

HealthStreet

RESEARCH HELPING PEOPLE



# Community Health Needs Assessment

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**Through March 2022**

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## Abbreviations and Definitions

<b>CHW</b>	Community Health Worker. CHWs are lay community members who share a common language and culture with the people they serve.
<b>CTSA</b>	Clinical and Translational Science Award, supported by the National Center for Translational Sciences of the National Institutes of Health under University of Florida Clinical and Translational Science Award UL1TR001427.
<b>NIH</b>	National Institute of Health
<b>NIDA</b>	National Institute on Drug Abuse

## About HealthStreet

HealthStreet is a community engagement model that seeks to reduce disparities in health research and access to care; the backbone of the model is the Community Health Worker (CHW). Founded and developed in 1989 at Washington University in St. Louis (Cottler PI), HealthStreet was initiated at University of Florida (UF) in 2011 with the creation of the Department of Epidemiology.

CHWs engage community members in discussions at barbershops, beauty shops, parks, bus stops, community agencies, churches, neighborhood associations, health care facilities, sports venues, grocery stores, laundromats, nail salons, fitness centers, colleges, health fairs, and other places people congregate.<sup>1</sup> Community members are invited by CHWs to join the HealthStreet Registry which requires a 30-minute, IRB approved, health assessment and blood pressure reading<sup>2</sup> including social determinants of health, health conditions and concerns, including mental health and substance use, and research perceptions. Members are followed at 60 days post-assessment and continuously as relevant research becomes available. They continue to be offered linkages to medical and social services and opportunities to participate in health research. HealthStreet Gainesville (opened in 2011) and HealthStreet Jacksonville (opened in 2013) have a growing population of community members who are in the HealthStreet Registry.

As a national model for community engagement and translational research, HealthStreet data can be utilized for Community Health Needs Assessments, hot-spotting analyses,<sup>3</sup> preliminary data for grants and cohort identification. The Registry includes people primarily in the Northeast Florida Corridor from Gainesville to Jacksonville, including rural areas.

This effort is funded through the UF NIH CTSA, the College of Medicine, College of Public Health and Health Professions, and NIDA.

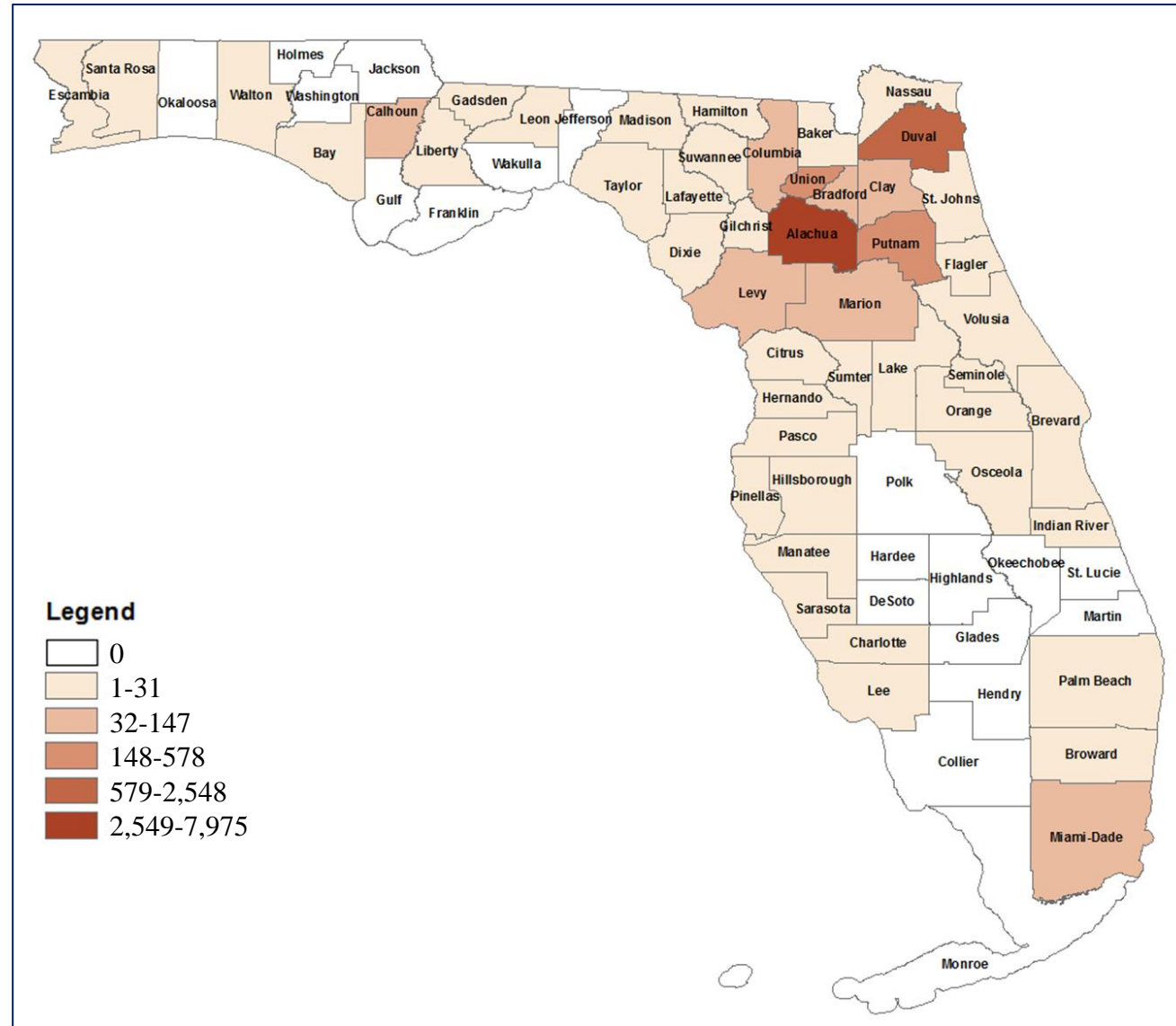


Figure 1: HealthStreet's reach in Florida by the county of residence of HealthStreet's members.

# Methodology

Data in this report is stratified by the year of intake of the community members. UF HealthStreet is operational since October 2011 and has members from 60 out of 67 countries in the state of Florida. Figure 1 shows the members from different counties recruited into HealthStreet program from October 2011- March 2022.

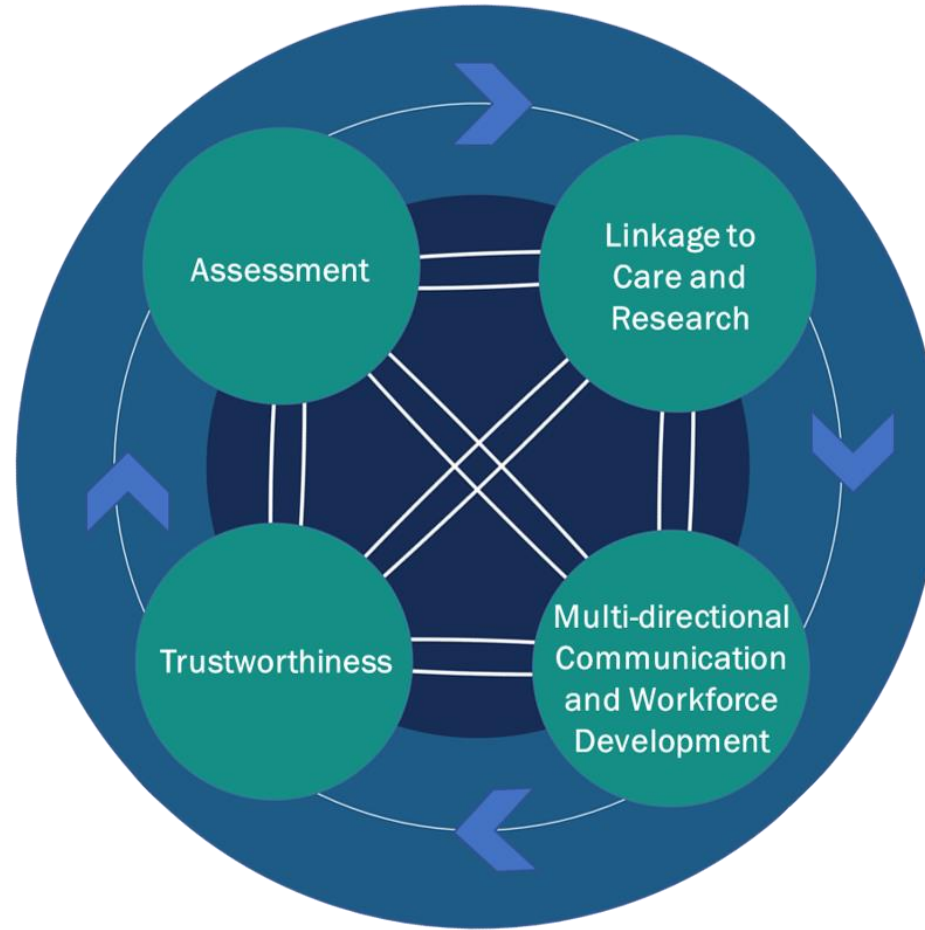


Figure 2: HealthStreet's Pillars

**Table 1: Demographics of HealthStreet members by Year of Intake**

	2011-2012 n= 2,459	2013-2014 n= 3,100	2015-2016 n= 2,932	2017-2018 n= 2,493	2019-2020 n= 1,007	2021 n= 526	2022 n= 178	Total n= 12,695
<b>Gender</b>								
Female	53.6%	56.8%	64.6%	63.3%	58.1%	62.5%	60.7%	7,573 (59.7%)
Male	46.3%	43.2%	35.2%	36.1%	41.5%	35.6%	37.6%	5,083 (40.0%)
<b>Average Age at Baseline</b>								
Female: Mean (SD)	40.8 (15.7)	42.2 (15.8)	47.0 (16.7)	47.4 (17.8)	50.6 (18.8)	43.9 (20.2)	41.5 (20.0)	44.9 (17.2)
Male: Mean (SD)	40.7 (15.6)	43.3 (15.5)	47.4 (16.6)	47.3 (17.4)	51.6 (18.1)	47.4 (18.8)	47.0 (18.1)	45.1 (16.8)
<b>Age Groups at Baseline</b>								
< 18 years old	0.9%	1.2%	2.8%	1.2%	0.0%	0.0%	0.0%	170 (1.3%)
18-25 years old	20.7%	17.8%	10.3%	14.7%	13.5%	28.9%	31.5%	2,074 (16.3%)
26-40 years old	29.7%	26.1%	21.3%	22.0%	18.8%	15.8%	15.7%	3,013 (23.7%)
41-59 years old	35.5%	39.5%	39.8%	33.8%	29.1%	25.1%	28.1%	4,582 (36.1%)
60+ years old	13.0%	15.3%	25.8%	28.2%	38.6%	30.2%	24.7%	2,846 (22.4%)
<b>Race/ Ethnicity</b>								
Asian	1.8%	0.8%	1.0%	1.6%	1.3%	3.6%	1.7%	175 (1.4%)
African-American	64.1%	61.9%	58.7%	45.1%	32.0%	28.1%	25.8%	6,855 (54.0%)
White	28.1%	31.0%	36.3%	46.9%	59.6%	56.8%	56.7%	4,885 (38.5%)
Other	5.7%	6.1%	4.1%	6.3%	7.1%	11.0%	13.5%	760 (6.0%)
Latino/Hispanic *	4.9%	5.2%	7.1%	8.9%	8.3%	14.1%	14.6%	896 (7.1%)
<b>Marital Status</b>								
Never Married	52.5%	50.5%	42.8%	40.8%	36.7%	51.9%	12.4%	5,794 (45.6%)
Married	21.8%	17.8%	22.1%	23.5%	23.3%	20.7%	5.6%	2,679 (21.1%)
Divorced/Separated/Widowed	25.5%	31.5%	34.7%	35.1%	39.7%	27.2%	6.7%	4,050 (31.9%)
<b>BMI</b>								
Female: Mean (SD)	30.8 (8.2)	30.5 (8.4)	30.3 (8.3)	30.2 (8.4)	29.5 (8.1)	27.9 (7.4)	28.7 (8.0)	30.2 (8.3)
Male: Mean (SD)	27.9 (6.1)	27.3 (6.1)	27.9 (6.4)	28.1 (6.2)	27.8 (5.8)	27.0 (6.0)	27.4 (5.9)	27.7 (6.2)
Trust in Research	NA	7.6 (2.0)	7.2 (2.0)	7.2 (2.0)	7.5 (2.1)	8.1 (1.7)	7.9 (1.8)	7.4 (2.0)
Trust in Researchers	NA	7.6 (2.0)	7.2 (2.1)	7.1 (2.1)	7.3 (2.1)	7.9 (1.8)	7.7 (1.9)	7.3 (2.1)
12+ years of education	77.0%	78.5%	80.2%	83.2%	83.0%	90.3%	88.8%	10,221 (80.5%)
Currently Employed	37.4%	33.5%	32.6%	37.5%	31.6%	39.9%	42.7%	4,451 (35.1%)
Veteran Status	9.3%	9.5%	10.0%	12.0%	14.7%	7.4%	1.1%	1,302 (10.3%)
Household Size: Mean (SD)	3.4 (3.3)	3.1 (2.9)	2.8 (2.3)	2.8 (2.6)	2.7 (3.4)	2.6 (1.6)	2.5 (1.5)	3.0 (2.8)
Food Insecure (not enough money to buy food)	45.1%	47.0%	48.3%	43.7%	48.3%	35.6%	44.9%	5,826 (45.9%)
Pets (cat or dog)	NA	NA	NA	41.1%	22.9%	NA	NA	2,396 (33.6%)
Uses social media or text messaging	62.2%	75.9%	84.9%	86.6%	86.2%	93.2%	23.6%	9,934 (78.3%)
Stress**	NA	NA	NA	NA	NA	NA	5.2 (2.9)	5.2 (2.9)
Loneliness**	NA	NA	NA	NA	3.9 (5.1)	4.4 (8.7)	3.6 (2.9)	4.1 (6.7)

\*Latino/Hispanic is not mutually exclusive with other races.

\*\* Loneliness on a scale of 1-10, where 1 is "Not At All Lonely" and 10 is "Completely Lonely"; Stress on a scale of 1-10, where 1 is "Not At All Stressed" and 10 is "Completely Stressed"

**Table 1** shows demographic information of HealthStreet members. Data is collected from individual questions asked of all members.

**Table 2: Access to care reported by HealthStreet members by Year of Intake**

	<b>2011-2012</b> n= 2,459	<b>2013-2014</b> n= 3,100	<b>2015-2016</b> n= 2,932	<b>2017-2018</b> n= 2,493	<b>2019-2020</b> n= 1,007	<b>2021</b> n= 526	<b>2022</b> n= 178	<b>Total</b> n= 12,695
No doctor visit within past 12 months	38.6%	34.9%	27.4%	22.2%	21.9%	25.7%	30.3%	3,798 (29.9%)
No physical exam within past 12 months	33.6%	37.4%	29.8%	25.6%	31.7%	33.5%	33.7%	4,054 (31.9%)

**Table 2** shows access to care among HealthStreet members. Data is collected from questions asked of each member.

**Table 3: Research Perceptions of HealthStreet members by Year of Intake**

	<b>2011-2012</b> n= 2,459	<b>2013-2014</b> n= 3,100	<b>2015-2016</b> n= 2,932	<b>2017-2018</b> n= 2,493	<b>2019-2020</b> n= 1,007	<b>2021</b> n= 526	<b>2022</b> n= 178	<b>Total</b> n= 12,695
Ever been in a health research study	14.2%	17.2%	21.8%	20.7%	20.3%	32.5%	34.3%	2,472 (19.5%)
Interested in participating in research	87.6%	94.6%	96.0%	92.7%	95.0%	97.5%	97.2%	11,857 (93.4%)
<b>Would you volunteer for a health research study:</b>								
That only asked questions about your health	91.2%	93.9%	95.4%	93.5%	96.1%	96.4%	97.2%	11,928 (94.0%)
If researchers wanted to see your medical records	82.6%	86.8%	89.3%	85.6%	91.0%	90.1%	92.7%	11,029 (86.9%)
If you had to give a blood sample	81.7%	84.8%	87.7%	85.6%	88.8%	89.7%	91.6%	10,874 (85.7%)
If you were asked to give a sample for genetic studies	81.2%	83.8%	88.9%	86.6%	88.7%	89.7%	89.9%	10,887 (85.8%)
If you might have to take medicine	54.5%	63.0%	65.4%	55.7%	57.2%	58.4%	61.2%	7,591 (59.8%)
If you didn't get paid	74.1%	78.6%	81.7%	73.9%	79.7%	73.6%	73.0%	9,818 (77.3%)

**Table 3** shows research perceptions among HealthStreet members. Data is collected from individual questions asked of all members.

**Table 4: Overall Health Conditions of HealthStreet members by Year of Intake**

	2011-2012	2013-2014	2015-2016	2017-2018	2019-2020	2021	2022	Total
	n= 2,459	n= 3,100	n= 2,932	n= 2,493	n= 1,007	n= 526	n= 178	n= 12,695
High Blood Pressure	31.4%	33.7%	38.6%	38.1%	45.0%	32.3%	39.9%	4,593 (36.2%)
Brain/Spinal/Nervous System Conditions	12.1%	14.8%	17.9%	20.2%	32.9%	30.8%	22.5%	2,318 (18.3%)
Anxiety	13.5%	23.9%	29.0%	34.7%	43.8%	47.7%	55.1%	3,578 (28.2%)
Depression	20.2%	27.6%	33.1%	36.2%	46.4%	45.8%	45.5%	4,016 (31.6%)
HIV/AIDS	0.9%	2.5%	2.0%	1.8%	2.1%	1.7%	0.0%	233 (1.8%)
Heart and Circulation Conditions	31.7%	39.5%	46.6%	46.5%	53.7%	44.7%	18.5%	5,340 (42.1%)
Diabetes (Type 1 & Type 2)	11.5%	11.9%	15.8%	14.3%	18.0%	10.3%	15.7%	1,733 (13.7%)
Arthritis	23.0%	21.5%	25.2%	31.6%	37.4%	34.6%	40.4%	3,390 (26.7%)
Muscle or Bone Pain Conditions	45.8%	53.8%	58.2%	56.0%	67.2%	48.9%	43.8%	6,908 (54.4%)
Asthma	17.6%	17.4%	20.6%	20.5%	20.6%	23.2%	20.2%	2,450 (19.3%)
Kidney/Urinary Conditions	19.5%	24.4%	23.2%	29.7%	25.9%	22.2%	14.0%	3,058 (24.1%)
Digestive Health Conditions	28.7%	32.1%	38.2%	40.2%	48.9%	37.3%	31.5%	4,569 (36.0%)
Dental Health Conditions	33.9%	42.5%	49.5%	45.7%	52.9%	31.4%	34.3%	5,501 (43.3%)
Hearing Conditions	17.0%	21.9%	28.4%	32.9%	41.1%	34.4%	21.3%	3,386 (26.7%)
Sleep Conditions	27.6%	32.9%	36.6%	41.4%	48.8%	48.9%	47.8%	4,635 (36.5%)
Vision Conditions	46.4%	49.0%	53.1%	44.4%	51.1%	43.7%	50.0%	6,158 (48.5%)
Cancer	6.1%	7.2%	10.1%	11.0%	15.3%	11.2%	9.0%	1,173 (9.2%)

**Table 4** shows health conditions among HealthStreet members. The respondent self-reports a history of health conditions based on responses to the question “Have you ever been told you had, or have you ever had a problem with (*CONDITION*).”



**Table 5: Substance Use trends of HealthStreet members by Year of Intake**

	2011-2012 n= 2,459	2013-2014 n= 3,100	2015-2016 n= 2,932	2017-2018 n= 2,493	2019-2020 n= 1,007	2021 n= 526	2022 n= 178	Total n= 12,695
<b>Alcohol:</b> More than (men: 4, women: 3) alcoholic drinks in a single day, in the last 30 days	25.2%	24.0%	21.3%	23.7%	22.8%	27.6%	33.1%	3,014 (23.7%)
<b>Cocaine or crack</b>								
Never	84.9%	80.6%	80.1%	78.1%	73.9%	77.6%	78.7%	10,173 (80.1%)
Past user	13.7%	17.0%	17.7%	19.7%	20.9%	18.4%	19.1%	2,214 (17.4%)
Current user (past 30 days)	1.3%	2.3%	2.0%	2.0%	5.1%	3.8%	2.2%	287 (2.3%)
<b>Marijuana</b>								
Never	53.7%	48.3%	52.1%	44.4%	39.7%	40.3%	37.6%	6,134 (48.3%)
Past user	28.1%	34.4%	34.0%	35.9%	37.1%	35.7%	33.7%	4,272 (33.7%)
Current user (past 30 days)	17.9%	17.2%	13.5%	19.1%	22.6%	23.6%	28.7%	2,249 (17.7%)
<b>Heroin</b>								
Never	97.4%	97.0%	96.5%	96.1%	95.2%	96.2%	96.1%	12,264 (96.6%)
Past user	2.4%	2.8%	3.2%	3.4%	4.3%	3.8%	3.4%	395 (3.1%)
Current user (past 30 days)	0.1%	0.1%	0.2%	0.1%	0.4%	0.0%	0.6%	17 (0.1%)
<b>Speed or amphetamines</b>								
Never	94.5%	92.1%	91.0%	88.8%	86.0%	87.3%	84.3%	11,533 (90.8%)
Past user	5.1%	7.4%	8.4%	10.2%	12.7%	10.1%	10.1%	1,055 (8.3%)
Current user (past 30 days)	0.3%	0.3%	0.5%	0.4%	1.3%	2.3%	5.6%	77 (0.6%)
<b>Prescription pain medication</b>								
Never	57.3%	49.8%	45.0%	45.4%	37.7%	43.5%	41.0%	6,084 (47.9%)
Past user	29.8%	35.8%	40.1%	41.6%	50.0%	47.5%	51.7%	4,903 (38.6%)
Current user (past 30 days)	12.4%	14.0%	14.5%	12.4%	11.0%	8.6%	7.3%	1,639 (12.9%)
<b>Smoked cigarettes</b>								
Never	46.4%	48.7%	51.0%	48.5%	42.4%	51.5%	46.6%	6,133 (48.3%)
Past user	16.0%	16.1%	20.3%	23.7%	28.4%	27.0%	33.7%	2,564 (20.2%)
Current user (past 30 days)	37.5%	35.2%	28.6%	27.4%	28.9%	21.5%	19.7%	3,975 (31.3%)
<b>E-cigarettes *</b>								
Never	NA	88.4%	88.1%	83.1%	77.3%	72.6%	73.0%	6,441 (83.7%)
Past user	NA	7.9%	8.8%	13.2%	14.1%	18.6%	14.6%	896 (11.6%)
Current user (past 30 days)	NA	3.7%	3.1%	3.7%	8.5%	8.7%	12.4%	359 (4.7%)

**Table 5** shows substance use among HealthStreet members.

Substance use status is measured from the health assessment by asking questions such as “Have you ever used (*SUBSTANCE*)?” Respondents answering “No” are coded “**Never.**”

Respondents answering “Yes” would then be asked the follow-up question “Have you used (*SUBSTANCE*) in the last 30 days?” Those answering “Yes” are coded “**Current user,**” while those answering “No” are coded “**Past Users.**”

**Table 6: Top Health Concerns of HealthStreet Members by Year of Intake**

	2011-2012 n= 2,168	2013-2014 n= 2,884	2015-2016 n= 2,762	2017-2018 n= 2,258	2019-2020 n= 948	2021 n= 491	2022 n= 166	Total n= 11,677
Hypertension	34.5%	29.5%	29.8%	24.2%	22.2%	14.9%	19.3%	3,283 (28.1%)
Diabetes	22.5%	21.0%	22.0%	21.3%	17.2%	13.8%	15.1%	2,437 (20.9%)
Muscle and Bone Problems	17.1%	19.3%	21.8%	21.3%	23.6%	23.2%	19.3%	2,380 (20.4%)
Weight Problems	15.9%	16.2%	15.4%	18.7%	15.1%	14.5%	11.4%	1,892 (16.2%)
Heart Problems	16.2%	12.7%	13.9%	15.3%	15.9%	14.5%	19.3%	1,702 (14.6%)
Cancer	15.9%	15.7%	14.2%	12.4%	9.9%	10.8%	6.6%	1,630 (14.0%)
Oral Health	13.3%	18.0%	15.4%	8.9%	14.1%	9.4%	13.9%	1,636 (14.0%)
Mental Health	8.5%	13.0%	13.6%	17.7%	16.2%	22.2%	20.5%	1,632 (14.0%)

Among those with at least 1 health concern

**Table 7: Top Neighbourhood Concerns of HealthStreet members by Year of Intake**

	2011-2012 n= 2,459	2013-2014 n= 3,100	2015-2016 n= 2,932	2017-2018 n= 2,493	2019-2020 n= 1,007	2021 n= 526	2022 n= 178	Total n= 12,695
Safety/Crime	22.7%	23.6%	27.6%	23.7%	20.9%	17.3%	20.2%	3,027 (23.8%)
Health	10.0%	9.9%	7.0%	8.1%	9.7%	20.3%	20.2%	1,203 (9.5%)
Drugs	8.2%	7.5%	5.4%	7.9%	6.6%	4.2%	6.7%	890 (7.0%)

**Table 6** shows the top health concerns among HealthStreet members. The CHW asks the respondent “What are your top three health concerns?” The health concerns are ordered by prevalence and are in members’ own words.

**Table 7** shows the top neighborhood concerns among HealthStreet members. The CHW asks the respondent “What do you think is the most important concern for your neighborhood?” The neighborhood concerns are ordered by prevalence and are in members’ own words.

On a scale of 1 to 10, where  
 1 is “Not At All” and  
 10 is “Completely”

Scores 1-4: **Low**

Scores 5-7: **Medium**

Scores 8-10: **High**

\*Among 7,591 members who answered both.

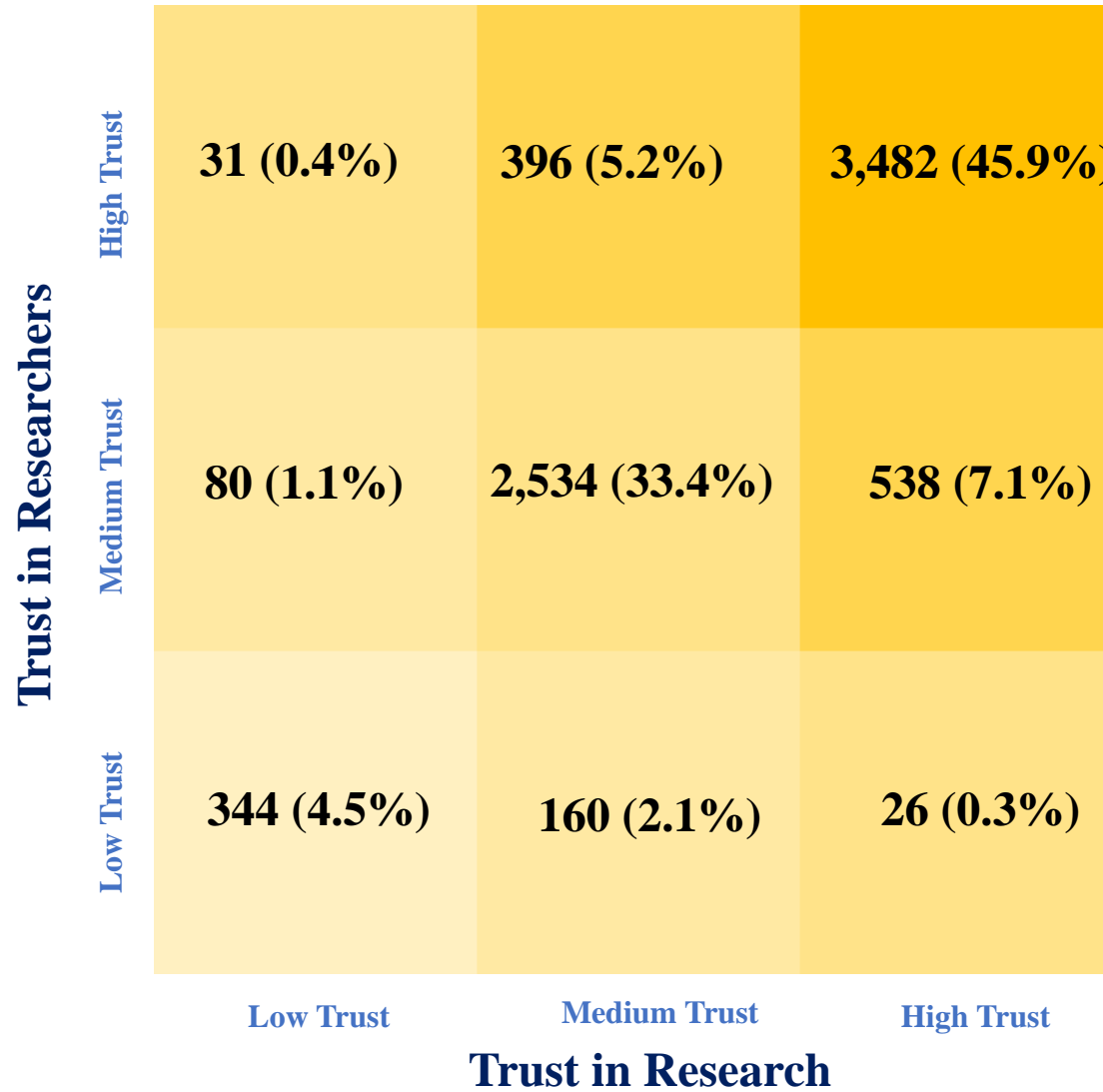


Figure 3: Baseline Trust in Research and Researchers

## List of Publications with HealthStreet Data (2011-2022)

1. Cottler LB, Nagarajan R. [Real-time assessment of community health needs and concerns](#). *Sci Transl Med*. 2012 Feb 1; 4:119-22. PMID: 22301551. DOI: 10.1126/scitranslmed.3003367.
2. Cottler LB, McCloskey DJ, Aguilar-Gaxiola S, et al. [Community needs, concerns, and perceptions about health research: findings from the clinical and translational science award sentinel network](#). *Am J Public Health*. 2013;103(9):1685-1692. doi:10.2105/AJPH.2012.300941
3. Ruktanonchai CW, Pindolia DK, Striley CW, Odedina FT, Cottler LB. [Utilizing spatial statistics to identify cancer hot spots: a surveillance strategy to inform community-engaged outreach efforts](#). *Int J Health Geogr*. 2014;13:39. Published 2014 Oct 10. doi:10.1186/1476-072X-13-39
4. Webb FJ, Striley CW, Cottler LB. [Marijuana Use and Its Association with Participation, Navigation, and Enrollment in Health Research among African Americans](#). *J Ethn Subst Abuse*. 2015;14(4):325-339. doi:10.1080/15332640.2014.986355
5. Dodani S, Ruktanonchai CW, Kaeley GS, Vaddiparti K, Striley CW, Cottler LB. [Clinical Comorbidities among Cocaine Users Screened in the Community through HealthStreet](#). *Health Behav Policy Rev*. 2016;3(1):54-61. doi:10.14485/HBPR.3.1.6
6. Varma DS, Hart M, McIntyre DS, Kwiatkowski E, Cottler LB. [A Research Protocol to Test the Effectiveness of Text Messaging and Reminder Calls to Increase Service Use Referrals in a Community Engagement Program](#). *JMIR Res Protoc*. 2016;5(2):e133. Published 2016 Jun 28. doi:10.2196/resprot.5854
7. Milani SA, Crooke H, Cottler LB, Striley CW. [Sex differences in frequent ED use among those with multimorbid chronic diseases](#). *Am J Emerg Med*. 2016;34(11):2127-2131. doi:10.1016/j.ajem.2016.07.059
8. Acheampong AB, Striley CW, Cottler LB. [Prescription opioid use, illicit drug use, and sexually transmitted infections among participants from a community engagement program in North Central Florida](#). *J Subst Use*. 2017;22(1):90-95. doi:10.3109/14659891.2016.1144805
9. Cottler LB, Striley CW, Elliott AL, Zulich AE, Kwiatkowski E, Nelson DR. [Pragmatic trial of a Study Navigator Model \(NAU\) vs. Ambassador Model \(N+\) to increase enrollment to health research among community members who use illicit drugs](#). *Drug Alcohol Depend*. 2017;175:146-150. doi:10.1016/j.drugalcdep.2016.12.031

## List of Publications with HealthStreet Data (2011-2022)

10. Frerichs L, Kim M, Dave G, Cheney A, Lich KH, Jones J, Young T, Cene CW, Varma D, Schaal J, Black A, Striley C, Vassar S, Cottler L, Brown A, Burke JG, Corbie-Smith G. [Stakeholder perspectives on creating and maintaining trust in community-academic research partnerships](#). *Health Educ Behav*. 2017 Feb; 44:182-91. Epub 2016 Jul 9. PMID: 27230272. PMCID: PMC6051524. DOI: 10.1177/1090198116648291
11. Serdarevic M, Striley CW, Cottler LB. [Gender differences in prescription opioid use](#). *Curr Opin Psychiatry*. 2017;30(4):238-246. doi:10.1097/YCO.0000000000000337
12. Flood-Grady E, Page SR, Karimipour N, Harris PA, Cottler LB, Krieger JL. [A content analysis of Clinical and Translational Science Award \(CTSA\) strategies for communicating about clinical research participation online](#). *J Clin Transl Science*. 2017 Dec; 1:340-51. PMID: 29707256. PMCID: PMC5915806. DOI: 10.1017/cts.2018.2.
13. Cook C, Mack J, Cottler LB. [Research participation, trust, and fair compensation among people living with and without HIV in Florida](#). *AIDS Care*. 2018;30(1):27-31. doi:10.1080/09540121.2017.1338656
14. Serdarevic M, Osborne V, Striley CW, Cottler LB. [The Association between Insomnia and Prescription Opioid Use: Results from a Community Sample in Northeast Florida](#). *Sleep Health*. 2017;3(5):368-372. doi:10.1016/j.sleh.2017.07.007
15. Ansell M, Tennant MR, Piazza V, Cottler LB. [Piloting Consumer Health Information Services in Collaboration with a Community Research Engagement Program](#). *Med Ref Serv Q*. 2017;36(4):348-361. doi:10.1080/02763869.2017.1369283
16. Dave G, Frerich L, Schaal J, Vassar S, Varma D, Striley C, Ruktanonchai C, Black A, Hankins J, Lovelady N, Cene C, Green M, Young T, Tiwari S, Cheney A, Cottler LB, Sullivan G, Brown A, Burke J, Corbie-Smith G. [Conceptualizing trust in community-academic research partnerships using concept mapping approach: a multi-CTSA study](#). *Eval Program Plann*. 2018 Feb; 66:70-8. Epub 2017 Oct 12. PMID: 29053983. PMCID: PMC5705432. DOI: 10.1016/j.evalprogplan.2017.10.007.
17. Elliott AL (2018) [African American gamblers: are they willing to participate in health research?](#). *Ment Health Addict Res* 3: DOI: 10.15761/MHAR.1000167
18. Webb, F.J., Khubchandani, J., Striley, C.W. *et al.* [Black-white differences in willingness to participate and perceptions about health research: Results from the population-based HealthStreet study](#). *J Immigrant Minority Health* 21, 299–305 (2019). <https://doi.org/10.1007/s10903-018-0729-2>

## List of Publications with HealthStreet Data (2011-2022)

19. Striley CW, Milani SA, Kwiatkowski E, DeKosky ST, Cottler LB. [Community Perceptions Related to Brain Donation: Evidence for Intervention](#). *Alzheimers Dement*. 2019;15(2):267-272. doi:10.1016/j.jalz.2018.09.005
20. Liu Y, Elliott AL, Serdarevic M, Leeman RF, Cottler LB. [A latent class analysis of the past-30-day substance use patterns among lifetime cocaine users: Findings from a community sample in North Central Florida](#). *Addict Behav Rep*. 2019 Feb 14;9:100170. doi: 10.1016/j.abrep.2019.100170. PMID: 31193730; PMCID: PMC6542739
21. Serdarevic M, Gurka KK, Striley CW, Vaddiparti K, Cottler LB. [Prevalence of Concurrent Prescription Opioid and Hazardous Alcohol Use Among Older Women: Results from a Cross-Sectional Study of Community Members](#). *J Community Health*. 2019;44(1):172-177. doi:10.1007/s10900-018-0569-y
22. Milani SA, Lloyd S, Cottler LB, Striley CW. [Racial and ethnic differences in Alzheimer's Disease knowledge among community-dwelling middle-aged and older adults in Florida](#). *J Aging Health*. 2019 Mar 27:898264319838366. doi: 10.1177/0898264319838366. Epub ahead of print. PMID: 30913947; PMCID: PMC7027949
23. Nutley, S, Varma, D, Chen, X, Striley, CW. [Willingness of individuals with eating disorders to participate in health research](#). *Int J Eat Disord*. 2019; 52: 914– 923
24. Liu Y, Elliott A, Strelnick H, Aguilar-Gaxiola S, Cottler LB. [Asian Americans are less willing than other racial groups to participate in health research](#). *J Clin Transl Sci*. 2019;3(2-3):90-96. Published 2019 May 28. doi:10.1017/cts.2019.372
25. Serdarevic M, Striley CW, Gurka KK, Leeman RF, Cottler LB. [Sex differences in prescription opioid use patterns assessed through a community engagement program in Florida](#). *Drug Alcohol Depend*. 2019 Nov 1;204:107568. doi: 10.1016/j.drugalcdep.2019.107568. Epub 2019 Sep 20. PMID: 31568932; PMCID: PMC6878203.
26. Cottler LB, Green AI, Pincus HA, McIntosh S, Humensky JL, Brady K. [Building capacity for collaborative research on opioid and other substance use disorders through the Clinical and Translational Science Award Program](#). *J Clin Transl Sci*. 2019;4(2):81-89. Published 2019 Nov 25. doi:10.1017/cts.2019.441
27. Kim MM, Cheney A, Black A, et al. [Trust in Community-Engaged Research Partnerships: A Methodological Overview of Designing a Multisite Clinical and Translational Science Awards \(CTSA\) Initiative](#). *Evaluation & the Health Professions*. 2020;43(3):180-192 doi:10.1177/0163278718819719
28. Meissner P, Cottler LB, Eder M, Michener JL. [Engagement science: The core of dissemination, implementation, and translational research science](#). *J Clin Transl Sci*. Epub 2020 Jan 20: 1-3. DOI: 10.1017/cts.2020.8

## List of Publications with HealthStreet Data (2011-2022)

29. Varma, D., Strelnick, A., Bennett, N., Piechowski, P., Aguilar-Gaxiola, S., & Cottler, L. (2020). [Improving community participation in clinical and translational research: CTSA Sentinel Network proof of concept study](#). *Journal of Clinical and Translational Science*, 4(4), 323-330. doi:10.1017/cts.2020.21
30. Young HW 2nd, Martin ET, Kwiatkowski E, Tyndall JA, Cottler LB. [The Association between Emergency Department Super-Utilizer Status and Willingness to Participate in Research](#). *Emerg Med Int*. 2020;2020:9404293. Published 2020 Jun 29. doi:10.1155/2020/9404293
31. Milani SA, Swain M, Otufowora A, Cottler LB, Striley CW. [Willingness to Participate in Health Research Among Community-Dwelling Middle-Aged and Older Adults: Does Race/Ethnicity Matter?](#) *J Racial Ethn Health Disparities*. 2020 Aug 17:1–10. doi: 10.1007/s40615-020-00839-y. Epub ahead of print. PMID: 32808194; PMCID: PMC7431111.
32. Otufowora, A, Liu, Y, Varma, DS, Striley, CW, Cottler, LB. [Correlates related to follow-up in a community engagement program in North Central Florida](#). *J Community Psychol*. 2020; 1– 17. <https://doi.org/10.1002/jcop.22450>
33. Otufowora, A., Liu, Y., Young, H. *et al.* [Sex Differences in Willingness to Participate in Research Based on Study Risk Level Among a Community Sample of African Americans in North Central Florida](#). *J Immigrant Minority Health* **23**, 19–25 (2021). <https://doi.org/10.1007/s10903-020-01015-4>
34. Serdarevic M, Osborne V, Striley CW, Cottler LB. [Prescription Opioid Use Among a Community Sample of Older and Younger Women](#). *J Womens Health (Larchmt)*. 2021 Apr 7. doi: 10.1089/jwh.2020.8610. Epub ahead of print. PMID: 33826866.
35. Grumbach K, Cottler LB, Brown J, et al. [It should not require a pandemic to make community engagement in research leadership essential, not optional](#). *J Clin Transl Sci*. 2021;5(1):e95. Published 2021 Feb 5. doi:10.1017/cts.2021.8
36. Milani SA, Cottler LB, Striley CW. [Perceptions of Research Participation among a Sample of Florida Residents Aged 50 and Over Reporting Dementia](#). *Ageing Int*. 2021 Aug 31:1-13. doi: 10.1007/s12126-021-09441-x. Epub ahead of print. PMID: 34483405; PMCID: PMC8406007.
37. Eder, M. M., Millay, T. A., & Cottler, L. B. (2021). [A compendium of community engagement responses to the COVID-19 pandemic](#). *Journal of clinical and translational science*, 5(1), e133. <https://doi.org/10.1017/cts.2021.800>
38. Milani SA, Cottler LB, Striley CW. [Perceptions of Research Participation among a Sample of Florida Residents Aged 50 and Over Reporting Dementia](#). *Ageing Int*. 2021 Aug 31:1-13. doi: 10.1007/s12126-021-09441-x. Epub ahead of print. PMID: 34483405; PMCID: PMC8406007.

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