UFHealth
UNIVERSITY OF FLORIDA HEALTH

Community Health Needs Assessment

2025 Report

UF Health Shands

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Introduction & Purpose

UF Health Shands is pleased to present its 2025-2027 Community Health Needs Assessment (CHNA). The 2025 CHNA covers the seven-county primary service areas (PSA) adopted and used in the 2016, 2019, and 2022 CHNAs that include Alachua, Bradford, Columbia, Levy, Marion, Putnam, and Suwannee counties. Additionally, it includes Shands Teaching Hospital and Clinics, Inc (STHC) encompassing Select Specialty Hospital-Gainesville, LLC (SSH) and Archer Rehabilitation, LLC d/b/a UF Health Rehab Hospital (Archer Rehab).

This CHNA report provides an overview of the process and methods used to identify and prioritize health needs as federally required by the Affordable Care Act.

CHNA Purpose

The purpose of this CHNA is to offer a deeper understanding of the health needs across the UF Health Shands seven-county region and guide the hospital's planning efforts to address needs in actionable ways with community engagement. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes and focus on social determinants of health to improve the health and quality of life of residents in the community.

This report includes a description of:

- The community demographics and population served
- The process and methods used to obtain, analyze and synthesize primary and secondary data
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs

UF Health Shands Hospital

UF Health Shands is a private, not-for-profit hospital system affiliated with the University of Florida. It is part of UF Health, a world-class academic health center and part of one of the nation's top 10 public research universities, with main campuses in Gainesville and Jacksonville as well as community hospitals in Leesburg and The Villages®. UF Health Shands is based in Gainesville.

UF Health Shands has more than 1,000 expert UF College of Medicine and many community physicians along with more than 11,000 nursing and support staff that provide comprehensive high-quality patient care, from primary care and family medicine to subspecialty tertiary and quaternary services for patients with overly complex medical conditions. It features a teaching hospital, UF Health Shands Hospital, six specialty hospitals — UF Health Shands Cancer Hospital, UF Health Shands Children's Hospital, UF Health

Psychiatric Hospital, UF Health Heart & Vascular Hospital, UF Health Neuromedicine Hospital, and UF Health Ocala Neighborhood Hospital; a network of outpatient rehabilitation centers; a home health agency; as well as freestanding Emergency Centers and Urgent Care facilities. UF Health Shands is affiliated with more than 100 UF Health Physicians' primary care and specialty medical practices located throughout North Central Florida. UF Health Shands Hospital is also home to a state-designated Level I trauma center, a Level IV neonatal intensive care unit, a regional burn center and an emergency air and ground transport program.

Acknowledgments

The development of 2025 CHNA was a collective effort that included key members from UF Health Shands and input gathered from community residents and organizations in UF Health Shands seven county service region. UF Health Shands CHNA project members Kent Bailey, Vice President of Finance, John Maerzke, Director of Financial Planning & Analysis, and Wendy Resnick, Community Benefit Consultant for UF Health Shands.

UF Health Shands Executive Team:

- Irene Alexaitis, DNP, RN, NEA-BC, Vice President Nursing and Patient Services, UF Health Shands
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- Larry McDowell, JD, Vice President and Senior Counsel, UF Health Shands and related UF Health entities (Gainesville market)
- Timothy E. Morey, MD, Chief Medical Officer, UF Health Shands
- Jennifer Nappo, Vice President of Human Resources
- Gregory L. Stewart, LMHC, LCAC, LPCC, Administrator, UF Health Psychiatric Hospital and Florida Recovery Center
- Robert Thornton, Senior Vice President and Chief Financial Officer, UF Health Shands
- Jeff West, Vice President Managed Care, UF Health Shands

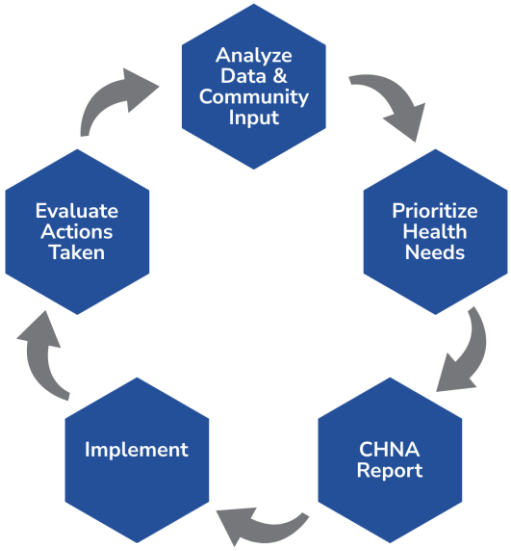
Consultants

UF Health Shands commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2025 CHNA. Conduent HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems and implementing performance evaluation processes. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Alejandra Zavala, MPH – Public Health Consultant, and Samreen Fathima, MPH – Data Analyst. To learn more about Conduent HCI, please visit www.conduent.com/community-population-health.

Evaluation of Progress Since Prior CHNA

UF Health Shands completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Implementation Strategy (Figure 1). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

Figure 1. The CHNA Cycle



Priority Health Needs from Preceding CHNA and IS

UF Health Shands identified needs for fiscal years 2022 - 2024 including several factors and behaviors that stand out as recurring, common areas of concern (Table 1). Community outreach efforts were coordinated by UF Health Shands to support implementation items outlined in the 2022 UF Health Shands Community Health Implementation Strategy (IS).

Table 1. 2022 – 2024 CHNA Health Topics

CHNA Health Topics
Adolescent Health
Cancer
Chronic Conditions

The following initiatives were implemented during 2022 – 2024 and are of particular note:

UF Health Ocala Neighborhood Hospital

The **UF Health Neighborhood Hospital** in Ocala opened its doors in Fall 2024. This facility serves Marion County and surrounding areas. The 150,000 foot facility includes an emergency room and hospital beds and also provides medical imaging, labs, physician services, and rehabilitation services.
Learn more at the YouTube link here.

Eastside Urgent Care Center (G'ville) is a collaborative project between Alachua County, the City of Gainesville, UF Health Shands Hospital, who donated the land, and UFHealth Physicians. This project opened in Fall 2024 and features open hours every day (7 days/week) and includes medical imaging and lab services. There is also a community room.

Eastside Urgent Care Center (G'vlle).

This area of East Gainesville is an underserved area of the community who experience higher levels of need associated with the social determinants of health needs.

To read more visit the link below:
UF Health Urgent Care - Eastside Grand Opening

UF Health Cancer Center

The **UF Health Cancer Center** received their designation in 2023. This Cancer Center serves 22 counties in North Central FL – including Lake and Sumter Counties (Spanish Plaines and Leesburg). They received their NCI designation in 2023. In 2024, the Center added a mobile unit that is used to visit counties and provide cancer screening services as part of their outreach.

Review the UF Health Cancer Center's 2024 Annual Report here

Summary of Initiatives

Category	Goal	Implementation Strategy	Partners	Status	Progress Made to Date
Expanding services to Underserved Population	Provide healthcare services to underserved populations	East Gvlle Urgent Care Center including Radiology Imaging and Lab Draw station	City of Gainesville, Alachua County, UF College of Medicine, Community groups	Opened Aug 2024	Yes
Expanding services to Underserved Population	Provide healthcare services to underserved populations	Ocala Neighborhood Hospital including Inpatient Beds (10), Emergency Services, Radiology Imaging, Laboratory, Outpatient Rehab, MD Offices		Opened Fall 2024	Yes
Expanding services to Underserved Population	Provide healthcare services to underserved populations	Mobile Stroke Unit - 2023	Alachua County Fire Rescue. Surrounding Counties EMS staff for rendezvous with some patients.	Provided 983 transports in CY24	Yes
Expanding services to Underserved Population	Provide healthcare services to underserved populations	Hospital at Home Pilot implemented for patients	Shands Homecare	Pilot supplements Telemonitoring capability previously established	Yes
Adolescent Health	Improve mental health outcomes of adolescents ages 12-18 years of age	Develop training programs regarding ACEs and PHQ-9 screening tools at well visits (primary care) for adolescents (ages 12-18 years)	Pediatricians, Mental Health Specialists, Social workers, schools and educational institutions, Community organizations	Done - 2022	Yes

Category	Goal	Implementation Strategy	Partners	Status	Progress Made to Date
Adolescent Health	Improve mental health outcomes of adolescents ages 12-18 years of age	Integrate mental health screening into routine well visits for adolescents (ages 12-18 years)	Pediatricians, Mental Health Specialists, Social workers, schools and educational institutions, Community organizations	Done - 2022	Yes
Adolescent Health	Establish a system for timely follow-up and intervention for identified mental health issues	Establish a system for timely follow-up and intervention for identified mental health issues	Pediatricians, Mental Health Specialists, Social workers, schools and educational institutions, Community organizations	Work in process.	Progress Made
Cancer	Reduce disparities in outcomes for at risk populations	Develop educational materials for underserved and uninsured populations	Wellness University, Cancer Disparities Research Collaborative (CDRC), Care 2 initiative and Children Beyond our Borders, Rural Womens Health project, Churches, schools and vaccine manufacturers	Cancer Center	Yes
Cancer	Enhance cancer care access for at risk populations	Develop and implement culturally sensitive outreach programs for underserved and uninsured populations	Wellness University, Cancer Disparities Research Collaborative (CDRC), Care 2 initiative and Children Beyond our	Cancer Center - Mobile Cancer Bus - 2024	Yes

Category	Goal	Implementation Strategy	Partners	Status	Progress Made to Date
			Borders, Rural Womens Health project, Churches, schools and vaccine manufacturers		
Cancer	Enhance cancer care access for at risk populations	Partner with middle and high schools as well as churches to offer HPV vaccination, screenings and education	Wellness University, Cancer Disparities Research Collaborative (CDRC), Care 2 initiative and Children Beyond our Borders, Rural Womens Health project, Churches	Staff to provide trainings, coordinate sites and events	Yes
Cancer	NCI Cancer Designation		UFHealth Hospitals and UFHealth Physicians as well as Community members	Designation 2023	Yes
Chronic Conditions	Enhance chronic care management to reduce readmissions for COPD, heart failure, diabetes and hypertension	Collaborate with primary care to reduce readmissions for COPD, Heart Failure and Hypertension	Primary Care physicians, hospital staff and homecare providers	Work in process. COPD and Heart Failure committees in place.	Yes

Category	Goal	Implementation Strategy	Partners	Status	Progress Made to Date
Chronic Conditions	Enhance chronic care management to reduce readmissions for COPD, heart failure, diabetes and hypertension	Collaborate with home care for unnecessary readmits	Primary Care physicians, hospital staff and homecare providers	Homecare has Telemonitoring capability. Also EPIC transition for UFHomecare to integrate Med Records in 2026.	Yes
Chronic Conditions	Enhance chronic care management to reduce readmissions for COPD, heart failure, diabetes and hypertension	Implement transition of care management groups for follow-up and support	UF Cardiology and Pulmonary specialists	Work in process. COPD and Heart Failure committees in place.	Yes
Chronic Conditions	Enhance chronic care management to reduce readmissions for COPD, heart failure, diabetes and hypertension	Engage with health street for community outreach and resource alignment	Health Street and UF Mobile Clinic	Work in process. Future plans to work on food pantry w/healthy food options.	Progress Made
Chronic Conditions	Enhance chronic care management to reduce readmissions for COPD, heart failure, diabetes and hypertension	Increase the completion of transitional care (hospital discharge) outreach phone calls and visits. Phone calls and visits in a timely manner within 2 business days, and 14 days respectively.	Primary Care physicians, hospital staff and homecare providers	Homecare upgrade to integrate EPIC Med Recs from UFHealth Hospital and MDs to Homecare in 2026	Progress Made

Community Feedback

The 2022 Community Health Needs Assessment Reports and Implementation Plan were made available to the public via the website Social Mission & Community | UF Health, University of Florida Health. To collect comments or feedback, there is a Contact US page with phone number and email of Communications Team members. No comments had been received on the preceding CHNA at the time this report was written.

Demographic Profile

The following section explores the demographic profile of UF Health Shands. The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts® (2024 population estimates) and American Community Survey one-year (2023) or five-year (2019-2023) estimates unless otherwise indicated.

Demographic Profile

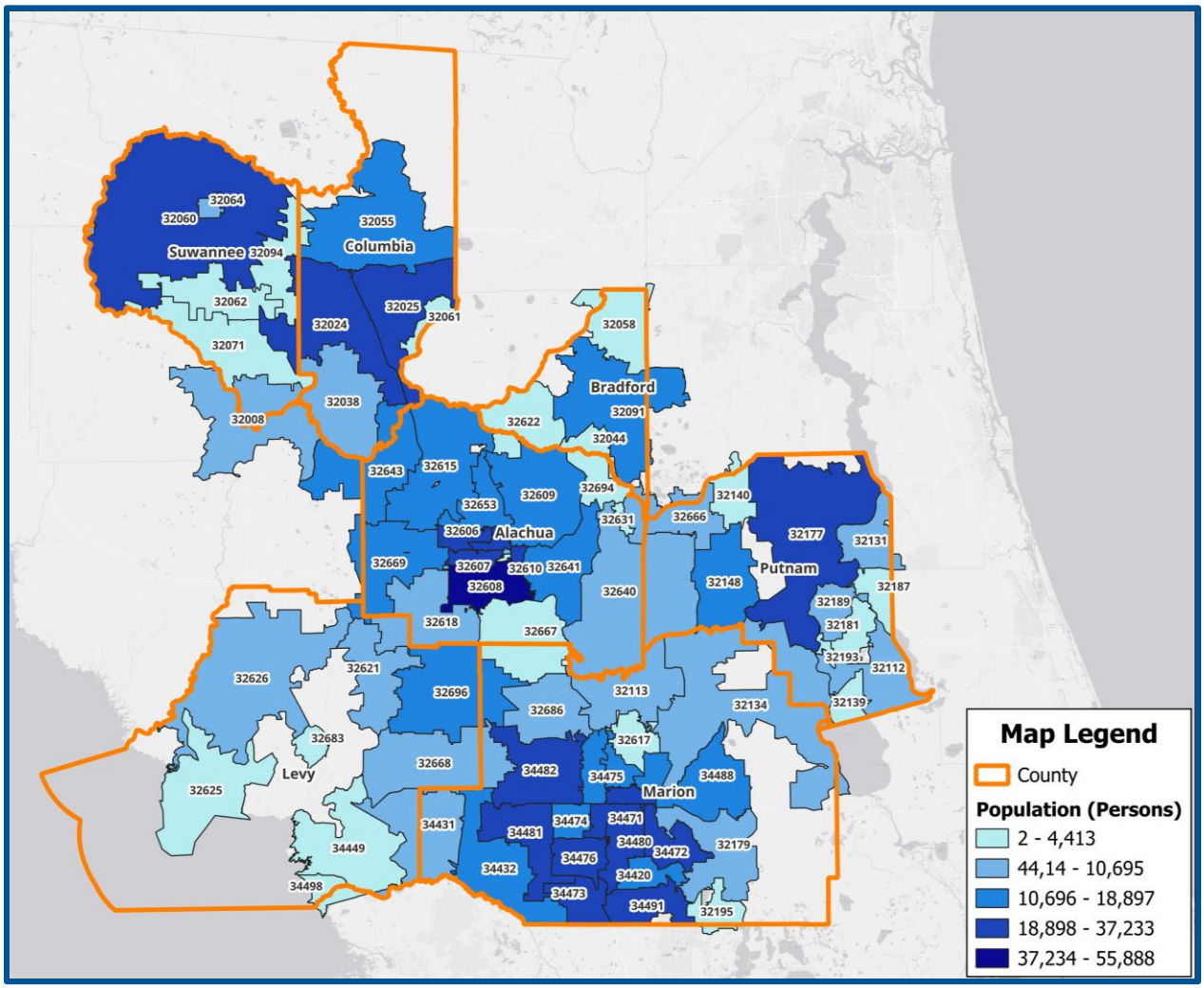
Population

According to Claritas Pop-Facts population estimates, the UF Health Shands Primary Service Area has an estimated population of 986,770 in 2024 which represents approximately 4% of Florida's total population. Figure 2 shows population size by county within the UF Health Shands service area. The darkest blues represent zip codes with the largest population. Geographically, there are 6,089 total square miles in the service area, or 11% of the total landmass of Florida, according to the U.S. Census Bureau American Community Survey 2019-2023 5-year estimates. The geography encompasses a mix of urban and rural areas. Population density for this entire area, estimated at 139.21 persons per square mile, is greater than the national average population density of 90.19 persons per square mile, but less than the state density of 371.64 persons per square mile.

Table 2. Population Size by County

Total Population	
CHNA Region	**986,770**
Alachua	285,994
Bradford	27,858
Columbia	73,977
Levy	46,545
Marion	428,905
Putnam	75,955
Suwannee	47,536
Florida	**23,372,215**
United States	**340,110,988**

Figure 2: Population Size by Zip Code



Gender

The total population mix by gender is similar to Florida and the United States overall. Bradford County stands out, with males being more prevalent than females. This is due to the presence of several state correctional facilities (prisons) in the county.

TABLE 3. PERCENT POPULATION BY GENDER

	% Male	% Female
Alachua	48.1	52.0
Bradford	53.3	46.7
Columbia	51.3	48.8

	% Male	% Female
Levy	49.2	50.8
Marion	47.8	52.2
Putnam	49.6	50.4
Suwannee	51.2	48.9
Florida	48.5	51.5
United States	49.5	50.5

Data Source: 2024 Claritas Pop-Facts®, American Community Survey 2019-2023

Age

The total population by age group for the region varies significantly across counties as shown in Table 4. The two largest counties in the service area, Alachua, and Marion, have increased variations in age demographics. The Alachua County population, which includes the University of Florida as well as Santa Fe College, trends towards a younger demographic (19.3% of population ages 18-24) than the state of Florida (8.7% ages 18-24). Marion County, which includes the City of Ocala and several large retirement communities, has a significantly higher proportion of 65+ residents (33.7% ages 65 or older) than the other counties in the service area and the state of Florida (23.7% ages 65+).

TABLE 4. PERCENT POPULATION BY AGE GROUP

	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Alachua	4.7	13.1	19.3	15.6	12.2	9.4	9.7	16.0
Bradford	5.2	14.3	8.4	12.8	12.9	12.1	12.1	21.4
Columbia	5.2	15.2	8.4	11.1	12.3	11.6	13.5	22.8
Levy	4.9	14.3	7.6	9.4	10.1	10.6	15.0	28.4
Marion	4.4	12.7	7.1	9.4	9.9	10.0	12.9	33.7
Putnam	5.2	14.8	8.0	10.1	10.1	10.5	14.5	11.2
Suwannee	5.1	15.1	8.6	10.3	11.0	11.0	13.5	25.4
Florida	4.7	13.9	8.7	11.7	12.1	11.9	13.4	23.7

Data Source: 2024 Claritas Pop-Facts®, American Community Survey 2019-2023

Race and Ethnicity

The majority of the population in each of the counties that make up the hospital's service area is White as shown in Table 5. Levy has the largest White population at 78.1% (non-Hispanic), 7.9% Hispanic or Latino, 8.9% Black or African American (non-Hispanic), and less than 1% Asian (non-Hispanic). Alachua County has the highest percentage of residents within the service area who identify as Asian at 6.7%.

The proportion of Blacks/African Americans in each county ranges from 8.9% in Levy to 19.2% in Bradford. The proportion of the population identifying as "More than one Race" also ranges from 4.4% in Bradford to 11.4% in Marion County.

TABLE 5. PERCENT POPULATION BY RACE

	White	Black	Asian	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Another Race	More than one Race
Alachua	59.9	18.6	6.7	0.3	0.0	3.7	10.7
Bradford	73.6	19.2	0.5	0.3	0.1	2.0	4.4
Columbia	71.8	17.1	1.4	0.4	0.1	2.3	6.9
Levy	78.1	8.9	0.6	0.6	0.0	4.4	7.9
Marion	69.1	11.9	1.6	0.4	0.1	5.5	11.4
Putnam	70.9	15.3	0.7	0.6	0.1	4.9	7.5
Suwannee	74.7	11.1	0.7	0.6	0.1	4.9	8.1
Florida	56.3	15.1	3.1	0.5	0.1	7.7	17.3
United States	63.4	12.4	5.8	0.9	0.2	6.6	10.7

Data Source: 2024 Claritas Pop-Facts®, American Community Survey 2019-2023

The majority of the population in each of the service area counties are non-Hispanic as shown in Table 6. Marion County has the highest percentage of their population who identify as Hispanic at 17.6%. Bradford County has the smallest proportion of their population who identify as Hispanic (5.6%).

TABLE 6. PERCENT POPULATION BY ETHNICITY

	Non-Hispanic	Hispanic
Alachua	86.7	13.3
Bradford	94.4	5.6
Columbia	92.1	7.9
Levy	89.1	10.9
Marion	82.4	17.6
Putnam	88.4	11.6
Suwannee	87.5	12.5
Florida	72.1	27.9
United States	81.0	19.0

Data Source: 2024 Claritas Pop-Facts®, American Community Survey 2019-2023

Language and Immigration

Understanding countries of origin and languages spoken at home can help inform the cultural and linguistic context for the health and public health system. Language is a key factor to consider for outreach efforts to ensure that community members are aware of available programs and services. Table 7 shows the percentage of the population age 5 and older by language spoken at home. The most common language spoken at home among all counties is English (85.2 – 95.9%). Spanish is the second most common language spoken. Marion County has the highest proportion of population age 5 and older speaking Spanish, at 10.6%, and Bradford County has the smallest proportion, at 2.2%. The percentage of residents who speak Spanish at home is lower compared with the state of Florida (22.1%) and the U.S. (13.4%).

TABLE 7. PERCENT POPULATION BY LANGUANGE SPOKEN AT HOME (PERSONS 5+)

	Only English	Spanish	Asian or Pacific Islander Language	Indio – European Language	Other Language
Alachua	85.2	7.2	3.2	3.7	0.7
Bradford	95.9	2.2	0.2	1.7	0.1
Columbia	92.8	5.5	0.5	1.2	0.1
Levy	93.0	6.2	0.3	0.5	0.0
Marion	86.7	10.6	0.5	1.8	0.4
Putnam	91.6	7.5	0.3	0.6	0.0
Suwannee	91.6	7.1	0.0	1.2	0.0
Florida	70.5	22.1	1.3	5.4	0.8
United States	78.0	13.4	3.5	3.8	1.2

Data Source: 2024 Claritas Pop-Facts®, American Community Survey 2019-2023

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health of UF Health Shands service area that contain the 76 community impact ZIP codes.

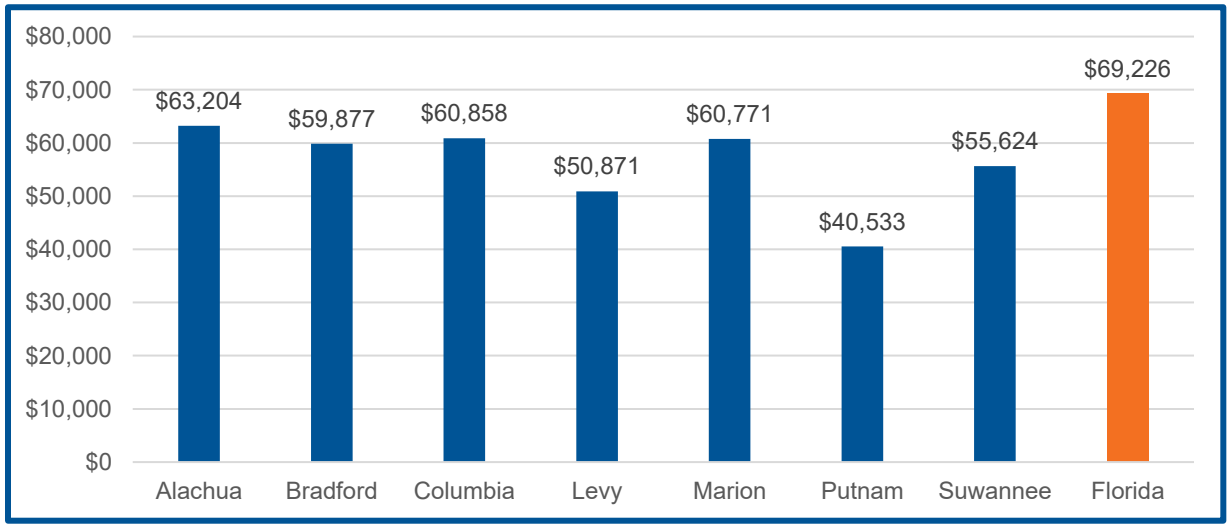
Social determinants are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that county-level data can sometimes mask what could be going on at the ZIP code level in many communities. While indicators may be strong at the county level, ZIP code level analysis can reveal disparities.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.

Figure 3 shows the median household income values for all seven counties overall, while Table 8 illustrates median household income by race/ethnicity. Putnam County has the lowest median income, at $40,533. Alachua County ($63,204) followed by Columbia County ($60,858) and Marion County ($60,771) have the highest median income within the service area. All seven counties' median income is lower than the state's value of $69,226.

FIGURE 3. MEDIAN HOUSEHOLD INCOME



Data Source: 2024 Claritas Pop-Facts®

TABLE 8. MEDIAN HOUSHOLD INCOME BY RACE/ETHNICITY

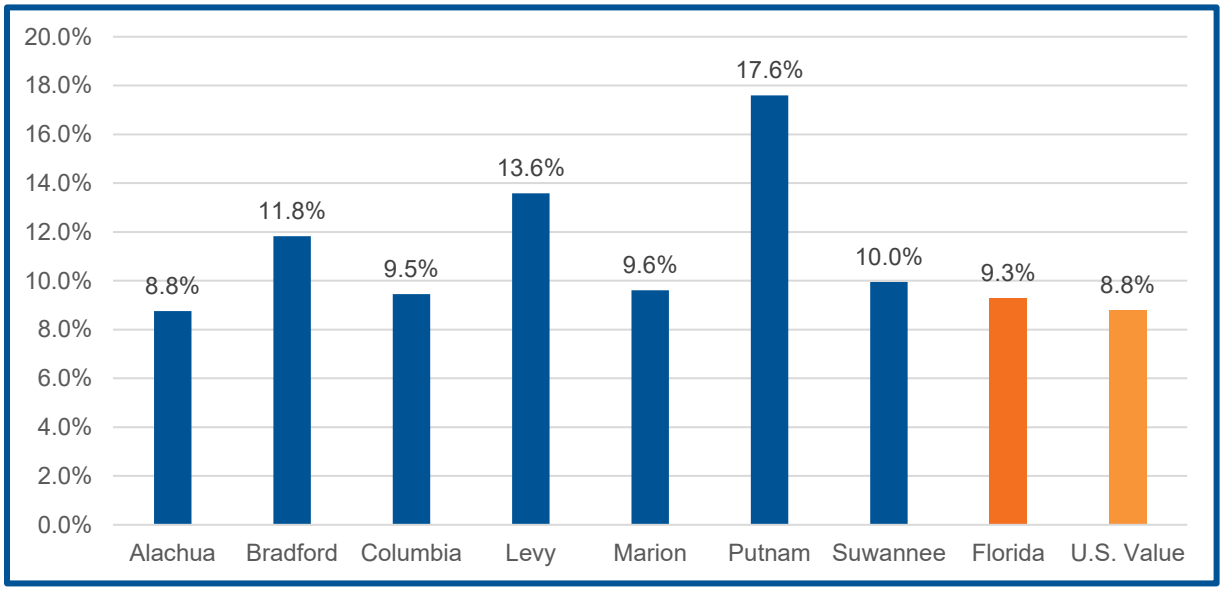
	White	Black and/or African American	American Indian and/or Alaska Native	Asian	Native Hawaiian and/or Pacific Islander	Some Other Race	Hispanic and/or Latino
Alachua	$72,726	$42,268	$31,728	$89,854	$32,857	$62,151	$52,610
Bradford	$62,836	$38,119	$14,999	$71,528	$87,500	$81,678	$88,636
Columbia	$65,935	$45,595	$56,019	$40,284	$126,563	$29,583	$65,512
Levy	$53,995	$39,286	$30,125	$61,198	$42,500	$33,228	$46,735
Marion	$64,341	$48,831	$60,365	$67,036	$14,999	$50,125	$54,240
Putnam	$43,713	$23,377	$58,079	$45,962	$14,999	$56,046	$34,129
Suwannee	$55,838	$47,381	$45,435	$193,333	$112,500	$56,836	$43,715
Florida	$73,682	$52,040	$59,286	$88,417	$65,431	$58,247	$63,458
United States	$83,784	$53,444	$59,393	$113,106	$78,640	$65,558	$68,890

Data Source: 2024 Claritas Pop-Facts®

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These differences mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases. Figure 4 shows that the majority of counties within the UF Health Shands service area (Bradford, Columbia, Levy, Marion, Putnam and Suwannee) have a higher percentage of families living below the federal poverty level than the state of Florida (9.3%) and the U.S. (8.8%).

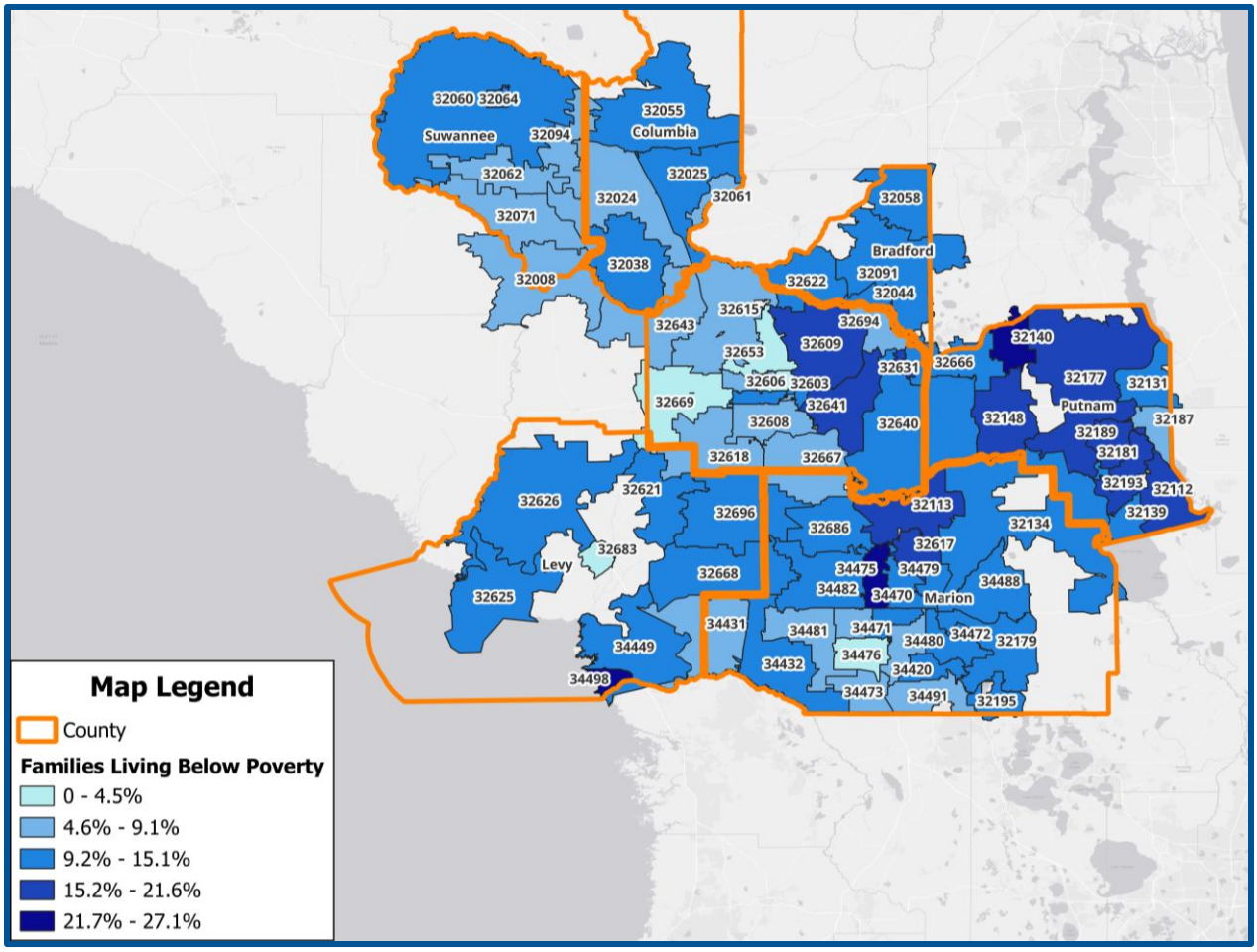
FIGURE 4. PERCENTAGE OF FAMILIES LIVING BELOW FEDERAL POVERTY LEVEL



Data Source: 2024 Claritas Pop-Facts®

The map in Figure 12 shows families living in poverty by ZIP code. The darker the blue, the higher the poverty rate. ZIP codes 32140 in Putnam County, 34498 in Levy, and 34475 in Marion are ZIP codes with the highest rate of families living below the federal poverty level.

FIGURE 5. FAMILIES LIVING BELOW FEDERAL POVERTY LEVEL MAP BY ZIP CODE



Data Source: 2024 Claritas Pop-Facts®

Employment

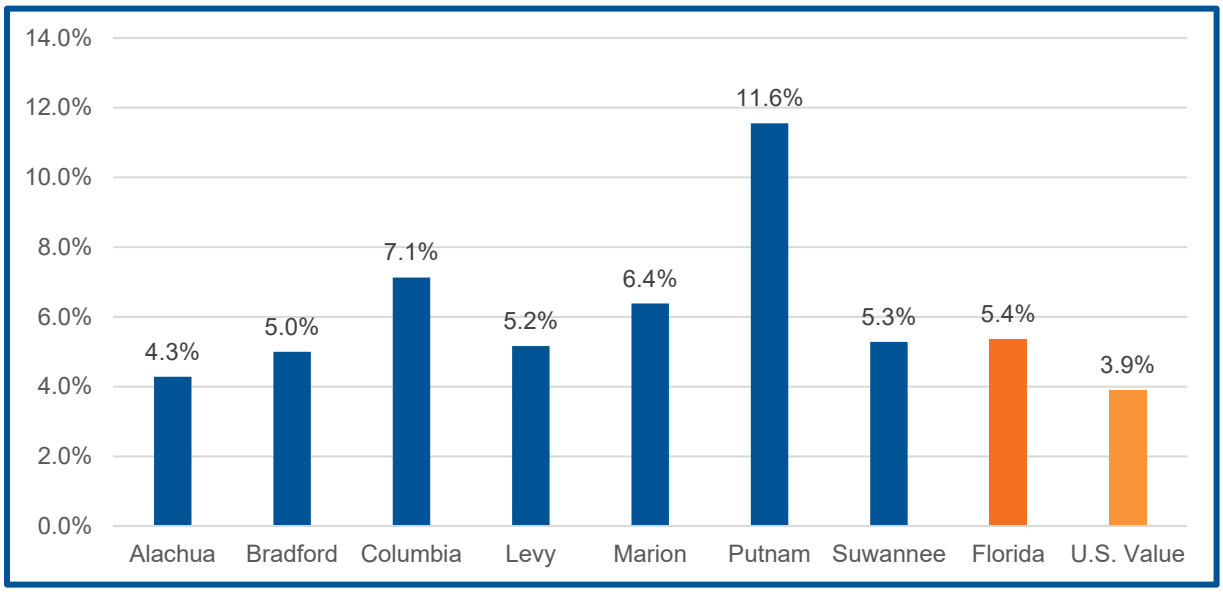
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment and health behaviors and outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.

Type of employment and working conditions can also have increased impacts on health. Work-related stress, injury and exposure to harmful chemicals are examples of ways employment can lead to poorer health.

Figure 6 shows the percentage of unemployed workers in the civilian labor force for each of the seven counties in the UF Health Shands service area. Three counties (Columbia, Marion, and Putnam) have a higher percentage of unemployed workers compared to the state of Florida (5.4%). All seven counties have a higher percentage of unemployed workers compared to the U.S. (3.9%).

FIGURE 6. PERCENT UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE



Data Source: 2024 Claritas Pop-Facts®, American Community Survey 2019-2023

Education

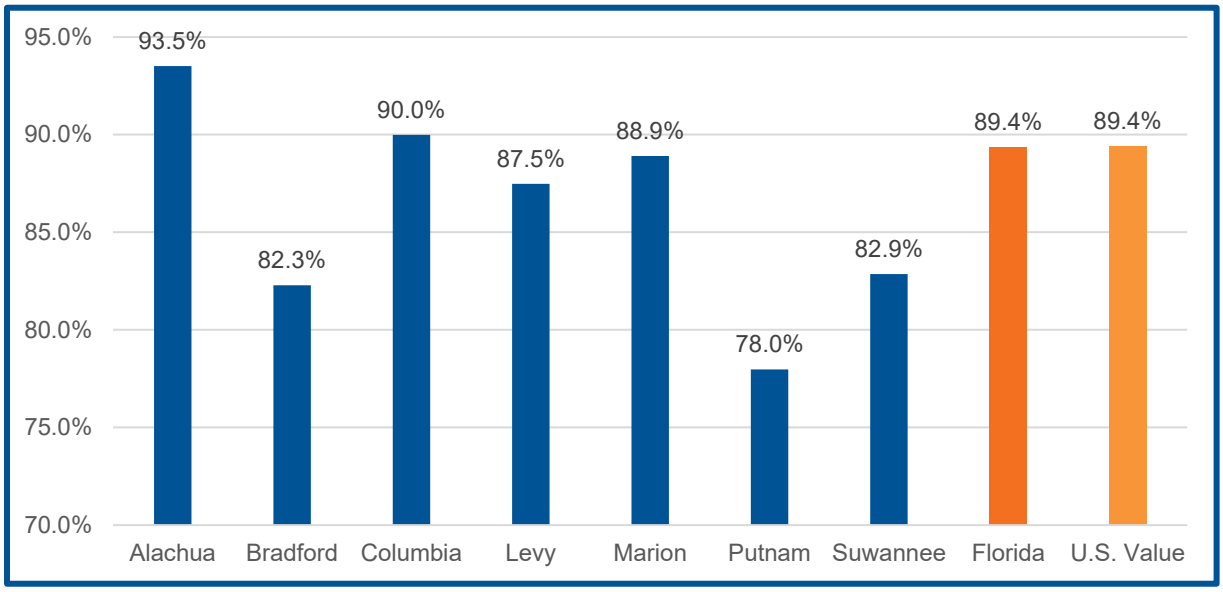
Education is an important indicator for health and well-being across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, experience better health outcomes and practice health-promoting behaviors.

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.

Figure 7 shows the percentage of the population in each service area county aged 25 or older with a high school degree or higher. Three counties, (Bradford, Putnam, and Suwannee) have percentages of their population that are much lower than Florida (89.4%) and the U.S. (89.4%) values. The other four counties have similar values or higher than the state and country.

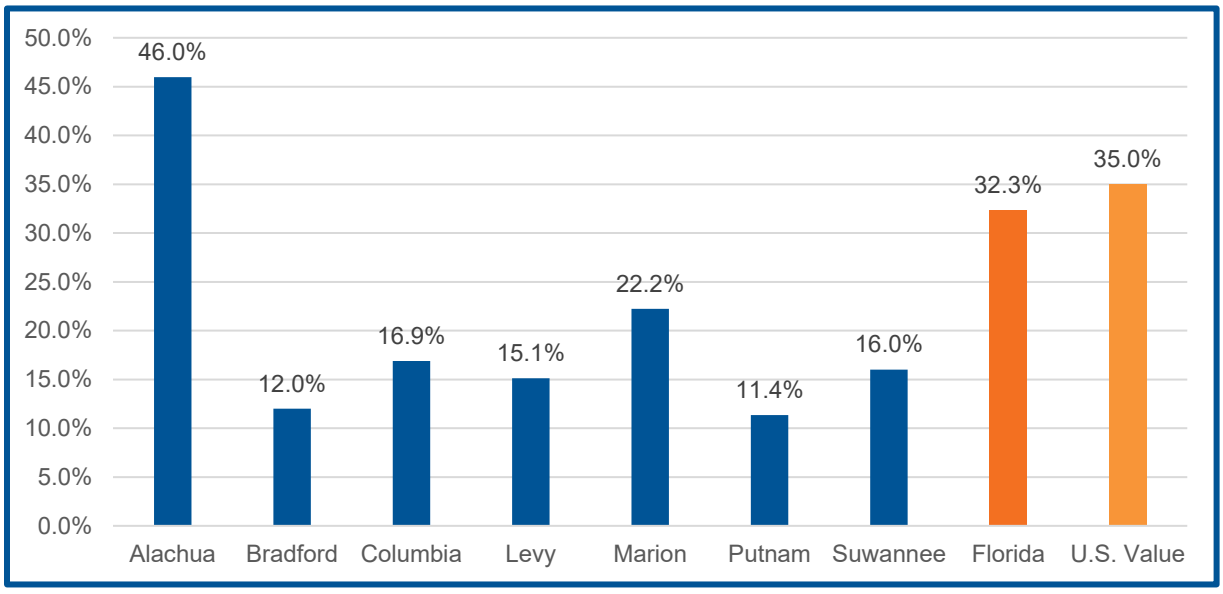
Figure 8 shows the percentage of the population with a bachelor's degree or higher. Six of the seven counties have values lower than the state (32.3%) and the country (35.0%). Alachua County is the singular county with a value higher than both the state and country at 46.0% of their county's population having graduated with a bachelor's degree or higher.

FIGURE 7. PERCENT POPULATION 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER



Data Source: 2024 Claritas Pop-Facts®

FIGURE 8. PERCENT POPULATION 25+ WITH A BACHELOR'S DEGREE OR HIGHER

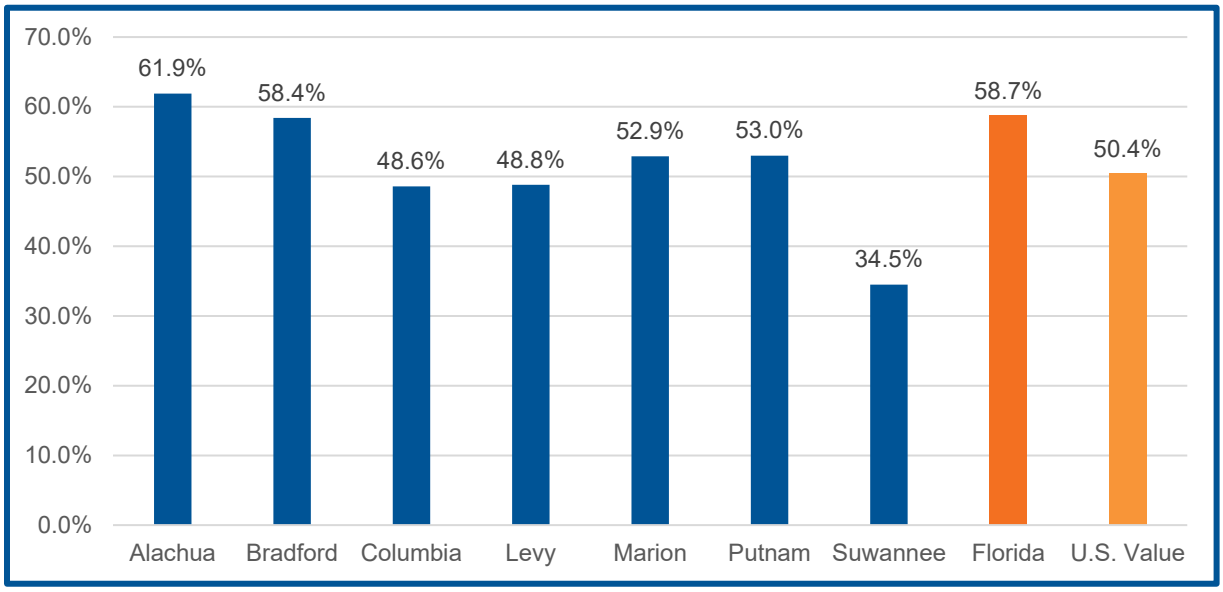


Data Source: 2024 Claritas Pop-Facts®

Housing

Safe, stable, and affordable housing provides a critical foundation for health and well-being. Exposure to health hazards and toxins in the home can cause damage to an individual or family's health. When families must spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress and mental health problems, and an increased risk of disease. In Figure 9, all counties except for Alachua County are below Florida's percentage of 58.7% for renters who spend 30% or more of their income on rent.

FIGURE 9. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



Data Source: 2024 Claritas Pop-Facts®

Methodology: Primary & Secondary Data

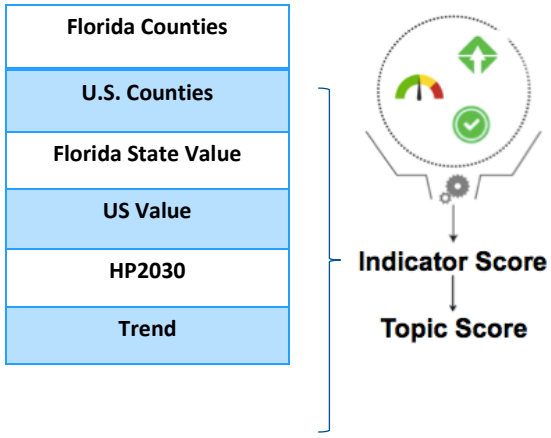
Overview

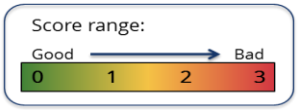
Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment (CHNA). Primary data consisted of key informant interviews while secondary data included indicators spanning health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of the health needs in UF Health Shands' seven-county CHNA region.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, included over 150 community indicators, spanning at least 24 topics in health, determinants of health and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared with data from other communities and from national targets, as well as to previous time.

FIGURE 10. SECONDARY DATA SCORING





HCI's Data Scoring Tool® systematically summarizes multiple comparisons and ranks indicators based on the highest need. For each indicator, Alachua, Bradford, Columbia, Levy, Marion, Putnam, and Suwannee County values were compared to a distribution of Florida and U.S. counties, state and national values, Healthy People 2030, and trends, as shown in Figure 10. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcomes and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Table 9 shows the health and quality of life topics scoring results for UF Health Shands' seven-county region. Topics that received a score of 1.50 or higher were included for consideration in data synthesis as a potentially significant health need. Please see Appendix B for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary analysis for each topic area.

TABLE 9. SECONDARY DATA SCORING BY COUNTY

Alachua County

Topic	Indicators	Score
Sexually Transmitted Infections	4	1.83
Economy	33	1.60
Women's Health	7	1.56
Maternal, Fetal & Infant Health	7	1.55
Cancer	19	1.50
Older Adults	24	1.49
Environmental Health	24	1.46
Children's Health	11	1.44
Mental Health & Mental Disorders	16	1.42
Mortality Data	26	1.40
Weight Status	3	1.38
Alcohol & Drug Use	16	1.36
Adolescent Health	16	1.35
Immunizations & Infectious Diseases	20	1.34
Education	10	1.30
Other Conditions	9	1.30
Respiratory Diseases	31	1.30
Heart Disease & Stroke	20	1.28
Community	36	1.25
Diabetes	13	1.24
Tobacco Use	8	1.24
Physical Activity	6	1.18
Prevention & Safety	8	1.17
Oral Health	6	1.16
Health Care Access & Quality	12	1.13
Wellness & Lifestyle	7	1.13
Health Information Technology	3	0.97

Bradford County

Topic	Indicators	Score
Women's Health	7	2.03
Prevention & Safety	5	2.02
Diabetes	3	2.01
Wellness & Lifestyle	7	1.97
Older Adults	24	1.96
Weight Status	3	1.94
Health Care Access & Quality	12	1.93
Mental Health & Mental Disorders	10	1.91
Other Conditions	4	1.89
Heart Disease & Stroke	16	1.88
Physical Activity	6	1.88
Mortality Data	22	1.80
Oral Health	5	1.79
Economy	32	1.78
Cancer	19	1.75
Immunizations & Infectious Diseases	14	1.75
Education	10	1.74
Respiratory Diseases	19	1.72
Maternal, Fetal & Infant Health	7	1.70
Community	34	1.67
Children's Health	7	1.58
Environmental Health	15	1.54
Tobacco Use	8	1.50
Adolescent Health	16	1.44
Health Information Technology	3	1.42
Sexually Transmitted Infections	4	1.33
Alcohol & Drug Use	11	1.09

Columbia County

Topic	Indicators	Score
Diabetes	3	2.09
Weight Status	3	1.99
Wellness & Lifestyle	7	1.94
Heart Disease & Stroke	16	1.91
Physical Activity	6	1.87
Children's Health	7	1.86
Mortality Data	26	1.76
Economy	33	1.74
Community	36	1.72
Oral Health	5	1.72
Other Conditions	5	1.72
Education	10	1.71
Older Adults	24	1.71
Tobacco Use	8	1.68
Cancer	19	1.67
Respiratory Diseases	19	1.67
Sexually Transmitted Infections	4	1.65
Maternal, Fetal & Infant Health	7	1.62
Women's Health	7	1.62
Adolescent Health	16	1.59
Environmental Health	18	1.56
Immunizations & Infectious Diseases	14	1.55
Prevention & Safety	6	1.55
Health Care Access & Quality	12	1.54
Alcohol & Drug Use	12	1.48
Mental Health & Mental Disorders	10	1.41
Health Information Technology	3	1.18

Levy County

Topic	Indicators	Score
Health Care Access & Quality	12	2.06
Wellness & Lifestyle	7	2.06
Oral Health	5	1.99
Weight Status	3	1.99
Health Information Technology	3	1.92
Physical Activity	6	1.91
Cancer	19	1.83
Mortality Data	25	1.81
Community	35	1.79
Prevention & Safety	6	1.78
Education	10	1.76
Children's Health	7	1.75
Women's Health	7	1.71
Immunizations & Infectious Diseases	14	1.59
Heart Disease & Stroke	16	1.57
Respiratory Diseases	19	1.57
Environmental Health	15	1.56
Maternal, Fetal & Infant Health	7	1.56
Mental Health & Mental Disorders	10	1.55
Adolescent Health	16	1.48
Alcohol & Drug Use	12	1.48
Economy	32	1.46
Other Conditions	5	1.46
Diabetes	3	1.45
Older Adults	24	1.44
Tobacco Use	8	1.43
Sexually Transmitted Infections	4	1.30

Marion County

Topic	Indicators	Score
Prevention & Safety	8	2.06
Mortality Data	26	1.96
Heart Disease & Stroke	20	1.93
Oral Health	6	1.92
Wellness & Lifestyle	7	1.90
Diabetes	13	1.86
Older Adults	24	1.86
Physical Activity	6	1.83
Cancer	19	1.77
Weight Status	3	1.77
Education	10	1.76
Health Care Access & Quality	12	1.73
Community	36	1.67
Respiratory Diseases	31	1.67
Children's Health	11	1.65
Economy	33	1.61
Environmental Health	22	1.61
Alcohol & Drug Use	16	1.60
Women's Health	7	1.60
Other Conditions	9	1.59
Immunizations & Infectious Diseases	20	1.57
Tobacco Use	8	1.56
Maternal, Fetal & Infant Health	7	1.46
Mental Health & Mental Disorders	16	1.41
Sexually Transmitted Infections	4	1.40
Adolescent Health	16	1.38
Health Information Technology	3	0.86

Putnam County

Topic	Indicators	Score
Other Conditions	5	2.16
Wellness & Lifestyle	7	2.15
Oral Health	5	2.10
Health Care Access & Quality	12	2.03
Diabetes	3	2.01
Heart Disease & Stroke	16	2.01
Education	10	2.00
Prevention & Safety	6	2.00
Mental Health & Mental Disorders	10	1.99
Mortality Data	26	1.98
Weight Status	3	1.94
Community	36	1.92
Older Adults	24	1.87
Physical Activity	6	1.86
Children's Health	7	1.85
Economy	33	1.84
Tobacco Use	8	1.79
Adolescent Health	16	1.68
Respiratory Diseases	19	1.65
Cancer	19	1.64
Maternal, Fetal & Infant Health	7	1.48
Health Information Technology	3	1.47
Environmental Health	15	1.44
Women's Health	7	1.43
Immunizations & Infectious Diseases	14	1.42
Alcohol & Drug Use	12	1.38
Sexually Transmitted Infections	4	1.19

Suwannee County

Topic	Indicators	Score
Wellness & Lifestyle	7	2.02
Health Care Access & Quality	12	1.99
Weight Status	3	1.99
Physical Activity	6	1.98
Diabetes	3	1.94
Oral Health	5	1.87
Heart Disease & Stroke	16	1.82
Community	35	1.80
Mortality Data	25	1.79
Education	10	1.74
Prevention & Safety	6	1.72
Economy	32	1.68
Immunizations & Infectious Diseases	14	1.67
Children's Health	7	1.66
Women's Health	7	1.64
Health Information Technology	3	1.62
Maternal, Fetal & Infant Health	7	1.62
Respiratory Diseases	19	1.60
Cancer	19	1.54
Older Adults	24	1.54
Mental Health & Mental Disorders	10	1.50
Sexually Transmitted Infections	4	1.50
Tobacco Use	8	1.50
Other Conditions	5	1.48
Environmental Health	17	1.43
Adolescent Health	16	1.40
Alcohol & Drug Use	12	1.34

Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from residents of the community served by UF Health Shands. Primary data used in this assessment consisted of key informant interviews. These findings expanded upon information gathered from the secondary data analysis to inform this Community Health Needs Assessment.

To help inform an assessment of community assets, community members were asked to identify resources available in the community. Although not reflective of every resource available in the community, the list can help UF Health Shands to expand and support existing programs and resources. This resource list is available in Appendix D.

Key Informant Interviews

Key informant interviews were conducted to gain a deeper understanding of health issues impacting the residents of the community served by UF Health Shands. Community members invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or at-risk populations.

A variety of organizations participated in the process, including the Florida Department of Health, social service organizations, and other health care organizations.

These discussions took place between February and April 2025. Each discussion was conducted by phone and/or webinar. A questionnaire was developed to guide each interview and focus group discussion. Discussion topics included (1) the biggest perceived health needs in the community, (2) barriers of concern and (3) the impact of health issues on vulnerable populations. Interviewees were also asked about their knowledge of health topics where there were data gaps in the secondary data. The list of questions included in the key informant interview discussions can be found in Appendix C.

Key Informant Analysis Results

The project team captured detailed transcripts of the key informant interviews using MS Teams live transcription feature that allows conversion from spoken words into written text real-time during the conversations. The text from these transcripts was then analyzed using the qualitative analysis tools in Qualtrics®[1]. Text was organized by themes and analyzed for observations. Figure 11 summarizes the main themes and topics that emerged from these discussions.

The findings from the qualitative analysis were combined with findings from the secondary data for data synthesis and prioritization and are incorporated throughout this report in more detail.

FIGURE 11. KEY THEMES FROM QUALITATIVE DATA

Top Areas of Concern Identified by the Community

- Access to Primary and Preventive Care
- Behavioral and Mental Health Services
- Social & Economic Determinants of Health (SDOH)

Additional Context from Community Feedback on Areas of Concern

- Related to Access
  - Health Literacy and Navigation
  - Trust and Cultural Competence in Care
  - Cost
- Related to Behavioral Health
  - Increased need for services; treatment services
  - More integration of services and collaboration
- Related to SDOH
  - Growing Population
    - ALICE Population and 65+
  - Food Access
  - Transportation
  - Housing
  - Poverty

[1] Qualtrics XM, application for managing, analyzing, and presenting quantitative and qualitative research data (2025). Qualtrics, Provo, UT, USA. https://www.qualtrics.com

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For primary and secondary data, immense efforts were made to include as wide a range of community health indicators and key informant experts as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or ZIP code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for various locations (hospital service areas, ZIP codes and counties), some datasets are not available for the same time spans or at the same level of localization. Lastly, persistent gaps in data systems exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who was willing and able to participate in key informant interviews.

Environmental Scan

A brief environmental scan was conducted to identify the health needs identified and/or prioritized in the most recent Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) process for each of the seven counties that fall within the UF Health Shands service area. The high level findings of this scan are listed in Figure 12.

FIGURE 12. COUNTY HEALTH NEEDS

County	Most Recent CHA/CHIP Priorities	Relevant Date Ranges
Alachua	• Access to Healthcare (Primary Care, Dental, and Mental Health) • Behavioral Health • Chronic Disease Prevention • Quality of Life (Food, Housing, Jobs, Education, etc.)	2025 - 2029
Bradford	• Behavioral Health • Chronic Disease Prevention • Food Insecurity	2024 - 2026
Columbia	• Behavioral Health • Chronic Disease Prevention • Health Info Access • Quality of Life (Food, Housing, Jobs, Education, etc.)	2024 - 2026

Levy	• Access to Healthcare (Primary Care, Dental, and Mental Health) • Behavioral Health • Chronic Disease Prevention • Maternal and Child Health • Quality of Life (Food, Housing, Jobs, Education, etc.)	2024 - 2026
Marion	• Access to Healthcare (Primary Care, Dental, and Mental Health) • Behavioral Health • Healthy Aging (Older Adults) • Quality of Life (Food, Housing, Jobs, Education, etc.)	2024 - 2026
Putnam	• Access to Healthcare (Primary Care, Dental, and Mental Health) • Behavioral Health • Maternal and Child Health	2021 - 2024
Suwannee	• Chronic Disease Prevention • Maternal and Child Health • Prevention of Unintentional Injuries • Quality of Life (Food, Housing, Jobs, Education, etc.)	2024 - 2028

Data Synthesis & Prioritization

To gain a comprehensive understanding of the prioritized health needs, the findings from primary and secondary data were analyzed for areas of overlap. Primary data from key informant interviews as well as Secondary data findings identified nine areas of greater need. Figure 13 shows the nine significant health needs, listed in alphabetical order, which were included for prioritization based on the synthesis of all forms of data collected for UF Health Shands CHNA.

FIGURE 13. SIGNIFICANT HEALTH NEEDS

Prioritization

To better target activities to address the most pressing health needs in the community, UF Health Shands Hospital virtually convened a group of hospital leaders to participate in a presentation of data on health needs facilitated by HCI. Following the data presentation and a brief question and answer session, participants were given access to an online link to complete a ranking exercise to identify which health needs they felt were most important for UF Health Shands to consider for implementation planning based on a set of provided criteria.

Process

An invitation to participate in the UF Health Shands CHNA data synthesis presentation and virtual prioritization ranking activity was provided for attendees. A total of seven individuals representing UF Health Shands attended the virtual meeting and completed the online prioritization activity.

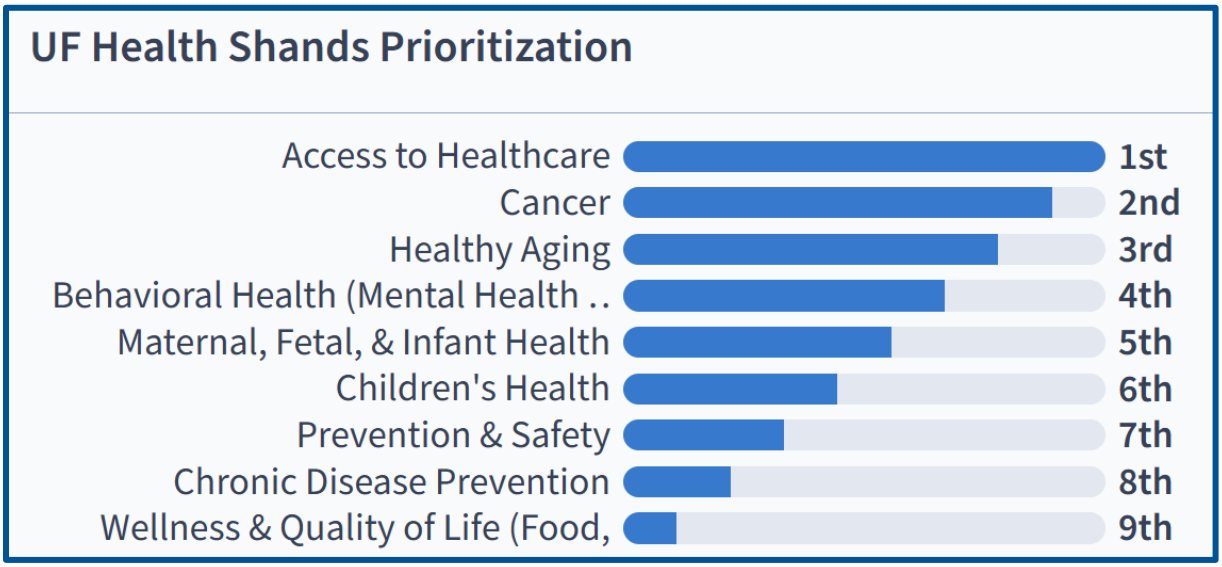
The criteria for prioritization included:

- Scope & Severity gauges the magnitude of each health issue
- Ability to Impact: the perceived likelihood of positive impact on each health issue

Participants were asked to rank each of the nine significant health needs identified in the assessment considering the criteria above. In addition to considering the data presented by HCI in the presentation, participants were encouraged to use their judgment and knowledge of the community in considering how well a health topic meets the criteria.

Completion of the online exercise resulted in a final ranking of significant health needs. The results of the prioritization ranking are shown in Figure 14.

FIGURE 14. RANKING RESULTS OF ONLINE PRIORITIZATION ACTIVITY

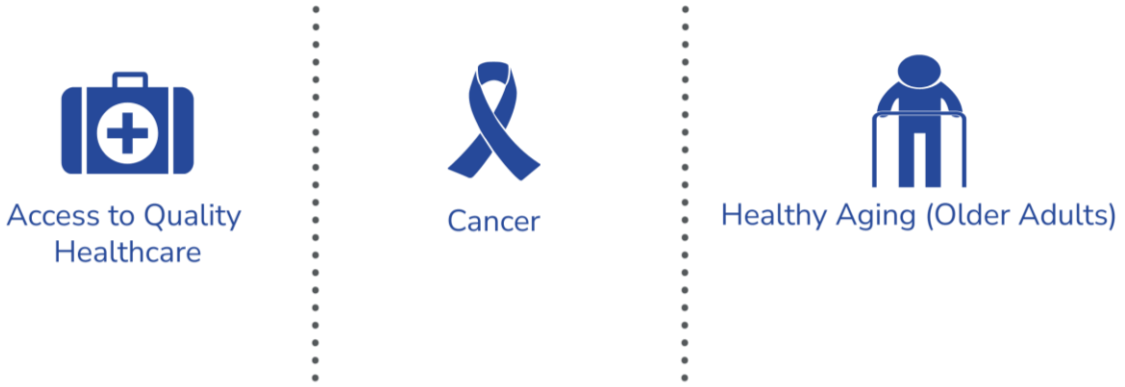


The ranked order of health needs that results from the prioritization process was shared with UF Health Shands CHNA project leads. The CHNA project leads reviewed the scoring results of the community needs with their leadership and determined to prioritize based on the same set of criteria used in the scoring exercise. The three priority health areas that will be considered for subsequent implementation planning are, Access to Healthcare, Cancer, and Healthy Aging.

Prioritized Health Needs

The following section provides detailed descriptions of the prioritized health needs, including the health issues and description of population groups with greater needs and factors that contribute to those needs. The three prioritized health needs are presented in the order of how they ranked in the prioritization process.

2025 UF Health Shands Prioritized Health Needs



Prioritized Health Topic #1: Access to Quality Healthcare

Access to Quality Healthcare

Key Themes from Community Input

- Access to Primary and Preventative Care
- Health Literacy and Navigation
- Trust and Culturally Competent Care
- Cost as a Barrier to Care

Warning Indicators

- Preventable Hospital Stays: Medicare Population
- Primary Care Provider Rate
- Dentist Rate
- Children with Health Insurance

Health Department Alignment → Previous UF Health Shands Prioritized Need

Secondary Data

Secondary data indicators that were identified as "warning indicators" within the Access to Quality Healthcare priority area are those where the greatest opportunity exists to improve health outcomes in this area. These indicators with high data scores (with the majority of counties within the service area scoring > 2.0) were categorized as indicators of concern, are shown in greater detail in Table 10. See Appendix B for the full list of secondary data scoring results for Access to Quality Healthcare for each of the seven counties in UF Health Shands CHNA region.

TABLE 10. ACCESS TO QUALITY HEALTHCARE SECONDARY DATA WARNING INDICATORS

Access to Quality Healthcare	**County**			**County Value Compared to:**		
Indicator	Name	Value	Data Score	FL Value	U.S. Value	HP2030 Target
Primary Care Provider Rate	Alachua	155.4 providers/ 100,000 population	0.50	73 providers/ 100,000 population	74.9 providers/ 100,000 population	N/A
	Bradford	**14 providers/ 100,000 population**	**2.92**			
	Columbia	51 providers/ 100,000 population	1.83			
	Levy	**11.3 providers/ 100,000 population**	**2.92**			
	Marion	58 providers/ 100,000 population	1.83			
	Putnam	**37.8 providers/ 100,000 population**	**2.58**			
	Suwannee	**13.5 providers/ 100,000 population**	**2.50**			
Dentist Rate	Alachua	191.2 dentists/ 100,000 population	0.08	64 dentists/ 100,000 population	73.5 dentists/ 100,000 population	N/A
	Bradford	**25.6 dentists/ 100,000 population**	**2.36**			
	Columbia	24.2 dentists/ 100,000 population	1.36			
	Levy	**22.1 dentists/ 100,000 population**	**2.92**			
	Marion	**41.6 dentists/ 100,000 population**	**2.58**			
	Putnam	29.4 dentists/ 100,000 population	2.19			
	Suwannee	**17.6 dentists/ 100,000 population**	**2.64**			

Access to Quality Healthcare	County			County Value Compared to:		
Indicator	Name	Value	Data Score	FL Value	U.S. Value	HP2030 Target
Preventable Hospital Stays: Medicare Population	Alachua	3,224 discharges/ 100,000 Medicare enrollees	1.69	3,085 discharges/ 100,000 Medicare enrollees	2,677 discharges/ 100,000 Medicare enrollees	N/A
	Bradford	**3,946 discharges/ 100,000 Medicare enrollees**	**2.08**			
	Columbia	**3,880 discharges/ 100,000 Medicare enrollees**	**2.36**			
	Levy	3,511 discharges/ 100,000 Medicare enrollees	1.92			
	Marion	3,119 discharges/ 100,000 Medicare enrollees	1.42			
	Putnam	**4,798 discharges/ 100,000 Medicare enrollees**	**2.08**			
	Suwannee	3,084 discharges/ 100,000 Medicare enrollees	1.25			
Children with Health Insurance	Alachua	93.2 percent	1.56	92.7 percent	N/A	N/A
	Bradford	93.1 percent	1.56			
	Columbia	**91.4 percent**	**2.33**			
	Levy	**89.3percent**	**2.08**			
	Marion	**91.3 percent**	**2.06**			
	Putnam	**92 percent**	**2.06**			
	Suwannee	92.2 percent	1.78			

Health Equity Index

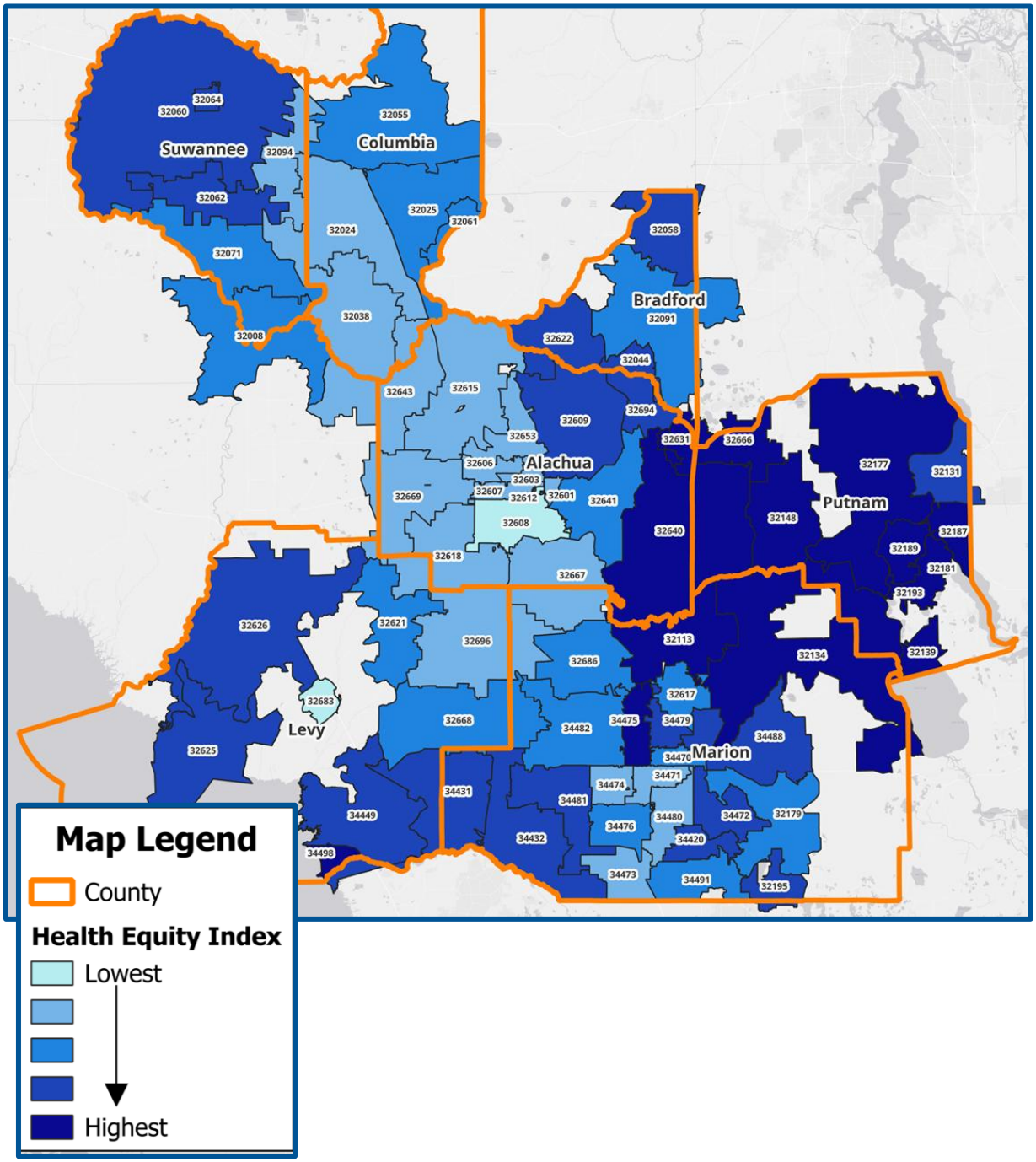
Conduent's Health Equity Index (HEI) estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the HEI index, all zip codes within the seven county service area are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 15.

Communities with the highest HEI values are estimated to have the highest socioeconomic needs correlated with:

- preventable hospitalizations
- premature death
- self-reported poor health and well-being

Putnam County and Northern Marion County have the largest number of ZIP codes with highest socioeconomic need. These would be areas that could be considered for specific interventions to mitigate poorer health outcomes. The full results of the Health Equity Index can be found in Appendix B.

FIGURE 15. HEALTH EQUITY INDEX



> We still have a lot of uninsured people showing up in the emergency room because they're just not getting primary care.
> – Key Informant

> Sometimes you're not going to tell [providers] you don't understand... folks will leave with questions or not understand and then not be able to successfully manage their health condition.
> – Key Informant

> If folks don't feel like the person in the white coat understands them, that can be a huge barrier.
> – Key Informant

Prioritized Health Topic #2: Cancer

Cancer

Warning Indicators

- Age-Adjusted Death Rate due to Cancer
- Age-Adjusted Death Rate due to Breast Cancer
- Mammogram: 50-74 Past 2 Years Age-Adjusted Death Rate due to Lung Cancer
- Age-Adjusted Death Rate due to Prostate Cancer

Previous UF Health Shands Prioritized Need

Secondary Data

Secondary data indicators that were identified as "warning indicators" within the Cancer priority area are those where the greatest opportunity exists to improve health outcomes in this area. These indicators with high data scores (with the majority of counties within the service area scoring > 2.0) were categorized as indicators of concern, are shown in greater detail in Table 11. See Appendix B for the full list of secondary data scoring results for Cancer for each of the seven counties in UF Health Shands CHNA region.

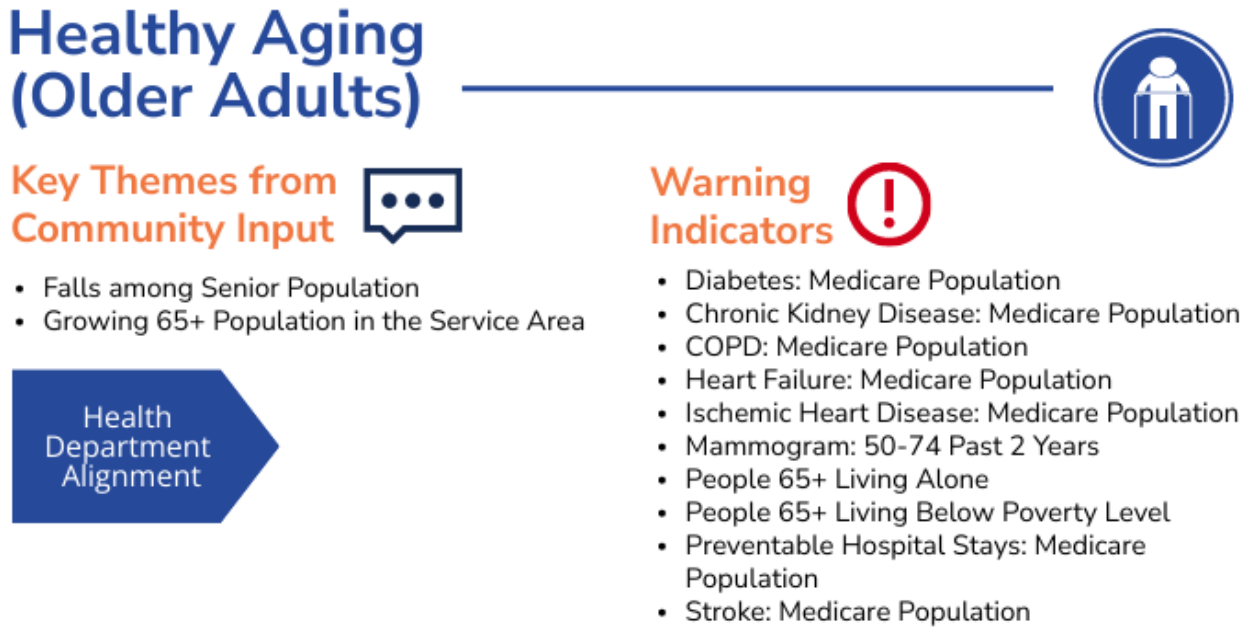
TABLE 11. SECONDARY DATA WARNING INDICATOR SCORES

Cancer Health Topic	**County**			**County Value Compared to:**		
Indicator	Name	Value	Data Score	FL Value	U.S. Value	HP2030 Target
Age-Adjusted Death Rate due to Cancer	Alachua	146.5 deaths/ 100,000 population	1.17	138.3 deaths/ 100,000 population	N/A	122.7 deaths/ 100,000 population
	Bradford	171.5 deaths/ 100,000 population	1.78			
	Columbia	195.8 deaths/ 100,000 population	1.94			
	Levy	**204 deaths/ 100,000 population**	**2.22**			
	Marion	**174.1 deaths/ 100,000 population**	**2.33**			
	Putnam	**197.9 deaths/ 100,000 population**	**2.22**			
	Suwannee	175.9 deaths/ 100,000 population	1.92			
Age-Adjusted Death Rate due to Breast Cancer	Alachua	19.6 deaths/ 100,000 females	1.89	18.4 deaths/ 100,000 females	N/A	15.3 deaths/ 100,000 females
	Bradford	**27.6 deaths/ 100,000 females**	**2.22**			
	Columbia	20.8 deaths/ 100,000 females	1.5			
	Levy	**20.6 deaths/ 100,000 females**	**2.06**			
	Marion	**23.3 deaths/ 100,000 females**	**2.22**			
	Putnam	**23.5 deaths/ 100,000 females**	**2.22**			
	Suwannee	**24.7 deaths/ 100,000 females**	**2.22**			
Mammogram: 50-74 Past 2 Years	Alachua	74.6 percent	1.61	N/A	76.5 percent	80.3 percent
	Bradford	**70.5 percent**	**2.17**			
	Columbia	**68 percent**	**2.33**			
	Levy	**69.6 percent**	**2.17**			
	Marion	75.4 percent	1.44			
	Putnam	73.6 percent	1.78			
	Suwannee	72.5 percent	1.78			

Age-Adjusted Death Rate due to Lung Cancer	Alachua	31.1 deaths/ 100,000 population	1.17	30.7 deaths/ 100,000 population	N/A	25.1 deaths/ 100,000 population
	Bradford	46 deaths/ 100,000 population	1.78			
	Columbia	49.8 deaths/ 100,000 population	1.78			
	Levy	**58.2 deaths/ 100,000 population**	**2.22**			
	Marion	**41.9 deaths/ 100,000 population**	**2.33**			
	Putnam	**57.8 deaths/ 100,000 population**	**2.08**			
	Suwannee	**50.5 deaths/ 100,000 population**	**2.08**			

Cancer Health Topic	**County**			**County Value Compared to:**		
Indicator	Name	Value	Data Score	FL Value	U.S. Value	HP2030 Target
Age-Adjusted Death Rate due to Prostate Cancer	**Alachua**	**25.4 deaths/ 100,000 males**	**2.08**	16.6 deaths/ 100,000 males	N/A	16.9 deaths/ 100,000 males
	Bradford	12.1 deaths/ 100,000 males	0.50			
	Columbia	**27.5 deaths/ 100,000 males**	**2.22**			
	Levy	16.3 deaths/ 1,000 males	1.44			
	Marion	16.3 deaths/ 100,000 males	1.44			
	Putnam	17 deaths/ 100,000 males	1.11			
	Suwannee	10.7 deaths/ 100,000 males	0.5			

Prioritized Health Topic #3: Healthy Aging (Older Adults)



Secondary Data

Secondary data indicators that were identified as "warning indicators" within the Healthy Aging (Older Adults 65+) priority area are those where the greatest opportunity exists to improve health outcomes in this area. These indicators with high data scores (with the majority of counties within the service area scoring > 2.0) were categorized as indicators of concern, are shown in greater detail in Table 12. See Appendix B for the full list of secondary data scoring results for Cancer for each of the seven counties in UF Health Shands CHNA region.

TABLE 12. SECONDARY DATA WARNING INDICATOR SCORES

Healthy Aging	**County**			**County Value Compared to:**		
Indicator	Name	Value	Data Score	FL Value	U.S. Value	HP2030 Target
Diabetes: Medicare Population	Alachua	23 percent	0.86	25 percent	24 percent	N/A
	Bradford	**32 percent**	**2.36**			
	Columbia	**28 percent**	**2.31**			
	Levy	25 percent	1.19			
	Marion	**28 percent**	**2.03**			
	Putnam	**28 percent**	**2.03**			

	Suwannee	27 percent	1.69			
Chronic Kidney Disease: Medicare Population	Alachua	19 percent	1.19	22 percent	18 percent	N/A
	Bradford	**25 percent**	**2.36**			
	Columbia	**25 percent**	**2.36**			
	Levy	21 percent	1.69			
	Marion	**25 percent**	**2.36**			
	Putnam	**23 percent**	**2.03**			
	Suwannee	**24 percent**	**2.03**			
COPD: Medicare Population	Alachua	10 percent	0.81	14 percent	11 percent	N/A
	Bradford	**15 percent**	**2.31**			
	Columbia	**16 percent**	**2.47**			
	Levy	**15 percent**	**2.31**			
	Marion	**17 percent**	**2.47**			
	Putnam	**19 percent**	**2.64**			
	Suwannee	**15 percent**	**2.31**			
People 65+ Living Alone	**Alachua**	**29.4 percent**	**2.47**	24 percent	26.4 percent	N/A
	Bradford	**29.4 percent**	**2.75**			
	Columbia	24 percent	1.31			
	Levy	**28.1 percent**	**2.58**			
	Marion	24.1 percent	1.47			
	Putnam	**28.7 percent**	**2.03**			
	Suwannee	20.2 percent	0.64			

Non-Prioritized Health Needs

The following health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. However, UF Health Shands hospital will not focus on these topics in their 2025-2027 Implementation Strategy.

Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

Non-Prioritized Health Need #1: Behavioral Health (Mental Health & Substance Misuse)

Behavioral Health (Mental Health & Substance Misuse)

Key Themes from Community Input

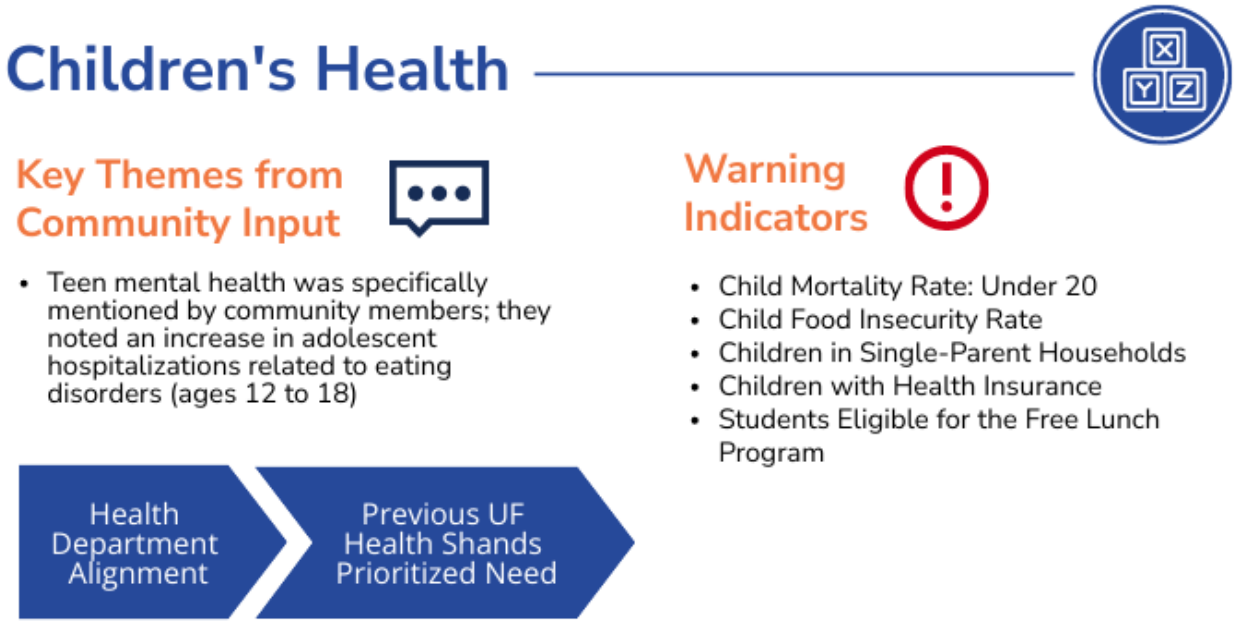
- Behavioral Health and Mental Health Services were mentioned as an important health issue by community members
- Increased need for services and treatment There is a need for more integration of services and opportunity for collaboration

Warning Indicators

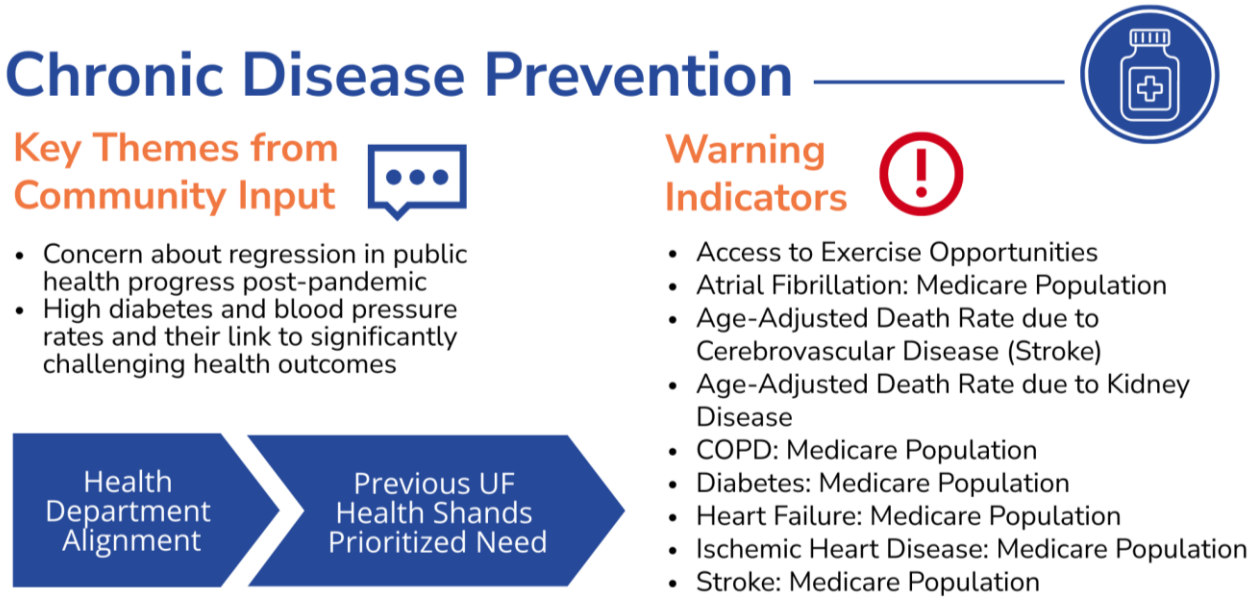
- Alcohol-Impaired Driving Deaths
- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate
- Poor Mental Health: Average Number of Days

Health Department Alignment

Non-Prioritized Health Need #2: Children's Health



Non-Prioritized Health Need #3: Chronic Disease Prevention



Non-Prioritized Health Need #4: Maternal, Fetal, & Infant Health

Maternal, Fetal, & Infant Health

Key Themes from Community Input

- There is limited access to maternal care in some areas

Health Department Alignment

Warning Indicators

- Infant Mortality Rate
- Maternal Death Rate
- Mothers who Received Early Prenatal Care

Non-Prioritized Health Need #5: Prevention & Safety

Prevention & Safety

Key Themes from Community Input

- Fall Related Deaths Among Seniors were mentioned during community conversations

Health Department Alignment

Warning Indicators

- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate
- Age-Adjusted Death Rate due to Firearms
- Age-Adjusted Death Rate due to Homicide
- Alcohol-Impaired Driving Deaths
- Death Rate due to Injuries

Non-Prioritized Health Need #6: Wellness & Quality of Life

Wellness & Quality of Life (Food, Housing, Jobs, Education, etc.

Key Themes from Community Input

- Social & Economic Determinants of Health were mentioned by the community
- Growing Population; in particular the growing ALICE Population and the 65+ population
- Food Access
- Transportation
- Housing
- Poverty

Health Department Alignment

Previous UF Health Shands Prioritized Need

Warning Indicators

- Adults with Disability Living in Poverty
- Broadband Quality Score
- Child and General Food Insecurity Rates
- Female Population 16+ in Civilian Labor Force
- Households Spending 50% or More of Household Income on Housing
- Households with Cash Public Assistance Income
- People, Families, and those 65+ Living Below Poverty Level
- Renters Spending 30% or More of Household Income on Rent
- Severe Housing Problems
- Social Associations
- Solo Drivers with a Long Commute
- Student-to-Teacher Ratio
- Students Eligible for the Free Lunch Program
- Unemployed Veterans
- Veterans with a High School Diploma or Higher

Barriers to Care and Influencers of Health

A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. Key informant participants were asked to identify any barriers to health care observed or experienced in the community. The following section explores barriers that were identified through primary and secondary data collection.

Transportation

Overall, there are many rural counties within the UF Health Shands seven-county CHNA region. Key informant participants who work and live within Putnam, Suwannee, Levy, Bradford, and Marion County mentioned a lack of transportation resources. Many residents of these counties rely on transportation from neighbors and relatives to get to and from appointments. There is also limited availability of providers within rural counties, which makes accessing care even more difficult if there are no transportation resources in the county to get residents to appointments outside the area. Finally, Transportation was confirmed as an on-going community need through the community resource FindHelp and through UF Health Shands SDOH patient screenings.

Cost, Lack of Insurance, Underinsurance

In general, accessing affordable health care was a common barrier that was discussed whether due to overall cost or being underinsured or uninsured. Key informant participants mentioned limited insurance coverage due to no Medicaid expansion in the state of Florida. Prohibitive costs of specialty care, oral health and mental health prevented many from seeking care when needed.

Navigating the Health System

Navigating the health system can be challenging for all groups. Even for those who have healthcare coverage setting appointments or accessing specialist care can be challenging. This is an area of opportunity to educate community members on how to effectively navigate the healthcare system to access the care they need. Fear and distrust also create barriers to accessing the health system for individuals who have had poor historical interactions and experiences within the system. Increasing access to culturally competent care can be one way to address this barrier to care.

Food Access and Housing

Food Access and housing were identified as the top two social needs impacting the community through the hospital's internal social determinants of health patient screenings as well as through the FindHelp community resource. UF Health Shands is well-positioned to identify community needs and connect individuals to resources that address barriers like access to healthy, affordable food and safe housing through their existing SDOH screening process. By partnering with local organizations and investing in community-based solutions, UF Health Shands can strengthen efforts to reduce community need and support long-term well-being.

Conclusion

This 2025-2027 Community Health Needs Assessment (CHNA), conducted for UF Health Shands, helps the hospital meet the federal requirement for charitable hospital organizations to conduct a community health needs assessment every three years [IRS Section 501(r) (3)].

This assessment used a comprehensive set of secondary and primary data to determine the nine significant health needs in the community served by UF Health Shands Hospital. The prioritization process identified three priorities to be considered for subsequent implementation planning: *Access to Quality Healthcare, Cancer, and Healthy Aging.*

The findings in this report will be used to guide the development of the UF Health Shands Hospital Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Appendices Summary

The following support documents are shared in a separate appendix document available on the UF Health Shands Needs Assessment Platform.

A. Implementation Strategy Progress Since the 2022 CHNA

Appendix A includes a list of specific programs and activities implemented during 2022 to 2025 in support of their Implementation Strategy.

B. Secondary Data (Methodology and Data Scoring Tables)

Appendix V includes a thorough description of the Conduent HCI secondary data scoring methodology, including a list of secondary data sources used in the analysis and county-level topic and indicator scoring results for the UF Health Shands seven-county CHNA region.

- Alachua County
- Bradford County
- Columbia County
- Levy County
- Marion County
- Putnam County
- Suwannee County

C. Community Input Assessment Tools

Data collection tools that were vital in capturing community feedback included key informant interview questions. A copy of the key informant facilitation guide is included in Appendix C.

D. Community Resources and Potential Community Partners

This document highlights existing resources that organizations are currently using and that are widely available in the community. Agencies and community organizations identified during key informant conversations are also included in Appendix D.