counties in Circuit 5 report a higher percentage of adults who have a personal doctor and had a medical checkup in the past year when compared to the state.

TABLE 9: HEALTH CARE ACCESS, BRFSS, CIRCUIT 7, 2016.

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percentage of adults with any type of Health Care Insurance Coverage (83.7)	91.1	86.2	91.3	82.5
Percentage of adults who have Medicare (37.9)	52.0	51.5	36.5	46.4
Percentage of adults who have a personal doctor (72.0)	82.2	79.9	78.5	68.7
Percentage of adults who could not see a doctor in the past year due to cost (16.6)	12.3	18.4	11.1	21.1
Percentage of adults who had a medical checkup in the past year (76.5)	84.2	81.4	82.7	76.9

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 31-35, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Flagler, Putnam, and St. Johns Counties report higher or similar percentages on most measures of health care access, whereas Volusia County reports lower percentages on three of the five health care access risk factors analyzed.

TABLE 10: HEALTH CARE ACCESS, BRFSS, CIRCUIT 8, 2016.

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of adults with any type of Health Care Insurance Coverage (83.7)	89.7	86.7	83.8	81.8	82.7	84.7
Percentage of adults who have Medicare (37.9)	26.2	44.2	43.4	47.1	56.6	43.1
Percentage of adults who have a personal doctor (72.0)	69.5	83.8	77.3	81.3	77.1	72.6
Percentage of adults who could not see a doctor in the past year due to cost (16.6)	13.7	13.2	15.4	21.9	17.1	22.1
Percentage of adults who had a medical checkup in the past year (76.5)	74.2	80.8	80.0	75.1	81.2	74.9

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 31-35, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 8 overall report comparable percentages of health care access measures to the state. A significant difference exists between Alachua County (26 percent) and Florida (38 percent) in terms of the percentage of adults who are on Medicare. Additionally, Gilchrist County and Union County note higher percentages of adults who could not see a doctor in the past year due to cost (both 22 percent) compared to Florida at 17 percent.

TOBACCO AND E-CIGARETTES

TABLE 11: TOBACCO AND E-CIGARETTES, BRFSS, CIRCUIT 3, 2016.

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of adults who are current smokers (15.5)	23.9	23.1	23.9	21.2	19.4

Percentage of adults who tried to quit smoking at least once in the past year (62.1)	61.9	62.1	55.7	66.5	66.4
Percentage of adults who are former smokers (26.5)	28.8	32.8	23.9	32.9	26.6
Percentage of adults who have never smoked (58.0)	47.3	44.1	52.2	46.0	54.1
Percentage of adults who currently use E-cigarettes (4.7)	3.8	5.8	4.6	1.9	4.5
Percentage of adults who are former E-cigarette users (15.5)	18.8	15.3	17.3	13.1	15.2
Percentage of adults who have never used E-cigarettes (79.8)	77.4	78.9	78.1	85.0	80.3

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 48-50, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 overall fare worse than the state of Florida in terms of tobacco and e-cigarette use. All counties report a much higher percentage of current smokers than the state, with Columbia and Hamilton County reporting the highest at almost 24 percent. Additionally, all counties in Circuit 3 note a smaller percentage of adults who have never smoked compared to Florida. However, all counties fare better than Florida in terms of current e-cigarette use with the exception of Dixie County.

TABLE 12: TOBACCO AND E-CIGARETTES, BRFSS, CIRCUIT 4, 2016.

Risk Factors (Florida)	Clay	Duval	Nassau
Percentage of adults who are current smokers (15.5)	18.7	18.5	12.8
Percentage of adults who tried to quit smoking at least once in the past year (62.1)	63.6	66.5	61.7
Percentage of adults who are former smokers (26.5)	27.2	24.3	33.7
Percentage of adults who have never smoked (58.0)	54.1	57.2	53.6
Percentage of adults who currently use E-cigarettes (4.7)	8.4	5.8	2.6
Percentage of adults who are former E-cigarette users (15.5)	16.4	19.3	11.7
Percentage of adults who have never used E-cigarettes (79.8)	75.3	74.9	85.6

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 48-50, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

In Circuit 4, Clay County and Duval County report slightly higher current smoking rates than the state. Clay County also reports the highest percentage in the LSF service area of adults who are current users of e-cigarettes. While Nassau County reports a lower percentage of adults who are current smokers, percentages for adults who are former smokers and adults who have never smoked are worse in Nassau County compared to Florida.

TABLE 13: TOBACCO AND E-CIGARETTES, BRFSS, CIRCUIT 5, 2016.

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percentage of adults who are current smokers (15.5)	21.4	18.0	19.2	19.1	8.0
Percentage of adults who tried to quit smoking at least once in the past year (62.1)	53.7	49.8	62.1	54.7	48.3
Percentage of adults who are former smokers (26.5)	39.0	34.8	33.0	28.0	48.5
Percentage of adults who have never smoked (58.0)	39.6	47.2	47.7	52.8	43.5
Percentage of adults who currently use E-cigarettes (4.7)	5.2	4.3	4.3	5.1	1.8
Percentage of adults who are former E-cigarette users (15.5)	16.3	16.1	15.2	13.5	5.2
Percentage of adults who have never used E-cigarettes (79.8)	78.5	79.7	80.4	81.4	93.0

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 48-50, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Nearly every county in Circuit 5 shows heightened health risk factors related to tobacco use. Sumter County, however, has a much lower percentage of adults who currently smoke – nearly half the rate of the state – and only 1.8 percent of its residents reported currently using E-cigarettes. Overall, the percentage of adults who are current or former smokers is significantly higher in Circuit 5 than the state.

TABLE 14: TOBACCO AND E-CIGARETTES, BRFSS, CIRCUIT 7, 2016.

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia

Percentage of adults who are current smokers (15.5)	15.5	21.6	12.2	20.8
Percentage of adults who tried to quit smoking at least once in the past year (62.1)	62.3	47.6	49.7	64.6
Percentage of adults who are former smokers (26.5)	36.2	32.1	31.6	33.1
Percentage of adults who have never smoked (58.0)	48.3	46.3	56.2	46.1
Percentage of adults who currently use E-cigarettes (4.7)	4.3	2.3	4.8	7.1
Percentage of adults who are former E-cigarette users (15.5)	12.5	17.3	14.7	22.6
Percentage of adults who have never used E-cigarettes (79.8)	83.2	80.4	80.5	70.4

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 48-50, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

All counties in Circuit 7 report lower percentages when compared to the state of adults who have never smoked. Putnam County and Volusia County report higher percentages of current smokers than Florida, and e-cigarette use is also significantly higher in Volusia County than it is in the state.

TABLE 15: TOBACCO AND E-CIGARETTES, BRFSS, CIRCUIT 8, 2016.

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of adults who are current smokers (15.5)	13.1	18.8	27.3	26.4	22.6	27.0
Percentage of adults who tried to quit smoking at least once in the past year (62.1)	68.7	49.3	57.0	60.6	57.0	62.2
Percentage of adults who are former smokers (26.5)	22.9	27.9	18.8	28.3	32.1	21.0
Percentage of adults who have never smoked (58.0)	64.0	53.2	53.9	45.3	45.3	52.0
Percentage of adults who currently use E-cigarettes (4.7)	4.5	3.2	5.0	6.2	5.2	3.7
Percentage of adults who are former E-cigarette users (15.5)	20.4	13.8	15.9	17.5	15.2	19.4

Percentage of adults who have never used E-cigarettes (79.8)	75.1	83.0	79.1	76.4	79.6	76.9

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 48-50, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

All counties in Circuit 8 with the exception of Alachua County fare worse overall than the state on measures of tobacco use, with all counties except Alachua reporting higher percentages of adults who are current smokers. Bradford, Gilchrist, and Union County, in particular, report the highest percentages of smokers. The percentage of adults who currently use E-cigarettes is higher in Bradford County, Gilchrist County, and Levy County, but significantly high in Gilchrist County.

SUBSTANCE ABUSE AND ALCOHOL CONSUMPTION

TABLE 16: SUBSTANCE ABUSE, BRFSS, CIRCUIT 3, 2016.

Circuit 3	Columbia	Dixie	Hamilton	Lafayette	Suwannee	
Percentage of adults who used marijuana or hashish during the past 30 days (7.4)	5.7	5.1	3.0	0.9	5.0	
Percentage of adults who engage in heavy or binge drinking (17.5)	16.6	15.1	15.9	10.7	15.0	
Circuit 4	**Clay**	**Duval**	**Nassau**			
Percentage of adults who used marijuana or hashish during the past 30 days (7.4)	6.0	8.0	4.0			
Percentage of adults who engage in heavy or binge drinking (17.5)	22.2	19.4	12.2			
Circuit 5	**Citrus**	**Hernando**	**Lake**	**Marion**	**Sumter**	
Percentage of adults who used marijuana or hashish during the past 30 days (7.4)	3.3	3.7	7.0	4.1	1.9	
Percentage of adults who engage in heavy or binge drinking (17.5)	16.5	14.5	15.8	14.2	11.9	
Circuit 7	**Flagler**	**Putnam**	**St. Johns**	**Volusia**		
Percentage of adults who used marijuana or hashish during the past 30 days (7.4)	3.4	5.9	7.8	8.2		
Percentage of adults who engage in heavy or binge drinking (17.5)	14.7	15.3	20.1	17.8		
Circuit 8	**Alachua**	**Baker**	**Bradford**	**Gilchrist**	**Levy**	**Union**
Percentage of adults who used marijuana or hashish during the past 30 days (7.4)	11.3	4.0	4.9	8.9	4.5	8.9
Percentage of adults who engage in heavy or binge drinking (17.5)	20.9	12.0	14.8	14.2	13.1	10.6

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 51, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 and Circuit 5 fare better than Florida in regards to substance abuse and alcohol consumption. The percentage of adults who used marijuana or hashish during the past 30 days is higher than Florida's percentage in the following counties: Duval County (Circuit 3), St. Johns County and Volusia County (Circuit 7), and Alachua County, Gilchrist County and Union County (Circuit 8). Compared to all LSF service

area counties, Alachua County (Circuit 8) has the highest percentage (11.3 percent) of marijuana/hashish use among adults in the past 30 days; whereas Lafayette County (Circuit 3) has the lowest (0.9 percent). In regards to alcohol consumption, the following counties report more heavy or binge drinking than the state of Florida: Clay County and Duval County (Circuit 4), St. Johns County and Volusia County (Circuit 7), and Alachua County (Circuit 8). Clay County (Circuit 4) has the highest percentage of adults who engage in heavy or binge drinking (22.2 percent) in the LSF service area, and Union County (Circuit 8) has the lowest (10.6 percent).

FLORIDA YOUTH SUBSTANCE ABUSE SURVEY

"The Florida Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, and Children and Families."[2] During the 1999-2000 school year, the survey was administered to middle and high school students for the first time. Since then the FYSAS has been administered every spring. It is based on the "Communities That Care" survey and its purpose is to detect risks and protective factors for substance abuse as well as to measure substance abuse prevalence.[3] The data used in this report is from the most recently available survey in 2018 (LSF Health Systems Technical Appendix 2019). The majority of the 2018 survey respondents were high school students, and just over half were male (27,468 respondents) and just under half were female (26,340 respondents).

Note: FYSAS Indicators are summarized only at the state and county levels.

Below are some highlights from the FYSAS by circuit (See Tables 53-82, LSF Health Systems Technical Appendix 2019 for more details):

VIOLENCE

TABLE 17: VIOLENCE, FYSAS, CIRCUIT 3, 2018.

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent of youth who report 'carrying a handgun' within the past 12 months (6.0)	9.9	13.3	10.8	14.6	11.9
Percent of youth who report 'selling drugs' within the past 12 (3.9)	2.5	7.7	2.4	1.7	1.6

[2] Florida Department of Health (09.20.2019). Florida Youth Substance Abuse Survey. Retrieved from: http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-substance-abuse-survey/index.html

[3] Florida Department of Health (09.20.2019). Florida Youth Substance Abuse Survey. Retrieved from: http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-substance-abuse-survey/index.html

Percent of youth who report 'attempting to steal a vehicle' within the past 12 months (1.5)	1.7	3.7	1.3	1.1	1.0
Percent of youth who report 'being arrested' within the past 12 months (2.3)	1.9	2.1	3.3	1.2	1.1
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'taking a handgun to school' (0.6)	1.4	0.7	0.7	0.0	0.3
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended' (9.5)	10.6	10.4	14.9	9.9	7.4
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.5)	6.3	7.9	8.0	5.8	4.0
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (8.1)	13.2	8.2	4.7	9.1	6.7
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (28.8)	31.7	26.1	30.9	34.5	27.8
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (56.0)	61.9	51.6	51.6	60.0	49.9
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying' (25.6)	31.1	24.2	21.8	23.4	23.1
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (15.1)	17.5	17.1	16.7	16.1	11.6
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (27.1)	28.1	28.7	24.3	22.6	22.4

Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (10.9)	13.3	14.3	7.8	9.7	-

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 55-68, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 report numbers slightly higher than the state average on measures of delinquent behaviors, with all five counties reporting higher percentages than the state of youth who have carried a handgun within the last 12 months. Dixie County youth reported carrying a handgun, selling drugs, and attempting to steal a vehicle at rates double that of the youth of Florida. Suwannee County had rates lower than the state average on all measures of delinquent behavior except carrying a handgun, which was nearly twice the state rate of 6 percent. Most counties in Circuit 3 report above average percentages of youth who have been involved in physically bullying others or getting suspended.

TABLE 18: VIOLENCE, FYSAS, CIRCUIT 4, 2018.

Risk Factors (Florida)	Clay	Duval	Nassau
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'carrying a handgun' (6.0)	6.8	5.6	8.6
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'selling drugs' (3.9)	4.9	2.1	4.1
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attempting to steal a vehicle' (1.5)	1.3	2.1	0.5
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'being arrested' (2.3)	1.9	3.2	0.6
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'taking a handgun to school' (0.6)	0.5	1.4	0.0
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended (9.5)	7.7	13.7	6.7
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.5)	5.5	9.5	3.3
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'skipped school because of bullying' (8.1)	9.2	7.7	7.7
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'was ever kicked or shoved' (28.8)	32.1	31.0	37.4

Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'was ever taunted or teased' (56.0)	61.1	54.9	64.1
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying (25.6)	30.5	27.3	28.4
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (15.1)	15.5	20.6	17.9
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (27.1)	29.8	30.6	31.6
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (10.9)	13.9	12.4	12.2

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 55-68, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Clay and Nassau County fare average when compared to the state on delinquent behavior factors; however, Duval County reports above average numbers for youth who attempted to steal a vehicle, got arrested, took a handgun to school, got suspended, or attacked someone with intent to hurt them. All three counties fared worse than the state average on measures of bullying, with Nassau County in particular reporting 8.6 percent more youth who were kicked or shoved and 7.9 percent more youth who were teased or taunted.

TABLE 19: VIOLENCE, FYSAS, CIRCUIT 5, 2018.

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'carrying a handgun' (6.0)	7.8	6.8	5.3	9.1	8.3
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'selling drugs' (3.9)	3.5	4.7	3.3	4.1	4.2
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attempting to steal a vehicle' (1.5)	1.6	1.1	0.5	2.1	1.4
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'being arrested' (2.3)	2.5	2.4	1.4	3.1	1.8

Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'taking a handgun to school' (0.6)	0.5	0.3	0.0	1.1	0.6
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended (9.5)	10.3	7.5	10.1	12.1	7.2
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.5)	5.7	6.1	5.9	9.1	5.6
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (8.1)	11.8	10.1	9.9	10.1	8.7
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (28.8)	33.7	29.7	34.8	32.0	26.6
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (56.0)	64.4	56.1	60.4	59.2	50.5
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying (25.6)	34.3	30.8	28.5	26.7	22.7
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (15.1)	15.5	20.6	17.9	17.8	15.5
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (27.1)	27.8	24.0	30.0	27.8	24.0
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (10.9)	12.4	11.6	11.4	11.4	7.8

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 55-68, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Overall, counties in Circuit 5 report rates similar to the state on delinquent behaviors in youth, with Marion County faring worst, reporting that a higher than average percentage of youth engage in behaviors such as carrying a handgun, getting suspended, selling drugs, and getting arrested. All counties have higher percentages of youth who are involved in bullying behaviors, with Citrus County reporting 8.4 percent more youth who have ever been taunted or teased and 8.7 percent more youth who have every been a victim of cyber bullying when compared to the corresponding Florida percentages.

TABLE 20: VIOLENCE, FYSAS, CIRCUIT 7, 2018.

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'carrying a handgun' (6.0)	8.6	6.8	5.1	7.5
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'selling drugs' (3.9)	4.0	3.5	3.9	4.2
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attempting to steal a vehicle' (1.5)	2.3	2.3	1.0	1.4
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'being arrested' (2.3)	3.5	3.3	0.9	2.6
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'taking a handgun to school' (0.6)	0.9	1.0	0.2	0.7
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended (9.5)	11.2	11.6	6.2	11.4
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.5)	6.0	10.4	3.3	6.8
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (8.1)	13.7	9.4	7.5	9.6
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (28.8)	39.6	32.9	30.4	32.6

Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (56.0)	65.8	54.5	60.3	58.6
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying (25.6)	33.8	26.7	31.0	31.5
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (15.1)	19.3	16.7	12.3	14.9
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (27.1)	31.6	30.9	25.4	25.1
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (10.9)	14.6	10.7	11.9	13.3

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 55-68, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Overall, counties in Circuit 7 reported higher-than-average percentages of delinquent and bullying behavior. Flagler County reported the highest percentages of youth who carried a handgun or were arrested in the past year, at 8.6 percent and 3.5 percent, respectively. St. Johns County fared best, with a lower percentage of youth engaging in delinquent behaviors and only a slightly higher percentage of youth who report being victims of bullying.

TABLE 21: VIOLENCE, FYSAS, CIRCUIT 8, 2018.

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent of youth who report engaging in delinquent behavior within the past 12 months such as 'carrying a handgun' (6.0)	7.1	12.1	11.2	12.1	10.5	10.3
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'selling drugs' (3.9)	4.3	5.7	7.1	4.1	6.6	3.9

Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attempting to steal a vehicle' (1.5)	2.0	1.6	2.2	1.7	1.7	1.2
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'being arrested' (2.3)	2.2	2.5	2.9	2.1	2.0	1.9
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'taking a handgun to school' (0.6)	0.9	0.9	1.9	0.7	1.2	0.5
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended (9.5)	9.3	11.8	10.6	8.5	8.7	11.9
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.5)	6.5	7.0	6.2	6.4	6.9	4.7
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (8.1)	7.7	11.2	11.4	14.0	11.9	7.9
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (28.8)	27.5	28.8	29.3	33.2	31.4	28.8
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (56.0)	59.7	54.4	51.0	59.9	59.2	57.3
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying (25.6)	27.2	30.8	22.7	32.4	25.5	25.2

Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (15.1)	15.7	15.4	17.1	16.6	16.0	14.6
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (27.1)	30.4	27.2	25.0	26.6	31.6	25.0
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (10.9)	10.4	15.0	12.3	13.7	11.1	10.9

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 55-68, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 8 report a much higher percentage than the state numbers on delinquent and bullying behaviors, with all six counties reporting higher percentages of youth who have carried a handgun within the last 12 months, and Gilchrist County reporting double the state percentage, at 12.1 percent. Most counties report a slightly higher percentage of youth who have been subject to bullying behaviors, with Baker County, in particular, reporting 4.1 percent more youth who have ever cyber bullied others.

MENTAL AND EMOTIONAL HEALTH

TABLE 22: MENTAL AND EMOTIONAL HEALTH, FYSAS, CIRCUIT 3, 2018.

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent of youth who reported symptoms of depression such as 'sometimes I think that life is not worth it' (28.2)	29.2	31.7	21.1	32.6	22.4
Percent of youth who reported symptoms of depression such as 'sometimes I think I am no good at all' (39.7)	41.4	42.3	33.8	42.2	35.5
Percent of youth who reported symptoms of depression such as 'all in all I am inclined to think I'm a failure' (25.5)	28.4	28.6	22.2	30.9	22.7

Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (42.6)	46.6	44.0	37.2	47.2	39.1

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 69-72, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 report numbers similar to the state in terms of youth mental and emotional health. Hamilton County and Suwanee County have a smaller percentage of youth experiencing symptoms of depression than the state of Florida and other counties in Circuit 3. On the contrary, Columbia County, Dixie County, and Lafayette County report higher percentages of youth who are experiencing symptoms of depression.

TABLE 23: MENTAL AND EMOTIONAL HEALTH, FYSAS, CIRCUIT 4, 2018.

Risk Factors (Florida)	Clay	Duval	Nassau
Percent of youth who reported symptoms of depression such as 'sometimes I think that life is not worth it' (28.2)	30.3	31.2	23.2
Percent of youth who reported symptoms of depression such as 'sometimes I think I am no good at all' (39.7)	45.4	39.1	33.2
Percent of youth who reported symptoms of depression such as 'all in all I am inclined to think I'm a failure' (25.5)	28.5	27.4	19.2
Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (42.6)	40.2	44.7	34.2

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 69-72, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Clay and Duval County fare worse than the state on mental and emotional health, with both counties reporting a higher percentage of youth who 'sometimes think life isn't worth it' and are 'inclined to think I am a failure.' Nassau County, however, reports better percentages on all measures of mental and emotional health, with 8.4 percent less youth who have 'felt depressed or sad most days in the past year.'

TABLE 24: MENTAL AND EMOTIONAL HEALTH, FYSAS, CIRCUIT 5, 2018.

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter

Percent of youth who reported symptoms of depression such as 'sometimes I think that life is not worth it' (28.2)	35.0	29.4	30.5	29.4	30.5
Percent of youth who reported symptoms of depression such as 'sometimes I think I am no good at all' (39.7)	46.3	40.6	42.5	42.0	35.8
Percent of youth who reported symptoms of depression such as 'all in all I am inclined to think I'm a failure' (25.5)	29.3	26.5	28.9	27.3	21.5
Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (42.6)	46.1	40.1	45.0	48.2	35.3

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Counties in Circuit 5 fare worse when compared to the state for mental and emotional health, with Citrus County, in particular, reporting the highest percentage of youth who 'think life is not worth it,' who say 'sometimes I think I am no good,' and who are 'inclined to think I'm a failure.' Sumter County fares best, with only one indicator being slightly worse than Florida.

TABLE 25: MENTAL AND EMOTIONAL HEALTH, FYSAS, CIRCUIT 7, 2018.

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percent of youth who reported symptoms of depression such as 'sometimes I think that life is not worth it' (28.2)	32.5	32.4	21.1	30.7
Percent of youth who reported symptoms of depression such as 'sometimes I think I am no good at all' (39.7)	47.4	46.1	35.4	42.0
Percent of youth who reported symptoms of depression such as 'all in all I am inclined to think I'm a failure' (25.5)	31.3	28.5	20.8	28.9
Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (42.6)	49.5	46.2	30.7	44.2

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 69-72, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

All counties in Circuit 7 except for St. Johns County report higher percentages of youth who are experiencing poor mental and emotional health compared to Florida, with Flagler County faring worse than any other county in Circuit 7. Compared to the state, Flagler County has 7.7 percent more youth who report 'sometimes I think I am no good at all' and 6.9 percent more who report having 'felt depressed or sad most days in the past year.' St. Johns County fared better than the state average on all measures, with only 30.7 percent of youth reporting having 'felt depressed or sad most days in the past year.'

TABLE 26: MENTAL AND EMOTIONAL HEALTH, FYSAS, CIRCUIT 8, 2018.

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent of youth who reported symptoms of depression such as 'sometimes I think that life is not worth it' (28.2)	28.9	29.0	26.4	30.5	28.1	27.2
Percent of youth who reported symptoms of depression such as 'sometimes I think I am no good at all' (39.7)	39.7	41.6	33.8	41.0	39.4	37.7
Percent of youth who reported symptoms of depression such as 'all in all I am inclined to think I'm a failure' (25.5)	24.0	25.5	22.2	27.4	27.8	26.6
Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (42.6)	41.7	42.2	40.4	43.1	42.8	41.3

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 69-72, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 8 closely mirror the state in terms of mental and emotional health. Gilchrist County reports a slightly higher percentage than surrounding counties and the state of youth who are experiencing symptoms of depression.

SUBSTANCE USE

TABLE 27: SUBSTANCE USE, FYSAS, CIRCUIT 3, 2018.

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of youth who reported having used any illicit drugs in their lifetimes (26.9)	27.2	27.0	21.6	26.4	24.5
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (14.6)	16.2	14.1	11.8	15.7	13.3
Percentage of youth who reported having used alcohol only in their lifetimes (16.2)	17.2	17.5	17.8	18.6	20.0
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (42.9)	44.4	44.8	38.6	44.7	44.2
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.7)	8.3	2.8	4.4	5.1	6.4
Percentage of youth who reported having used any illicit drugs in the past 30 days (26.9)	12.9	17.6	12.9	11.5	11.8
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (14.6)	5.0	6.8	6.5	7.7	5.4
Percentage of youth who reported having used only alcohol in the past 30 days (16.2)	7.0	9.8	11.3	14.5	10.2
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (42.9)	19.9	27.2	23.9	26.0	21.2
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.7)	5.9	5.0	5.0	3.2	4.3

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 73-82, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 3 report similar rates of substance use among youth as the state average, with the exception of alcohol use. Compared to the state, all five counties report a higher percentage of youth who have 'used

alcohol only in their lifetimes', with Suwannee County reporting the highest at 20 percent. On most other measures, such as having 'used any illicit drug other than marijuana in the past 30 days,' most counties report lower percentages than the state.

TABLE 28: SUBSTANCE USE, FYSAS, CIRCUIT 4, 2018.

Risk Factors (Florida)	Clay	Duval	Nassau
Percentage of youth who reported having used any illicit drugs in their lifetimes (26.9)	27.5	30.3	11.7
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (14.6)	16.0	19.0	4.8
Percentage of youth who reported having used alcohol only in their lifetimes (16.2)	17.6	13.0	8.9
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (42.9)	44.8	42.9	20.6
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.7)	6.0	9.6	5.5
Percentage of youth who reported having used any illicit drugs in the past 30 days (26.9)	14.2	16.9	11.7
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (14.6)	5.2	8.3	4.8
Percentage of youth who reported having used only alcohol in the past 30 days (16.2)	8.5	6.6	8.9
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (42.9)	22.3	22.9	20.6
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.7)	6.4	9.6	5.5

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 73-82, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Overall counties in Circuit 4 fare somewhat better than the state on substance use measures, reporting lower percentages of youth who have 'used any illicit drug in the past 30 days' or have 'used alcohol or any illicit drug in the past 30 days.' The rate of reported drug use by youth in the past 30 days is lower in Nassau County than in any other county in the LSF service area, with most numbers less than half the state percentages. Clay and Duval County, however, report a higher percentage of youth who 'used any illicit drug in their lifetime' and 'used any illicit drug other than marijuana in their lifetime,' when compared to the state.

TABLE 29: SUBSTANCE USE, FYSAS, CIRCUIT 5, 2018.

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percentage of youth who reported having used any illicit drugs in their lifetimes (26.9)	27.9	28.5	27.4	29.7	22.3
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (14.6)	15.8	16.0	13.3	15.4	15.7
Percentage of youth who reported having used alcohol only in their lifetimes (16.2)	15.9	14.3	18.2	17.1	14.8
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (42.9)	43.6	42.4	45.3	46.4	37.1
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.7)	5.4	6.6	7.7	7.0	4.8
Percentage of youth who reported having used any illicit drugs in the past 30 days (26.9)	15.9	16.6	12.1	16.3	13.2
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (14.6)	6.1	6.8	5.5	6.5	6.6
Percentage of youth who reported having used only alcohol in the past 30 days (16.2)	7.8	7.8	6.8	9.4	7.2
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (42.9)	23.5	22.6	21.4	23.2	22.0
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.7)	8.3	8.3	6.6	9.0	5.6

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 73-82, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Most counties in Circuit 5 report a much smaller percentage of youth who used alcohol or any illicit drug in the past 30 days. All counties in Circuit 5, however, report a higher percentage of youth who have 'used any illicit drug in their lifetime,' with Marion County reporting the highest at 29.7 percent.

TABLE 30: SUBSTANCE USE, FYSAS, CIRCUIT 7, 2018.

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percentage of youth who reported having used any illicit drugs in their lifetimes (26.9)	31.0	27.1	25.4	30.4
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (14.6)	15.7	13.3	14.3	16.0
Percentage of youth who reported having used alcohol only in their lifetimes (16.2)	16.1	15.4	17.9	15.1
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (42.9)	46.8	42.2	43.1	45.0
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.7)	8.3	7.4	4.6	8.1
Percentage of youth who reported having used any illicit drugs in the past 30 days (26.9)	19.8	14.6	14.8	16.7
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (14.6)	6.5	5.6	5.4	5.7
Percentage of youth who reported having used only alcohol in the past 30 days (16.2)	8.3	9.3	8.8	7.3
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (42.9)	27.6	23.0	23.5	23.7
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.7)	10.8	7.3	5.7	7.6

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 73-82, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Overall, counties in Circuit 7 fare average compared to the state on measures of substance use, with St. Johns County, in particular, reporting a lower percentage of youth who have 'used any illicit drug in their lifetime'

and who have 'used any illicit drug or alcohol in the past 30 days.' Flagler, Volusia, and Putnam County, however, document a higher percent of youth who report having used 'any illicit drug in their lifetime', but lower for youth who have used 'any illicit drug or alcohol within the past 30 days.'

TABLE 31: SUBSTANCE USE, FYSAS, CIRCUIT 8, 2018.

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of youth who reported having used any illicit drugs in their lifetimes (26.9)	26.4	30.0	30.3	30.5	30.1	25.5
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (14.6)	13.3	14.7	12.3	16.7	13.8	15.2
Percentage of youth who reported having used alcohol only in their lifetimes (16.2)	14.3	20.9	11.9	19.7	22.0	21.5
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (42.9)	40.6	50.7	42.1	50.4	51.5	46.8
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.7)	7.4	7.0	3.5	7.2	5.5	3.3
Percentage of youth who reported having used any illicit drugs in the past 30 days (26.9)	14.7	18.1	19.2	15.6	17.8	13.1
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (14.6)	5.3	7.4	8.1	6.1	7.4	6.2
Percentage of youth who reported having used only alcohol in the past 30 days (16.2)	7.0	11.8	6.4	10.0	10.3	13.7
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (42.9)	21.2	29.6	25.8	25.3	27.7	26.7

Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.7)	7.5	7.0	6.3	6.8	8.7	7.3

*Numbers in red indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Table 73-82, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Overall counties in Circuit 8 fare slightly worse than the state on measures of illicit drug use, with five out of the six counties reporting a higher percentage of youth who have 'used an illicit drug in their lifetime' and 'used any illicit drugs, but no alcohol, in the past 30 days' compared to Florida. Levy County, in particular, reports that 51.5 percent of youth have 'used any illicit drug or alcohol in their lifetime,' 8.6 percent higher than the state. However, all six counties in Circuit 8 report a lower percentage of youth who have 'used alcohol or any illicit drug in the past 30 days.'

HEALTH INSURANCE COVERAGE

In seeking to prevent illness and promote and maintain quality of life for all Florida residents, it is useful to examine the rates of insurance coverage for both adults (aged 19+ years) and children (aged 18 and under) when conducting a needs assessment. Below are key findings from the Technical Appendix, Tables 83-85:

TABLE 32: PERCENT INSURED AND UNINSURED, CIRCUIT 3, 2013-2017.

Risk Factor (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent uninsured for all ages (14.9)	13.3	17.5	13.6	19.7	14.3
Percent uninsured for children (8.5)	9.5	8.1	9.4	6.3	6.9
Percent uninsured for adults (16.7)	14.5	20.1	15.0	24.9	16.5

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 83-85, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Health insurance coverage among counties in Circuit 3 varies. Suwanee County has a lower percentage of uninsured individuals of all ages, children, and adults when compared to the corresponding state percentages, whereas nearly a quarter of adult residents in Lafayette County are uninsured – the highest rate in the LSF service area, and well above the state percentage of 16.7. Columbia County and Hamilton County overall also have a lower percentage of uninsured individuals of all ages and adults, however, both have a higher percentage of uninsured children compared to Florida. Dixie County and Lafayette County fare worse than Florida in regards to the percentage of uninsured individuals of all ages and adults, yet, fare better than Florida in regards to the uninsured children population.

TABLE 33: PERCENT INSURED AND UNINSURED, CIRCUIT 4, 2013-2017.

Risk Factor (Florida)	Clay	Duval	Nassau
Percent uninsured for all ages (14.9)	10.9	12.8	12.4
Percent uninsured for children (8.5)	6.8	6.9	8.1
Percent uninsured for adults (16.7)	12.4	14.8	13.5

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 83-85, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 4 have lower percentages of uninsured individuals than the state averages for all ages, children as well as adults. Clay County, in particular, fares best in Circuit 4, reporting the lowest percentage of uninsured individuals of all ages, children and adults.

TABLE 34: PERCENT INSURED AND UNINSURED, CIRCUIT 5, 2013-2017.

Risk Factor (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percent uninsured for all ages (14.9)	11.5	13.2	12.2	13.5	6.5
Percent uninsured for children (8.5)	7.6	9.0	7.7	7.7	12.6
Percent uninsured for adults (16.7)	12.3	14.3	13.3	15.0	5.9

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 83-85, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

All counties in Circuit 5 report a lower percentage of uninsured adults, and lower-than-average percentages of uninsured for all ages. Hernando County and Sumter County report higher rates of uninsured children, with Sumter County's uninsured children rate at 12.6 – 4.1 percent higher than the state of Florida.

TABLE 35: PERCENT INSURED AND UNINSURED, CIRCUIT 7, 2013-2017.

Risk Factor (Florida)	Flagler	Putnam	St. Johns	Volusia
Percent uninsured for all ages (14.9)	13.2	16.8	8.8	14.2

Percent uninsured for children (8.5)	11.3	7.8	5.4	8.5
Percent uninsured for adults (16.7)	13.7	19.4	9.8	15.6

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 83-85, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Counties in Circuit 7 report lower percentages of uninsured individuals of all ages as well as adults compared to the state with the exception of Putnam County. The percentage of uninsured children is lower in all counties of Circuit 7 compared to Florida with the exception of Flagler County, where an additional 2.8 percent of children are uninsured compared to the state.

TABLE 36: PERCENT INSURED AND UNINSURED, CIRCUIT 8, 2013-2017.

Risk Factor (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent uninsured for all ages (14.9)	10.7	12.1	15.0	18.1	16.6	12.3
Percent uninsured for children (8.5)	4.7	11.0	18.3	8.5	3.6	6.6
Percent uninsured for adults (16.7)	12.3	12.5	16.2	18.1	18.8	16.1

*Numbers in red indicate a higher risk than the corresponding data for the state of Florida.

Source: Table 83-85, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

In Circuit 8, Alachua County and Union County fare better than the state of Florida in terms of the uninsured population (all ages, children, and adults). Baker County also reports lower percentages of uninsured individuals of all ages and adults than Florida, but a higher percentage of uninsured children compared to Florida. Bradford County reports that 18.3 percent of its children are uninsured – this is the highest rate in the LSF service area, and nearly 10 percent higher when compared to the state.

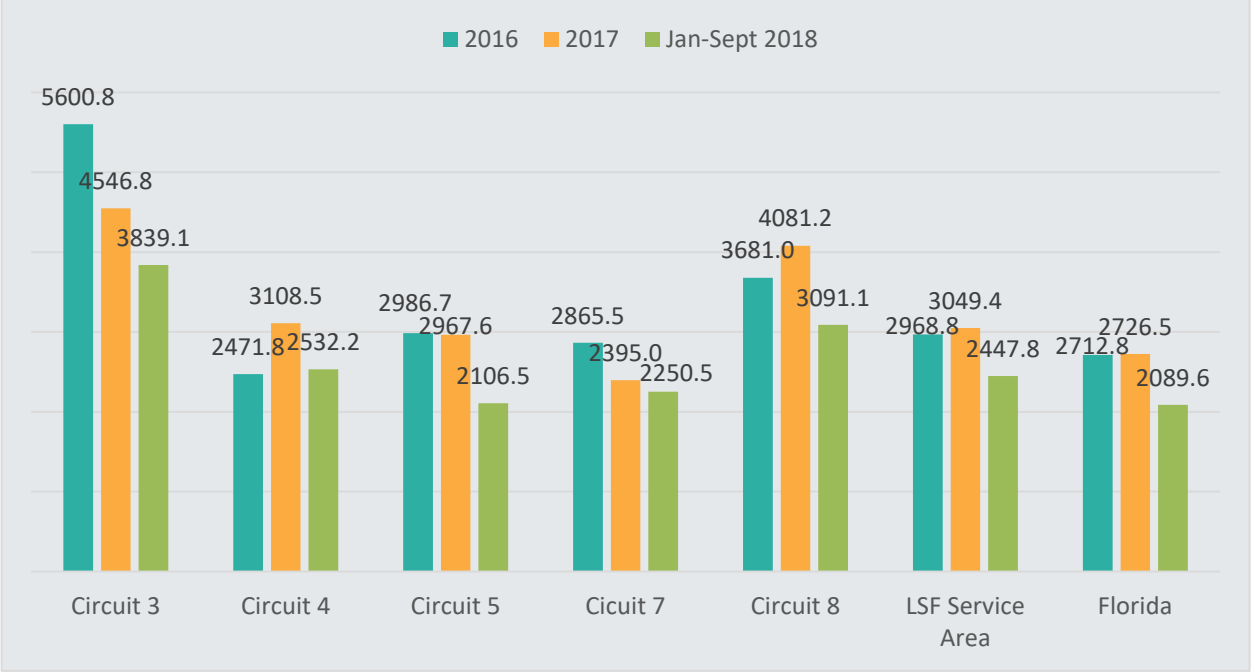
Healthcare Utilization

Healthcare resources play an important role in the prevention of illness and disease as well as improvement in quality of life and longevity. Below are key findings related to healthcare utilization.

MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS

Mental Health Emergency Department visits refer to those cases for which the Emergency Room was used regarding a mental health episode, illness, or disorder. In the first three quarters (January through September) of 2018, there were 20,957,706 mental health emergency department visits in Florida and 3,910,510—or 18.7 percent of Florida's total—in the LSF service area. The LSF service area's mental health emergency department visit rate is 17.1 percent higher than Florida's. Within the LSF service area, Circuit 3 has consistently seen the highest mental health ED visit rates, followed by Circuit 8. These are the two Circuits with the smallest populations in the LSF service area. In 2016, Circuit 4 had the lowest mental health ED visit rate. In 2017, the lowest mental health ED visit rate was in Circuit 7, and from January through September of 2018, Circuit 5 had the lowest mental health emergency department visit rate (Technical Appendix, Table 87).

FIGURE 9: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS, RATE PER 100,000 TOTAL POPULATION FOR ALL RACES, 2016-2018.

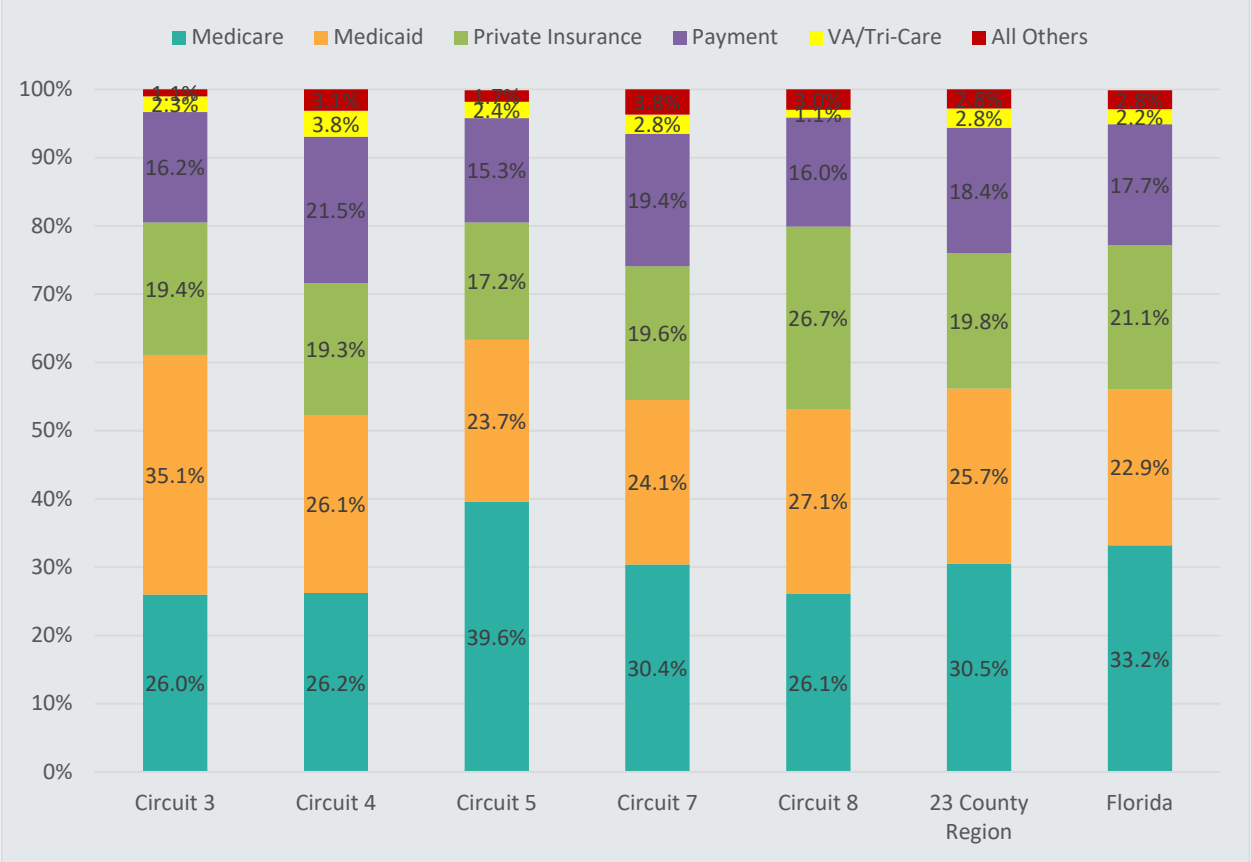


Source: Table 87, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Mental health emergency department visit rates were higher among African Americans than Caucasians in the LSF service area from 2016 through 2018. Rates of ER utilization for both races are higher in the LSF service area than in Florida overall (Technical Appendix, Table 90 & 93).

The figure below shows the percentage distribution of the payor source related to mental health emergency department visits by circuit. The LSF service area and Florida have very similar percentage distributions. The top three payor sources in both are Medicare (30.5 percent and 33.2 percent, respectively), Medicaid (25.7 percent and 22.9 percent, respectively), and Private Insurance (19.8 percent and 21.1 percent, respectively). Circuit 5 has the highest Medicare percentage (39.6 percent) and Circuit 3 the lowest (26.0 percent). Circuit 3 has the highest Medicaid percentage (35.1 percent) compared to Circuit 5 (23.7 percent), which has the lowest percentage. Private Insurance is most commonly used in Circuit 8 (26.7 percent) and least commonly used in Circuit 4 (19.3 percent). Circuit 4 has the highest percentage of payment and Circuit 5 the least (15.3 percent). VA or Tri-Care is most commonly used in Circuit 4 and least commonly used in Circuit 8 (1.1 percent). In Circuit 7, all other payor types are used at 3.8 percent compared to Circuit 3, where all other payor types are only used at 1.1 percent (Technical Appendix, Table 96).

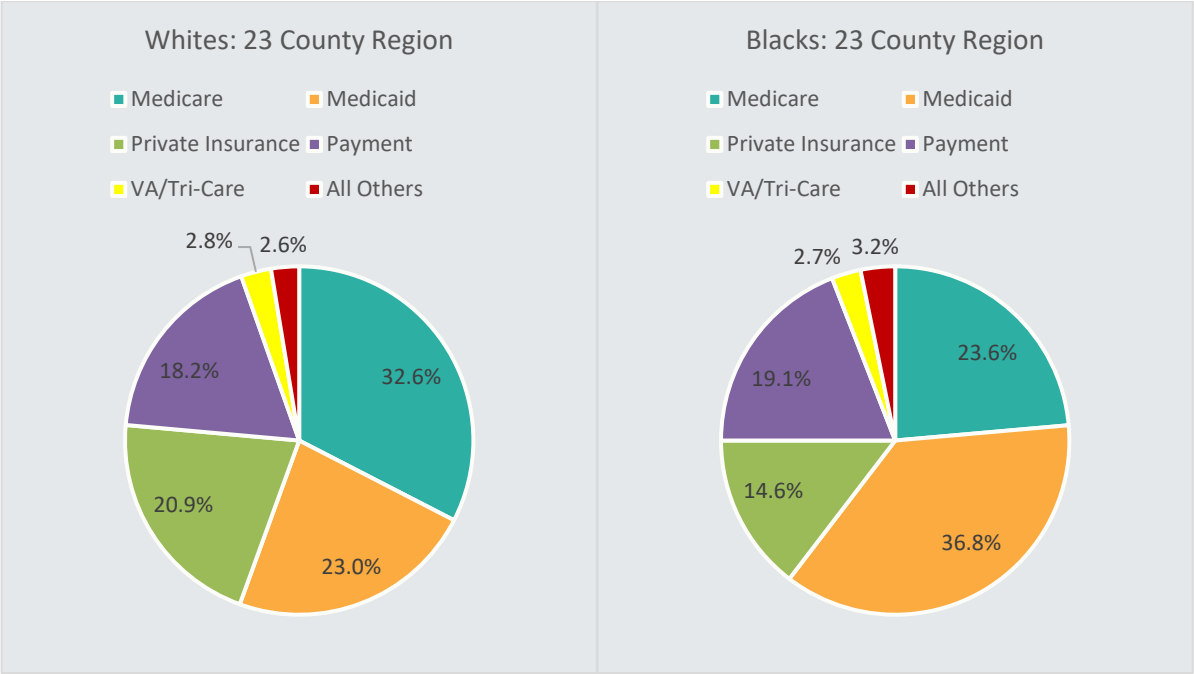
FIGURE 10: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS BY PAYOR FOR ALL RACES, JAN-SEPT 2018



Source: Table 96, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below further breaks down the percentage distribution of the payor source by racial group within the LSF service area. In the first three quarters of 2018, Whites had a higher percentage using Medicare (32.6 percent versus 23.6 percent for Blacks), which was the most common payor source for Whites and the second most common payor source for Blacks. Medicaid was more commonly used as a payor source for Blacks (36.8 percent versus 23.0 percent for Whites). Additionally, Medicaid was the top payor source for mental health emergency department visits for Blacks and the second most used payor source for Whites. For Whites, the third most used payor source was private insurance at 20.9 percent, whereas for Blacks the third most commonly used payor source was payment at 19.1 percent (Technical Appendix, Table 99 & 102).

FIGURE 11: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS BY PAYOR FOR WHITE AND BLACK RACES, JAN-SEPT 2018.

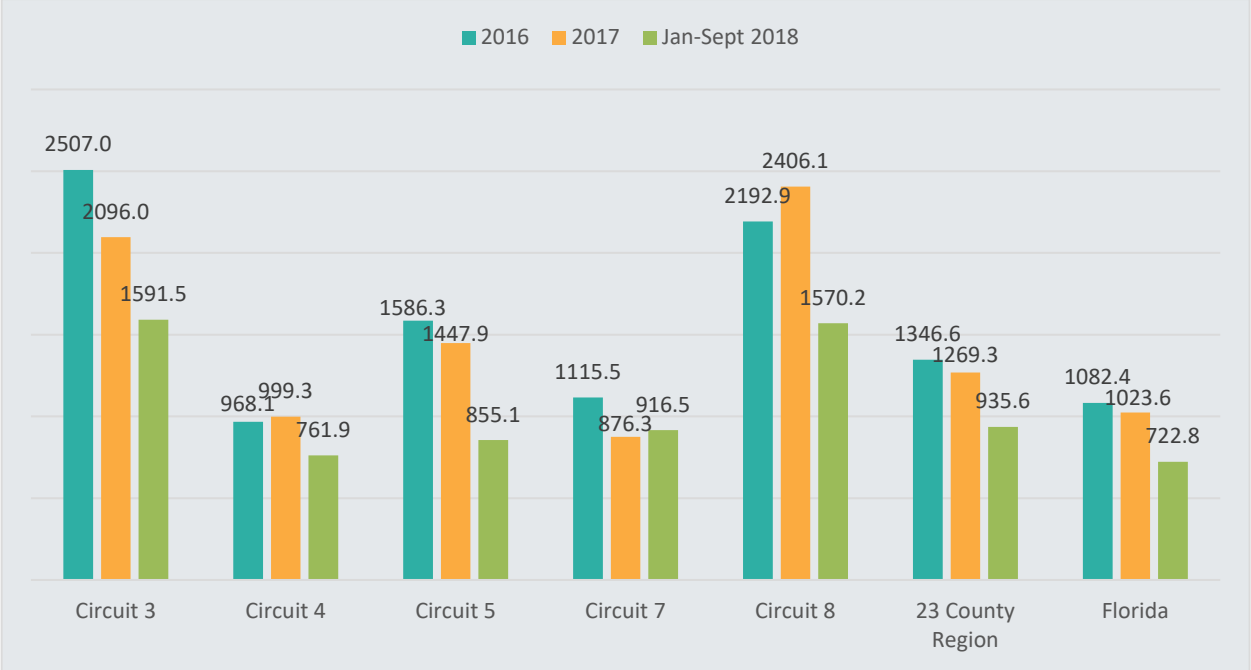


Source: Table 99 and 102, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

CHILDREN

In 2018, only Circuit 3 and Circuit 8 had mental health emergency department visit rates above 1,000 per 100,000 visits in their 0 to 17 population – 1,592 and 1,570 visits per 100,000, respectively. In 2016 and 2017, Circuit 3 and Circuit 8 also had the highest rates of child ER visits compared to the other circuits, the LSF service area and the state of Florida. Compared to Florida, rates were higher among the LSF service area for all three years (Technical Appendix, Table 88).

FIGURE 12: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES CHILDREN < 18, RATE PER 100,000 0-17 POPULATION, 2016-2018.

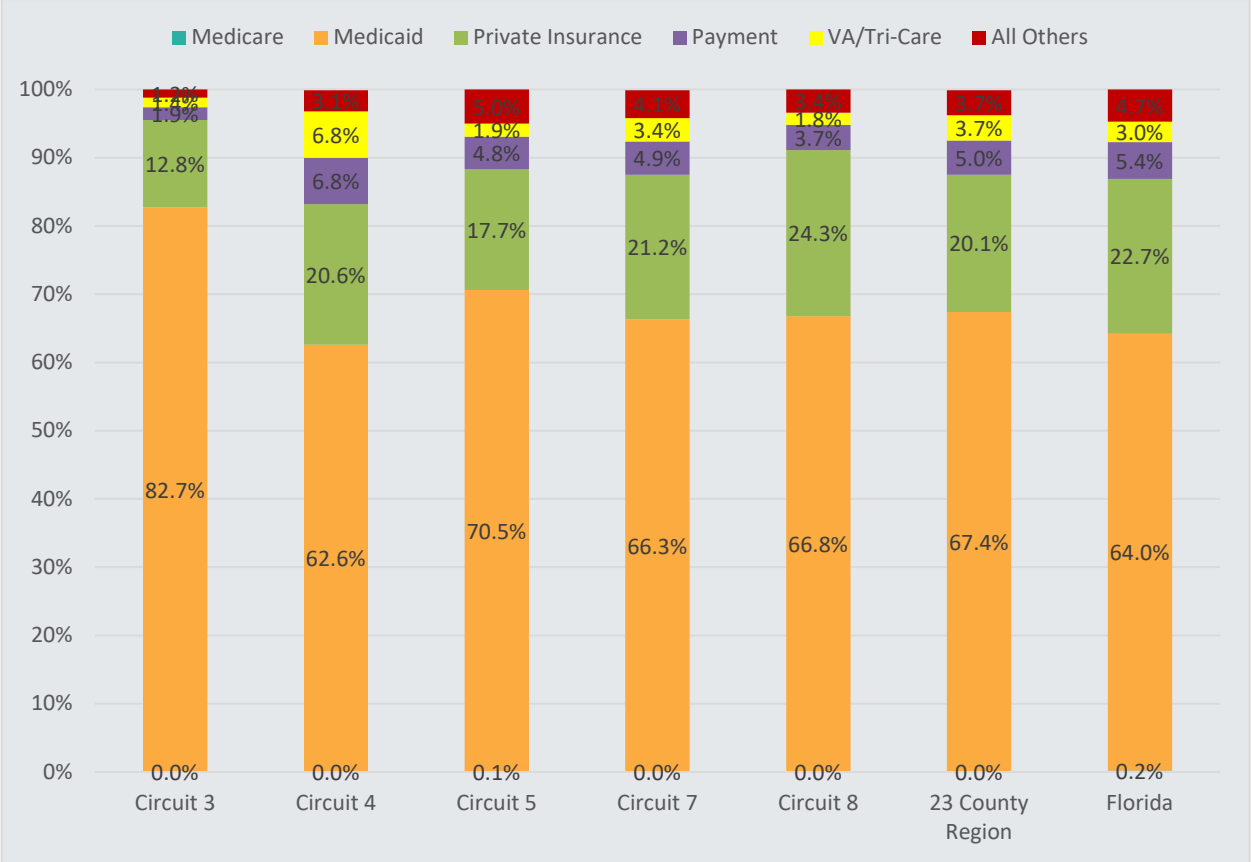


Source: Table 88, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

When comparing racial groups black children have a higher rate of mental health emergency department visits than white children in the LSF service area. Overall, rates in the LSF service area are higher for both black and white children than in Florida (Technical Appendix, Table 91 & 94).

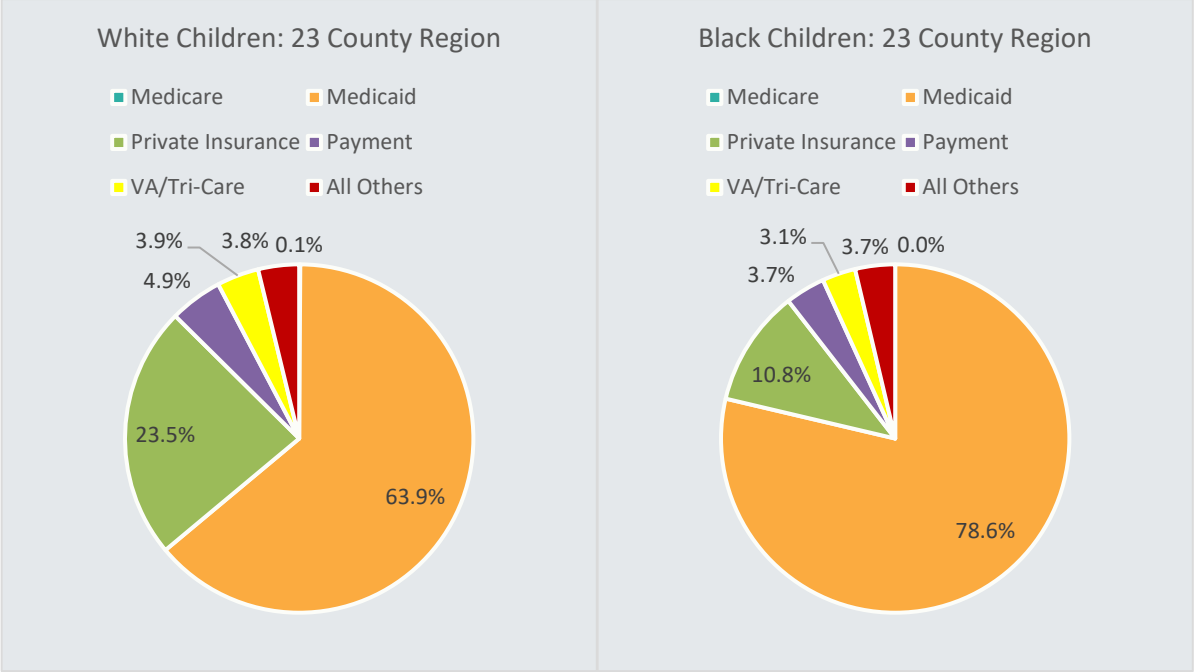
Seen below is the percentage distribution of the payor source for mental health emergency department visits for children aged 0 to 17. Florida and the LSF service area have similar percentage distributions. The two payor sources that make up over 80 percent of all mental health emergency department visits in all circuits are Medicaid and private insurance (Technical Appendix, Table 97).

FIGURE 13: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES FOR CHILDREN < 18 BY PAYOR, JAN-SEPT 2018.



The figure below breaks down the payor source for mental health emergency department visits for children aged 0 to 17 by racial group within the LSF service area. Among both racial groups – Whites and Blacks – Medicaid and private insurance make up over 85 percent of the total payor sources. Medicaid is more commonly used among Blacks (78.6 percent compared to 63.9 percent among Whites). Private insurance is more commonly used among Whites (23.5 percent versus 10.8 percent among Blacks) (Technical Appendix, Table 100 & 103).

FIGURE 14: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS FOR WHITE AND BLACK CHILDREN < 18 BY PAYOR, JAN-SEPT 2018

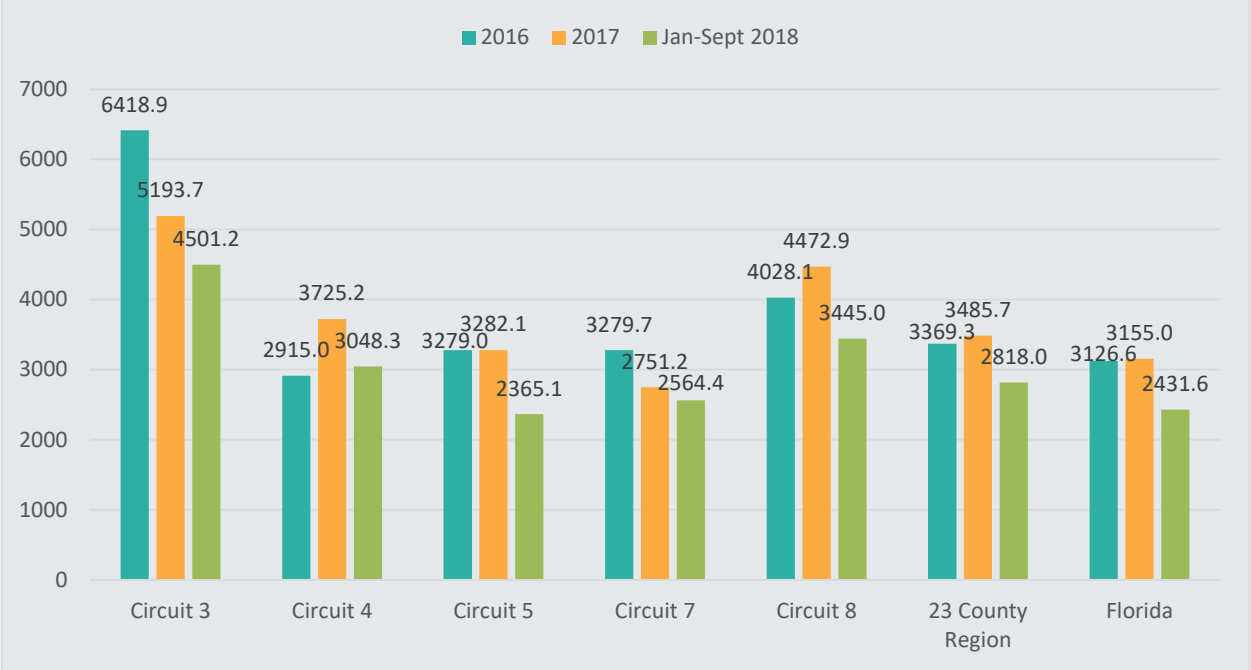


Source: Table 100 and 103, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

ADULTS

From 2016 to 2018, Circuit 3 had the highest mental health emergency department visit rate among all five circuits and in Florida. In 2016, Circuit 4 had the lowest mental health emergency department visit rate among all five circuits. In 2017 Circuit 7 had the lowest mental health emergency department visit rate, and in 2018 Circuit 5 had the lowest rate. Compared to Florida, the LSF service area had higher rates of mental health emergency department visits from 2016 through 2018 (Technical Appendix, Table 89).

FIGURE 15: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES ADULTS 18+, RATE PER 100,000 18+ POPULATION, 2016-2018

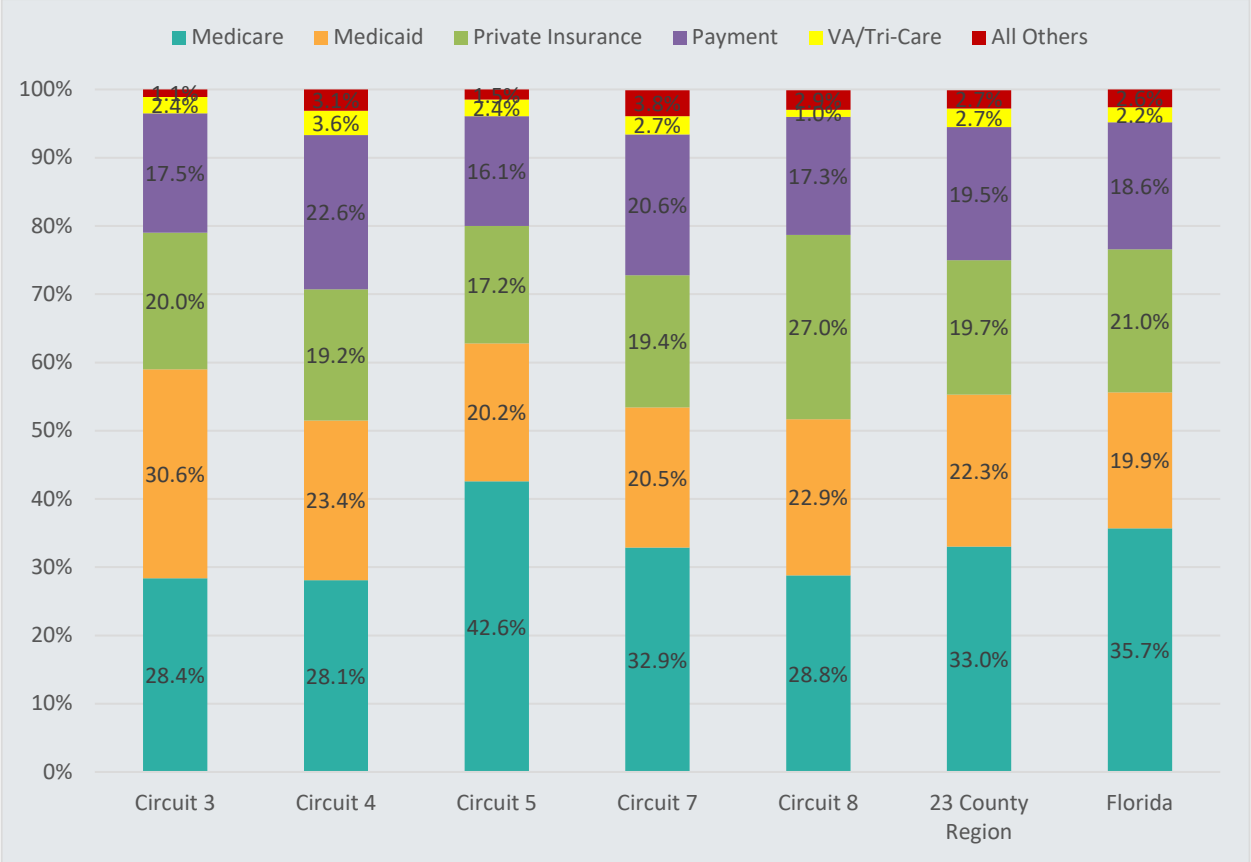


Source: Table 89, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Rates of mental health related emergency department visits among adults aged 18 and older follow the same racial distribution pattern as those for children under 18. Rates are higher among Blacks than Whites for 2016 through 2018 and are higher in the LSF service area than in Florida overall (Technical Appendix, Table 92 & 95).

The figure below shows the percentage distribution of payor sources related to mental health emergency department visits for adults aged 18 and older. Florida and the LSF service area have similar distributions. Among circuits there is some variation on which payor sources make up the top three sources. For Circuit 4, 5, 7, and 8, the top payor source is Medicare (28.1 percent, 42.6 percent, 32.9 percent, and 28.8 percent, respectively). In Circuit 3, the most common payor source is Medicaid (30.6 percent). In Circuit 4 and 5, the second most commonly used payor source is Medicaid (23.4 percent and 20.2 percent, respectively). In Circuit 3, the second most used payor source is Medicare at 28.4 percent; in Circuit 7, payment is the second most used payor source at 20.6 percent; and in Circuit 8, it is private insurance, with 19.7 percent. The third most commonly used payor source in Circuit 3 and 5 is private insurance (20.0 percent and 17.2 percent, respectively); in Circuit 7 and 8, it is Medicaid (20.5 percent and 22.9 percent, respectively); and in Circuit 4, it is payment, with 22.6 percent (Technical Appendix, Table 98).

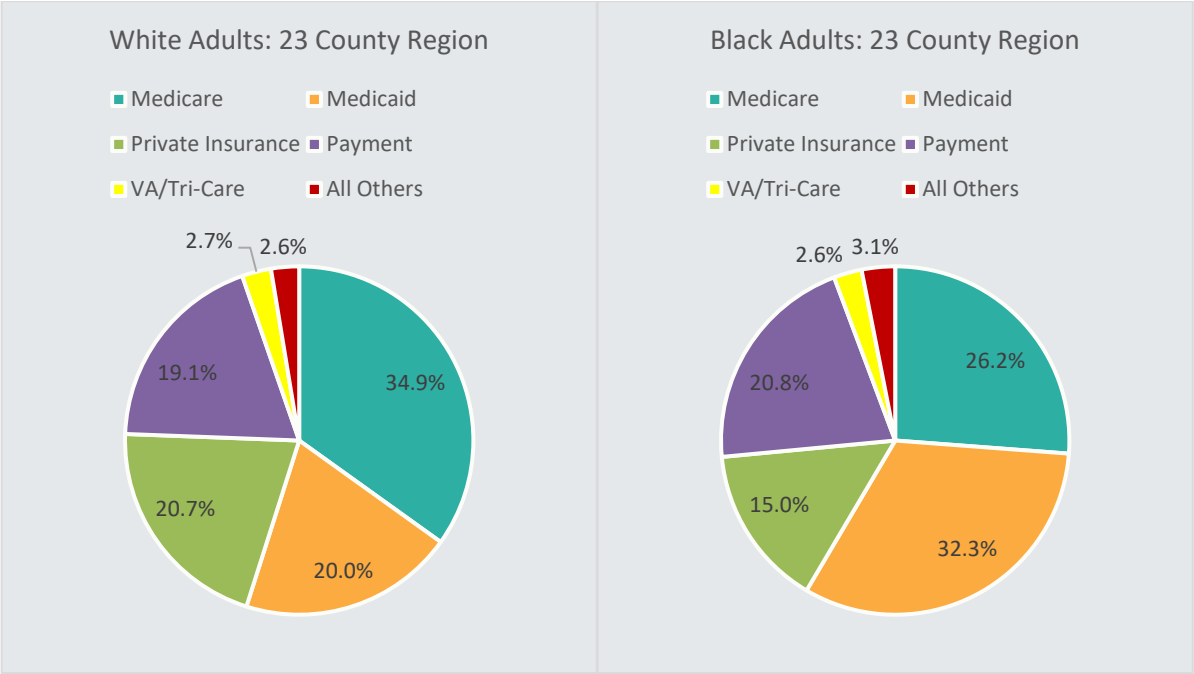
FIGURE 16: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES FOR ADULTS 18+ BY PAYOR, JAN-SEPT 2018



Source: Table 98, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Below is a further breakdown of the payor sources related to mental health emergency department visits for adults aged 18 or older in the LSF service area, broken down by racial group. For Whites the most commonly used payor source is Medicare with 34.9 percent, compared to Blacks, for whom Medicare is the second most commonly used payor source with 26.2 percent. The number one payor source among Blacks is Medicaid with 32.3 percent, compared to Whites, for whom Medicaid is the number three most used payor source with 20.0 percent. The second most common payor source among Whites is private insurance with 20.7 percent, compared to Blacks, for whom private insurance is the fourth most commonly used payor source with 15 percent. The third most used payor source among Blacks is payment with 20.8 percent, compared to Whites, for whom payment is the fourth most used payor source with 19.1 percent (Technical Appendix, Table 101 & 104).

FIGURE 17: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS FOR WHITE AND BLACK ADULTS 18+ BY PAYOR, JAN-SEPT 2018

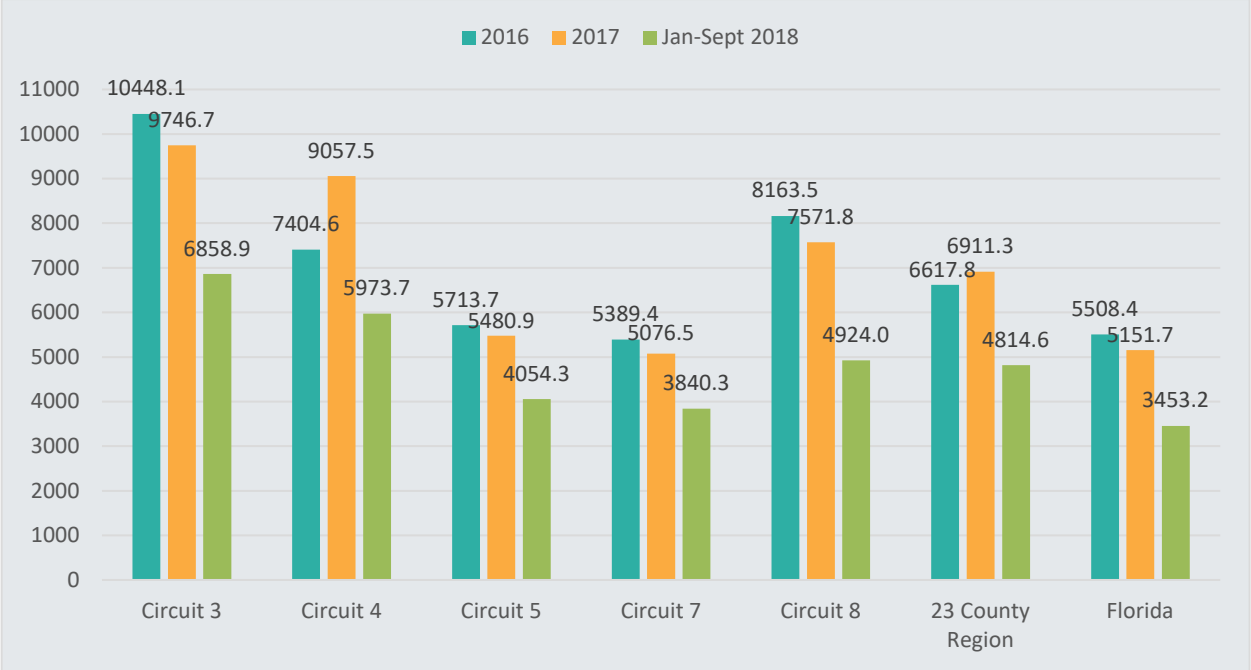


Source: Table 101 and 104, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS

Substance abuse emergency department visits refer to those cases where the emergency room was used for cases related to substance abuse crises. During the first 9 months of 2018, emergency department visit rates related to substance abuse among the LSF service area were highest in Circuit 3 (6859 visits per 100,000 population) and lowest in Circuit 7 (3840 visits per 100,000 population). In comparison, Florida's rates were lower (3453 visits per 100,000 population) than any of the circuits. Compared to previous years (2016 and 2017), the circuits with the highest and lowest rates have remained the same (Technical Appendix, Table 105).

FIGURE 18: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS, RATE PER 100,000 TOTAL POPULATION FOR ALL RACES, 2016-2018.

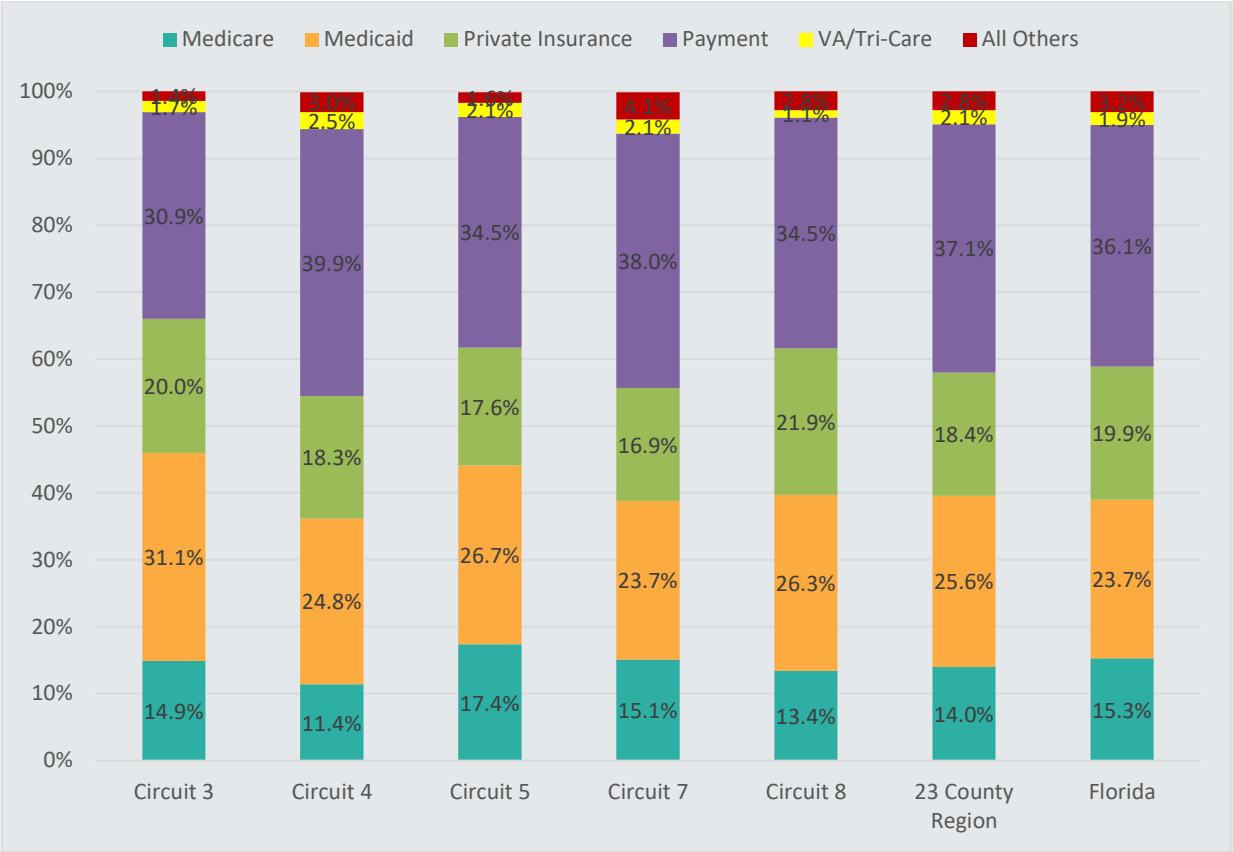


Source: Table 105, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Substance abuse emergency department visit rates are higher among Blacks than Whites in the LSF service area from 2016 through 2018. The rates among both Whites and Blacks are higher in the LSF service area than in Florida overall (Technical Appendix, Table 108 & 111).

The figure below shows the percentage distribution of the payor sources related to substance abuse emergency department visits. The top three most used payor sources are the same for Florida, the LSF service area, and Circuits 4, 5, 7, and 8. The top payor source is payment, the second most common payor source is Medicaid, and the third most used payor source for all 5 circuits, Florida, and the LSF service area is private insurance. In Circuit 3, the top payor source is Medicaid, and the second most used payor source is payment (Technical Appendix, Table 114).

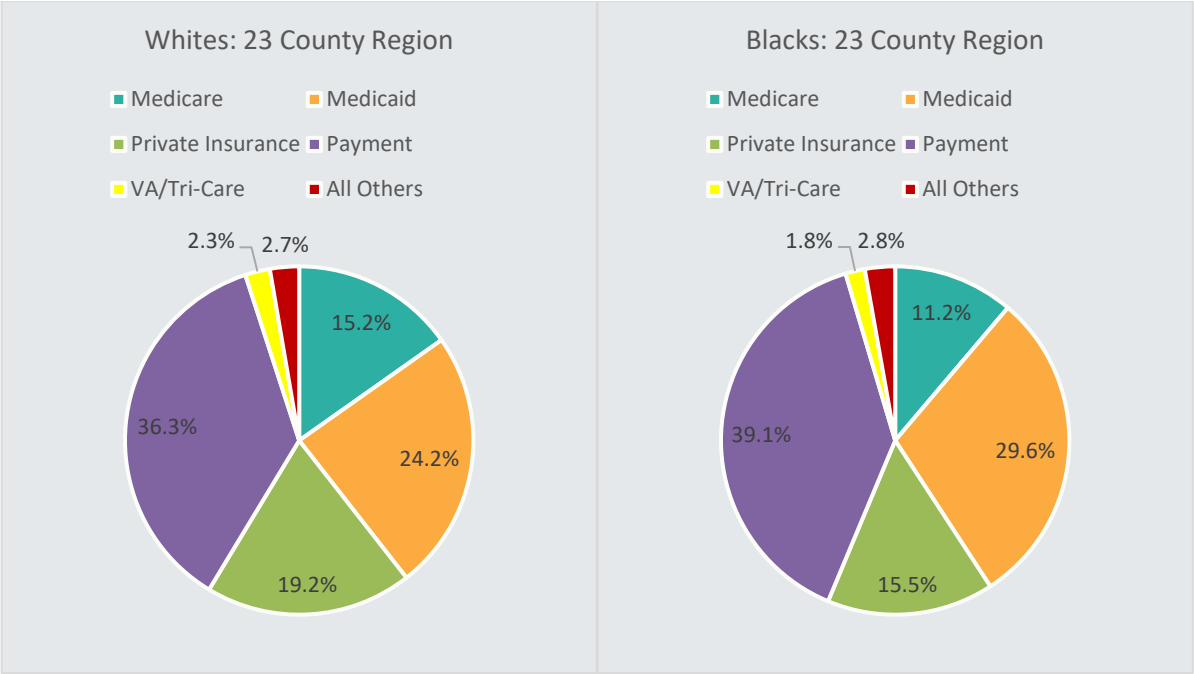
FIGURE 19: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS BY PAYOR FOR ALL RACES, JAN-SEPT 2018



Source: Table 114, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below further breaks down the payor source by racial group in the LSF service area for 2018. For Whites and Blacks the most common payor source related to substance abuse emergency department visits is payment (36.3 percent and 39.1 percent, respectively). The second most common payor source for both racial groups is Medicaid (Whites: 24.2 percent, Blacks: 29.6 percent). The third most commonly used payor source is private insurance (Whites: 19.2 percent, Blacks: 15.5 percent). The fourth most commonly used payor source is Medicare for both Whites and Blacks (15.2 percent and 11.2 percent, respectively) (Technical Appendix, Table 117 & 120).

FIGURE 20: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS BY PAYOR FOR WHITE AND BLACK RACES, JAN-SEPT 2018.

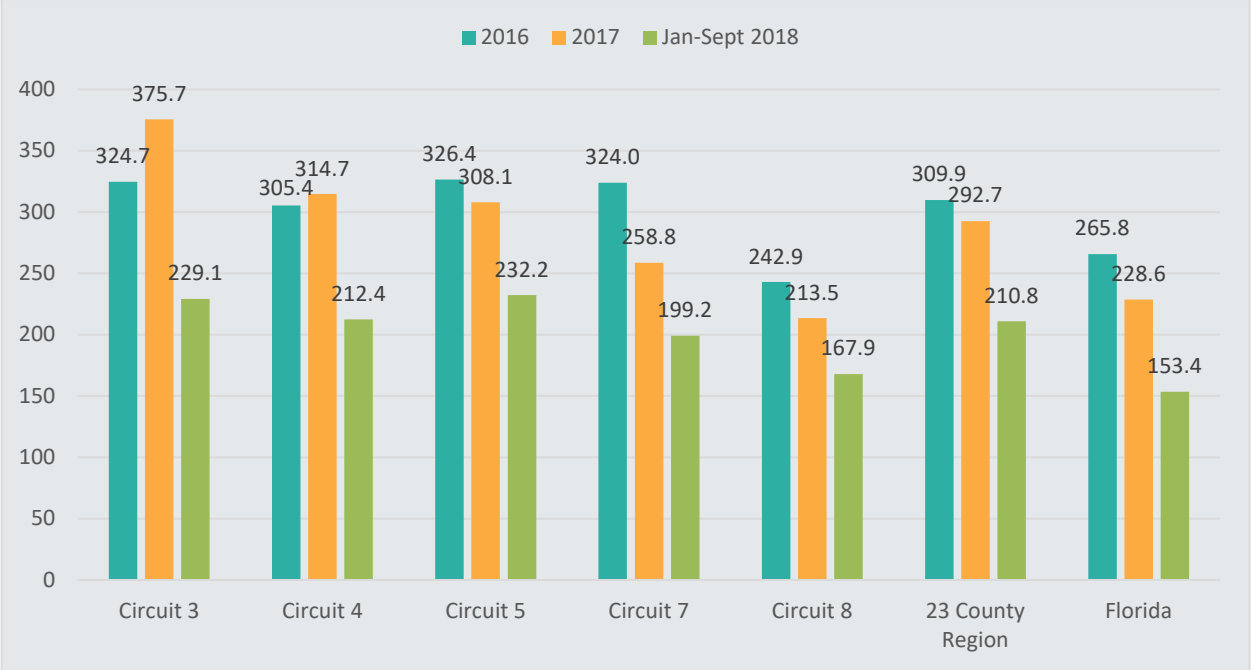


Source: Table 117 and 120, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

CHILDREN

Among all circuits, the LSF service area and Florida, substance abuse emergency department visit rates for children aged 0 to 17 have decreased from 2016-2017 to 2018. In 2016, rates were highest in Circuit 5 (326.4 visits per 100,000 0 to 17 population), followed closely by Circuit 3 and Circuit 7 (324.7 visits per 100,000 0 to 17 population and 324.0 visits per 100,000 0 to 17 population, respectively). Circuit 3 had the highest rate in 2017 (375.7 visits per 100,000 0 to 17 population) and the second highest rate in the first 9 months of 2018 (229.1 visits per 100,000 0 to 17 population). Circuit 5 had the highest rate in 2018 with 232.2 visits per 100,000 in the 0 to 17 population. Circuit 8 had the lowest rate among the circuits for all three years. Overall, rates related to substance abuse emergency department visits were higher in the LSF service area than in Florida for 2016 through 2018 (Technical Appendix, Table 106).

FIGURE 21: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES CHILDREN < 18, RATE PER 100,000 0-17 POPULATION, 2016-2018.

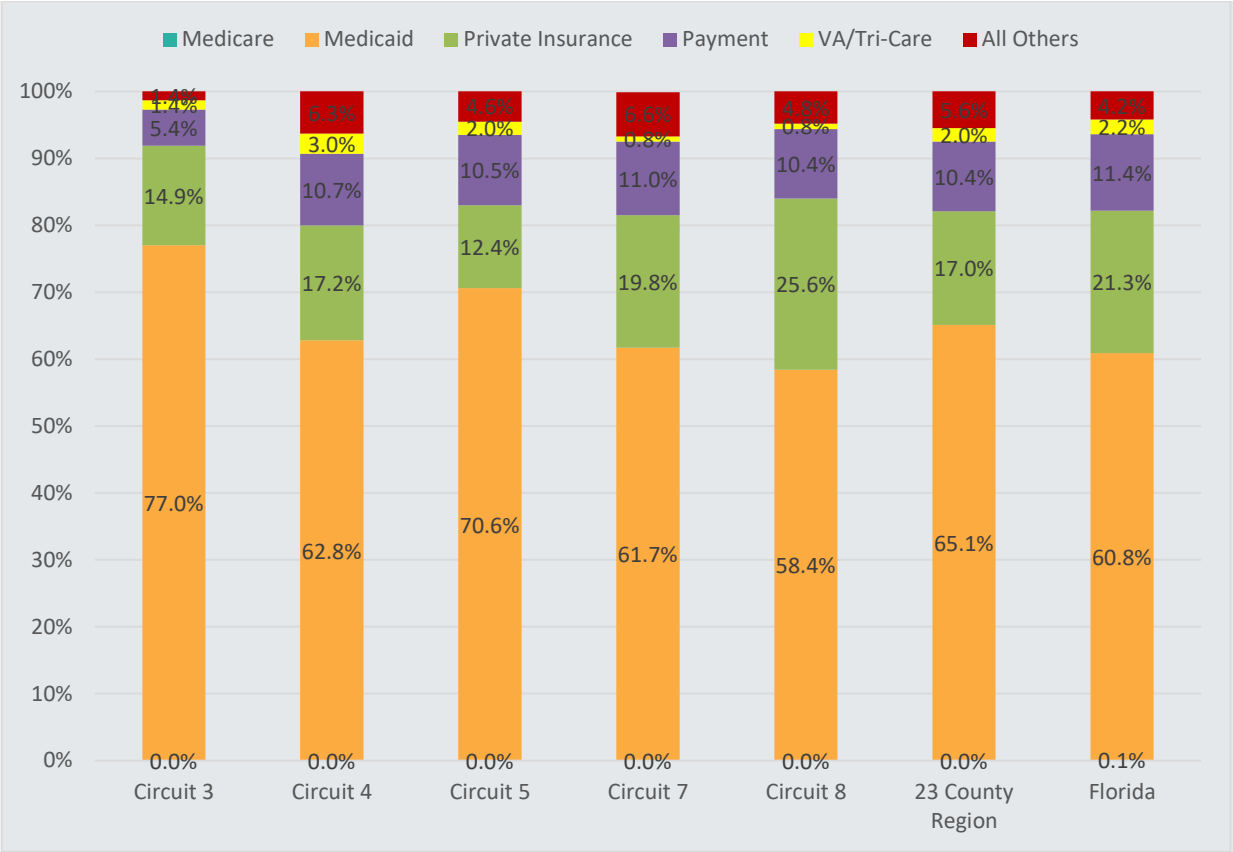


Source: Table 106, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

When comparing racial groups, black children have a higher rate of substance abuse emergency department visits than whites children in the LSF service area. Overall, rates in the LSF service area are higher for children of both races than in Florida. In Florida overall, substance abuse emergency department visit rates are higher for white children than for black children (Technical Appendix, Table 109 & 112).

The figure below shows the percentage distribution of the payor source due to costs related to substance abuse emergency department visits for children aged 0 to 17 in January through September of 2018. The LSF service area and Florida have very similar percentage distributions. Medicaid is the most commonly used source of payment among all circuits, the LSF service area, and Florida. The second most common payor source is private insurance, followed by payment. Together, the top 3 payor sources make up over 90 percent of the total (Technical Appendix, Table 115).

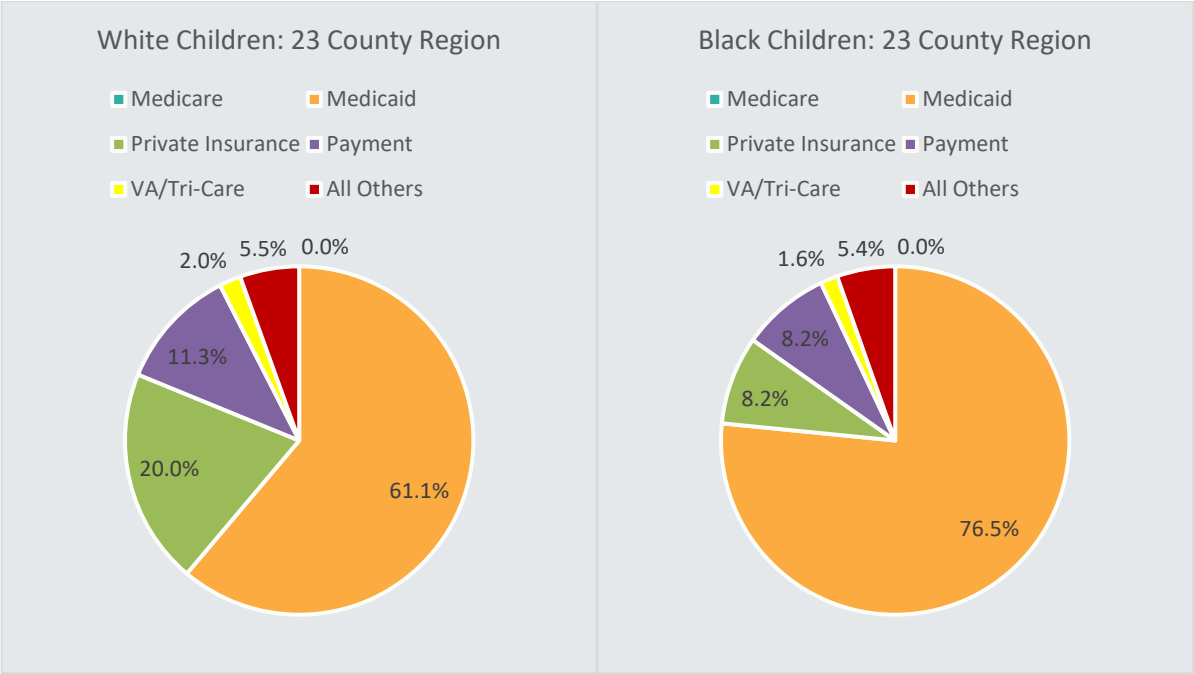
FIGURE 22: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES FOR CHILDREN < 18 BY PAYOR, JAN-SEPT 2018.



Source: Table 115, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below further breaks down the payor source for children aged 0 to 17 by racial group within the LSF service area in 2018. For both white and black children, Medicaid, private insurance, and payment make up over 90 percent of the total payor sources. Medicaid is more commonly used among black children (76.5 percent compared to 61.1 percent among white children). Private insurance is more commonly used among white children (20.0 percent versus 8.2 percent among Blacks). Payment is also more commonly used among white children (11.3 percent versus 8.2 percent among Blacks) (Technical Appendix, Table 118 & 121).

FIGURE 23: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS FOR WHITE AND BLACK CHILDREN < 18 BY PAYOR, JAN-SEPT 2018.

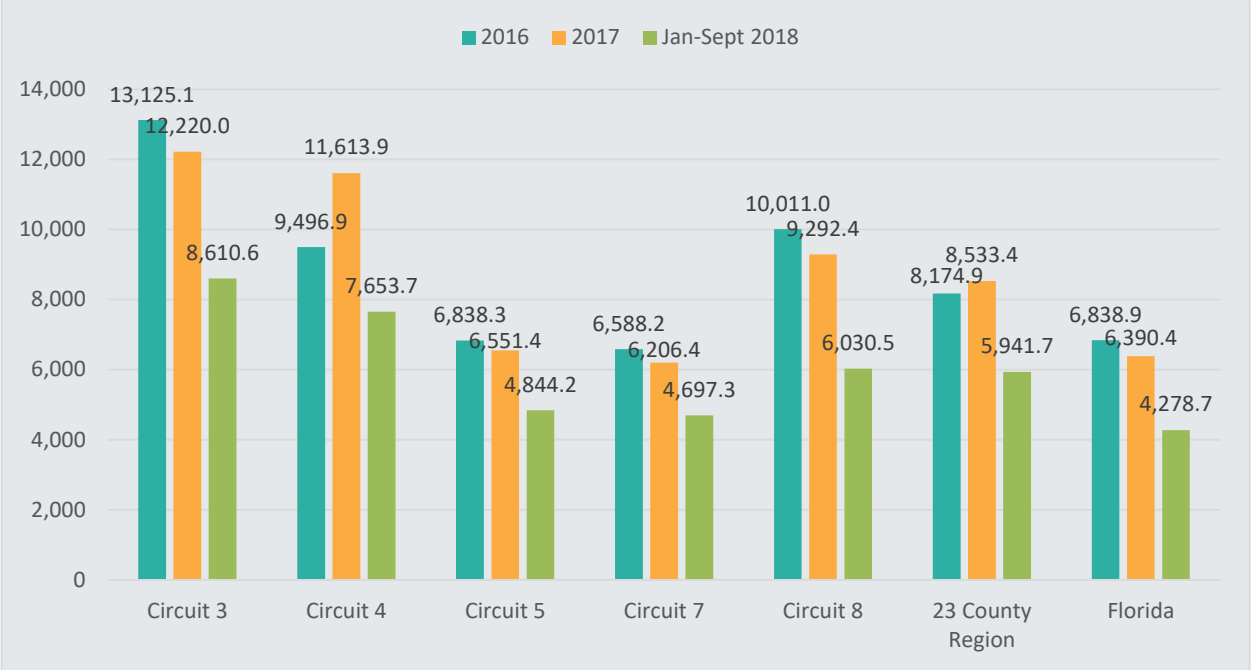


Source: Table 118 and 121, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

ADULTS

Overall, rates of substance abuse related emergency department visits among adults aged 18 or older are higher in the LSF service area than in Florida. From 2016 to 2018, rates were highest in Circuit 3 and lowest in Circuit 7 (Technical Appendix, Table 107).

FIGURE 24: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES ADULTS 18+, RATE PER 100,000 18+ POPULATION, 2016-2018.

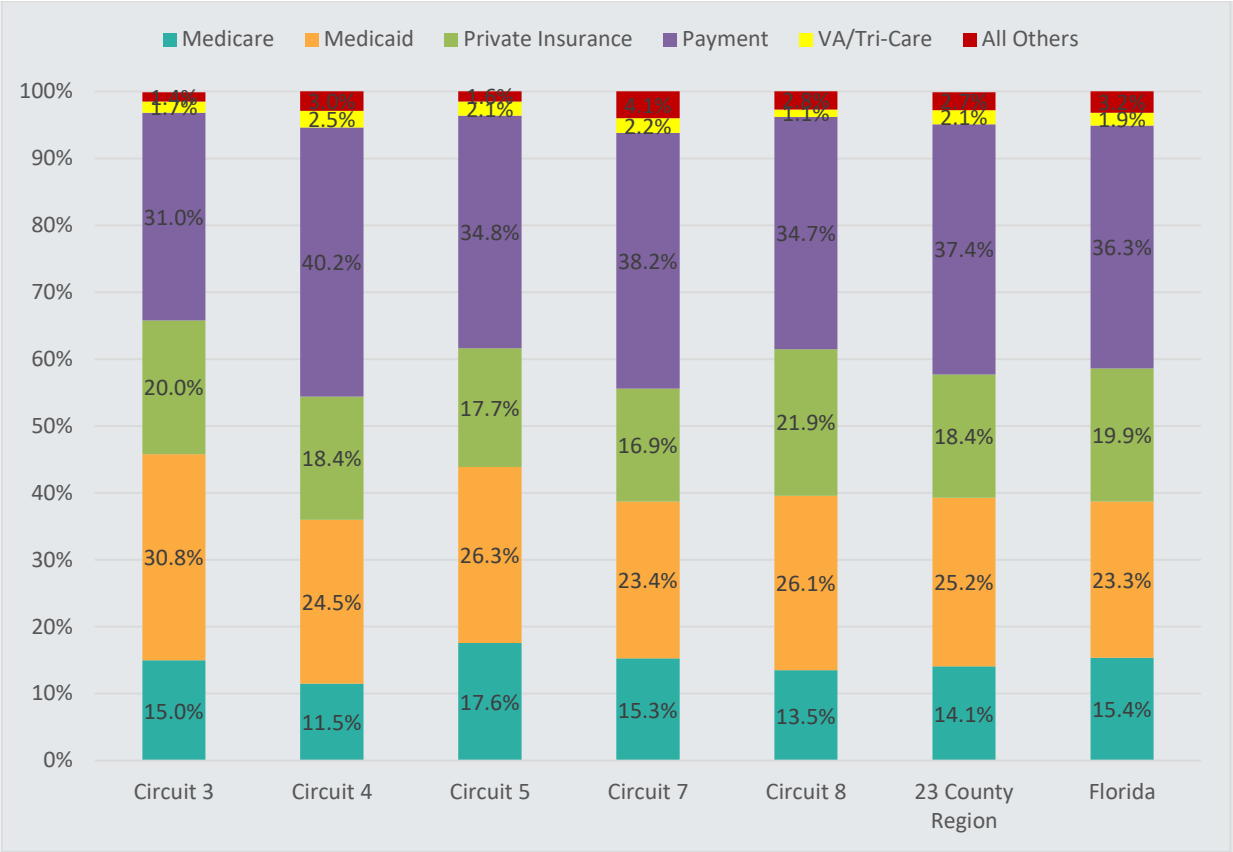


Source: Table 107, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Substance abuse emergency department visit rates were higher among black adults than white adults in the LSF service area and in Florida from 2016 through 2018 (Technical Appendix, Table 110 & 113).

The figure below shows the percentage distribution of payor source related to substance abuse emergency department visits for adults aged 18 and older. Florida, the LSF service area, and all 5 circuits have similar distributions. The top payor source is payment (Circuit 3: 31.0 percent; Circuit 4: 40.2 percent; Circuit 5: 34.8 percent; Circuit 7: 38.2 percent; Circuit 8: 34.7 percent). The second most commonly used payor source is Medicaid (Circuit 3: 30.8 percent; Circuit 4: 24.5 percent; Circuit 5: 26.3 percent; Circuit 7: 23.4 percent; Circuit 8: 26.1 percent). The third mostly used payor source is private insurance (Circuit 3: 20.0 percent; Circuit 4: 18.4 percent; Circuit 5: 17.7 percent; Circuit 7: 16.9 percent; Circuit 8: 21.9 percent) (Technical Appendix, Table 116).

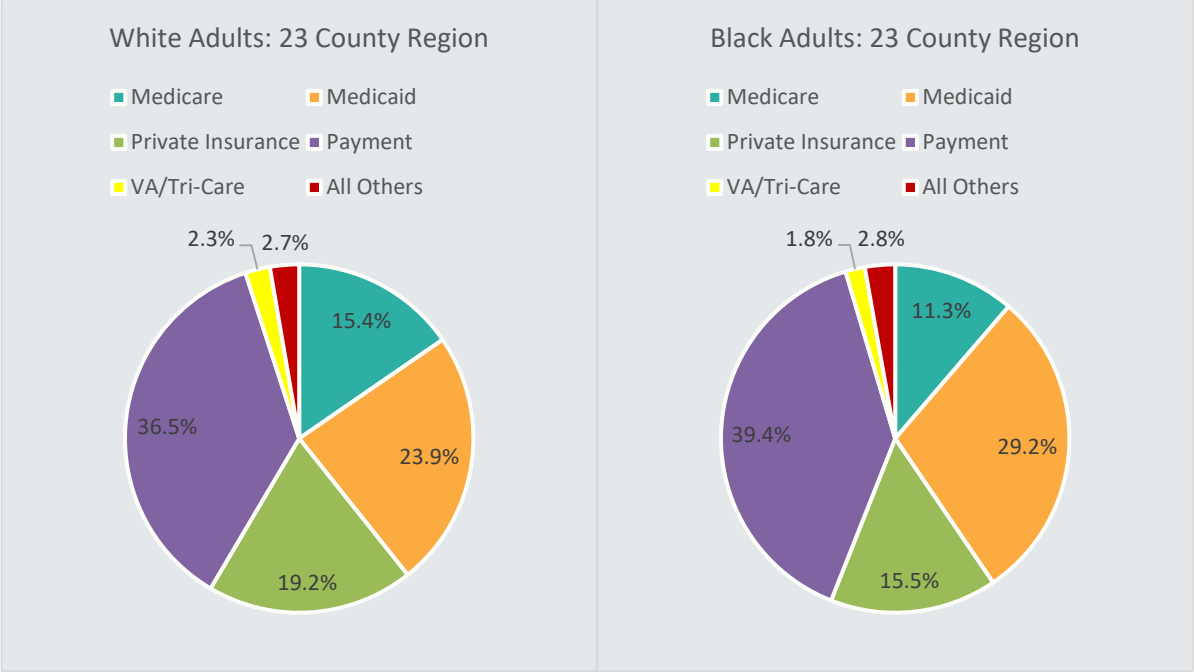
FIGURE 25: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS FOR ALL RACES ADULTS 18+ BY PAYOR, JAN-SEPT 2018.



Source: Table 116, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Below is a further breakdown of the payor source related to substance abuse emergency department visits for adults aged 18 or older in the LSF service area broken down by racial group. For white and black adults the most commonly used payor source is payment with 36.5 percent and 39.4 percent, respectively. The second most common payor source for people of both races is Medicaid with 23.9 percent (white adults) and 29.2 percent (black adults). The third most used payor source among people of both races is private insurance, with 19.2 percent for white adults and 15.5 percent for black adults. The remaining payor source that makes up over 10 percent of substance abuse emergency department visit costs is Medicare (Whites: 15.4 percent; Blacks: 11.3 percent) (Technical Appendix, Table 119 & 122).

FIGURE 26: SUBSTANCE ABUSE EMERGENCY DEPARTMENT (ED) VISITS FOR WHITE AND BLACK ADULTS 18+ BY PAYOR, JAN-SEPT 2018.



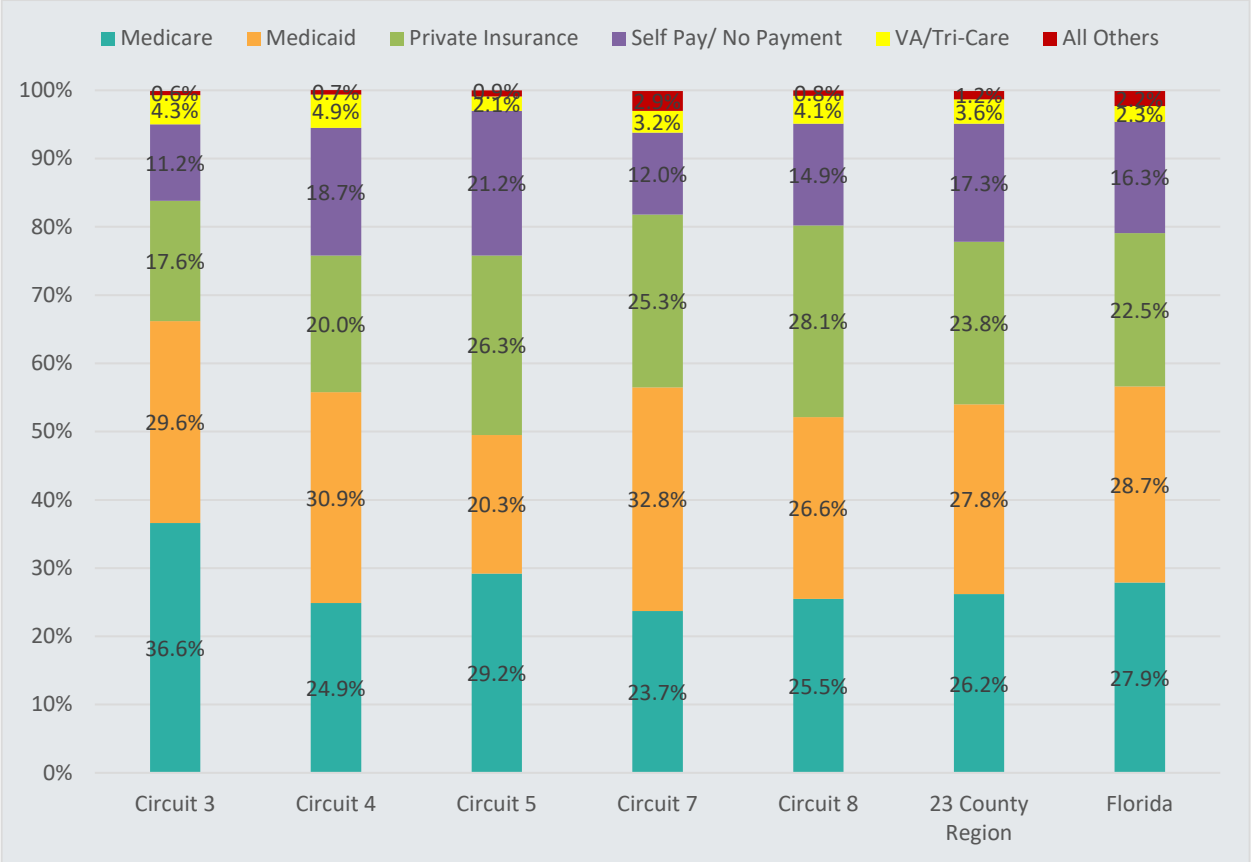
Source: Table 119 and 122, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

MENTAL HEALTH DISCHARGES

Mental health hospital discharges include those cases in which patients were hospitalized as a result of a mental health episode, illness, or disorder. From January to September 2018, there were 590.4 mental health discharges per 100,000 population in the LSF service area, compared to 605.5 mental health discharges per 100,000 population in Florida. Circuit 3 had the lowest (432.9 per 100,000 population) and Circuit 4 the highest (665.6 per 100,000 population) mental health discharge rate. On average, individuals had a longer average length of stay (ALOS) in the LSF service area (6.1 days) than in Florida (5.8 days). Circuit 3 had the longest ALOS (9.6 days), and Circuit 4, 5, and 7 had the shortest ALOS (5.9 days) in the first 9 months of 2018 (Technical Appendix, Table 123). Mental health discharges appear at a higher rate in the black population in both the LSF service area and Florida (768.6 and 855.4 per 100,000 population, respectively) than in the white population (551.0 and 539.7 per 100,000 population, respectively). The ALOS is longer among Blacks in the LSF service area than among Whites (6.5 days versus 5.9 days, respectively), whereas the ALOS in Florida is shorter among Blacks than Whites (5.7 days versus 5.9 days, respectively) (Technical Appendix, Table 126 & 129). Overall, the most common payor source for the LSF service area is Medicaid, which covered 27.8 percent of mental health related discharges in 2018. Medicaid is followed closely by Medicare at 26.2 percent and private insurance at 23.8 percent. Florida follows a similar payor source pattern; 28.7 percent of mental health

discharges are covered under Medicaid, 27.9 percent under Medicare, and 22.5 percent under private insurance. The figure below shows the payor sources in more detail and by area (Technical Appendix, Table 132).

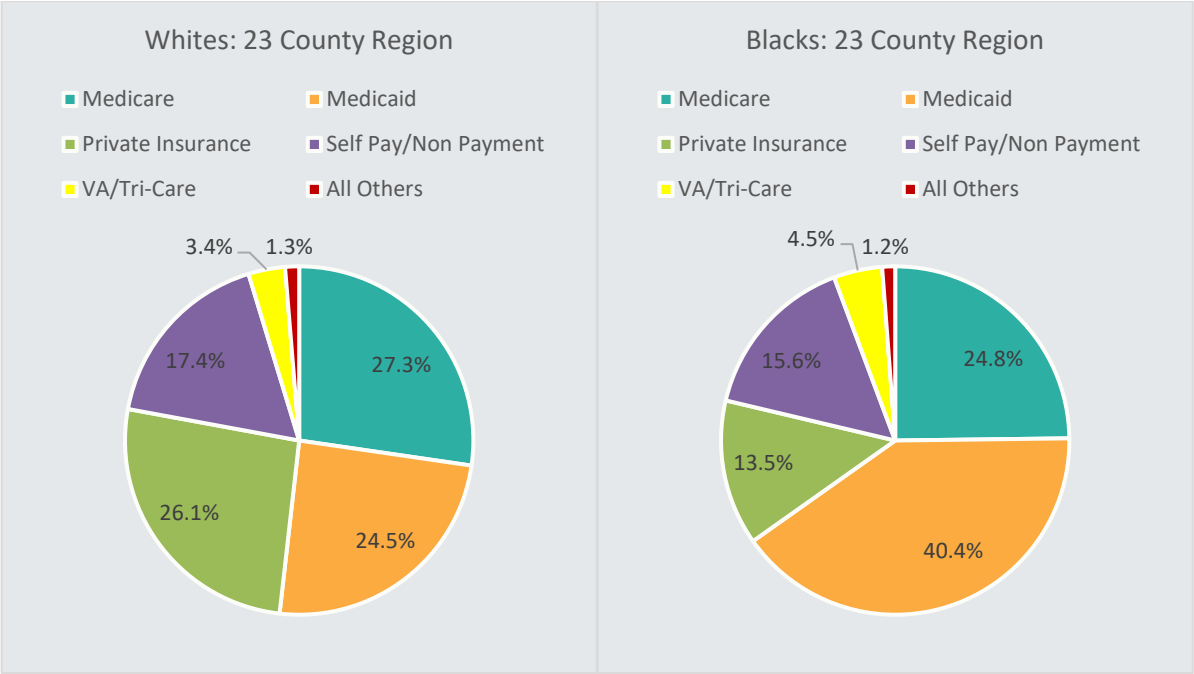
FIGURE 27: PERCENT OF MENTAL HEALTH DISCHARGES BY PAYOR FOR ALL RACES, JAN-SEPT, 2018.



Source: Table 132, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows the percentage distribution of mental health discharges by payor source for whites and blacks in the LSF service area for 2018. Among Whites, the most commonly used payor source for mental health discharges was Medicare at 27.3 percent, compared to Blacks, for whom the most commonly used payor source for mental health discharges was Medicaid at 40.4 percent. The second most used payor source also differs between Whites and Blacks in the LSF service area. For Whites the second most used payor source is private insurance, covering 26.1 percent of mental health discharges; for Blacks it is Medicare, which covers 24.8 percent (Technical Appendix, Table 135 & 138).

FIGURE 28: PERCENT OF MENTAL HEALTH DISCHARGES FOR WHITE AND BLACK RACES BY PAYOR, JAN-SEPT 2018.



Source: Table 135 and 138, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

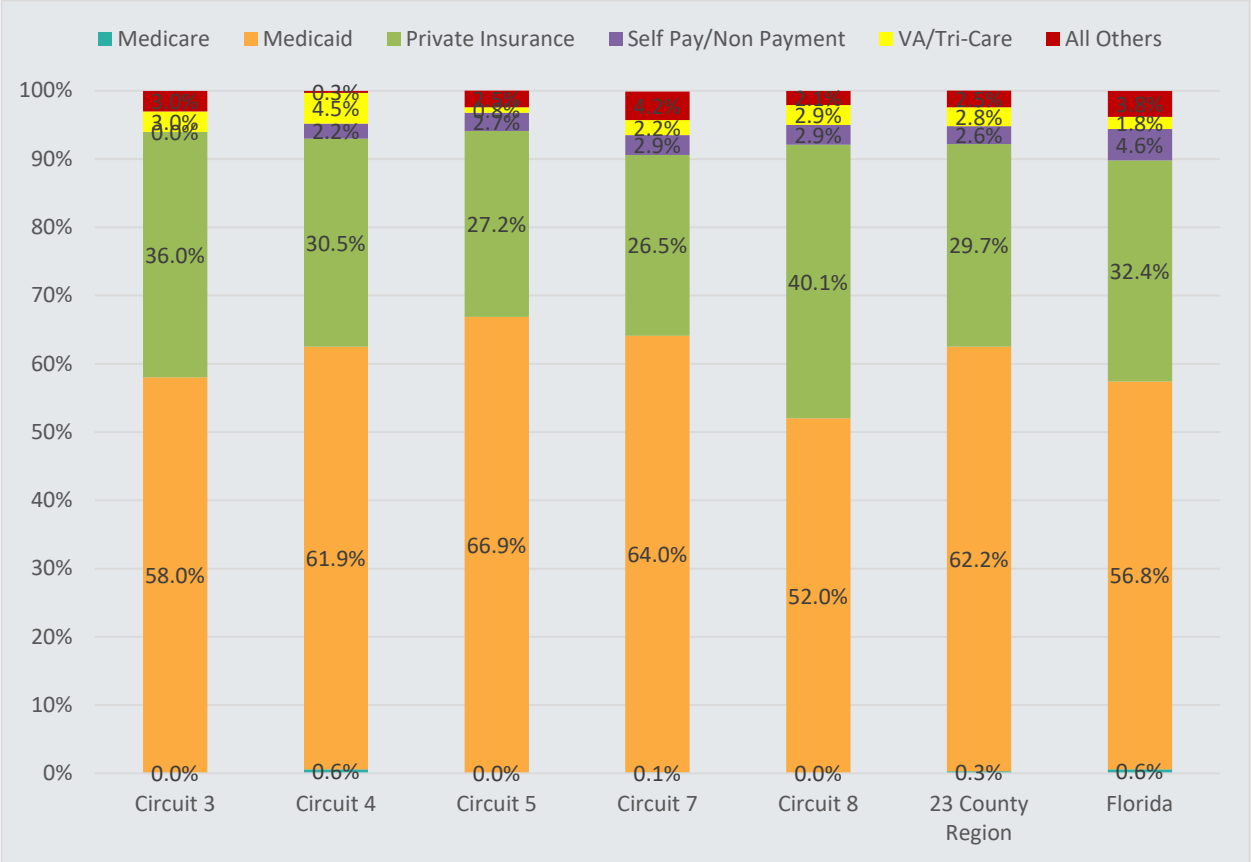
CHILDREN

Among children aged 0 to 17, there were 466.9 mental health discharges per 100,000 in the LSF service area, compared to 442.8 mental health discharges per 100,000 in Florida from January through September 2018. In the LSF service area, Circuit 5 had the lowest discharge rate (245.9 per 100,000 population), and Circuit 7 had the highest discharge rate (807.3 per 100,000 population). The average length of stay (ALOS) varied greatly among circuits and was longest in Circuit 3 (27.0 days) and shortest in Circuit 7 (4.9 days). Overall, the ALOS was longer in the LSF service area (6.3 days) than in Florida (4.9 days) (Technical Appendix, Table 124).

In the LSF service area, the mental health discharge rate was higher among than among black children (486.0 versus 463.3 per 100,000 population). In Florida overall, the mental health discharge rate was lower among white children than black children (432.9 versus 463.7 per 100,000 population). The ALOS was longer for black children in both the LSF service area (6.5 days versus 5.8 days, respectively) and Florida (5.1 days versus 5.0 days, respectively) (Technical Appendix, Table 127 & 130). The figure below shows the percentage distribution of payor sources for mental health discharges for children aged 0 to 17 in 2018. Compared to Florida, the LSF service area has the same top two payor sources: Medicaid and private insurance. Medicaid covers 62.2 percent of mental health discharges in the LSF service area and 56.8 percent in Florida. Private

insurance covers 29.7 percent of mental health discharges in the LSF service area and 32.4 percent in Florida (Technical Appendix, Table 133).

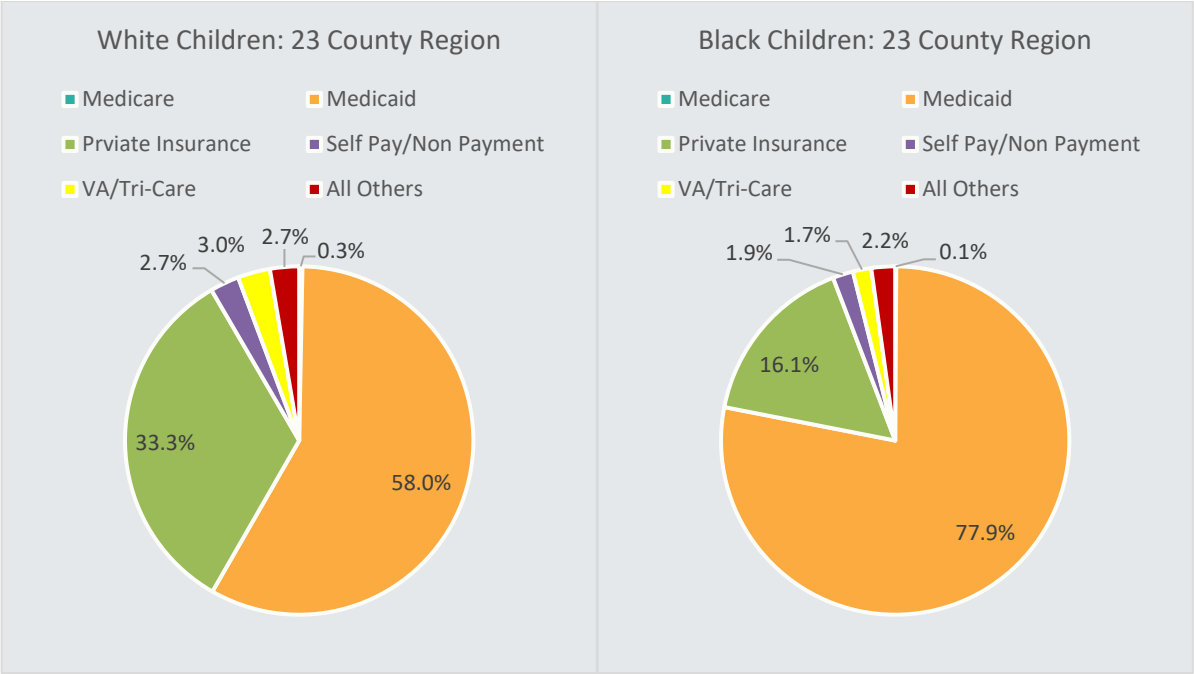
FIGURE 29: PERCENT OF MENTAL HEALTH DISCHARGES BY PAYOR FOR ALL RACES CHILDREN < 18, JAN-SEPT 2018.



Source: Table 133, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows the percent distribution of payor sources related to mental health discharges for children aged 0 to 17 split up by race. The two payor sources making up over 90 percent of the coverage for both white and black children are Medicaid (58.0 percent and 77.9 percent, respectively) and private insurance (33.3 percent and 16.1 percent, respectively) (Technical Appendix, Table 136 & 139).

FIGURE 30: PERCENT OF MENTAL HEALTH DISCHARGES FOR WHITE AND BLACK CHILDREN < 18 BY PAYOR, JAN-SEPT 2018.

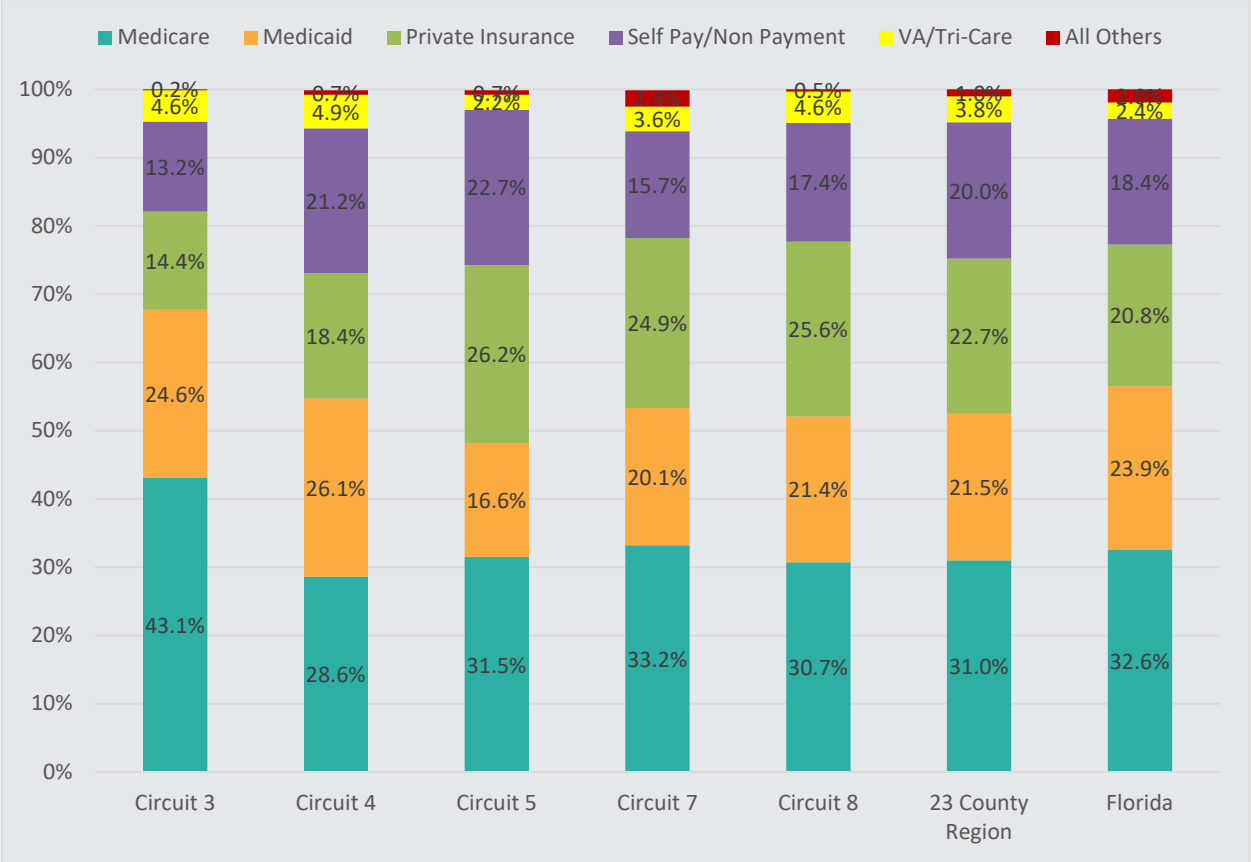


Source: Table 136 and 139, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

ADULTS

The LSF service area has a lower rate of mental health discharges (620.7 per 100,000 population) than Florida (646.2 per 100,000 population) among adults aged 18 years or older for the first 9 months of 2018. Among the individual circuits, Circuit 3 has the lowest discharge rate (465.5 per 100,000 population) and Circuit 4 has the highest discharge rate (744.8 per 100,000 population). Regarding the ALOS, the LSF service area and Florida are tied at 6 days. Circuit 3 has the longest ALOS (6.6 days), and Circuit 5 has the shortest ALOS (5.8 days) (Technical Appendix, Table 125). When comparing racial groups, white adults have a lower mental health discharge rate than black adults for both the LSF service area (564.8 versus 878.5 per 100,000 population, respectively) and Florida overall (563.1 versus 994.7 per 100,000 population, respectively). The ALOS is also lower for Whites than Blacks (5.9 versus 6.2 days) in the LSF service area. However, the ALOS is higher for Whites than Blacks (6.0 versus 5.8 days) in Florida (Technical Appendix, Table 128 & 131). Overall, the most common payor source for the LSF service area is Medicare, which covered 31.0 percent of mental health related discharges in 2018. Medicare is followed by private insurance at 22.7 percent, Medicaid at 21.5 percent, and Self Pay/Non-Payment at 20.0 percent. For Florida as a whole, 32.6 percent of mental health discharges are covered under Medicare, 23.9 percent under Medicaid, and 20.8 percent under private insurance (Technical Appendix, Table 134).

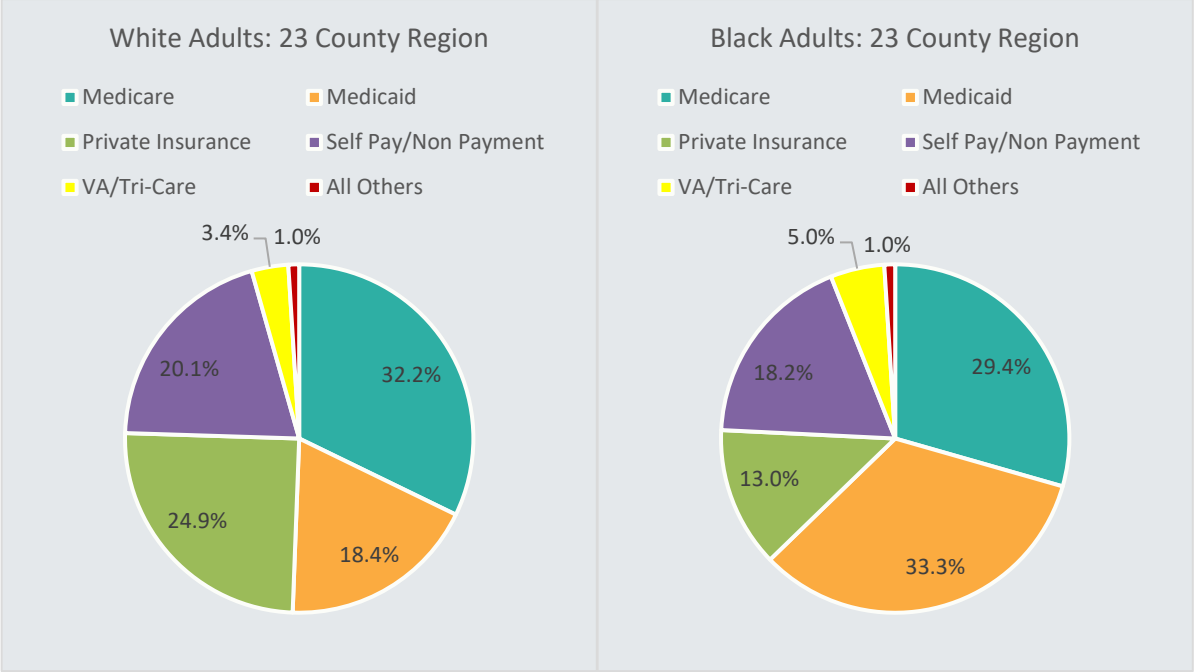
FIGURE 31: PERCENT OF MENTAL HEALTH DISCHARGES FOR ALL RACES ADULTS 18+ BY PAYOR, JAN-SEPT 2018.



Source: Table 134, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below demonstrates the percentage distribution of payor sources related to mental health discharges for adults aged 18 or older by race in 2018. The percentage distribution by payor source differs by racial group. For white adults the most commonly used payor source for mental health discharges was Medicare (32.2 percent); for black adults the primary payor source was Medicaid (33.3 percent). For white adults private insurance was the second most used (24.9 percent); for Blacks the second most commonly used payor source was Medicare (29.4 percent). For both races the third most common way to cover mental health discharge costs was self-pay or non-payment (20.1 percent versus 18.2 percent, respectively) (Technical Appendix, Table 137 & 140).

FIGURE 32: PERCENT OF MENTAL HEALTH DISCHARGES FOR WHITE AND BLACK ADULTS 18+ BY PAYOR, JAN-SEPT 2018.



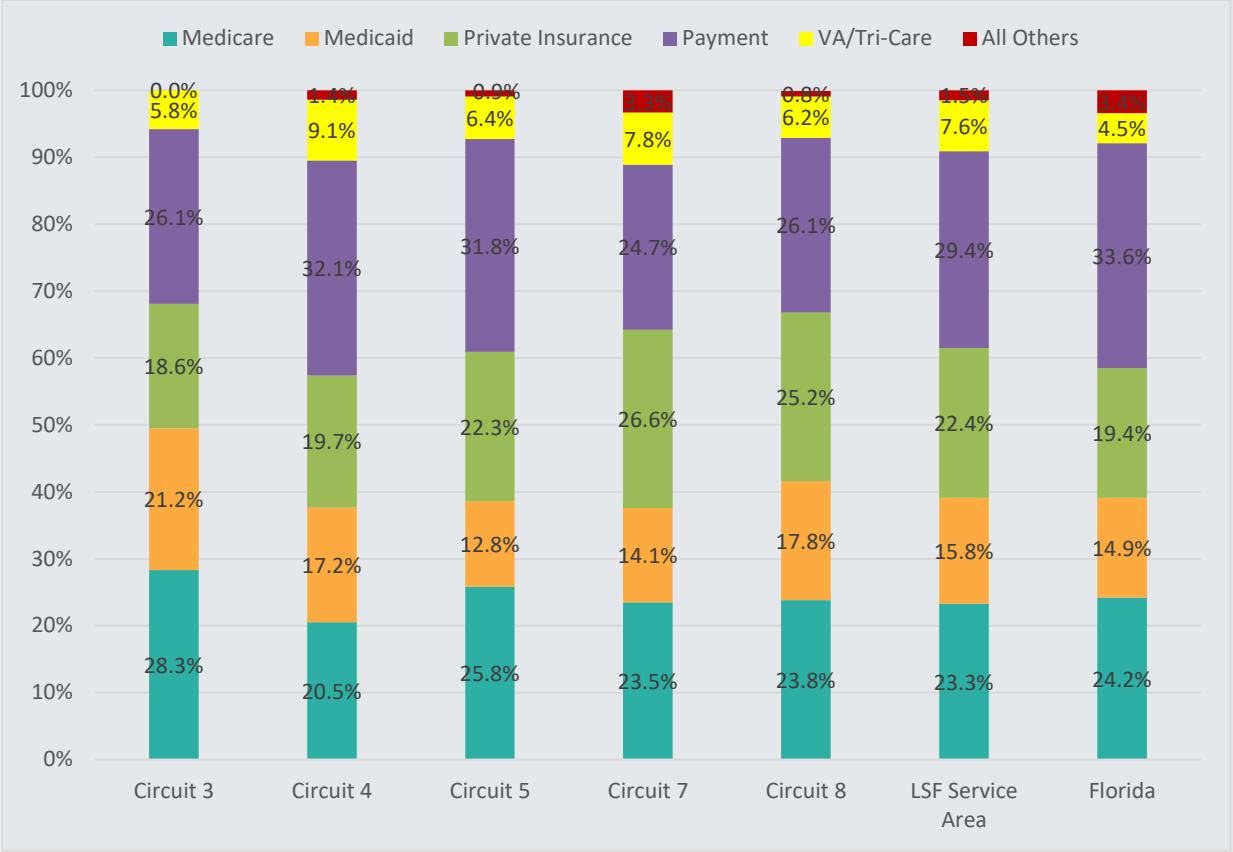
Source: Table 137 and 140, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

SUBSTANCE ABUSE DISCHARGES

Substance abuse discharges refer to those cases in which patients were hospitalized regarding substance abuse. During the first nine months of 2018 there were 126.6 substance abuse discharges per 100,000 people in the LSF service area versus 122.1 substance abuse discharges per 100,000 in Florida. Comparing the LSF service area by circuits, Circuit 7 had the lowest (102.1 per 100,000 population) and Circuit 8 the highest (179.0 per 100,000 population) substance abuse discharge rate. On average, individuals had a slightly longer average length of stay (ALOS) in the LSF service area (4.8 days) than in Florida (4.7 days). Among circuits, Circuit 3 had the longest ALOS (5.1 days), and Circuit 5 had the shortest ALOS (4.5 days) from January through September of 2018 (Technical Appendix, Table 141). The substance abuse discharge rate appears higher among white adults in both the LSF service area and Florida (135.5 and 130.2 per 100,000 population, respectively) than among black adults (95.1 and 88.0 per 100,000 population, respectively). The ALOS is longer for the black population in the LSF service area than the white population (5.6 days versus 4.8 days, respectively) as well as in Florida (5.1 days versus 4.7 days, respectively) (Technical Appendix, Table 144 & 147). Overall, the most common payor source for the LSF service area is payment, which covered 29.4 percent of substance abuse related discharges in 2018. Payment is followed by Medicare at 23.3 percent and private insurance at 22.4 percent. Florida follows a similar payor source pattern; 33.6 percent of substance abuse

discharges are covered under payment, 24.2 percent under Medicare, and 19.4 percent under private insurance. The figure below shows the payor sources in more detail and by area (Technical Appendix, Table 150).

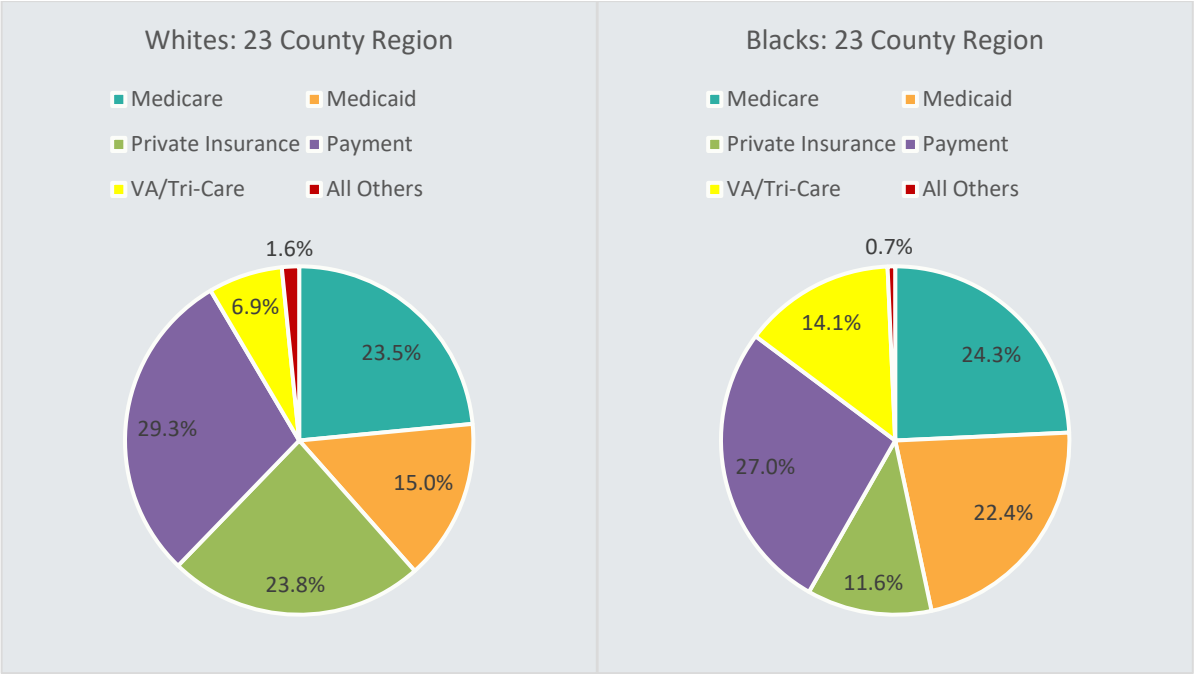
FIGURE 33: PERCENT OF SUBSTANCE ABUSE DISCHARGES BY PAYOR FOR ALL RACES, JAN-SEPT, 2018.



Source: Table 150, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows the percentage distribution of substance abuse discharges by payor source for Whites and Blacks in the LSF service area for 2018. Among Whites and Blacks the most commonly used payor source for substance abuse discharges was payment at 29.3 percent for Whites and 27.0 among Blacks. The second most used payor source differs between Whites and Blacks in the LSF service area. For Whites the second most used payor source is private insurance, covering 23.8 percent of substance abuse discharges; for Blacks it is Medicare, which covers 24.3 percent (Technical Appendix, Table 153 & 156).

FIGURE 34: PERCENT OF SUBSTANCE ABUSE DISCHARGES BY PAYOR FOR WHITE AND BLACK RACES, JAN-SEPT 2018.



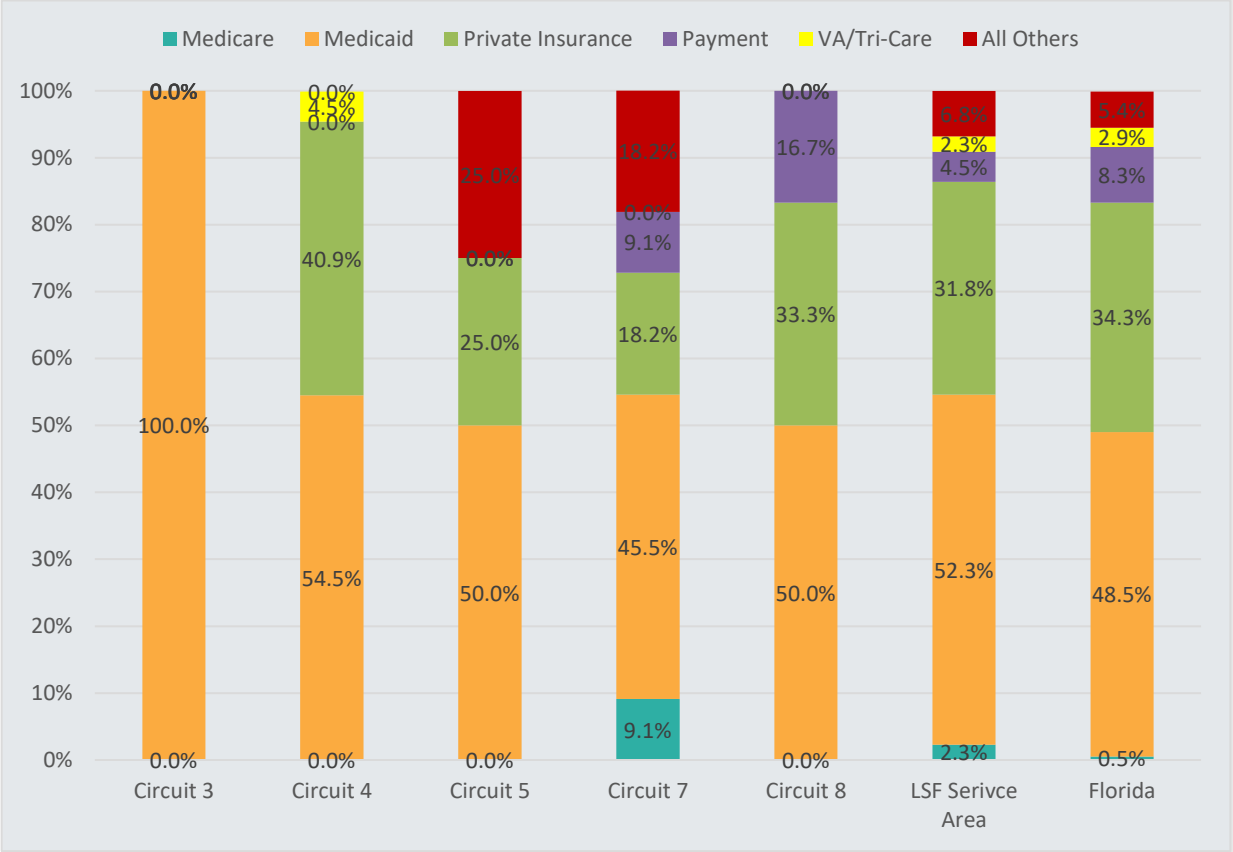
Source: Table 153 and 156, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

CHILDREN

Among children aged 0 to 17 there were 5.7 substance abuse discharges per 100,000 population in the LSF service area compared to 4.9 substance abuse discharges per 100,000 population in Florida from January through September 2018. In the LSF service area Circuit 5 had the lowest discharge rate (2.0 per 100,000 population), and Circuit 8 had the highest discharge rate (8.1 per 100,000 population). The ALOS varied among circuits and was longest in Circuit 4 (5.6 days) and shortest in Circuit 5 (2.0 days). Overall, the ALOS was longer in the LSF service area (4.4 days) than in Florida (3.3 days) (Technical Appendix, Table 142). In the LSF service area, the substance abuse discharge rate was higher among white children than among black children (6.8 versus 1.8 per 100,000 population). In Florida overall, the substance abuse discharge rate was also higher among white children than among black children (4.8 versus 4.1 per 100,000 population). The ALOS was longer among white children than black children for both the LSF service area (4.4 days versus 2.7 days, respectively) and Florida (3.2 days versus 2.9 days, respectively) (Technical Appendix, Table 145 & 148). The figure below shows the percentage distribution of payor sources for substance abuse discharges for children aged 0 to 17 in 2018. Compared to Florida, the LSF service area has the same top two payor sources: Medicaid covers 52.3 percent of substance abuse discharges in the LSF service area and 48.5 percent in

Florida; private insurance is the second most commonly used payor source with 31.8 percent coverage in the LSF service area and 34.3 percent in Florida (Technical Appendix, Table 151).

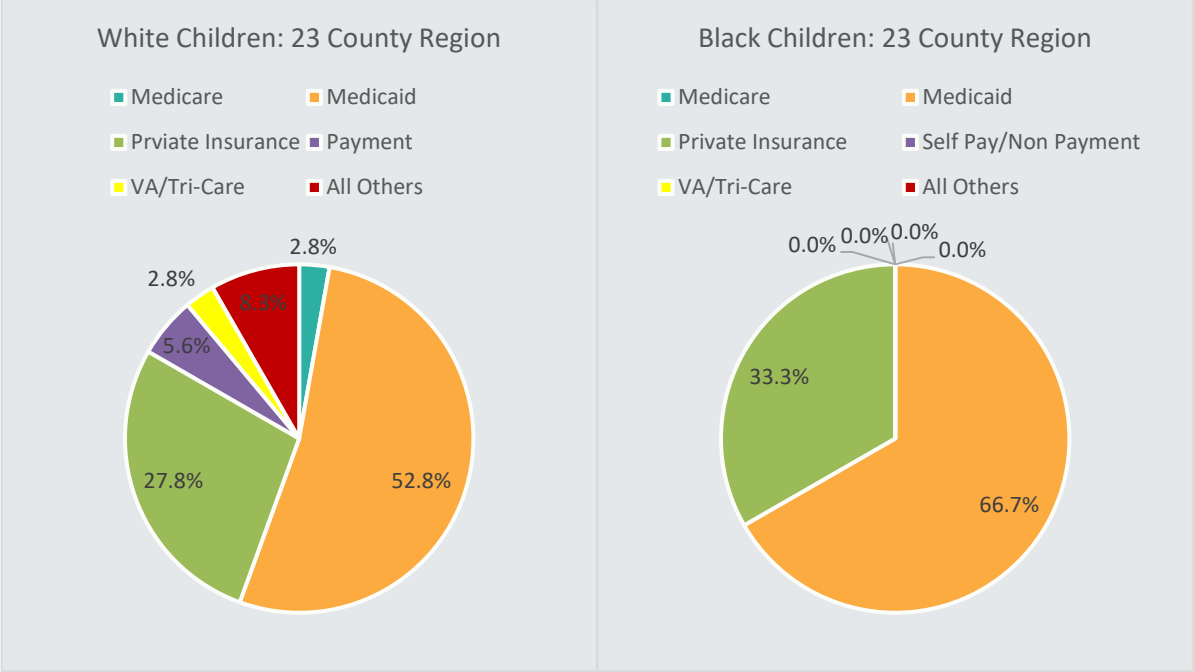
FIGURE 35: PERCENT OF SUBSTANCE ABUSE DISCHARGES FOR ALL RACES CHILDREN < 18 BY PAYOR, JAN-SEPT 2018.



Source: Table 151, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows the percentage distribution of payor sources for substance abuse discharges for both white and black children. The two payor sources making up most of the coverage for people of both races are Medicaid (52.8 percent and 66.7 percent) and private insurance (Whites: 27.8 percent and Blacks: 33.3 percent, respectively) (Technical Appendix, Table 154 & 157).

FIGURE 36: PERCENT OF SUBSTANCE ABUSE DISCHARGES FOR WHITE AND BLACK CHILDREN < 18 BY PAYOT, JAN-SEPT 2018.

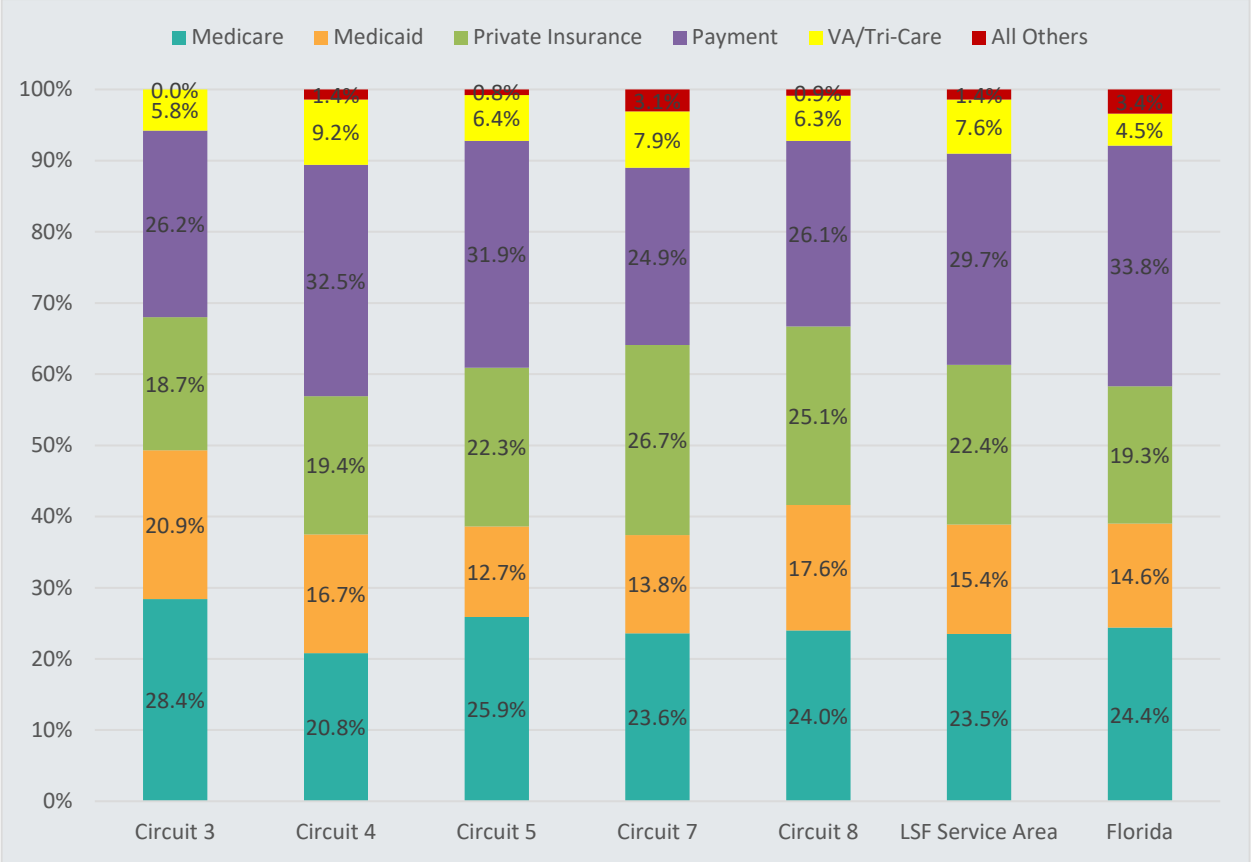


Source: Table 154 and 157, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

ADULTS

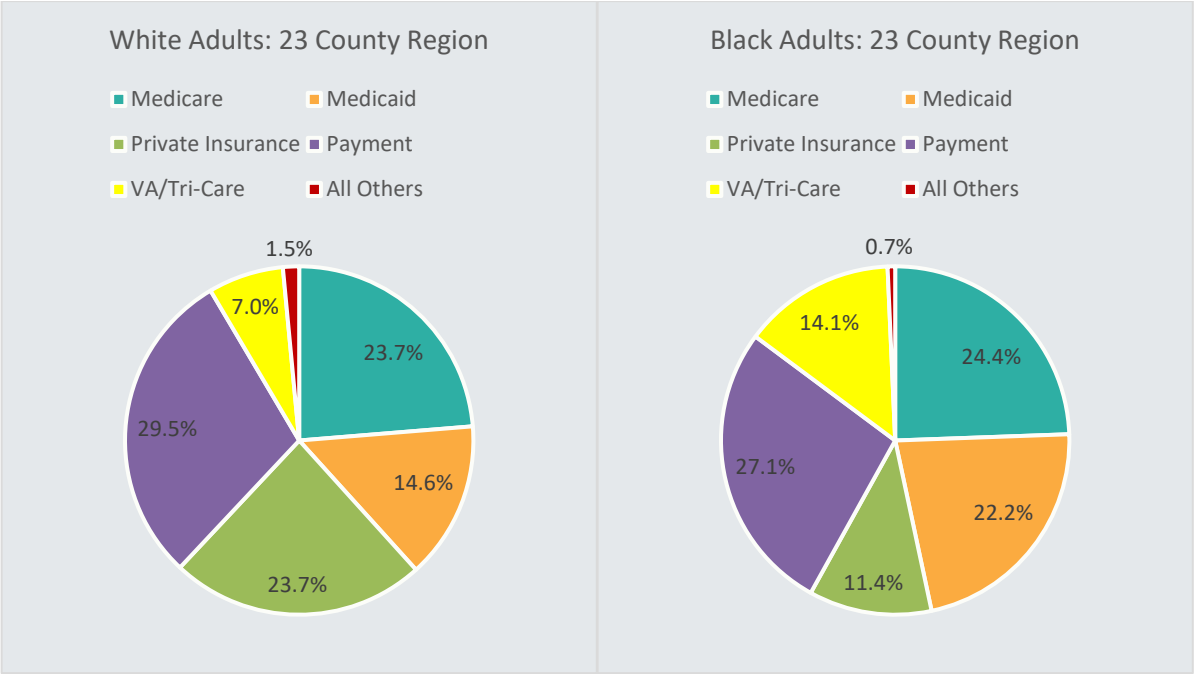
The LSF service area has a higher rate of substance abuse discharges (156.2 per 100,000) than Florida (151.4 per 100,000) among adults aged 18 years or older for the first 9 months of 2018. Among the individual circuits, Circuit 7 has the lowest discharge rate (124.7 per 100,000), and Circuit 8 has the highest discharge rate (218.8 per 100,000). Regarding the ALOS, the LSF service area has a slightly longer ALOS (4.8 days) than Florida (4.7 days). Circuit 3 has the longest ALOS (5.1 days), and Circuit 5 has the shortest ALOS (4.5 days) (Technical Appendix, Table 143). White adults have a higher substance abuse discharge rate than black adults for both the LSF service area (162.7 versus 128.7 per 100,000, respectively) and Florida overall (157.8 versus 117.8 per 100,000, respectively). The ALOS is shorter Whites than Blacks (4.8 versus 5.6 days) in the LSF service area as well as in Florida (4.7 days versus 5.7 days, respectively) (Technical Appendix, Table 146 & 149). Overall, the most common payor source for the LSF service area is payment, which covered 29.7 percent of substance abuse related discharges in 2018. Payment is followed by Medicare at 23.5 percent, private insurance at 22.4 percent, and Medicaid at 15.4 percent. In Florida, 33.8 percent of substance abuse discharges are covered by payment, 24.4 percent under Medicare, and 19.3 percent under private insurance (Technical Appendix, Table 152).

FIGURE 37: PERCENT OF SUBSTANCE ABUSE DISCHARGES FOR ALL RACES ADULTS 18+ BY PAYOR, JAN-SEPT 2018.



The figure below shows the percentage distribution of payor sources for substance abuse discharges for adults aged 18 or older for Whites and Blacks in 2018. For both white and black the most commonly used payor source for substance abuse discharges was payment (29.5 percent and 27.1 percent, respectively). For Whites private insurance and Medicare covered substance abuse related costs second most frequently (23.7 percent for both); for Blacks the second most commonly used payor source was Medicare (24.4 percent). For both Whites and Blacks the third most common way to cover substance abuse discharge costs is Medicaid (14.6 percent versus 22.2 percent, respectively) (Technical Appendix, Table 155 & 158).

FIGURE 38: PERCENT OF SUBSTANCE ABUSE DISCHARGES FOR WHITE AND BLACK ADULTS 18+ BY PAYOR, JAN-SEPT 2018.

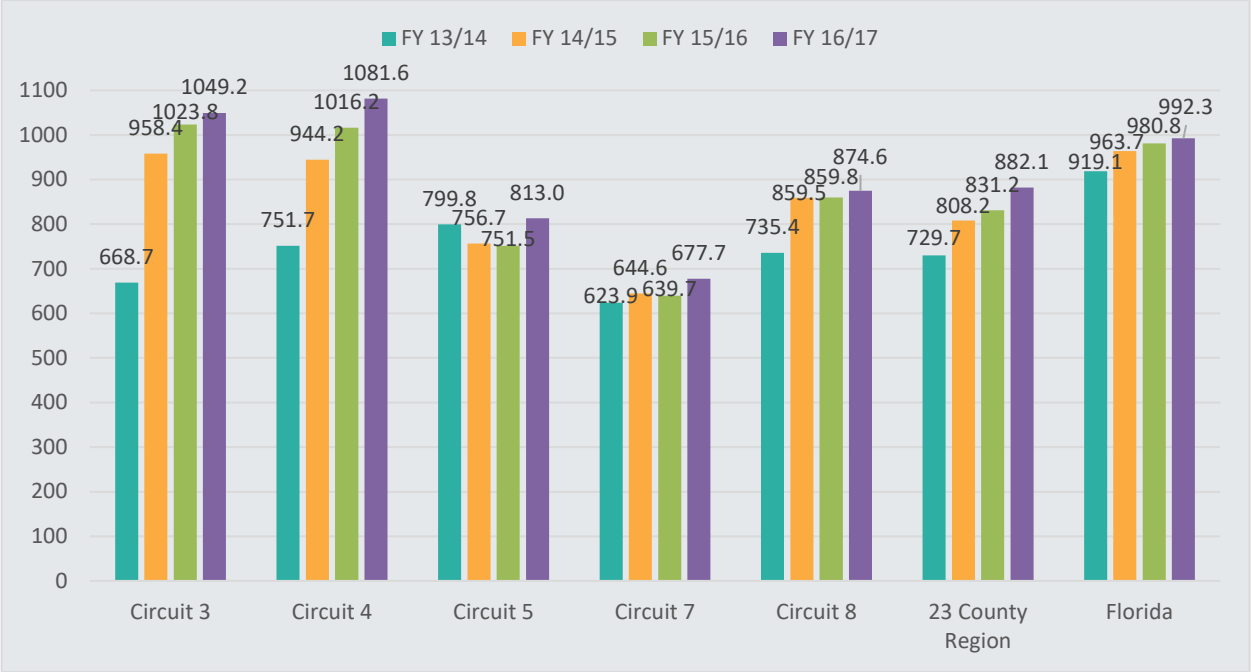


Source: Table 155 and 158, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

BAKER ACTS

The rate of Baker Acts per 100,000 people of all ages and all races was higher in Florida overall (992.3 per 100,000 population) than in the LSF service area (882.1 per 100,000) during each of the past four fiscal years, but has been climbing steadily in both the LSF service area and in Florida. During the 2016-2017 fiscal year, Circuit 3 (1049 per 100,000) and Circuit 4 (1082 per 100,000) had the highest Baker Act rates, and Circuit 7 had the lowest (677.7 per 100,000). The figure below shows more detailed information about Baker Acts for the LSF service area (Technical Appendix, Table 159-162).

FIGURE 39: BAKER ACT RATE PER 100,000 TOTAL POPULATION, FY 2013/14-2016/17.

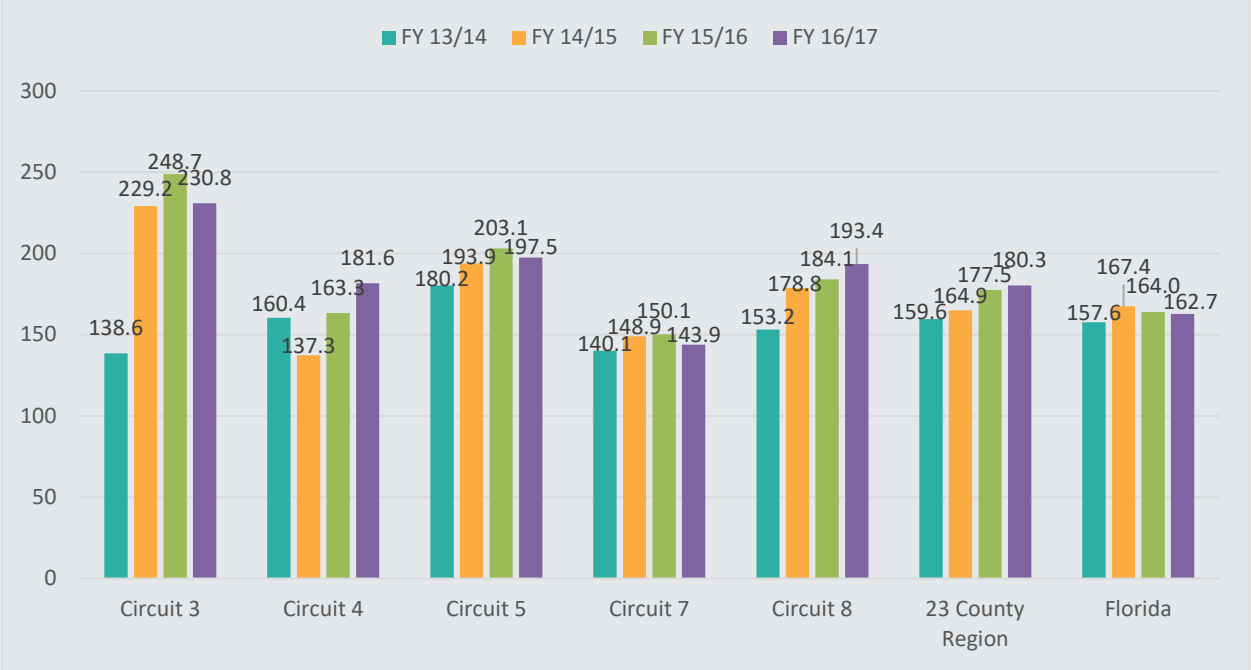


Source: Table 159-162, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

CHILDREN

During 2016-17, Baker Act rates for children in the LSF service area were higher than Florida's overall rates (180.3 versus 162.7 per 100,000 population, respectively). During the same fiscal year, children in Circuit 3 had the highest (230.8 per 100,000) and children in Circuit 7 the lowest (143.9 per 100,000) rate of Baker Acts. The figure below shows the rate per 100,000 population of Baker Acts for children aged 0 to 17 by circuit, the LSF service area, and Florida for the fiscal years 2013-14, 2014-15, 2015-16, and 2016-17 (Technical Appendix, Table 159-162).

FIGURE 40: BAKER ACT RATE PER 100,000 TOTAL POPULATION FOR CHILDREN < 18, FY 2013/14-2016-17.

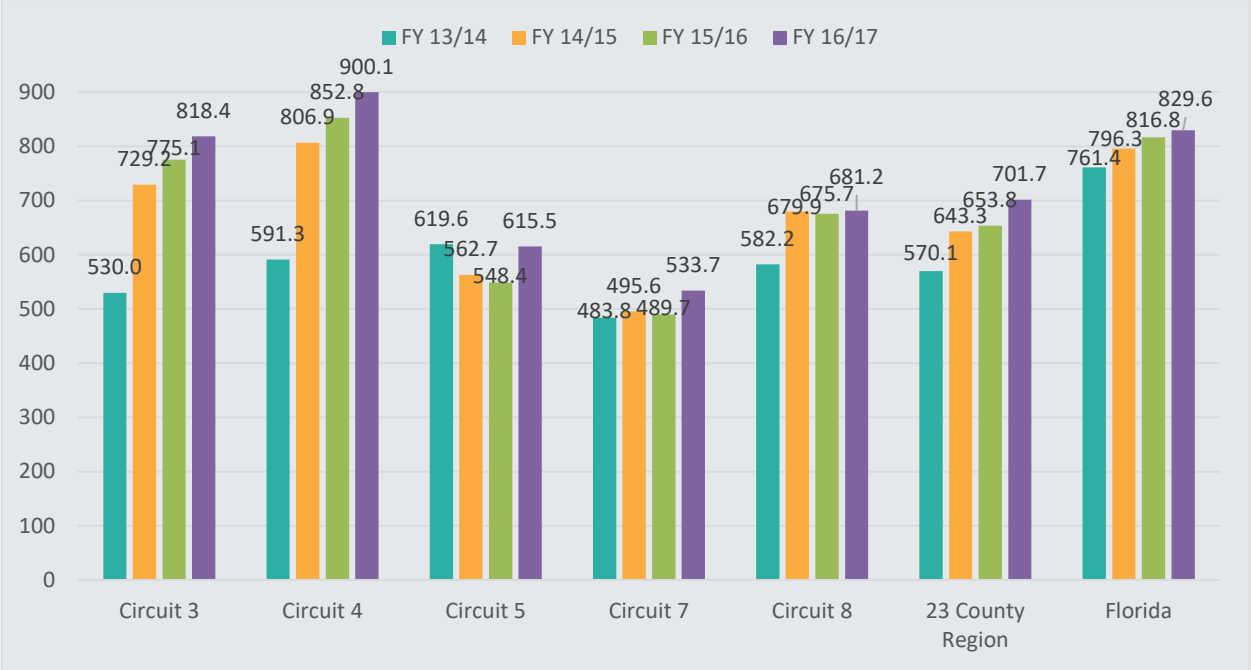


Source: Table 159-162, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

ADULTS

During the 2016-17 fiscal year, Baker Act rates among adults aged 18 years or older were higher in Florida overall than in the LSF service area (829.6 versus 701.7 per 100,000 population). As seen in the figure below Circuit 3 had the highest rate of Baker Acts among adults aged 18 and older (900.1) and Circuit 7 the lowest (533.7) rate of Baker Acts per 100,000 population. The figure below shows more details about Baker Act rates among adults for the fiscal years 2013-14 through 2016-17 (Technical Appendix, Table 159-162).

FIGURE 41: BAKER ACT RATE PER 100,000 TOTAL POPULATION FOR ADULTS 18+, FY 2013/14-2016-17.



Source: Table 159-162, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

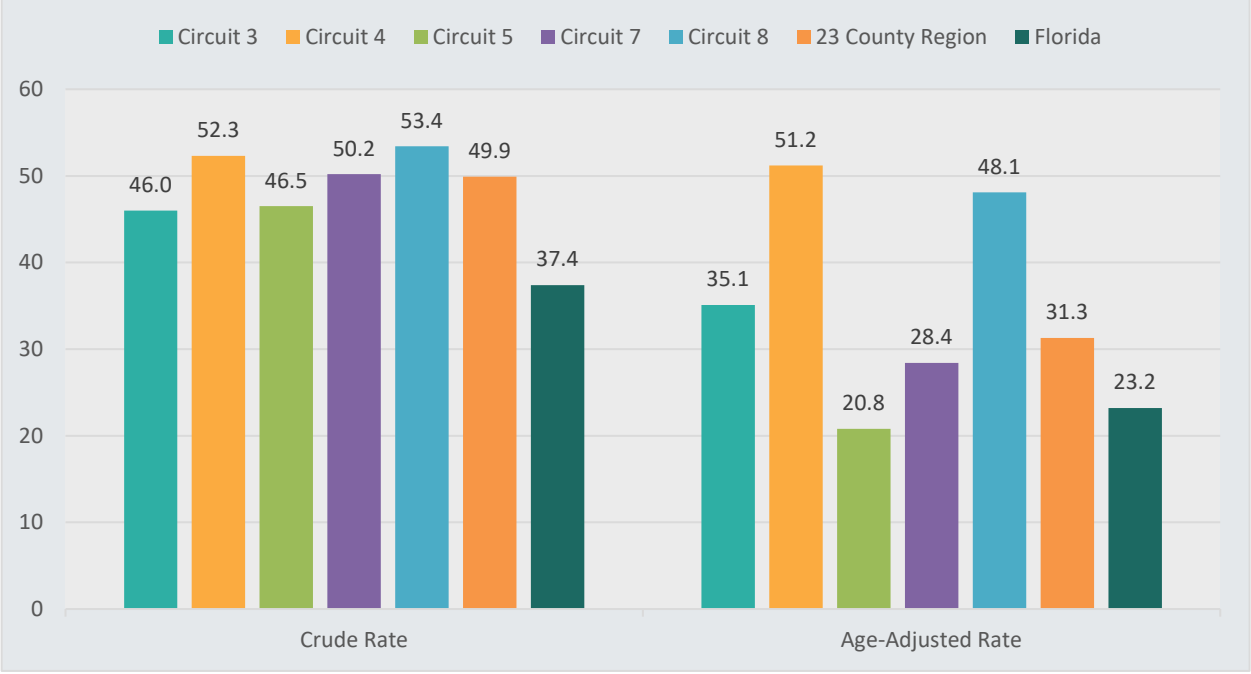
Mortality

The statistics in the following section are reported as crude as well as age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most commonly utilized rates for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

MENTAL HEALTH DISORDER DEATH RATES

The figure below shows death rates related to mental health disorders with ICD-10 code F01-09, F20-48, and F50-99. Both crude and age-adjusted death rates are higher in the LSF service area as well as in each circuit individually than in the state of Florida, with the exception of Circuit 5's age-adjusted death rate, which is lower than Florida's rate. Circuit 4 has the highest age-adjusted death rate, and Circuit 8 has the highest crude death rate. Compared to Florida's crude and age-adjusted death rate, the crude death rate in Circuit 8 is 43 percent higher, and the age-adjusted death rate in Circuit 4 is 121 percent higher (Technical Appendix, Table 163).

FIGURE 42: CRUDE AND AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION FOR ALL RACES RELATED TO MENTAL HEALTH DISORDERS, 2017.



Source: Table 163, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The LSF service area' crude death rates related to mental health disorders are more prevalent among Whites, while age-adjusted death rates are more prevalent among Blacks (crude: 57.6 for Whites, 26.4 for Blacks; age-adjusted: 31.4 for Whites, 35.3 for Blacks)) (Technical Appendix, Table 164 & 165). Among Hispanics crude rates are lower in the LSF service area (17.1) compared to Florida (19.8). However, age-adjusted death rates are higher in the LSF service area (24.3) compared to Florida (21.0) (Technical Appendix, Table 166).

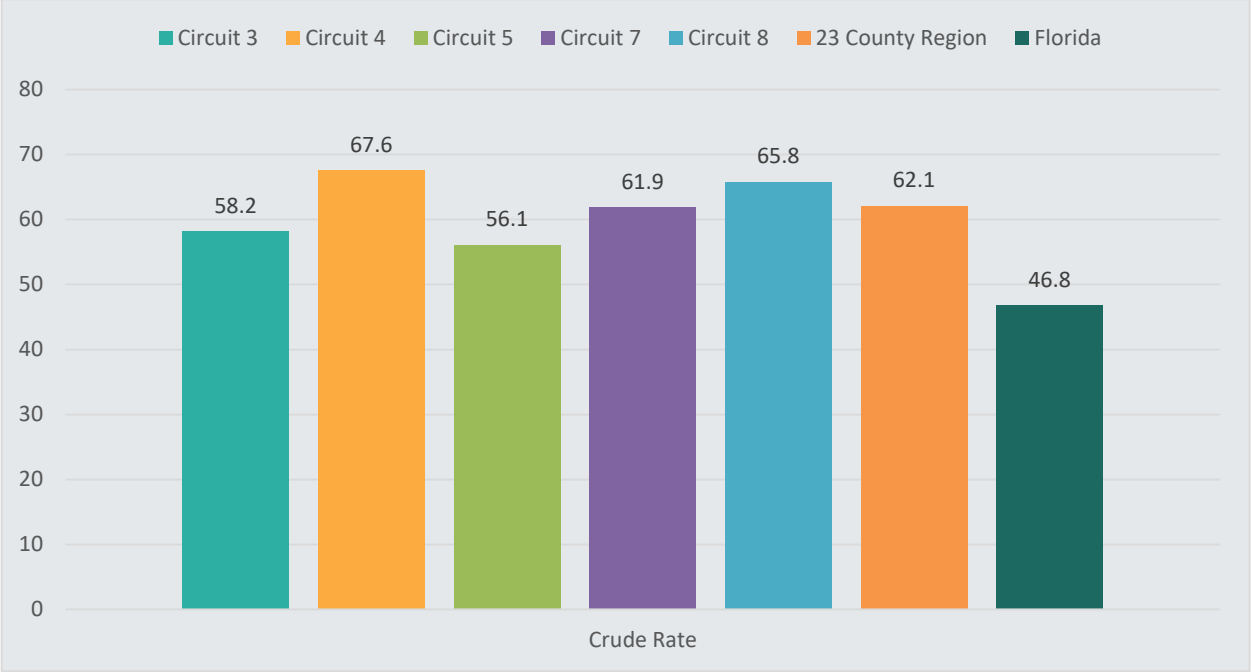
CHILDREN

Only one death related to mental health disorders was observed among individuals aged 0 to 17 in the LSF service area, and only three were observed in Florida overall in 2017. The death in the LSF service area, which occurred in Circuit 7, was that of a white child. In Florida overall, two of the three deaths observed were white children. There were no deaths related to mental health disorders among black children in the LSF service area (Technical Appendix, Table 167).

ADULTS

The figure below displays crude rates of deaths related to mental health disorders for adults aged 18 and older by area. Crude rates among the LSF service area are higher (62.1) compared to Florida (46.8). Circuit 4 had the highest crude rate (67.6) and Circuit 5 the lowest (56.1) (Technical Appendix, Table 168).

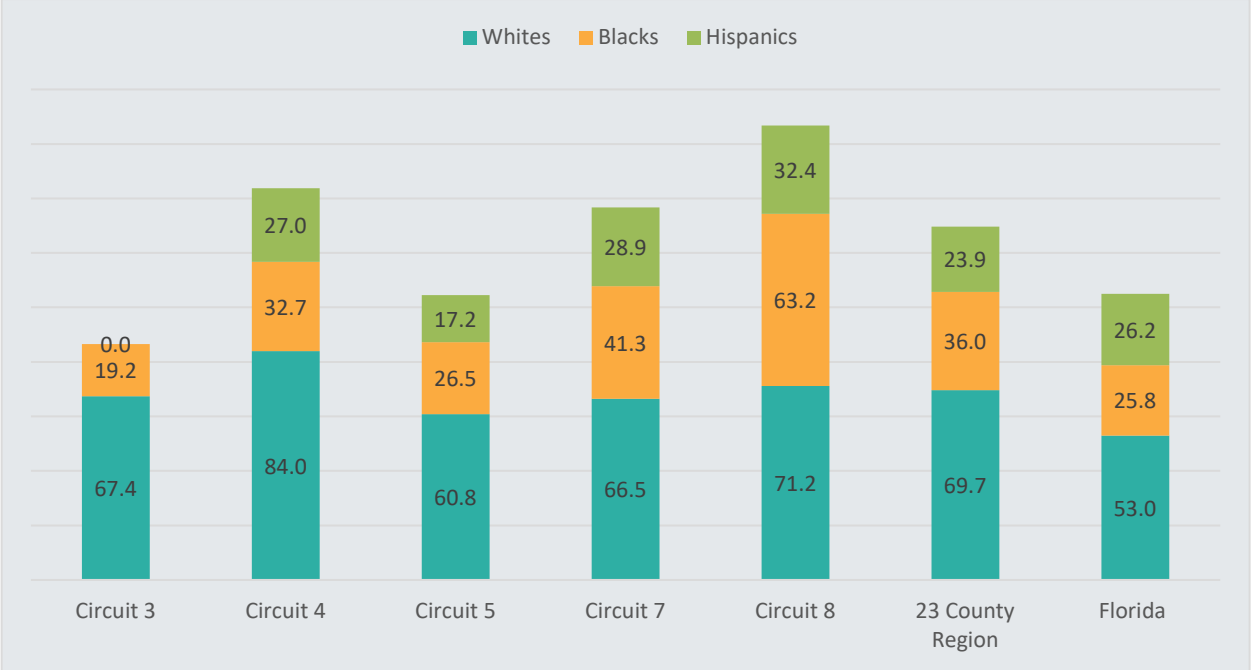
FIGURE 43: CRUDE DEATH RATES PER 100,000 POPULATION FOR ALL RACES ADULTS 18+ RELATED TO MENTAL HEALTH DISORDERS, 2017.



Source: Table 168, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows mental health disorder deaths for adults aged 18 or older broken down by racial group. Overall, crude death rates for both white and black adults are higher in the LSF service area (69.7 and 36.0, respectively) than in Florida (53.0 and 25.8, respectively). Among white adults, Circuit 4 had the highest crude death rate at 84 deaths per 100,000 population, and Circuit 5 had the lowest crude death rate at 60.8 deaths per 100,000 population. Among black adults, Circuit 3 had the lowest crude death rate (19.2), and Circuit 8 had the highest rate (63.2). Among the adult Hispanic population, the crude death rate related to mental health disorders was lower in the LSF service area (23.9) than in Florida (26.2). Circuit 3 had the lowest crude death rate among back adults (19.2) and Hispanic adults (0), and Circuit 8 had the highest crude death rate for both populations (Technical Appendix, Table 169-171).

FIGURE 44: CRUDE DEATH RATES PER 100,000 POPULATION FOR WHITE, BLACK, AND HISPANIC ADULTS 18+ RELATED TO MENTAL HEALTH DISORDERS, 2017.



Source: Table 169-171, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

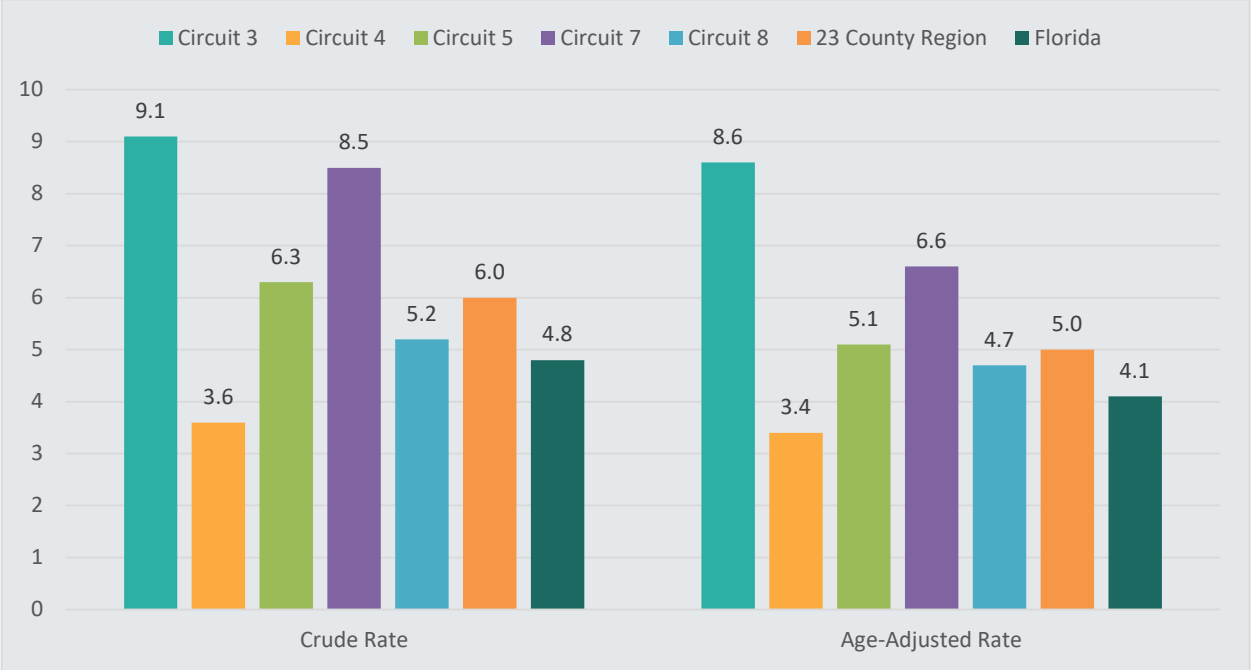
MENTAL HEALTH SUBSTANCE ABUSE DEATH RATES

While death rates due to mental health disorders have roughly remained steady from 2015 to 2017, the rate of substance abuse related deaths among those with a mental or behavioral health disorder has been climbing steadily from 2015 to 2017 in both the LSF service area and in Florida. The LSF service area saw 133 of these deaths in 2015. This number rose to 202 in 2016, and 229 in 2017. The number of such deaths climbed steadily in Florida throughout these three years as well (807, 954, 985, respectively), however, this increase has been steeper in the LSF service area. The age-adjusted rate was lower in the LSF service area in 2015 than

it was in the state (.5 lower than the state; 2.9 vs 3.4 deaths per 100,000), but by 2016 the LSF service area saw a higher rate of substance abuse deaths related to mental or behavioral health disorders than the state (.5 higher) and in 2017 even higher (.9 higher in the LSF service area, see figure below). For additional data on this trend, refer to Table 172 in the LSF Health Systems Technical Appendix 2019.

As shown the following figure, substance abuse death rates in 2017 related to mental health disorders with ICD-10 code F10-19 are higher for both crude and age-adjusted death rates in the LSF service area than in Florida. In the LSF service area, Circuit 4's rates are lowest and fall below Florida's rate. The highest crude and age-adjusted death rate is in Circuit 3, where the crude rate is 90 percent higher than Florida's rate and the age-adjusted death rate is 110 percent higher than Florida's rate (Technical Appendix, Table 172).

FIGURE 45: CRUDE AND AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION FOR ALL RACES RELATED TO SUBSTANCE ABUSE DISORDERS, 2017.



Source: Table 172, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Substance abuse death rates were higher among Whites for both crude and age-adjusted death rates in both Florida and the LSF service area than Blacks in 2017. Also, in 2017, the crude and age-adjusted death rates for Whites in the LSF service area were 6.9 and 5.6, respectively, while rates in Florida overall were 5.6 and 4.6, respectively. In the black population, both crude and age-adjusted death rates were also higher in the LSF service area than in Florida: the crude death rate in the LSF service area was 2.4 compared to 2.0 in Florida and the age-adjusted death rate was 2.6 in the LSF service area and 2.1 in Florida (Technical Appendix, Table 173 & 174). Among Hispanics both crude death rate and age-adjusted death rate are higher in the LSF service

area (2.3 and 2.6, respectively) than in Florida (1.8 and 1.7, respectively). In 2017, Circuit 3 had the lowest crude death rate and age-adjusted death rate, with no deaths. Circuit 8 had the highest crude and age-adjusted death rates of 6.4 deaths per 100,000 population and 10.6 deaths per 100,000 population, respectively (Technical Appendix, Table 175).

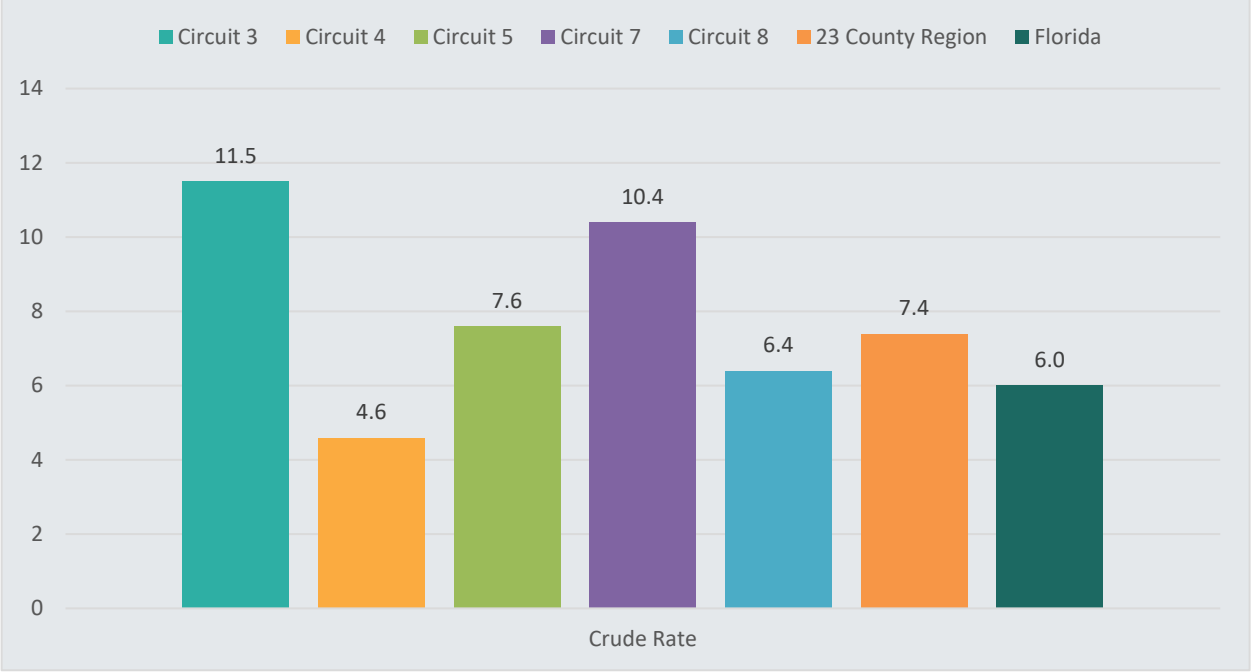
CHILDREN

There were no deaths in either the LSF service area or in Florida between 2015 and 2017 due to substance abuse related to mental health disorders in children 0-17 years of age.

ADULTS

As shown in the figure below, in 2017, the crude death rate among adults aged 18 and older for all circuits in the LSF service area was higher than Florida's with the execption of Circuit 4, which saw 1.4 fewer deaths per 100,000 (4.6 deaths compared to Florida's 6 per 100,000). Circuit 8 has a higher crude rate than Florida but a lower crude rate than the LSF service area. Circuit 3 has the highest death rate with 11.5 deaths per 100,000 population – nearly double the state rate (Technical Appendix, Table 176).

FIGURE 46: CRUDE DEATH RATES PER 100,000 POPULATION FOR ALL RACES ADULTS (18+) RELATED TO SUBSTANCE ABUSE DISORDERS, 2017.

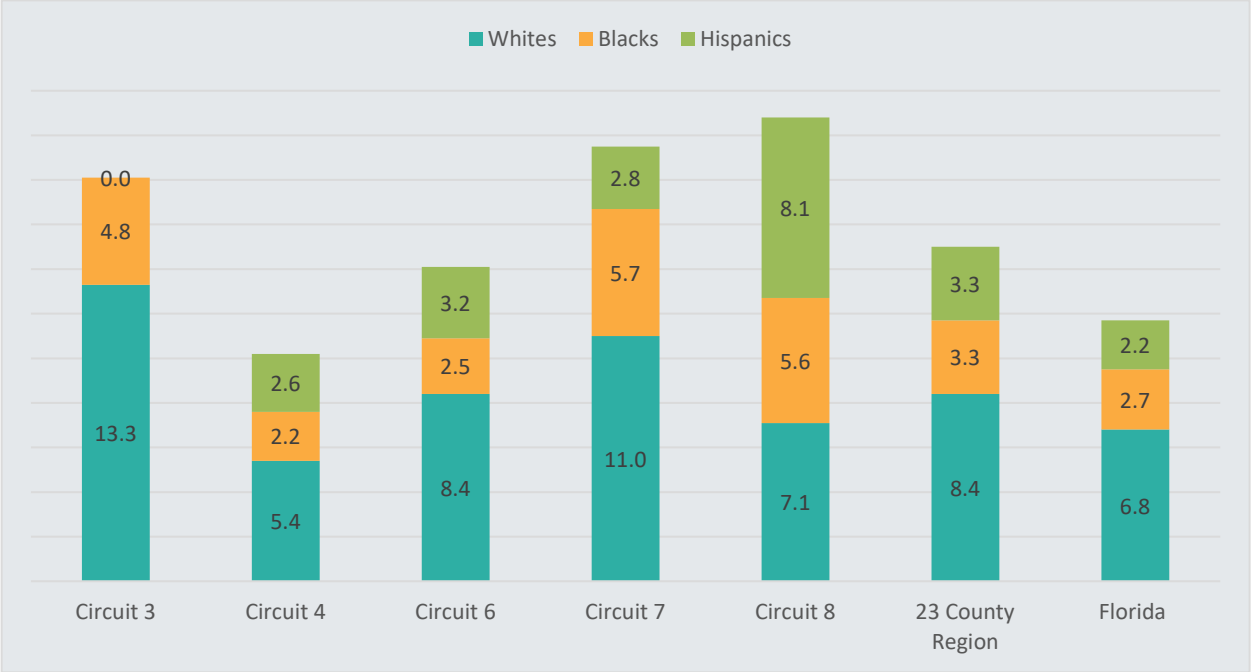


Source: Table 176, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows substance abuse death rates for adults aged 18 or older broken down by racial group. Overall, the crude death rates for Whites, Blacks, and Hispanics are higher in the LSF service area (8.4, 3.3,

and 3.3, respectively) than in Florida (6.8, 2.7, and 2.2, respectively). Among Whites, Circuit 3 had the highest crude death rate at 13.3 deaths per 100,000 population, and Circuit 4 had the lowest crude death rate at 5.4 deaths per 100,000 population. Among Blacks, Circuit 4 had the lowest crude death rate (2.2), and Circuit 7 had the highest rate (5.7). Among Hispanics, Circuit 3 had the lowest crude death rate with zero reported deaths, and Circuit 8 had the highest crude death rate with 8.1 deaths per 100,000 population (Technical Appendix, Table 177-179).

FIGURE 47: CRUDE DEATH RATES PER 100,000 POPULAION FOR WHITE, BLACK, AND HISPANIC ADULTS (18+) RELATED TO SUBSTANCE ABUSE DISORDERS, 2017.

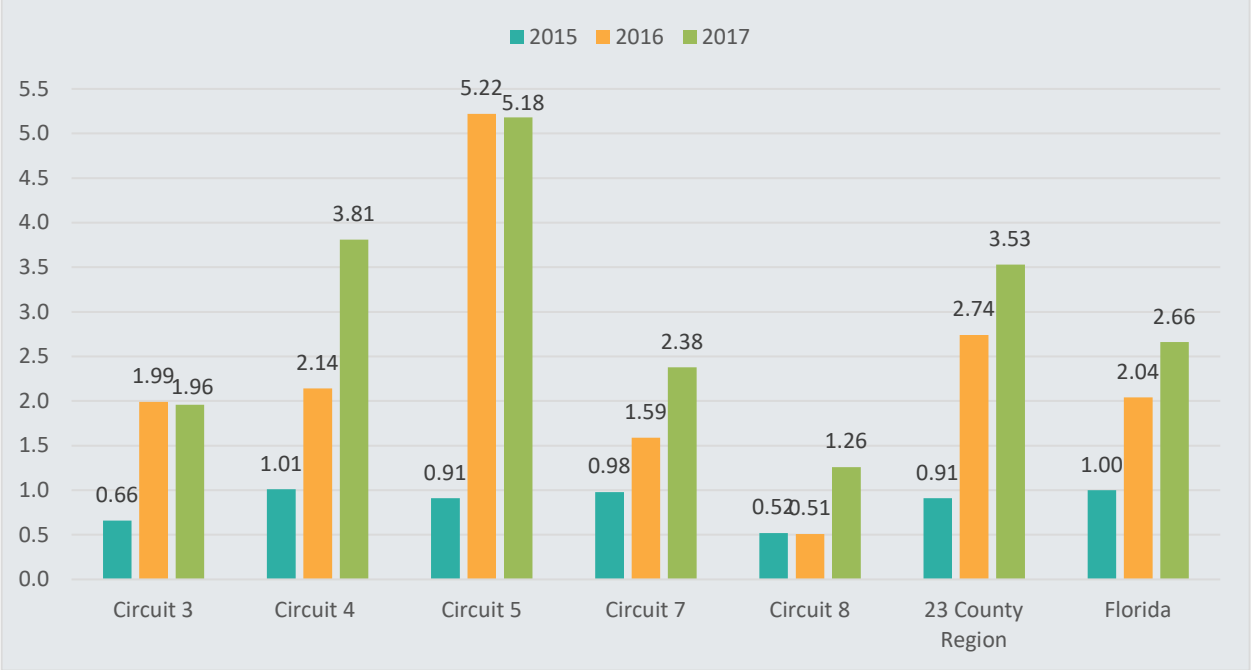


Source: Table 177-179, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

MEDICAL EXAMINER'S DATA SPECIAL REQUEST

The categorical grouping and the individual drugs that belong to each of the groups listed below can be found in the LSF Health Systems Technical Appendix 2019, Table 180. The following figure shows the rate per 100,000 population for all ages and all races of deaths caused by amphetamines for 2015 through 2017. Rates among all circuits, the LSF service area, and Florida have increased from 2015 to 2017. In 2017, the LSF service area had a higher mortality rate related to amphetamines than Florida (3.53 versus 2.66 per 100,000 population, respectively). During the same year, Circuit 5 had the highest death rate in the region (5.18 per 100,000 population) and Circuit 8 the lowest (1.26 per 100,000 population) (Technical Appendix, Table 181).

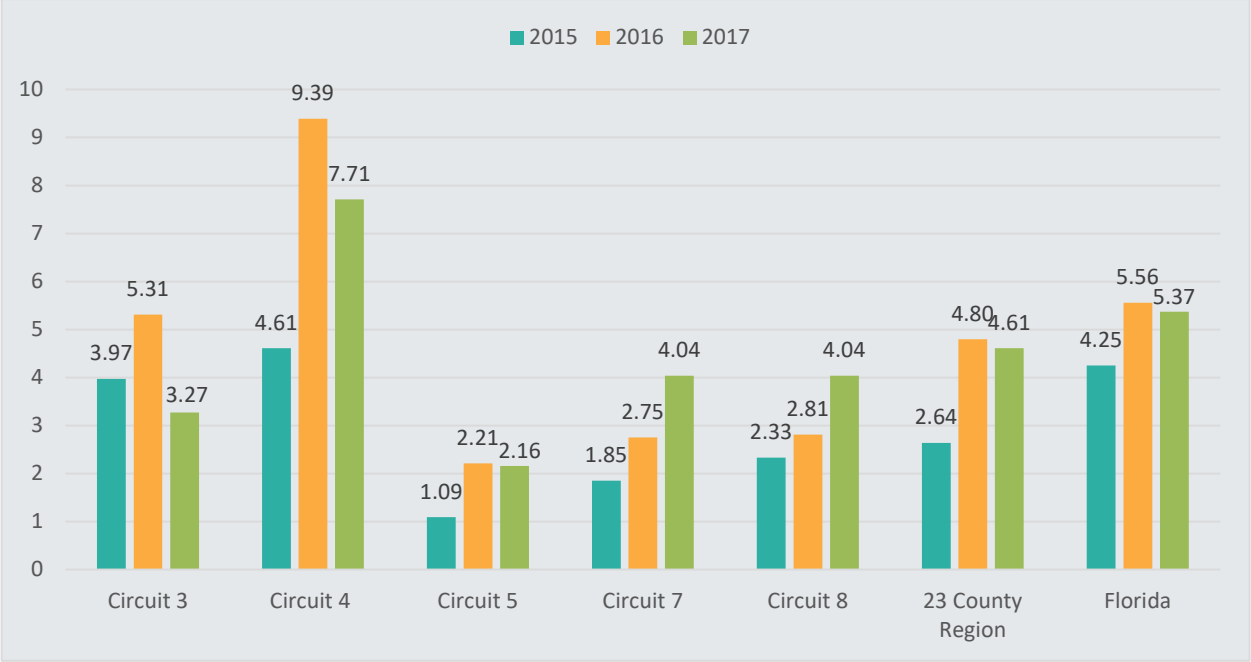
FIGURE 48: RATE PER 100,000 POPULATION WHERE "AMPHETAMINES" WERE THE CAUSE OF DEATH BY YEAR, 2015-2017.



Source: Table 181, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

As seen in the figure below, mortality rates per 100,000 population for deaths caused by benzodiazepines increased from 2015 to 2017 in each of the circuits in the LSF service area (except for Circuit 3), in the LSF service area as a whole, and in Florida. Death rates were highest in Circuit 4 (7.71 per 100,000 population) and lowest in Circuit 5 (2.16 per 100,000 population). Overall, rates were higher in Florida as a whole (5.37 per 100,000 population) than in the LSF service area (4.61 per 100,000 population) (Technical Appendix, Table 182).

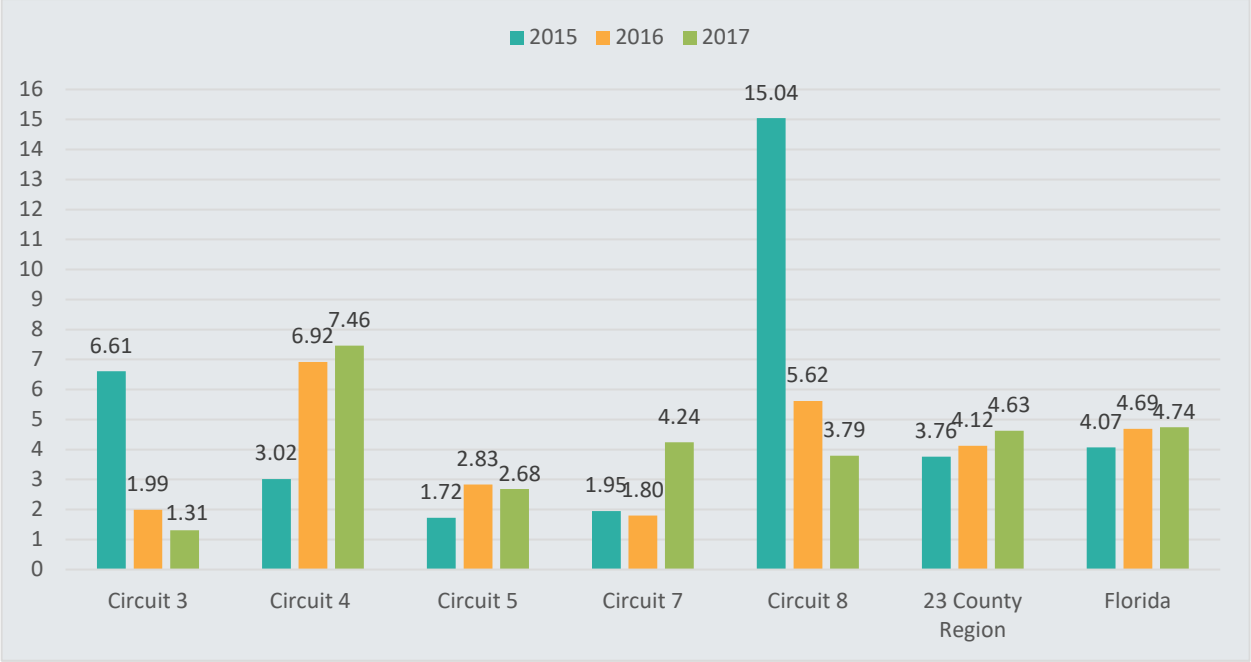
FIGURE 49: RATE PER 100,000 POPULATION WHERE "BENZODIAZEPINES" WERE THE CAUSE OF DEATH BY YEAR, 2015-2017.



Source: Table 182, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The following figure shows the rate of deaths caused by ethanol. Rates have increased from 2015 to 2017 in all of LSF's circuits (except for Circuits 3 and 8), the LSF service area as a whole, and Florida. Compared to the LSF service area's mortality rate, Florida has a slightly higher death rate (4.63 versus 4.74 per 100,000 population) when comparing 2017 death rates. During the same year, Circuit 4 had the highest death rate among all circuits (7.46 per 100,000 population), and Circuit 3 had the lowest (1.31 per 100,000 population). However, Circuit 3 had the second highest mortality rate among all circuits in 2015 with 6.61 deaths per 100,000 population (Technical Appendix, Table 183).

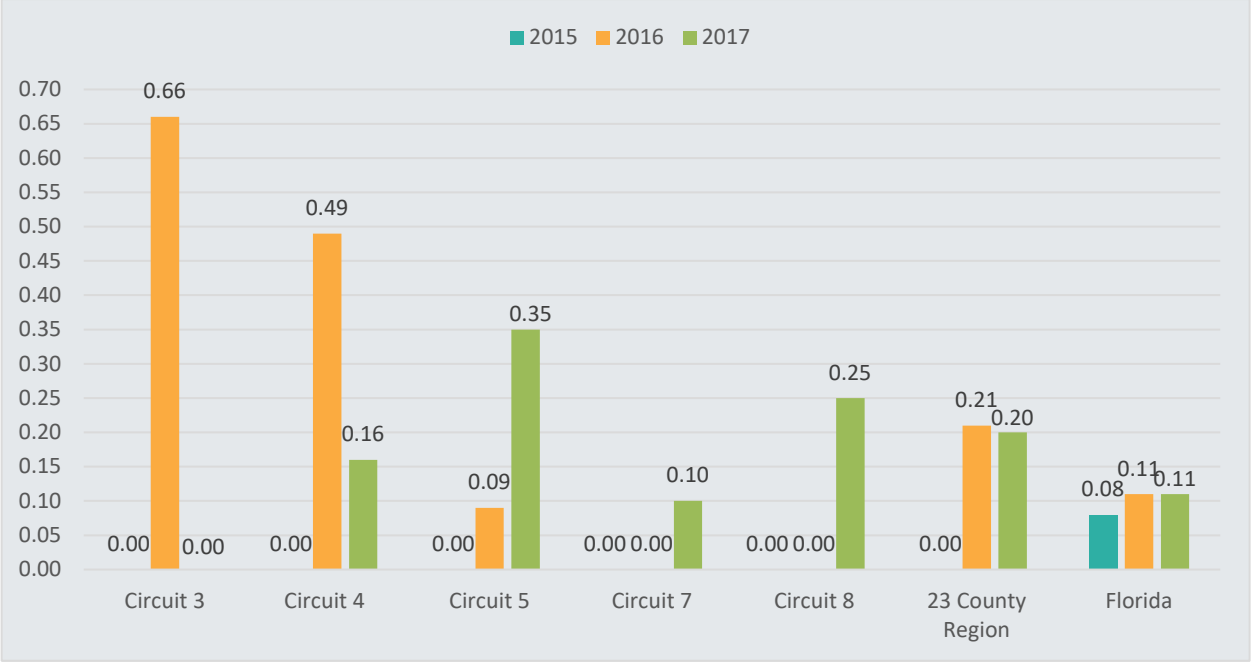
FIGURE 50: RATE PER 100,000 POPULATION WHERE "ETHANOL" WAS THE CAUSE OF DEATH BY YEAR, 2015-2017.



Source: Table 183, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

Below the rates of deaths caused by hallucinogenics can be seen from 2015 to 2017. In 2015, no deaths caused by hallucinogenics can be observed in any of LSF's five circuits; in Florida, however, a total of 16 deaths were noted. In the LSF service area, 2016 was the year with the highest mortality rate related to hallucinogenics (0.21 per 100,000 population). In 2017, mortality rates were higher in the LSF service area than in Florida (0.20 versus 0.11 per 100,000 population). During the same year, death rates were highest in Circuit 5 (0.35 per 100,000 population) and lowest in Circuit 3, where no deaths were observed (Technical Appendix, Table 184).

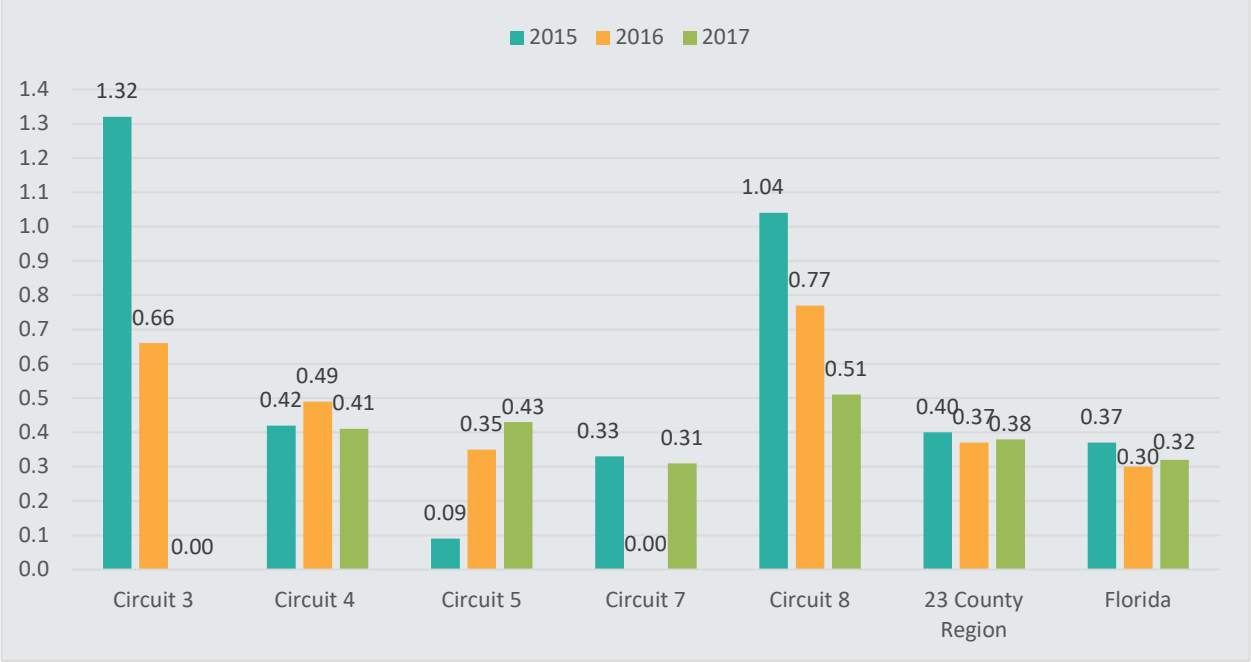
FIGURE 51: RATE PER 100,000 POPULATION WHERE "HALLUCINOGENICS" WERE THE CAUSE OF DEATH BY YEAR, 2015-2017.



Source: Table 184, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows mortality rates per 100,000 population where inhalants were the cause of death for all ages and all races. From 2015 to 2017, rates have decreased in all of the LSF service area (with the exception of Circuits 3 and 5), the LSF service area total, and Florida overall. In 2017, rates of deaths caused by inhalants were higher in the LSF service area than in Florida (0.38 versus 0.32 per 100,000 population, respectively). During the same year, Circuit 8 had the highest rates (0.51 per 100,000 population), and Circuit 3 had the lowest rates with no observed deaths caused by inhalants. However, in 2015, Circuit 3 had the highest rate of deaths caused by inhalants out of LSF's five circuits (Technical Appendix, Table 185).

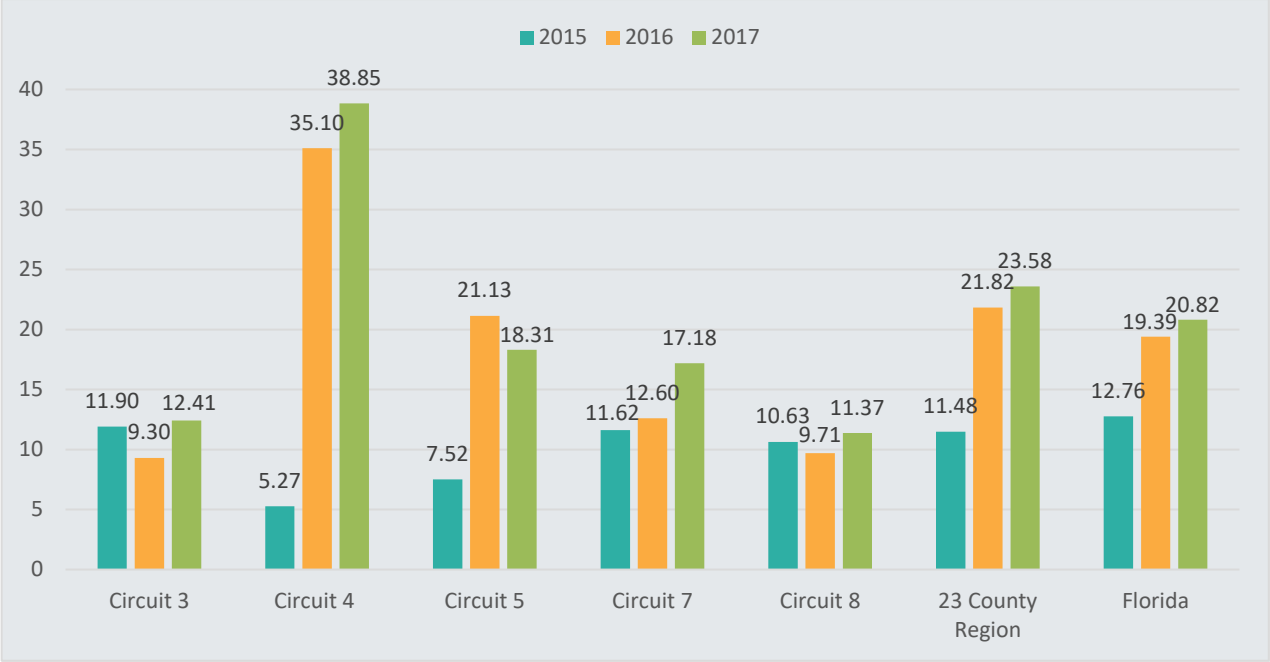
FIGURE 52: RATE PER 100,000 POPULATION WHERE "INHALANTS" WERE THE CAUSE OF DEATH BY YEAR, 2015-2017.



Source: Table 185, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The following figure shows the death rates where opioids were the cause of death for all ages and all races. Among all of LSF's five circuits, the service area as a whole, and Florida overall, mortality rates have increased from 2015 to 2017. In 2017, rates were higher among the LSF service area than in Florida (23.58 versus 20.82 per 100,000 population, respectively). During the same year, Circuit 4 had the highest mortality rate related to opioids (38.85 per 100,000 population) and Circuit 8 the lowest (11.37 per 100,000 population) (Technical Appendix, Table 186).

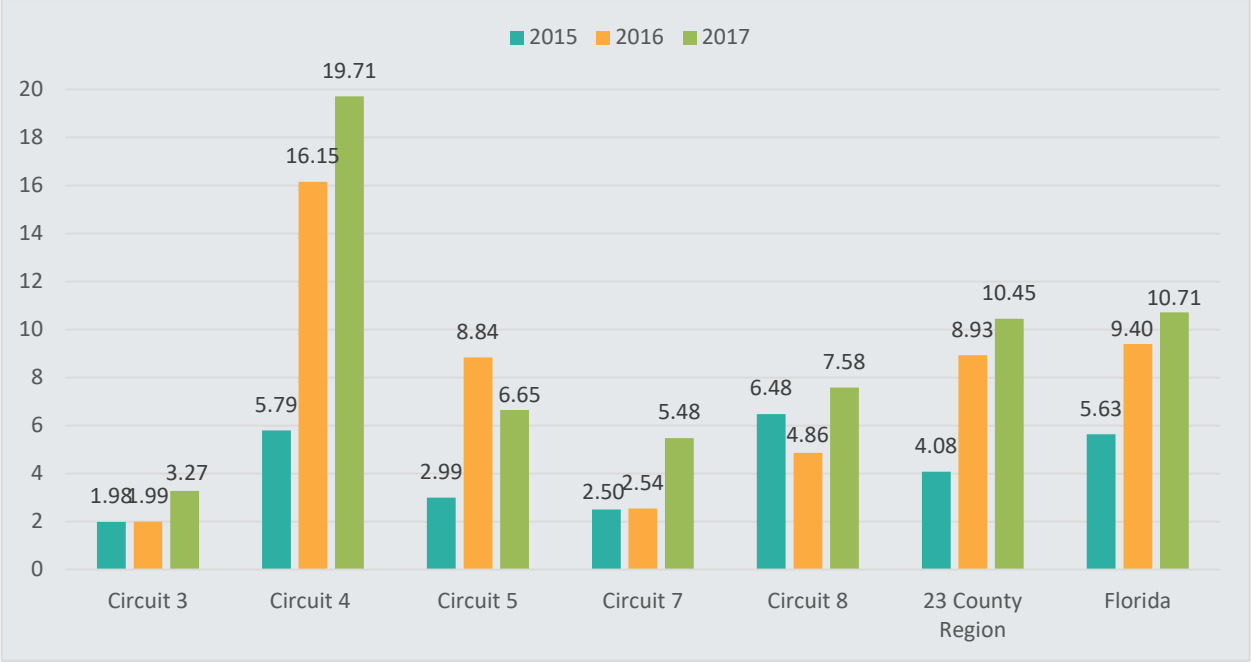
FIGURE 53: RATE PER 100,000 POPULATION WHERE "OPIOIDS" WERE THE CAUSE OF DEATH BY YEAR, 2015-2017.



Source: Table 186, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

As seen in the figure below, rates of deaths caused by other drugs have increased from 2015 to 2017 among all of the LSF service area and Florida overall. In 2017, Circuit 4 had the highest death rate where other drugs were the cause of death (19.71 per 100,000 population) and Circuit 3 had the lowest rate (3.27 per 100,000 population). Overall, rates of these deaths were slightly higher in Florida as a total when compared to the LSF service area (10.71 versus 10.45 per 100,000 population, respectively) (Technical Appendix, Table 187).

FIGURE 54: RATE PER 100,000 POPULATION WHERE "OTHER DRUGS" WERE THE CAUSE OF DEATH BY YEAR, 2015-2017.

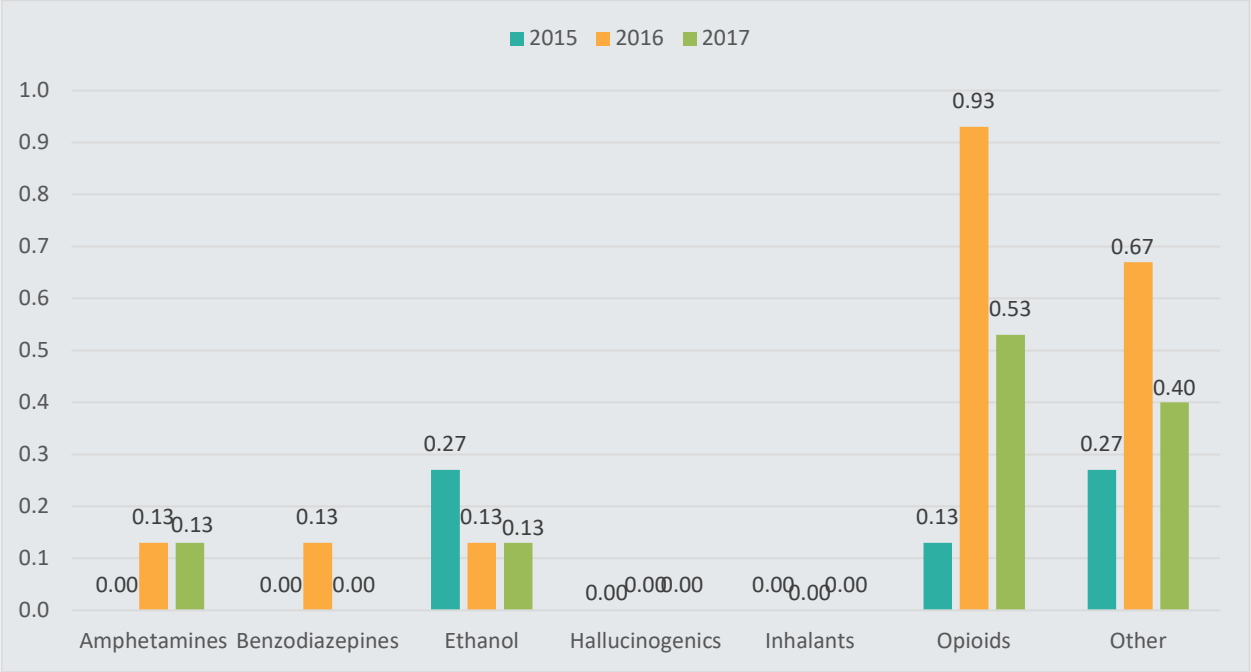


Source: Table 187, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

CHILDREN

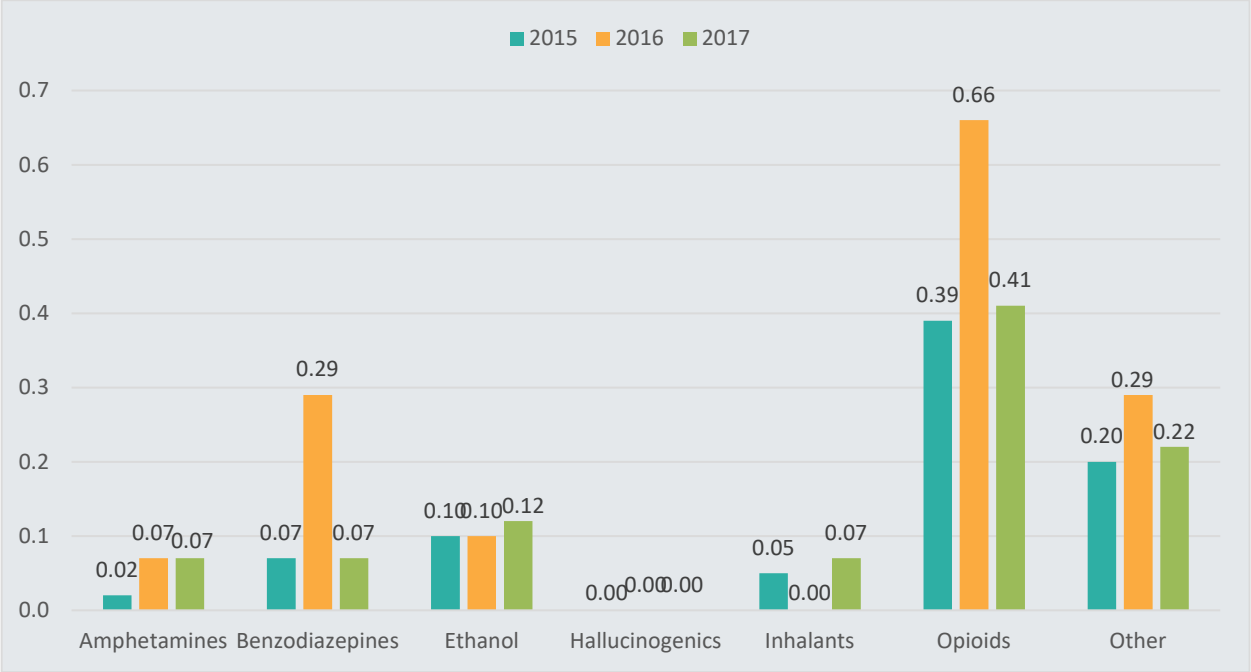
The following two figures show drug mortality rates broken down by drug category for children aged 0 to 17 in the LSF service area as a whole, and then for Florida from 2015 to 2017. In 2017, one death among children aged 0 to 17 was caused by amphetamines in the LSF service area and three in Florida overall. During the same year, there were no deaths in the LSF service area that were caused by benzodiazepines, compared to three deaths in Florida. Regarding ethanol, one death was observed in the LSF service area, compared to five in Florida. For both Florida and the LSF service area, no deaths caused by hallucinogenics were observed in 2017. There were three inhalant-caused deaths in Florida in 2017; however, none were noted in the LSF service area. Opioids show the highest mortality rates in 2017 for both the LSF service area and Florida. A total of 17 deaths caused by opioids were observed in Florida, four of which were documented in the LSF service area. The LSF service area therefore showed higher mortality rates due to opioids when adjusted for population size than did Florida. Other drugs not belonging to any of the previously described categories accounted for nine deaths in Florida as a whole, including three of them in the LSF service area (Technical Appendix, Table 188).

FIGURE 55: RATE PER 100,000 POPULATION FOR DDEATHS BY DRUG CATEGORY WHERE THE DRUG WAS THE CAUSE OF DEATH BY YEAR FOR CHILDREN 0-17 YEARS OF AGE, LSF SERVICE AREA, 2015-2017.



Source: Table 188, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

FIGURE 56: RATE PER 100,000 POPULATION FOR DEATHS BY DRUG CATEGORY WHERE THE DRUG WAS THE CAUSE OF DEATH BY YEAR FOR CHILDREN 0-17 YEARS OF AGE, FLORIDA, 2015-2017.

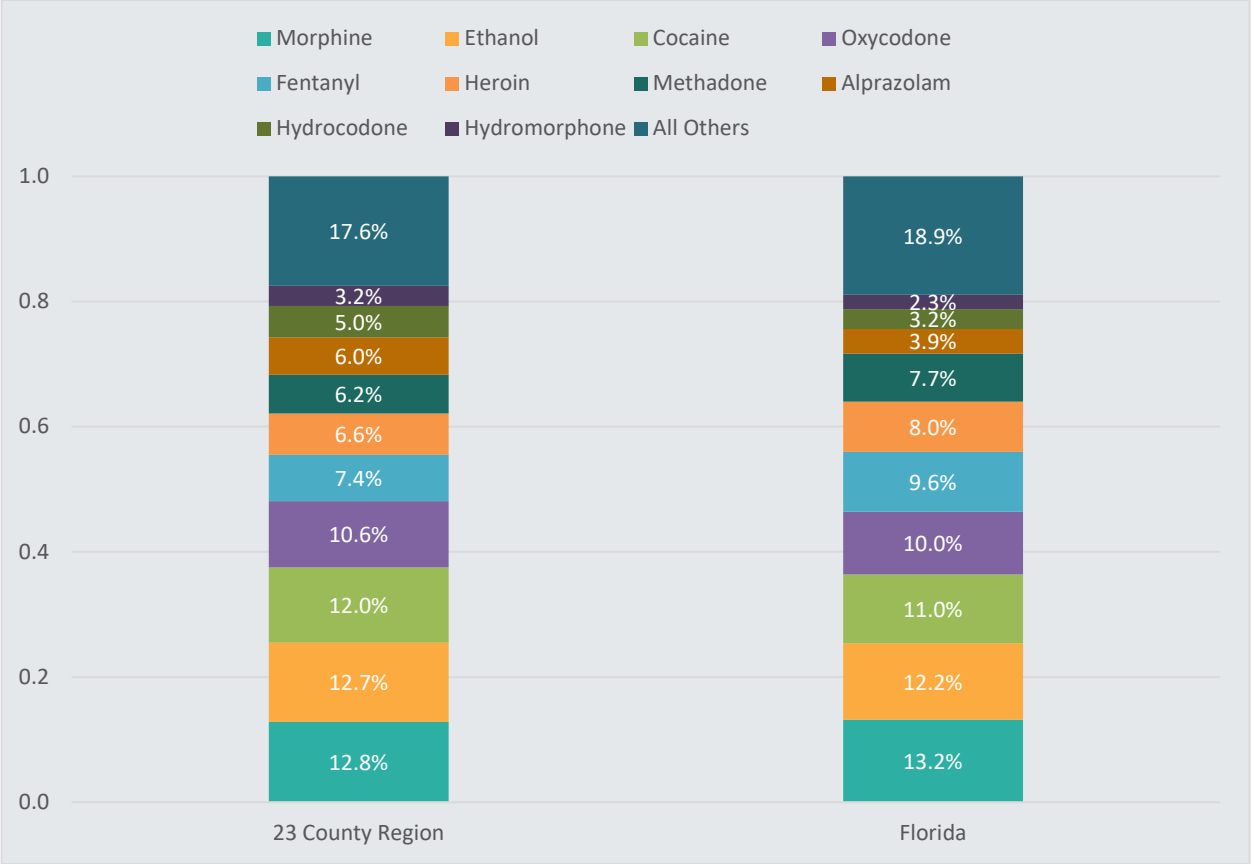


Source: Table 188, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATHS BY AGE GROUPS

The table below shows the top 10 substances that were the cause of death for all ages and all races in the LSF service area and Florida overall in 2015. The percentage of deaths caused by each substance are displayed as a fraction of the total of the deaths caused by all substances. The individual rank of the substances is the same in both the LSF service area and Florida. During 2015, the substances Ethanol, Cocaine, Oxycodone, Alprazolam, Hydrocodone, and Hydromorphone made up a higher percentage of deaths in the LSF service area than in Florida. Morphine, Fentanyl, Heroin, and Methadone have higher percentages in Florida overall when compared to the LSF service area. In 2015, the top three substances that led to deaths were Morphine, Ethanol, and Cocaine, respectively (Technical Appendix, Table 190).

FIGURE 57: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR ALL AGES, 2015.

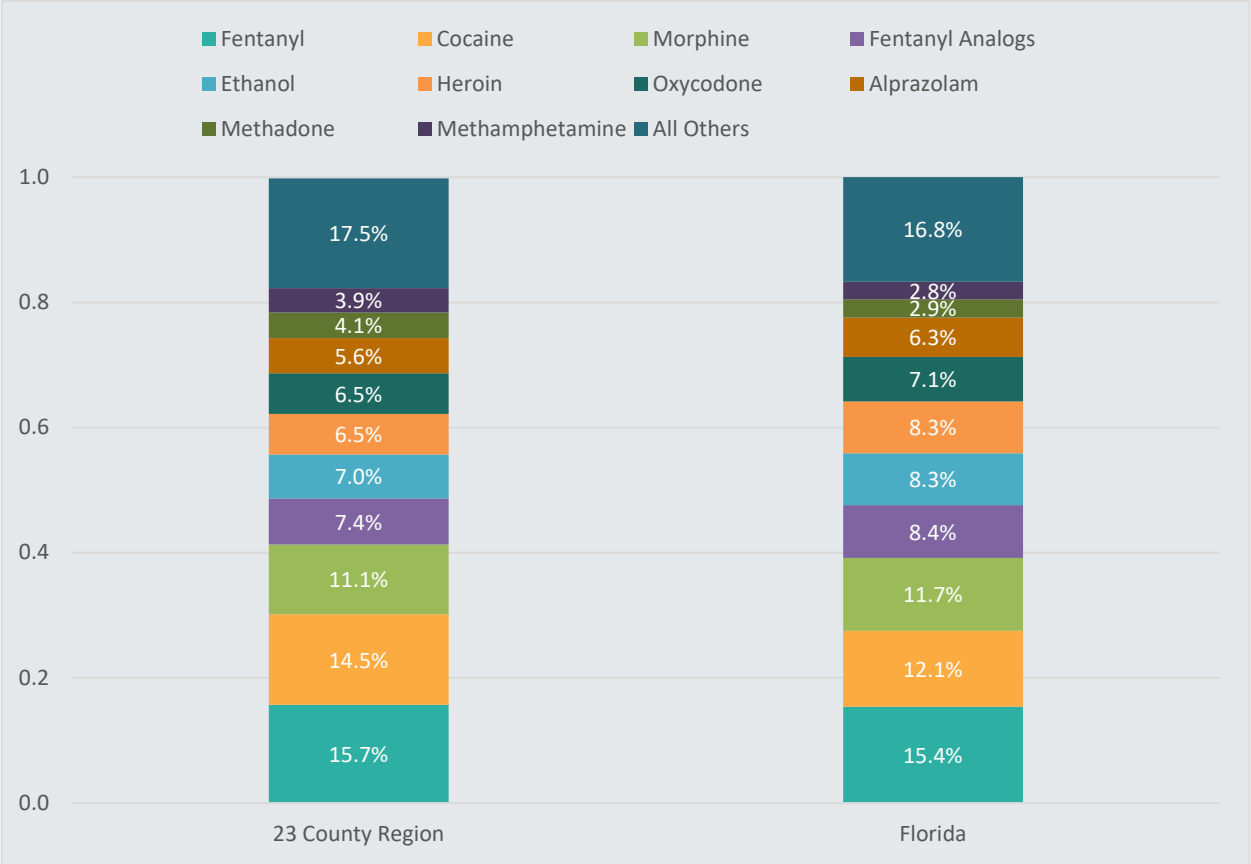


Source: Table 190, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows the top 10 substances that were the cause of death in 2016. As in 2015, the rank among substances is the same for both Florida and the LSF service area. From 2015 to 2016, the rank of the top 10 substances changed, and Fentanyl Analogs and Methamphetamines replaced Hydrocodone and Hydromorphone in the list of top 10 substances that were the cause of death. From 2015 to 2016, Fentanyl moved from the fifth most common cause of death among substances to the top substance in 2016 in both the LSF service area and Florida (LSF: 7.4 percent in 2015 to 15.7 percent in 2016; Florida: 9.6 percent in 2015 to 15.4 percent in 2016). Cocaine, which previously was the third most common cause of substance-caused deaths in 2015, rose to be the second most common (LSF: 12.0 percent in 2015 to 14.5 percent in 2016; Florida: 11.0 percent in 2015 to 12.1 percent) in 2016. The third most common substance that resulted in death in 2016 was Morphine, which previously was the number one substance-induced death. Morphine showed a decreased percentage from 2015 to 2016 for both LSF Health Systems counties and Florida (LSF: 12.8 percent in 2015 to 11.1 percent in 2016; Florida: 13.2 percent in 2015 to 11.7 percent in 2016). Overall, the substances Fentanyl, Cocaine, Methadone, and Methamphetamines have higher percentages among the

LSF service area compared to Florida. Morphine, Fentanyl Analogs, Ethanol, Heroin, Oxycodone, and Alprazolam have higher percentages in Florida compared to the LSF service area (Technical Appendix, Table 190).

FIGURE 58: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR ALL AGES, 2016.

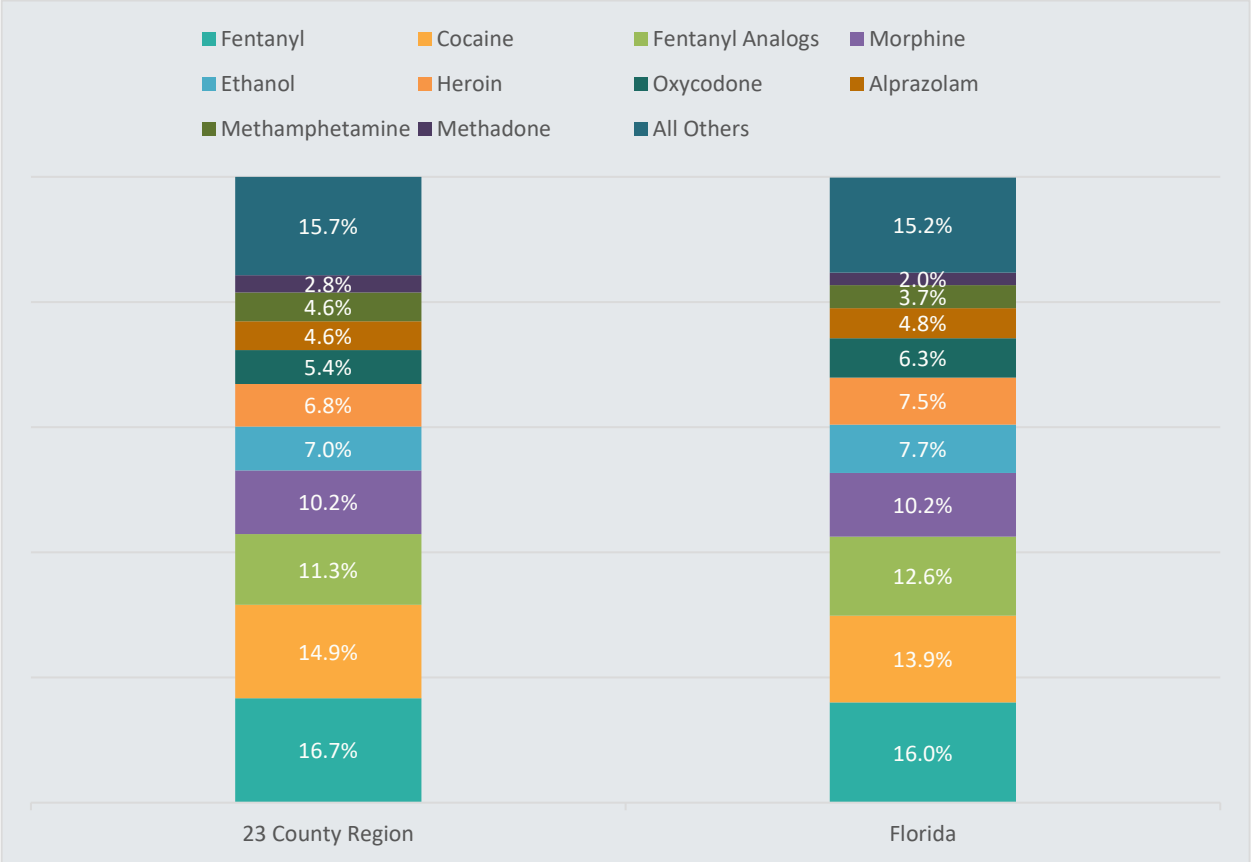


Source: Table 190, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The figure below shows the top 10 substances that were the cause of death in 2017. The substances were the same in 2017 as in 2016, although the ranking varied somewhat. Fentanyl Analogs and Morphine switched order from 2016 to 2017. In 2016, Fentanyl Analogs were ranked the number four substance that was the cause of death, and Morphine was ranked the number three substance. In 2017, Fentanyl Analogs were ranked number three, and Morphine was ranked number four. Methadone and Methamphetamines also switched ranks, Methadone was the number nine and Methamphetamines the number ten cause of death related to substances in 2016. In 2017, Methadone was the number ten and Methamphetamines the number nine cause of death among substances. Compared to Florida, the LSF service area had higher percentages of deaths caused by Fentanyl, Cocaine, Methamphetamines, and Methadone in 2017, and Florida had higher percentages of deaths caused by Fentanyl Analogs, Ethanol, Heroin, Oxycodone, and Alprazolam. Fentanyl

caused the highest percentage of deaths among all substances and showed an increased percentage in both the LSF service area and Florida from 2016 to 2017 (the LSF service area: 15.7 percent in 2016 to 16.7 percent in 2017; Florida: 15.4 percent in 2016 to 16.0 percent in 2017). Cocaine was the number two substance that caused death in 2017, as well as in 2016, and showed an increased percentage for the LSF service area and Florida as a whole (LSF: 14.5 percent in 2016 to 14.9 percent in 2017; Florida: 12.1 percent in 2016 to 13.9 percent in 2017). Fentanyl Analogs show the third highest percentage among substances that were the cause of death in 2017 and also show an increased percentage from 2016 to 2017 (LSF: 7.4 percent in 2016 to 11.3 percent in 2017; Florida: 8.4 percent in 2016 to 12.6 percent in 2017) (Technical Appendix, Table 190).

FIGURE 59: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR ALL AGES, 2017.



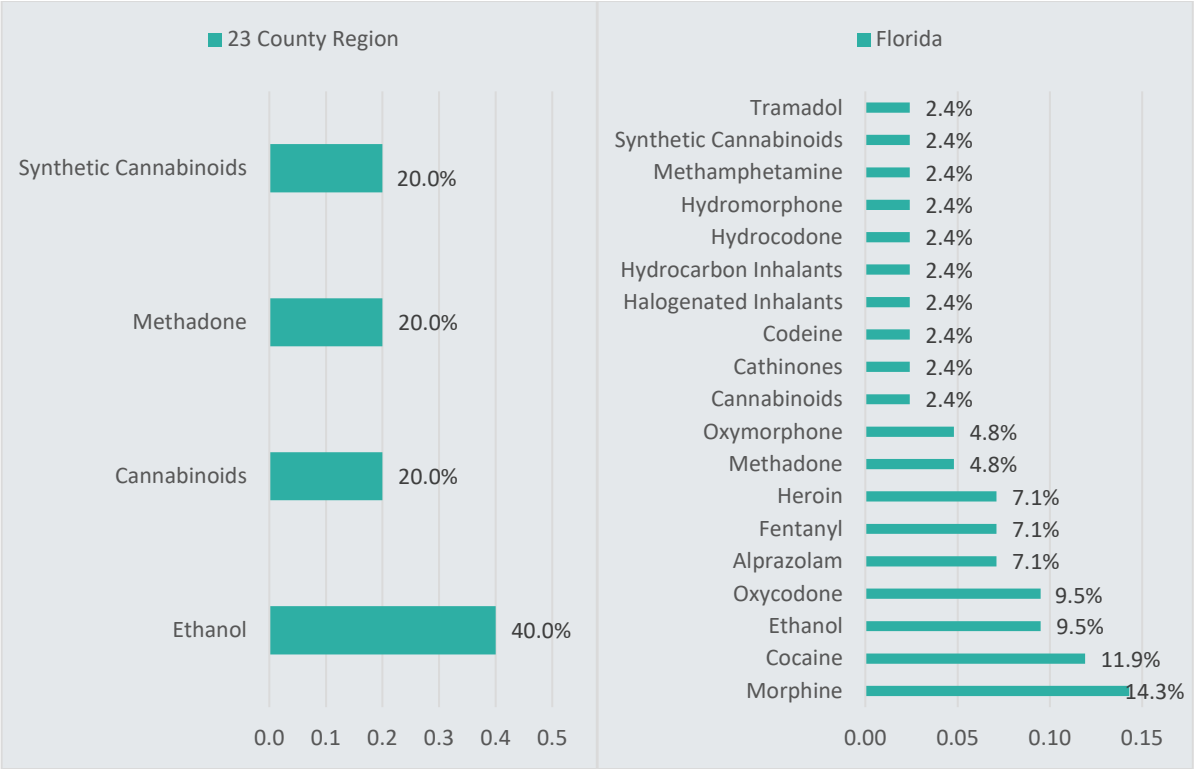
Source: Table 190, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

CHILDREN

The figure below shows the top 10 substances that were the cause of death for children aged 0 to 17 in the LSF service area and Florida in 2015. The figure shows the percentage of total drug deaths caused by each individual substance. In the LSF service area, four substances were documented to have led to a child's death

in 2015. In the LSF service area, two deaths caused by substances were due to Ethanol, and one death each were due to Cannabinoids, Methadone, and Synthetic Cannabinoids, for a total of five substance-induced childhood deaths. In Florida overall, the substance causing most deaths was Morphine (14.3 percent), followed by Cocaine (11.9 percent), Ethanol and Oxycodone (9.5 percent each), Alprazolam, Fentanyl, and Heroin (7.1 percent each) (Technical Appendix, Table 191).

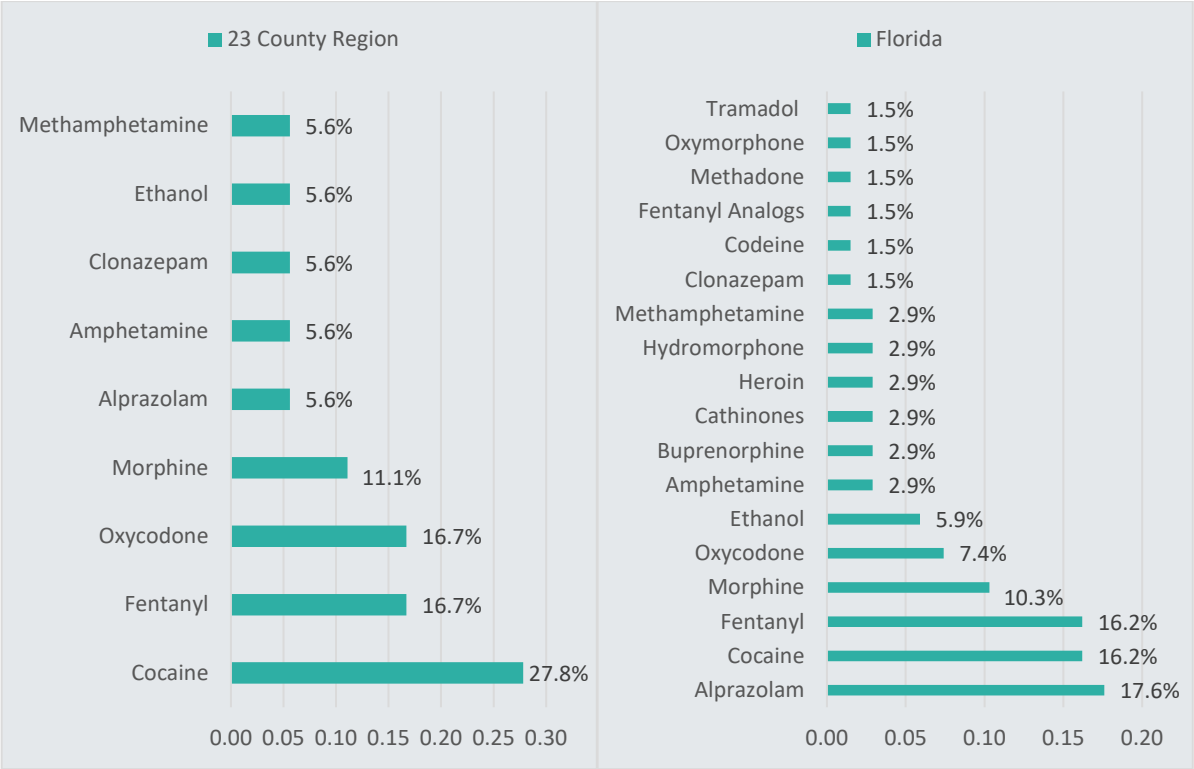
FIGURE 60: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR CHILDREN 0-17 YEARS OF AGE, 2015.



Source: Table 191, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The next figure shows the following year, 2016, and the top 10 substances that were the cause of death for a child aged 0 to 17 in the LSF service area and Florida. There were nine substances noted that were fatal to a child in the LSF service area. Five deaths (27.8 percent of substance abuse deaths) were due to Cocaine, 3 deaths (16.7 percent) each due to Fentanyl and Oxycodone, 2 deaths (11.1 percent) due to Morphine, and 1 death (5.6 percent) each due to Alprazolam, Amphetamine, Clonazepam, Ethanol, and Methamphetamine. In Florida, the top three substances that were fatal to children included Alprazolam (12 deaths/17.6 percent), Cocaine and Fentanyl (11 deaths each/16.2 percent), and Morphine (7 deaths/10.3 percent) (Technical Appendix, Table 191).

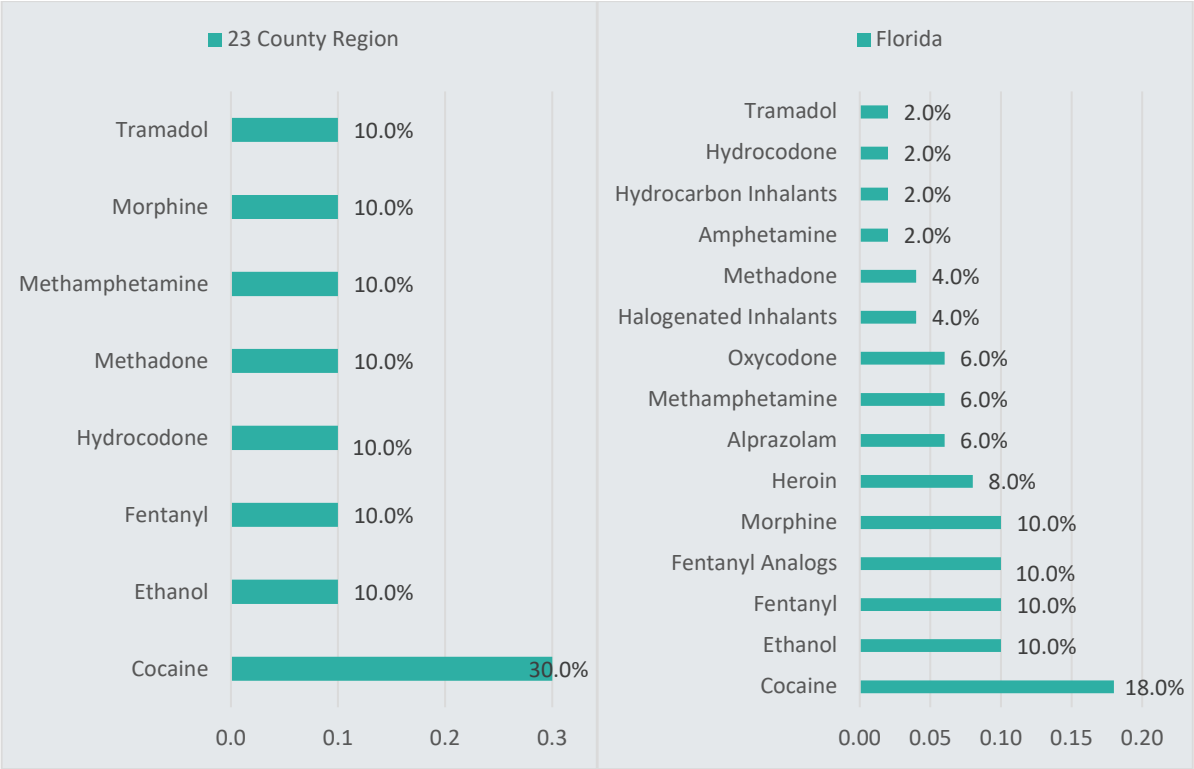
FIGURE 61: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR CHILDREN 0-17 YEARS OF AGE, 2016.



Source: Table 191, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

As seen in the figure below there are eight substances that were fatal to children aged 0 to 17 in the LSF service area in 2017. During the same year, 30 percent (3 deaths) of substance-caused deaths were due to Cocaine, and 10 percent (1 death) each were due to Ethanol, Fentanyl, Hydrocodone, Methadone, Methamphetamine, Morphine, and Tramadol in the LSF service area. In Florida, fifteen substances that were fatal were documented, with cocaine causing most of the substance-caused deaths (9 deaths/18 percent), followed by Ethanol, Fentanyl, Fentanyl Analogs, and Morphine, each with 5 deaths or 10 percent, and Heroin (4 deaths/8 percent) (Technical Appendix, Table 191).

FIGURE 62: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR CHILDREN 0-17 YEARS OF AGE, 2017.

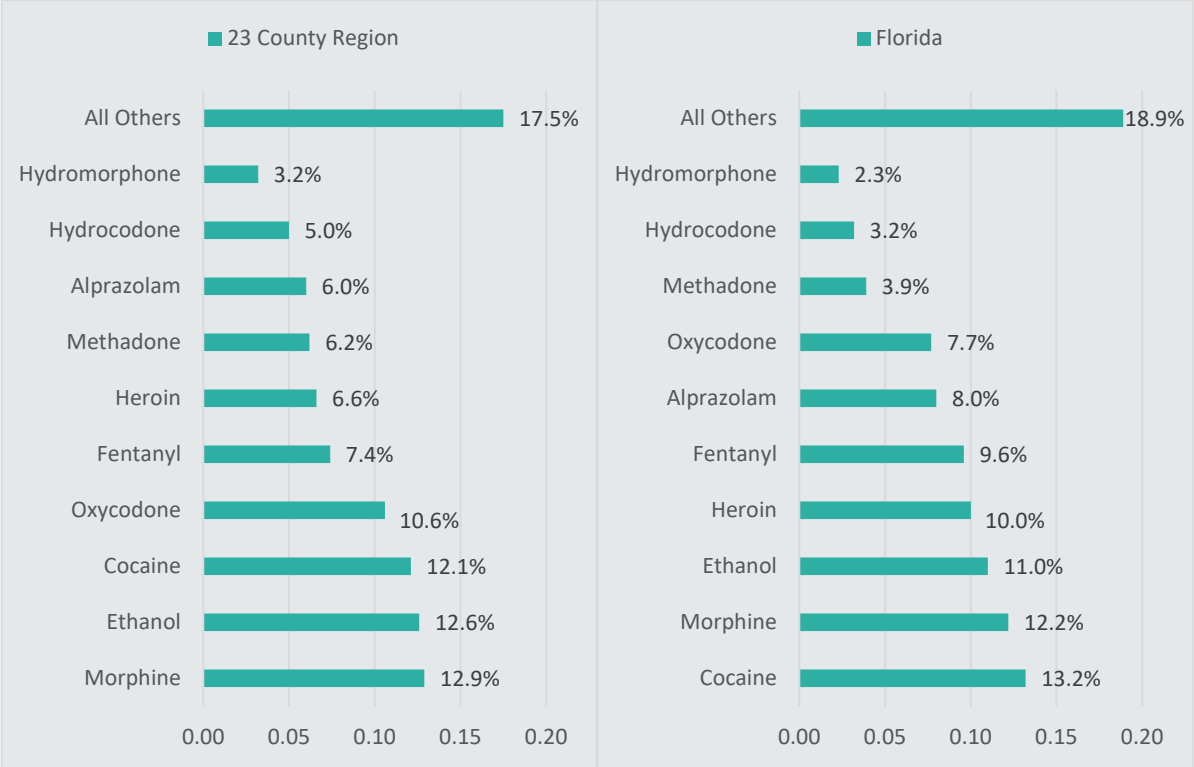


Source: Table 191, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

ADULTS

As seen in the figure below, in 2015, the top 10 fatal substances for adults aged 18 or older were the same in Florida and the LSF service area, although the percentages varied. The figure shows the percentage of substance-caused deaths that were caused by each specific substance. In 2015, the top five substances in the LSF service area that were fatal to adults included Morphine, which caused 12.9 percent of all substance-caused deaths; Ethanol, which caused 12.6 percent of all substance-caused deaths; Cocaine, which caused 12.1 percent of all substance-caused deaths; and Oxycodone, which caused 10.6 percent of all substance-caused deaths. For Florida, the top five substances that were the cause of death for adults were Cocaine (13.2 percent), Morphine (12.2 percent), Ethanol (11.0 percent), Heroin (10.0 percent), and Fentanyl (9.6 percent) in 2015 (Technical Appendix, Table 192).

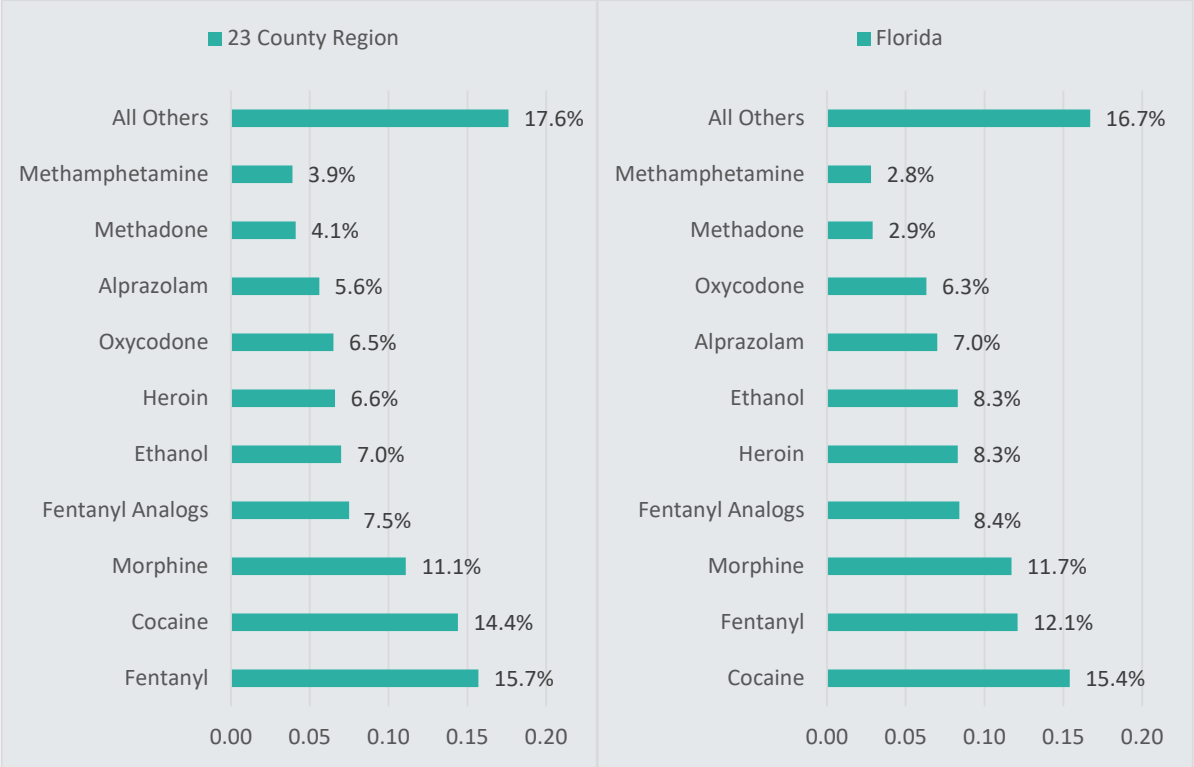
FIGURE 63: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR ADULTS 18+, 2015.



Source: Table 192, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

As seen in the following figure, in 2016, the top 10 substances that were the cause of death for adults aged 18 or older were the same in the LSF service area and in Florida. The rankings were also similar. In 2016 in the LSF service area, the top five fatal substances for adults included Fentanyl (15.7 percent), Cocaine (14.4 percent), Morphine (11.1 percent), Fentanyl Analogs (7.5 percent), and Ethanol (7.0 percent). In Florida 15.4 percent of deaths were due to Cocaine, 12.1 percent due to Fentanyl, 11.7 percent due to Morphine, 8.4 percent due to Fentanyl Analogs, and 8.3 percent due to Heroin (Technical Appendix, Table 192).

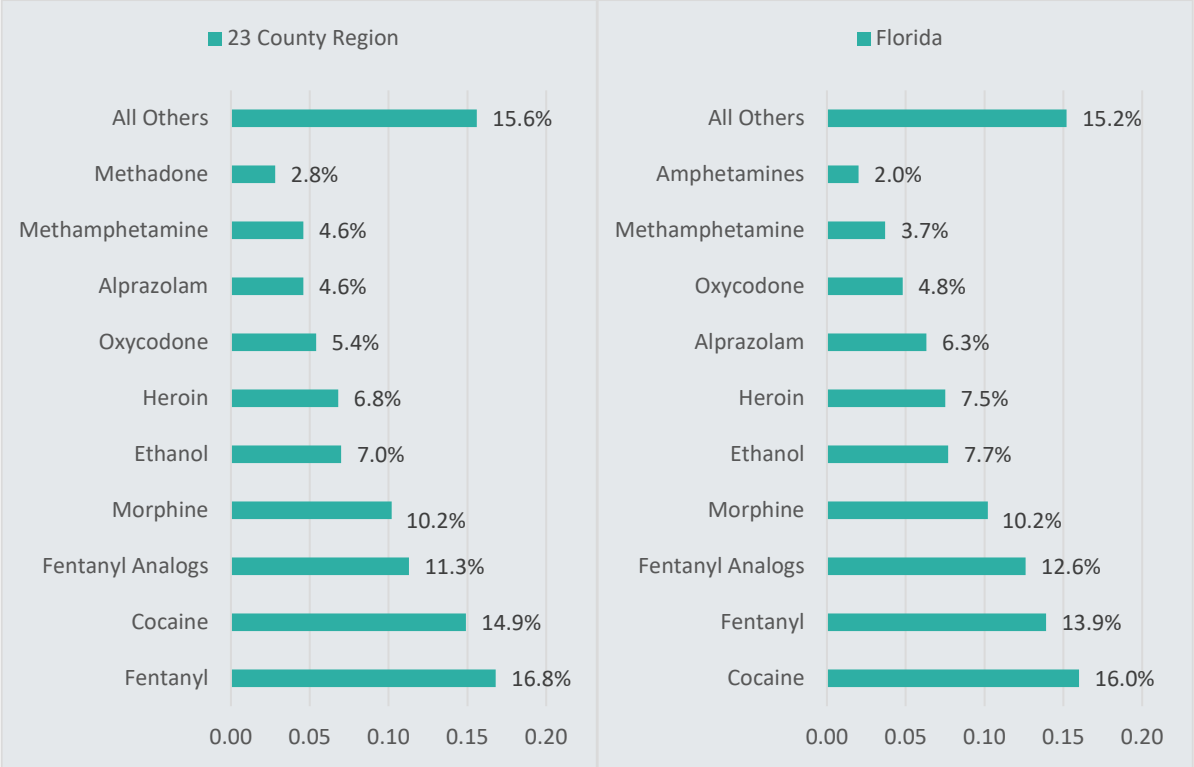
FIGURE 64: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR ADULTS 18+, 2016.



Source: Table 192, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The next figure shows the top 10 substances that were the cause of death for adults aged 18 or older for Florida and the LSF service area in 2017. The top 10 substances are identical between the LSF service area and Florida, except for the last drug making it into the top 10. For Florida, the last drug making the top 10 is Amphetamines, which make up 2.0 percent of substance-caused deaths; for the LSF service area, the last drug making the top 10 is Methadone, which makes up 2.8 percent of substance-caused deaths. The ranking of the drugs also varies between the two areas. Among the top five fatal substances for the LSF service area are Fentanyl, which caused 16.8 percent of substance-caused deaths; Cocaine, which caused 14.9 percent of deaths; Fentanyl Analogs, which caused 11.3 percent of deaths; Morphine, which caused 10.2 percent of deaths; and Ethanol, which caused 7.0 percent of deaths. Florida's top five included the identical substances ranked in the same order, except Fentanyl and Cocaine were switched compared to the LSF service area. In Florida, 16.0 percent of substance-caused deaths were due to Cocaine, 13.9 percent due to Fentanyl, 12.6 percent due to Fentanyl Analogs, 10.2 percent due to Morphine, and 7.7 percent due to Ethanol (Technical Appendix, Table 192).

FIGURE 65: TOP 10 SUBSTANCES THAT WERE THE CAUSE OF DEATH FOR ADULTS 18+, 2017.

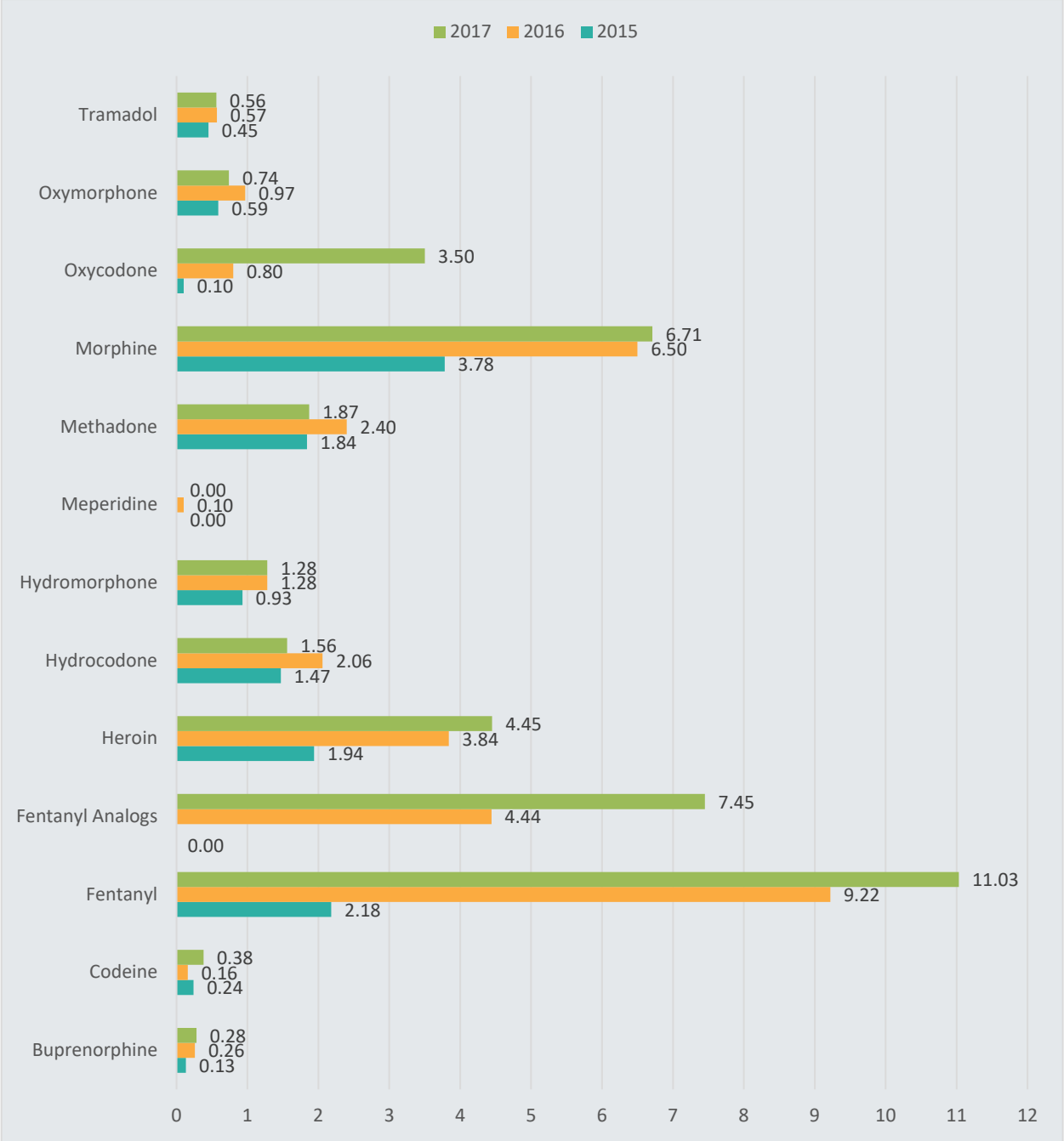


Source: Table 192, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

FLORIDA DRUG-RELATED OUTCOMES SURVEILLANCE AND TRACKING SYSTEM (FROST) DATA

The data in this section was sourced from the Florida Drug-Related Outcomes Surveillance and Tracking System (FROST) and shows deaths caused by individual substances as a rate per 100,000 population for the LSF service area for 2015 through 2017. In 2015, the top three fatal substances included Morphine (3.78 deaths per 100,000 population), Fentanyl (2.18 deaths per 100,000 population), and Heroin (1.94 deaths per 100,000 population). In 2016, Fentanyl was the substance with the highest mortality rate with 9.22 deaths per 100,000 population, followed by Morphine with 6.50 deaths per 100,000 population, and Fentanyl Analogs with 4.44 deaths per 100,000 population. In 2017, Fentanyl was again the substance with the highest death rate with 11.03 deaths per 100,000 population. Fentanyl Analogs have the second highest mortality rate among substances with 7.45 deaths per 100,000 population, and Morphine has the third highest death rate among substances with 6.71 deaths per 100,000 population. Overall, rates of deaths caused by substances increased from 2015 to 2017 (Technical Appendix, Table 193-205).

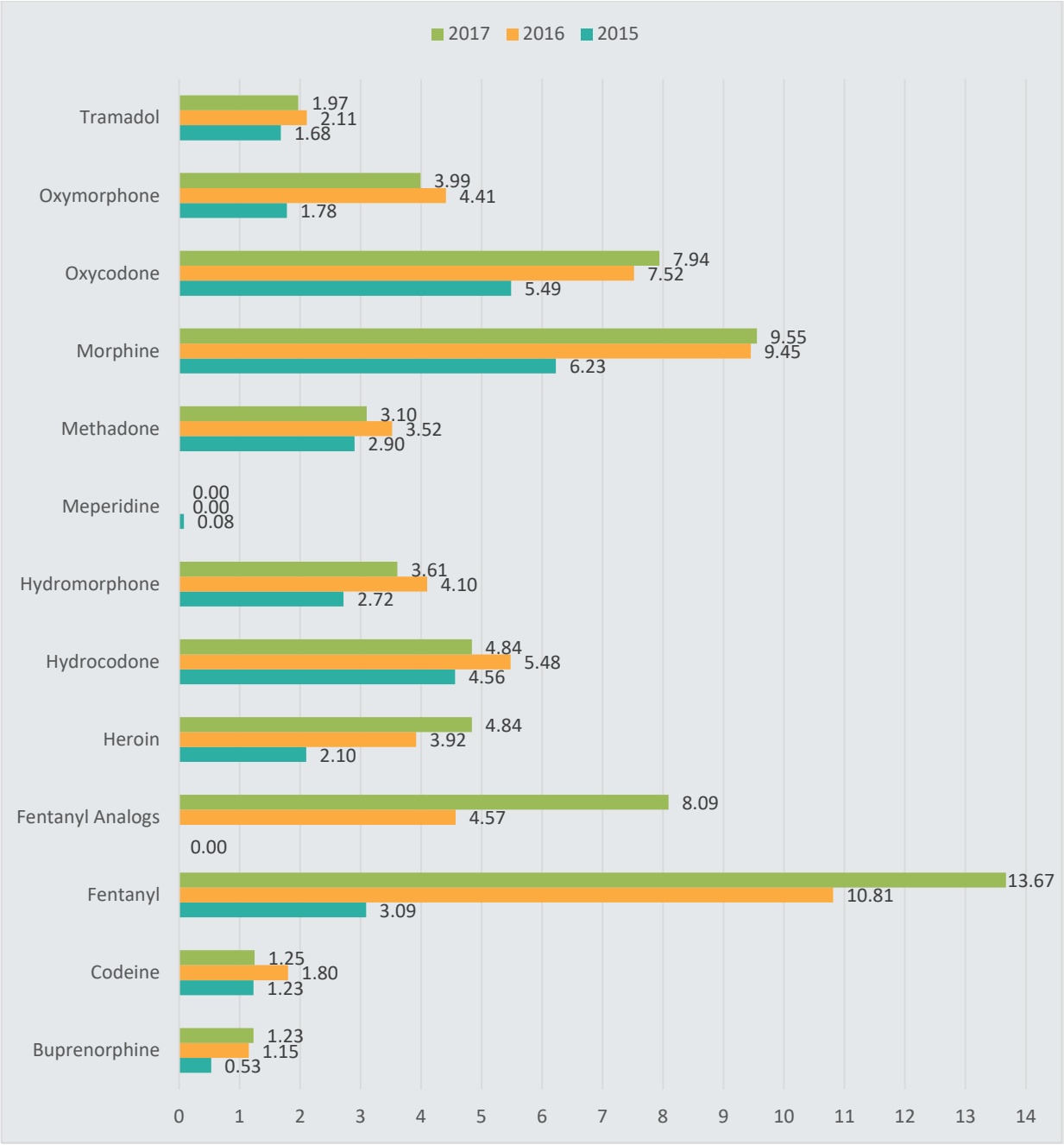
FIGURE 66: RATE PER 100,000 POPULATION RELATED TO DEATHS WHERE SUBSTANCE WAS THE CAUSE OF DEATH, 2015-2017.



Source: Table 193-205, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.

The data below was also sourced from the Florida Drug-Related Outcomes Surveillance and Tracking System (FROST) and shows a breakdown of which individual substances were *related to* the cause of death as a rate per 100,000 population for the LSF service area for 2015 through 2017. In 2015, the substance with the highest mortality rate was Morphine with 6.23 deaths per 100,000 population, followed by Oxycodone with 5.49 deaths per 100,000 population, and Hydrocodone with 4.56 deaths per 100,000 population. In 2016, Fentanyl was the substance with the highest death rate with 10.81 deaths per 100,000 population, Morphine had the second highest mortality rate with 9.45 deaths per 100,000 population, and Oxycodone had the third highest mortality rate with 7.52 deaths per 100,000 population. In 2017, Fentanyl was again the substance with the highest mortality rate (13.67 deaths per 100,000 population), followed by Morphine (9.55 deaths per 100,000 population), and Fentanyl Analogs (8.09 deaths per 100,000 population). Overall, mortality rates for substances increased from 2015 to 2017 (Technical Appendix, Table 206-218).

FIGURE 67: RATE PER 100,000 POPULATION RELATED TO DEATHS WHERE SUBSTANCE WAS RELATED TO THE CAUSE OF DEATH, 2015-2017.



Source: Table 206-218, *LSF Health Systems Technical Appendix 2019*, prepared by WellFlorida Council, 2019.