



COMMUNITY HEALTH ASSESSMENT

CALHOUN COUNTY, FLORIDA

JUNE 2013





Contributors

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Improvement Plan Report 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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INTRODUCTION

This Community Health Assessment (CHA) provides a snapshot in time of the community strengths, needs, and priorities. Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, this report is the result of a collaborative and participatory approach to community health planning and improvement.

A Community Health Assessment is a collaborative process involving community partners to identify strengths, capacity, and opportunity to better address the many determinants of health. Improving the health of the community is critical to enhancing Calhoun County residents' quality of life and supporting its future prosperity and well-being.

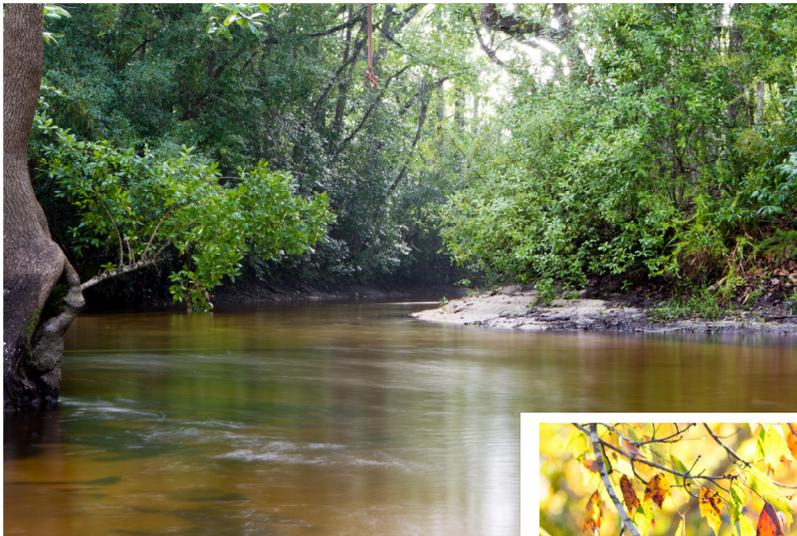
The Calhoun County Community Health Assessment serves to inform the community decision making, the prioritization of health problems, and the development, implementation, and

evaluation of community health improvement plans. The overarching goals of this report include:

- Examination of the current health status across Calhoun County as compared to Florida.
- Identification of the current health concerns among Calhoun County residents within the social and economic context of their community.
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Calhoun County.

Four broad focus areas were used in the CHA process:

1. Community Health Status Profile
2. Local Public Health System Assessment
3. Forces of Change
4. Community Strengths and Themes



DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.floridacharts.com/charts/brfss.aspx>

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.



County Health Rankings <http://www.countyhealthrankings.org/#app/florida/2012>

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

Florida Cancer Registry http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Background.htm

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS <http://www.floridacharts.com>

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

Florida HealthFinder, Florida Agency for Health Care Administration (AHCA)

<http://www.floridahealthfinder.gov/QueryTool/Results.aspx>

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

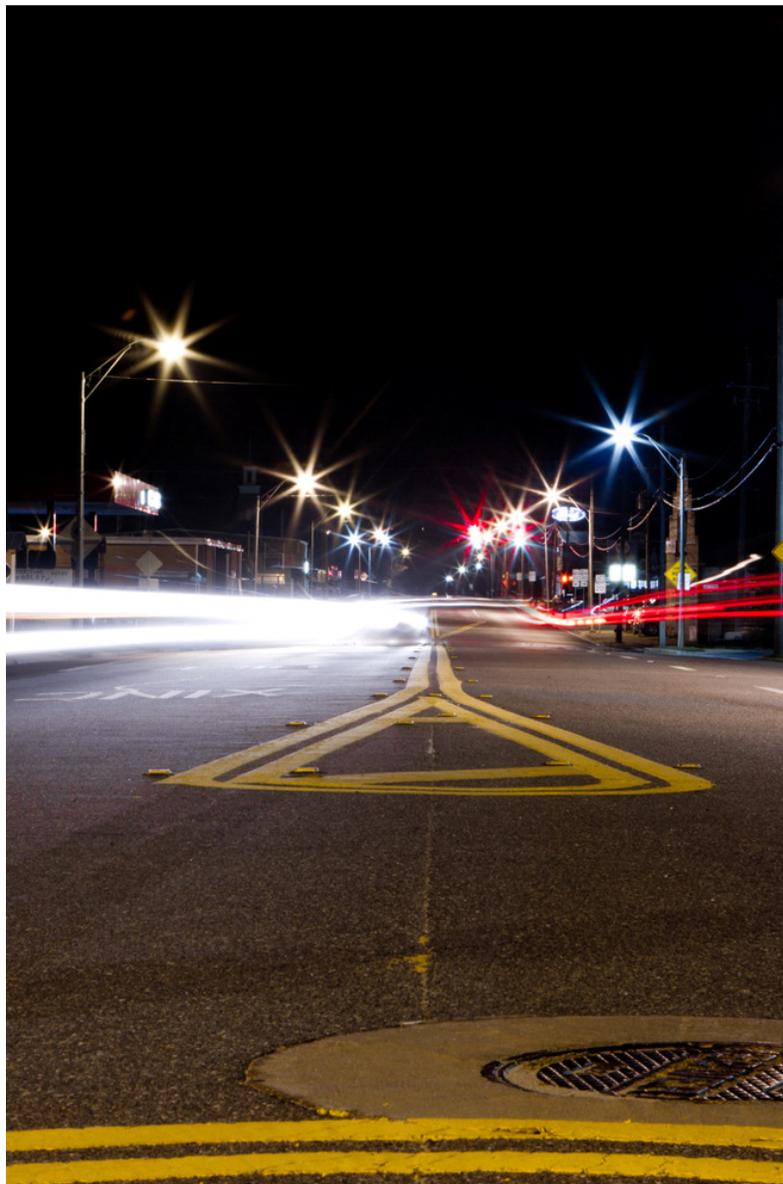
Florida Youth Tobacco Survey (FYTS)

http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm

The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

United States Census Bureau <http://quickfacts.census.gov/qfd/states/12000.html>

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

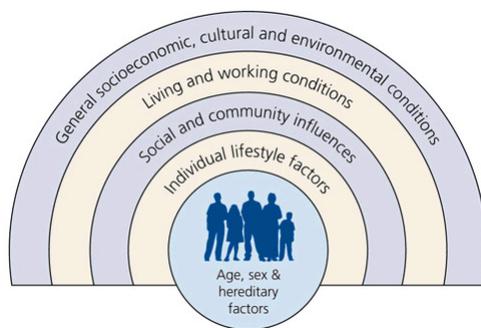


METHODS

The Community Health Assessment followed the MAPP process to examine the community health status of Calhoun County. Factors at multiple levels were analyzed – from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to health care services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., rural community aspects). Each factor in conjunction with all the others impacts the health of Calhoun County residents. A social determinant of health perspective was adopted to guide the CHA process.

Social Determinants of Health Framework

It is recognized that health is influenced by a number of factors in the dynamic relationship



between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population.

The communities in Calhoun County, represented by the data within this report, live and work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its

multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Calhoun County community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Process and Engagement of Community Health Partners

The Community Health Assessment relied on a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process. The Florida Department of Health in Calhoun County worked with a number of community health partners and community residents from 2011-2013. Meetings and workshops were held to identify and assess perceptions, health concerns, strengths, weaknesses, and other related issues about the

health programs and services available within Calhoun County. Individual members are identified throughout this report. The Community Themes & Strengths Assessment was conducted in 2011 with 200 community residents responding. The Forces of Change workshop was held in 2013, with 20 community health partners and residents participating.

Quantitative Data

Data for this report was drawn from county, state, and national sources in order to develop a social, economic and health snapshot in time of Calhoun County. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, and Florida Department of Health. Types of data included self-report of health behaviors using the Behavioral Risk Factor Surveillance System (BRFSS), public health surveillance data from Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), as well as vital statistics based on birth and death records.

Qualitative Data

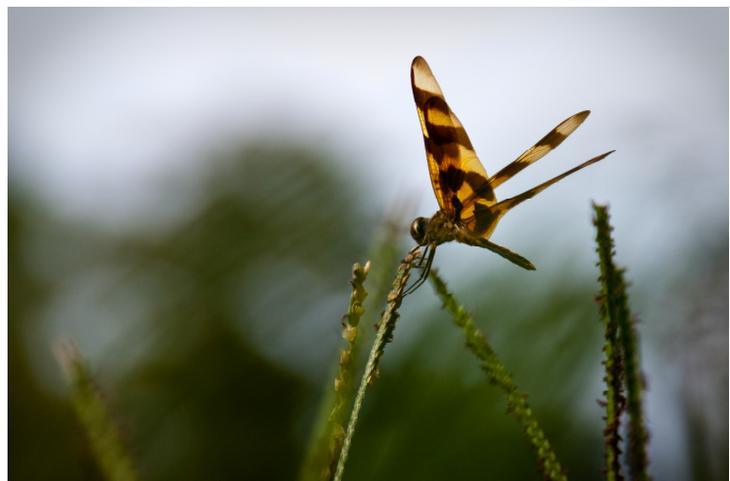
From 2011- 2013, meetings and workshops were conducted with Calhoun County residents and members of the health community to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns.

Limitations

Several limitations related to this assessment's research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Calhoun County and should not be interpreted as definitive. While the most current BRFSS and CHARTS data was used, this data is at least one year old due to the nature of the reporting systems used. In some cases, data from CHARTS is aggregated across multiple years to increase sample size (e.g., rolling three-year rates). In other cases, CHARTS and BRFSS data could not provide information stratified by race/ethnicity, gender, or age due to small sample sizes.

Self-report data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

Finally, the results of the forums and workshops should not be generalized as being representative of the larger Calhoun County community due to the non-random recruiting techniques and small sample size. Recruitment for these events was conducted with community health partners, and participants may have already been involved and/or interested in community health issues.



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Mural at Mossy Pond Public Library

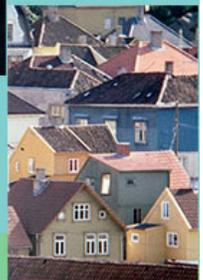
Community Health Status Profile

The Florida Department of Health in Calhoun County and community health partners are engaged in the 2013 Community Health Improvement Project. As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Calhoun County Community Profile provides a “snapshot in time” of the demographics, employment, health status, and health resource availability of Calhoun County, Florida.

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THE HEALTH OF CALHOUN COUNTY A STATUS REPORT 2012

:



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Acknowledgements

This report is a direct result of the many individuals, organizations and agencies engaged in improving the health and quality of life in Calhoun County. The Florida Department of Health in Calhoun County and Community Partners worked together to provide valuable resources and input.

Community Partners Who Participated in the Facilitated Sessions:

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Susan Chafin- Florida Department of Health in Calhoun County

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Vicki Davis - Calhoun County School Board

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Cindy Swier - Department of Corrections

Carolyn Harper - Department of Corrections

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Judy Ludlow - University of Florida
IFAS Extension



Executive Summary: Calhoun County

To improve the health of the residents of Calhoun County, our community must commit to action that goes beyond health care. Thus, members from several areas of the community, including education, government, health care, business, not-for-profit agencies, and citizens have come together to initiate a process for identifying and addressing health needs. The intent of this project is to foster successful partnerships within the community in order to improve the health of Calhoun County residents.

The *Public Health Accreditation Board* defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, educational or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Key Issues and Recommendations

The Florida Department of Health in Calhoun County and key partners of the community have come together to identify five areas that we would like to focus on. These areas include Heart Disease, Teen Pregnancy, Access to Care, Obesity, and Tobacco Use. The CHIP reflects a commitment of health professionals to collaborate in addressing shared issues in a systematic and accountable way. Only by working together can we make a difference.

Introduction

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health.

Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and

addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Florida Department of Health in Calhoun County and its community partners have initiated a community-wide strategic plan for improving community health. A health improvement plan has been created that focuses on long-term strategies that address multiple factors that affect health in the community. The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.

Methodology

The Florida Department of Health in Calhoun County and its community partners are organized for the purpose of conducting periodic extensive evaluations of the health status of the citizens of the Calhoun County area in order to develop interventions. The goals are to develop and implement comprehensive, community-based health promotion and wellness programs in the Calhoun County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

The Florida Department of Health in Calhoun County and its community partners used the NACCHO's MAPP model for the community health planning, which provided a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing success
2. Visioning
3. The Four MAPP assessments

Community Health Status Assessment

Community Strength and Themes Assessment

Local Public Health System Assessment

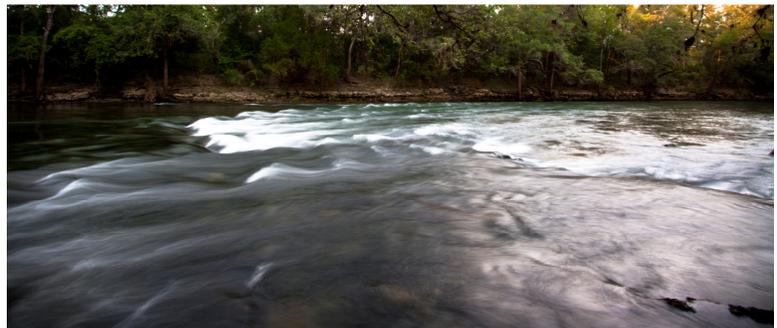
Forces of Change Assessment

4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Community Input was sought in April of 2012 through the Community Health Needs Assessment Survey. This county wide survey was distributed through its partners by emails, flyers, and phone calls.

The Calhoun County community health survey was conducted by using the convenience sample method. Questions were asked to determine general health status and health behaviors. To ensure an accurate representation of the community, the survey was administered at sites in around the community, not just the health department. For example, the group of Big Bend AHEC, Inc Community Health Workers who administered the survey canvassed the local grocery stores, community organizations, and other sites frequented by the local community. As an incentive for completing the survey, participants will be compensated with a \$10.00 gift card to be redeemed for cash or purchases. 200 persons responded to this survey. The representations to follow will demonstrate the demographics of the survey respondents. The survey consisted of 38 questions in five different areas including:

- Essential Service Section #3: Inform, Educate, and Empower Individuals and Communities about Health Issues.
- Essential Services # 4: Mobilize Community Partnerships to Identify and Solve Health Problems
- Essential Services # 5: Develop Policies and Plans that Support Individual and Community Health Efforts



- Essential Services # 7: Link People to Needed Personal Health Services and Assure the provision of Health Care when otherwise Unavailable
- Essential Services # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Based Health Services

Key Findings

Access to Health Care

- 22% of respondents indicated they have private insurance, paid by their employer.
- 34% pay cash, and have no health insurance.
- 24% receive Medicaid, medical coverage for certain people, based on need.
- 36% indicated they could not see a doctor due to cost.
- 56% indicated they needed to see a dentist in the past year, but could not afford the cost.
- 16% indicated they had not seen a doctor in the past year 2 years.
- 2% indicated they had seen a doctor in the past 5 years.
- 12% indicated they had not seen a doctor in more than 5 years.
- 12% are not sure when they had last seen a doctor.
- 24% indicated they had seen a dentist in the past 2 years.
- 10% indicated they had not seen a dentist in the past 5 years.
- 18% indicated they had not seen a dentist in more than 5 years.
- 2% indicated they have never been to a dentist
- Nearly 56% of respondents earned less than \$20,000 per year.
- 46% visit they health department for care when they are sick.

Health Status

- A total of 48% respondents indicated, they rate their own health as good or very good.
- 46% rate their health as somewhat healthy.
- A total of 16% rate their health as unhealthy or very unhealthy.

Health Behaviors

- 44% of respondents indicated they either stand in one place or are sedentary for most of the day.
- 36% reported eating only one serving of fruit per day.
- 18% reported eating no fruit on most days.
- 22% reported eating only 2 servings of fruit per day.
- 32% reported eating only 1 serving of vegetables per day.
- 38% reported eating 2 servings of vegetables per day.
- 6% reported eating none.
- 44% had not participated in physical activity in the past 30 days.
- 20% reported consuming 5 or more alcoholic beverages in the last 30 days.
- 24% reported they currently smoke daily.
- 22% reported they smoke some days.
- 8% use spit tobacco or snuff.

Chronic Disease

- 36% have been told by a health professional, they have high blood pressure.
- 24% have been told by a health professional, they have high cholesterol.
- 20% have been told by health professional, they have diabetes.
- 42% have been told they are overweight or obese.

Prevention

- 80% of women did not have a mammogram in the past year.
- 96% did not have a colorectal exam in the past year.



Profile - Calhoun County Facts

Calhoun County is a rural Panhandle county that measures 567.33 square miles in length with a 2010 population of 14,625 (US Census). Its county seat, Blountstown, is the largest municipality with 2478 of the county's residents in this area. Its other incorporated area is the town of Altha with a population of 513. It should be noted that a large percentage of our county residents live in the unincorporated areas of the county. 21.4% (US Census) of the population of Calhoun County are under the age of eighteen. 28% of our residents do not have a high school diploma or its equivalent compared to State's 15% (US Census). The median household income listed for 2010 is \$31,699, a full \$15,962 dollars below the State rate (US Census). In 2010, according to the US Census, 21.1% of the population lived below poverty level. The 2010 population for Calhoun County consists of 80.8 % of the population is white, 13.8% is black, 6.4% identify as Hispanic or Other (US Census). Utilizing the Federally Qualified Health Care Facility and County Health Department's service records, there appears to be a larger number of Hispanics than those documented.

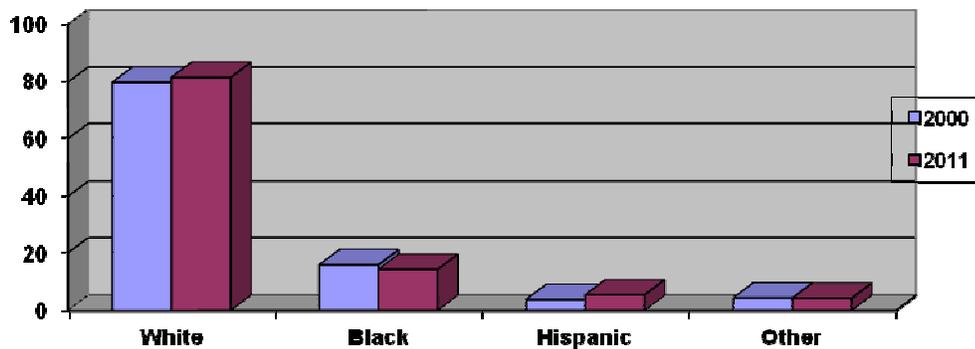


Population Characteristics: Calhoun

Population Demographics

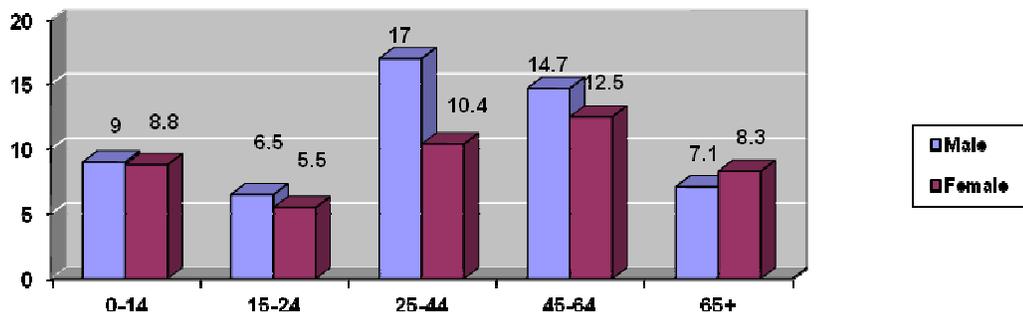
Calhoun County's population is estimated at 14,750 in 2011. The Hispanic population increased from 3.8% in 2000 to 5.4% in 2011.

Chart Calhoun County Population by Race/Ethnicity



The percentage of age 65 and older is 16% and children under 18 make-up 21.5% of the population.

Chart Calhoun County Population by Age and Gender, 2010



The 2010 median household income for families in Calhoun County was \$31,699 compared to \$47,661 for the State. Furthermore 21.1% of families in Calhoun County live below the Federal poverty level which is much higher than 13.8% of families throughout Florida.

MAPP ASSESSMENTS OVERVIEW

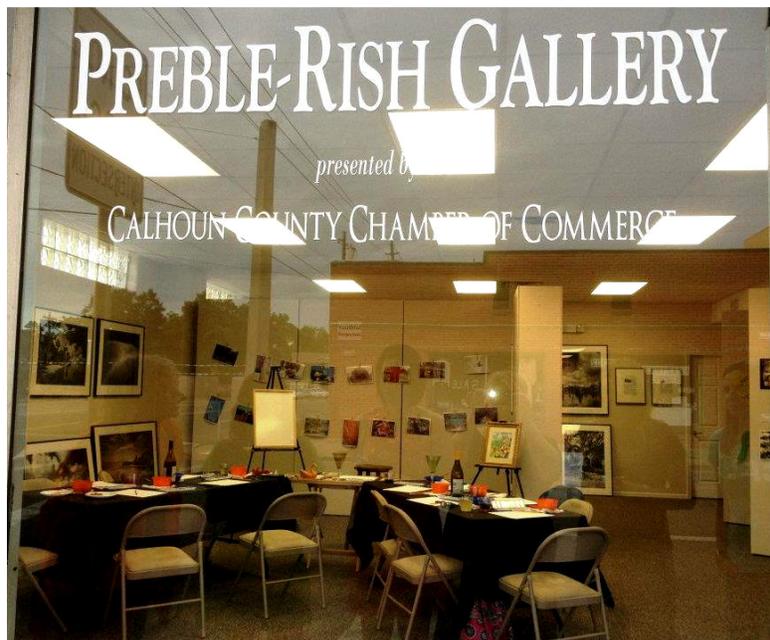
Separate, unique, comprehensive and Walton county-specific assessments were completed in 2011 and 2012. These assessments gather information to drive the identification of strategic issues for community health improvement.

- **The Community Health Status Assessment** analyzes data about health status, quality of life and risk factors in the community.
- **The Community Themes and Strengths Assessment** identifies themes that interest and engage the community, perceptions about quality of life, and community assets.
- **The Forces of Change Assessment** identifies forces that are occurring or will occur that will affect the community or the local health system.
- **The Local Health System Assessment** measures the capacity of the local health system to conduct essential public health services.
- **The Local Environmental Public Health System Assessment** standards describe level of performance and capacity to which all environmental public health systems and programs should aspire.

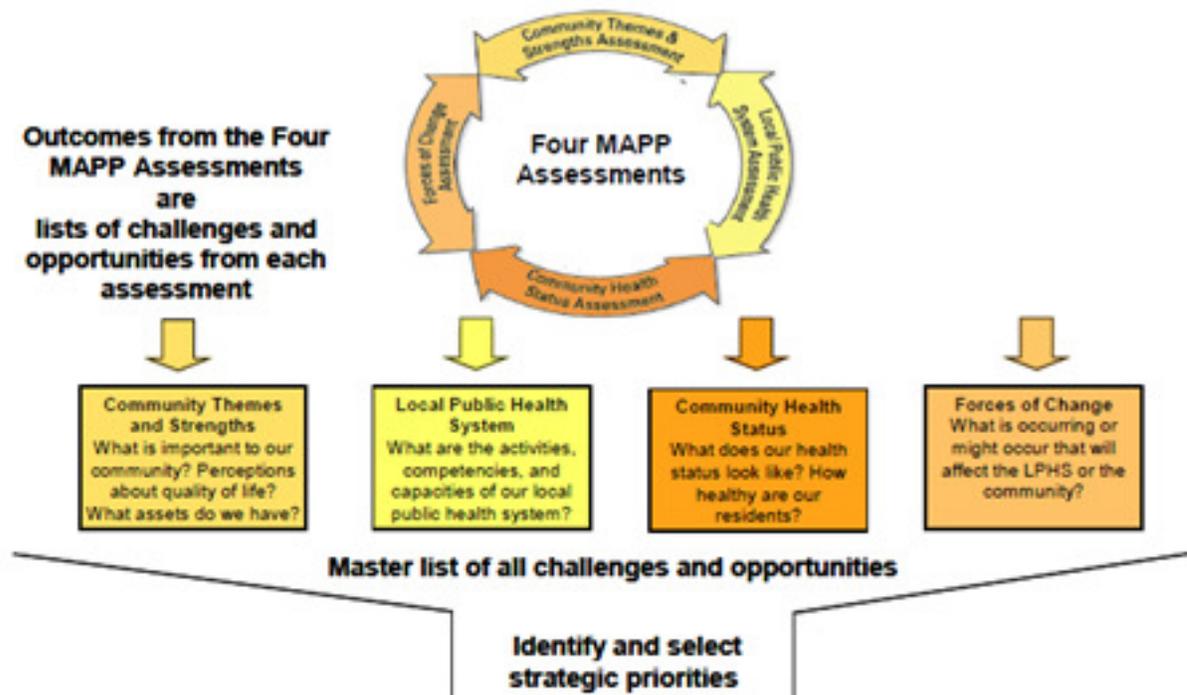


Results of the MAPP assessments interact to provide the basis for the development of community strategic issues. Collectively, the MAPP assessments have several purposes, including:

- Providing insight on the gaps between current circumstances and a community's vision;
- Providing information to use in identifying the strategic issues that must be addressed to achieve the vision; and
- Serving as the source of information from which the strategic issues, goals and strategies are built.



On September 4th 2012 Calhoun Community Partners and Florida Department of Health in Calhoun County employees held a meeting where data sets were reviewed to determine Calhoun County strengths, weaknesses, opportunities and threats. As depicted in the diagram below, this activity led to a master list of challenges and opportunities from which participants identified and selected strategic priorities.



Calhoun County Community Health Status Assessment Summary

The Community Health Status Assessment (CHSA) answers the questions: “How healthy are our residents?” “What does the health status of our community look like?” “What health conditions exist in our community?” The results of the CHSA provide the Florida Department of Health in Calhoun County and Community Partners with an understanding of the community’s health status and ensure that the community’s priorities include specific health status issues.

Resources

The Florida Department of Health’s public health statistics website, Community Health Assessment Resource Tool System (CHARTS; www.floridacharts.com), provides the data elements for broad-based categories of health status and quality of life indicators.

Complete Calhoun County results can be found at www.floridacharts.com under *Community Tools*. Other resources of use for the CHSA follow:

- **Behavioral Risk Factor Surveillance System (BRFSS)** – <http://www.floridacharts.com/charts/brfss.aspx> - This survey was conducted among adults in Florida in 2002, 2007 and 2010. The purpose of this survey is to obtain county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality.
- **County Health Profile** - http://www.floridacharts.com/charts/mapp_report.aspx - The county health profile report provides your community with an understanding of the community’s health status and ensures that the community's priorities consider specific

health status issues. The County Health Profile answers the questions, *“How healthy are our residents?”* and *“What does the health status of our community look like?”*

- **County Health Rankings and Roadmaps** – www.countyhealthrankings.org. Where we live matters to our health. This set of data helps us to understand what influences how healthy residents are and how long they will live.
- **County Health Status Summary**–
<http://www.floridacharts.com/charts/SpecReport.aspx?RepID=1341> - This report allows you to compare your county's health status with the state and other counties. County trends for individual indicators, which are tested for statistical significance, Healthy People 2020 goals, and county quartiles, are also included.
- **County Performance Snapshot** – This report, available only on the Florida Department of Health intranet, is an annual scorecard of business and health outcome data for each of Florida’s 67 health departments. Information includes performance trends for organizational performance.
- **Florida CHARTS** – www.floridacharts.com – Florida Health Statistics and Community Health Assessment Resource Tool Set. This site provides Florida public health statistics such as births, deaths and communicable and chronic diseases.
- **Public Health in America** - <http://www.health.gov/phfunctions/public.htm> - Website asks, *“What is public health?”* and provides the public health vision, mission and essential services.

The Calhoun CHSA Summary that follows will highlight some of the most recent findings for the following indicators:

- Obesity
- Heart Disease
- Tobacco
- Teen Pregnancy
- Access to Care



Downtown Mural, Snowden Surveying

OBESITY

Percentage of Adults who are obese - According to Florida CHARTS the state rate of adults that are obese is 27.2 and the county rate is 34.7 The U.S. Healthy People 2020 Goal is 30.6. This puts Calhoun County in the 4th quartile.

As indicated in the excerpted from Florida CHARTS below Calhoun County ranks in the 4th quartile for adults who meet moderate physical activity. The state rate of adults who meet moderate physical activity recommendation is 34.6 and the county rate is 33.5.

 Calhoun County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Actual Causes of Death*							
Physical Activity							
Adults who meet moderate physical activity recommendations ¹	2007	Percent	 4	33.5%	34.6%		
Adults who meet vigorous physical activity recommendations ¹	2007	Percent	 3	23.9%	26.0%		
Adults who engage in no leisure-time physical activity ¹	2002	Percent	 4	41.5%	26.4%		32.6%
Overweight and Obesity							
Adults who consume at least five servings of fruits and vegetables a day ¹	2007	Percent	 4	21.5%	26.2%		
Adults who are overweight ¹	2010	Percent	 2	36.2%	37.8%		
Adults who are obese ¹	2010	Percent	 4	34.7%	27.2%		30.6%
Tobacco Use							
Adults who are current smokers ¹	2010	Percent	 3	23.0%	17.1%		12%

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability^{1,2} Among adults and older adults, physical activity can lower the risk of:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression

Childhood obesity has tripled during the last 30 years. Unless we change course, estimates suggest that one-third of all children born after 2000 will suffer from diabetes or other obesity-related health problems—conditions that cost an estimated \$147 billion each year to treat. Obesity is widely known to contribute to a number of serious health problems, including diabetes and heart disease. In the United States alone, the direct and indirect costs associated with obesity amounted to \$117 billion in 2000, according to the U.S. Department of Health and Human Services. The prevalence of overweight and obese school-aged children is increasing in nearly every country. The numbers of overweight and obese children worldwide are expected to climb dramatically by 2010.

Among children and adolescents, physical activity can:

- Improve bone health.
- Improve cardio respiratory and muscular fitness.
- Decrease levels of body fat.
- Reduce symptoms of depression.

- For people who are inactive, even small increases in physical activity are associated with health benefits.

Physical Activity Resources

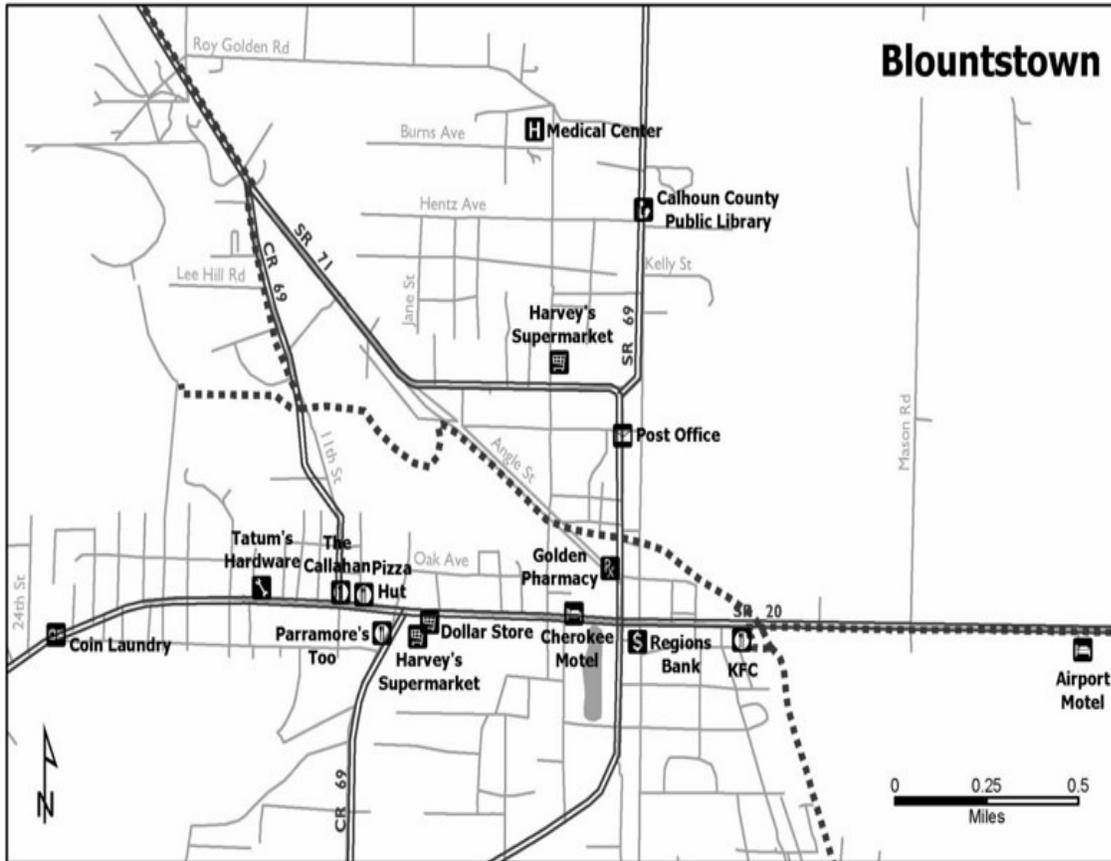
Below are some other recreational areas that we may access:

Area:	Distance	Difficulty
1. Bristol/Blountstown Bridge	2.5-3 miles	Easy to Mod.
2. Sam Atkins Park, Blountstown, Fl.		
3. Blountstown Greenway Trail	3.9 miles	Easy with exercise stations on the walking trail.
4. Altha Park with walking trail, baseball and softball fields, volleyball.		
5. H2O fitness center, Blountstown, Fl.		
6. Taekwondo classes at the W. T. Neal Civic Center. Contact the W. T. Neal Civic Center for other activities that are offered.		

BLOUNTSTOWN GREENWAY TRAIL

The Blountstown Greenway is a wonderful path through the city, which starts at the Apalachicola River and leads to the Panhandle Pioneer Settlement. The settlement is a 47- acre living history museum featuring historical and recreated buildings arranged to simulate an early agricultural community, settlement and farmstead. In addition to the museum, the trail winds pass the historic M & B Train Depot Museum where the number 444 steam locomotive is on display. The train ran between Marianna and Blountstown from 1909 to 1972, and provided passenger service, as well as transport of various agricultural products.





Chipola River Canoe Trail

Lush hardwood hammocks and limestone outcroppings characterize the Chipola.

The Chipola River Canoe Trail is officially designated as part of Florida’s Statewide System of Greenways and Trails. This trail begins at Florida Caverns State Park, where you can explore the intriguing network of caves and formations made by droplets of mineral water. This beautiful trail flows through river swamps and hardwood forests of beech, magnolia, oak and dogwood. Beaver, alligator, and turtles are sometimes seen on the river, and pileated woodpecker can be heard drumming in the forest. Limestone bluffs and caves are also seen along the river. Several shoals are found in this pale-colored stream, especially in low water. You should especially note the shoal known as “Look and Tremble Falls” below the SR 274 bridge and portage if necessary.

Counties: Calhoun, Jackson

Mileage: 52

Skill Level: Beginner to intermediate

Difficulty: Easy to moderate

Usual Current: Average (2-3 mph)

Notes and Precautions

Most paddlers should begin at Access 2 – the SR 166 bridge. The trail downstream from the state park is dangerous and requires technical paddling skills. The trail here is an old log chute with little water and very low hanging trees. An optional ending for the trail is at Dead Lakes State Recreation area. The thousands of dead trees still standing in the lake were killed when the area was impounded. Do not attempt this portion in bad weather. Camping is available at the state recreation area. During low water, log jams and submerged rocks may require portage.

Access

1. Florida Caverns State Park – Three miles north of Marianna on SR 166.
2. SR 166 Bridge – One mile north of Marianna. (1 mile)
3. SR 280 Bridge/Magnolia Road – One mile west of SR 71, just south of I-10. (10 miles)
4. SR 278 Bridge/Peacock Bridge Road – One mile west of SR, 6 miles south of I-10. (10 miles)
5. SR 274 Bridge – About three miles west of Altha (SR 71) 11 miles south of I-10. (8 miles)
6. SR 20 Bridge – One mile east of Clarksville at Wayside Park. (10 miles)
7. SR 71 Bridge – At Scott’s Ferry. (13 miles)

There may be access points (both public and private) in addition to those listed here. Please remember that some sites require a fee for launching and/or parking.



Nutrition

As indicated in Florida CHARTS Calhoun County ranks in the 4th quartile for adults who consume at least 5 servings of fruits and vegetables a day. The state rate for adults who consume at least 5 servings of fruits and vegetables a day is 26.2 and the county rate is 21.5.

The Basics

Your body needs the right vitamins, minerals, and other nutrients to stay healthy. A healthy diet means that you are eating:

- Vegetables, fruits, whole grains, and fat-free or low-fat milk products
- Seafood, poultry, lean meats, eggs, beans, and nuts

Stay away from:

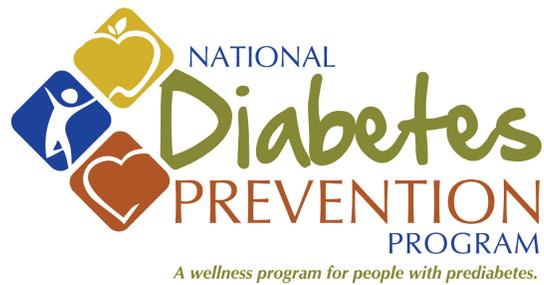
- Cholesterol, sodium (salt), and added sugars
- *Trans* fats – *Trans* fats may be in foods like cakes, cookies, stick margarines, and fried foods.
- Saturated fats – These fats come from animal products like cheese, fatty meats, whole milk, and butter.

A healthy diet can keep your body strong and active.

By making smart food choices, you can help protect yourself from:

- Heart disease
- Bone loss
- Type 2 diabetes
- High blood pressure
- Some cancers, such as colorectal cancer

Nutrition Resources



Calhoun/Florida Department of Health in Calhoun County offers Diabetes Prevention classes weekly. Call the Florida Department of Health in Calhoun County at 850-643-2415 for information on this and other opportunities that are available.



<http://calhoun.ifas.ufl.edu>

The **Calhoun County Extension Service** offers educational programs in Agriculture, Natural Resources, Home Horticulture, 4-H Youth Development, and Family Nutrition, to help improve our lives, communities, and environment.

Workshops, field days, and publications related to **Agriculture, Natural Resources, and Horticulture**, provide citizens with research-based information on **sustainable living, gardening**, and the **environment** around us.

The **4-H Youth Development Program** trains **volunteers** to support positive youth development, and provides educational experiences in the form of clubs, day camps, competitive events, and school enrichment programs.

The **Family Nutrition Program** teaches healthy eating and lifestyles to youth and adults throughout the school system, as well as at local day care centers, libraries, and local events.

Educational programs and **activities** are offered by the Calhoun County Extension Office all year long and vary from month to month.

Calhoun County Extension proudly partners with other community organizations, programs, and events to reach as many citizens as possible. To find out more about Extension office events, please contact us at the address, phone, or website listed above. **Thank you!**

Links for nutrition websites

Join us @MyPlate on Twitter for more updates and daily announcements.

Nutrition Communicators Network Team



Tweets to Promote the SuperTracker

(Shorten the links below on Twitter or using a URL shortening tool of choice)

Join the 1 million people taking control of their #health. Create your own #SuperTracker profile

<https://www.supertracker.usda.gov/CreateProfile.aspx>

www.fruitsandveggiesmorematters.org

www.fycs.ifas.ufl.edu/extension/hnfs/fnp/

www.fnic.nal.usda.gov

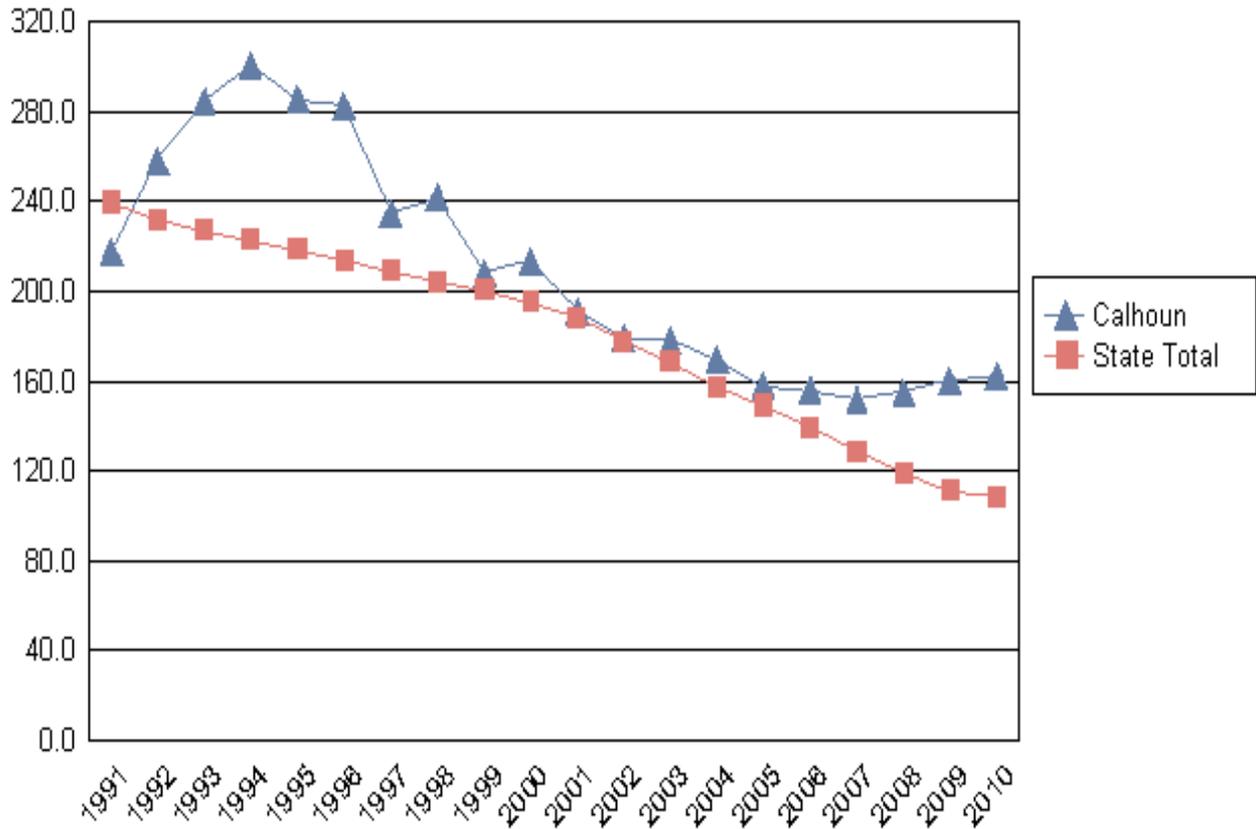
www.platemethod.com

HEART DISEASE

 Calhoun County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate ⁷	2008-10	Per 100,000	 4	162.0	108.1	Better ↓	100.8
Coronary heart disease age-adjusted hospitalization rate ⁸	2008-10	Per 100,000	 3	495.7	410.0	Better ↓	
Stroke							
Stroke age-adjusted death rate ⁷	2008-10	Per 100,000	 4	42.8	31.5	No Trend ↔	33.8
Stroke age-adjusted hospitalization rate ⁸	2008-10	Per 100,000	 2	269.2	269.2	No Trend ↔	
Heart Failure							
Heart failure age-adjusted death rate ⁷	2008-10	Per 100,000	 3	10.6	8.0	No Trend ↔	
Congestive heart failure age-adjusted hospitalization rate ⁸	2008-10	Per 100,000	 4	211.8	152.2	No Trend ↔	
Adults with diagnosed hypertension ¹	2010	Percent	 4	39.5%	34.3%		
Adults who have diagnosed high blood cholesterol ¹	2010	Percent	 2	36.7%	38.6%		13.5%
Adults who had their cholesterol checked in the past five years ¹	2007	Percent	 3	68.1%	73.3%		

As indicated in the excerpt from Florida CHARTS below Calhoun County ranks in the 4th quartile for coronary heart disease deaths. The state rate for coronary heart disease deaths is 108.1 and the county rate is 162. The U.S. Healthy People 2020 Goal is 100.8.

Age-Adjusted Coronary Heart Disease 3-Year Death Rate Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Age-Adjusted
3-Year Death
Rate

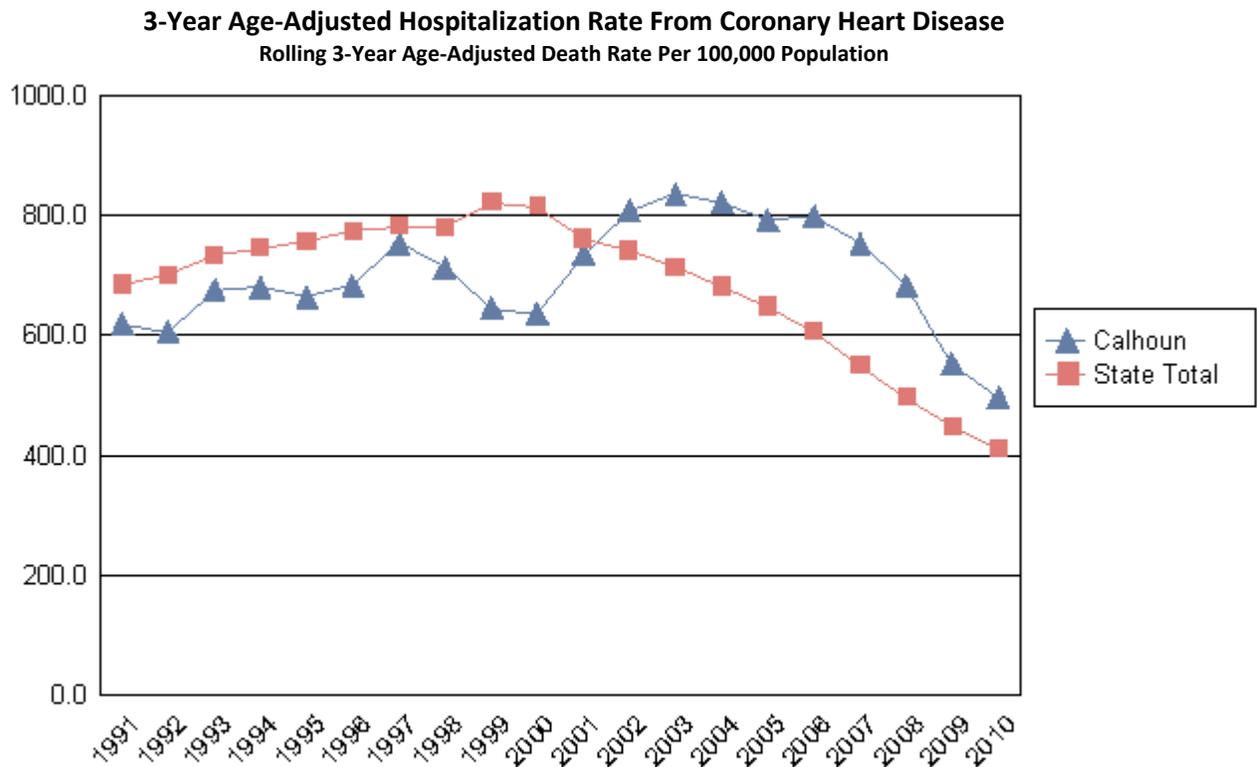
FloridaCHARTS.com is provided by the Florida Department of Health, Office of Planning, Evaluation and Data Analysis,
(850) 245-4009

Data Source: Florida Department of Health, Bureau of Vital Statistics.

Data Note(s): ICD-10 Code(s): I20-I25

Rates calculated using July 1 population estimates from the Florida Legislature, Office of Economic and Demographic research.

As indicated in the incerpt from Florida CHARTS below Calhoun County ranks in the 3rd quartile for Hospitalization from coronary heart disease. The state rate for hospitalization from coronary heart disease is 410 and the county rate is 495.7.



- **Eat a healthy diet.** Choosing healthful meal and snack options can help you avoid heart disease and its complications. Be sure to eat plenty of fresh fruits and vegetables.
- Eating foods low in saturated fat and cholesterol and high in fiber can help prevent high blood cholesterol. Limiting salt or sodium in your diet can also lower your blood pressure.
- For more information on healthy diet and nutrition, see [CDC's Nutrition and Physical Activity Program Web site.](#)

- **Maintain a healthy weight.** Being overweight or obese can increase your risk for heart disease. To determine whether your weight is in a healthy range, doctors often calculate a number called the [body mass index](#) (BMI). Doctors sometimes also use waist and hip measurements to measure a person's excess body fat.
If you know your weight and height, you can calculate your BMI at [CDC's Assessing Your Weight Web site](#).
- **Exercise** Cigarette smoking greatly increases your risk for heart disease. So, if you don't smoke, don't start. If you do smoke, quitting will lower your risk for heart disease. Your doctor can suggest ways to help you quit.
For more information about tobacco use and quitting, see [CDC's Smoking & Tobacco Use Web site](#).
- **Limit alcohol use.** Avoid drinking too much alcohol, which causes high blood pressure **regularly**. Physical activity can help you maintain a healthy weight and lower cholesterol and blood pressure. The Surgeon General recommends that adults should engage in moderate-intensity exercise for at least 30 minutes on most days of the week.
For more information, see [CDC's Nutrition and Physical Activity Program Web site](#).
- **Don't smoke.** For more information, visit [CDC's Alcohol and Public Health Web site](#).

HEART ATTACK WARNING SIGNS

Chest discomfort.

OTHER SIGNS may include breaking out in a cold sweat, nausea or lightheadedness.

Resources for heart health

CHEST DISCOMFORT

Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

DISCOMFORT IN OTHER AREAS OF THE UPPER BODY

Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

SHORTNESS OF BREATH

with or without chest pain

Resources

American Heart Association

Contact Us http://www.heart.org/HEARTORG/General/Contact-Us_UCM_308813_Article.jsp
7272 Greenville Ave.

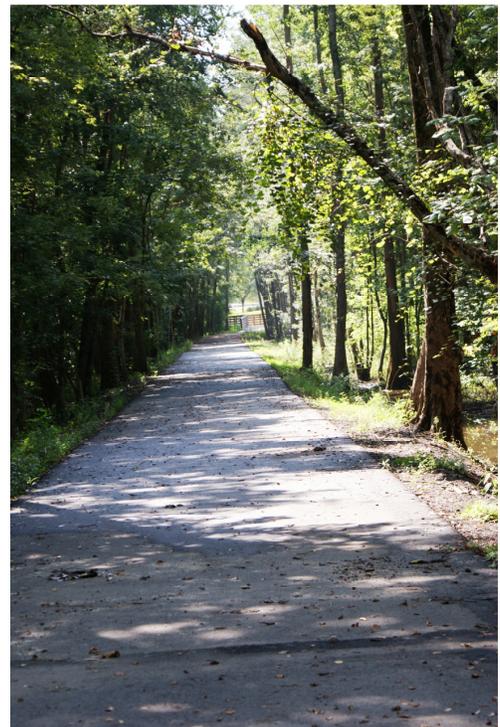
Dallas, TX 75231

Customer Service

1-800-AHA-USA-1

1-800-242-8721

1-888-474-VIVE

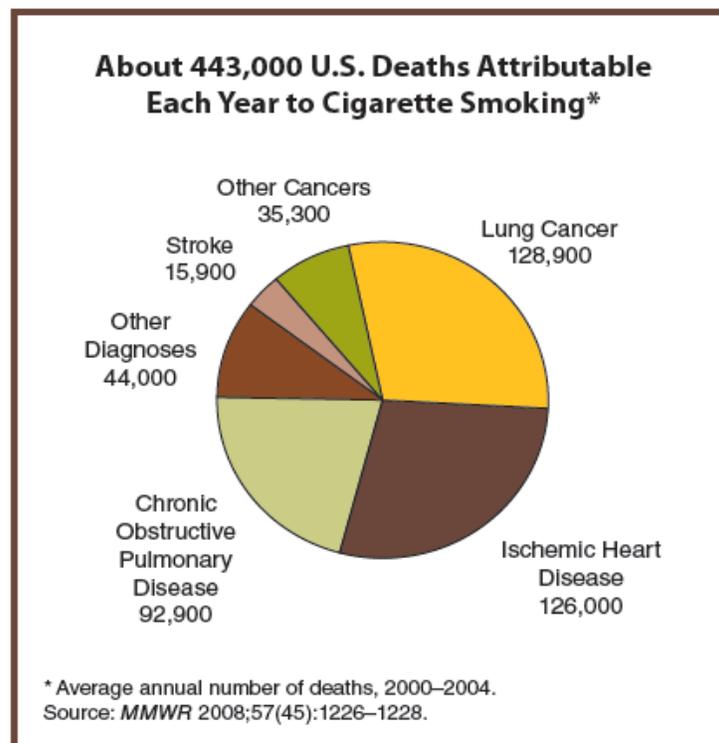


TOBACCO

Tobacco related illnesses are responsible for approximately 443,000 deaths each year. Florida's health care costs directly caused by smoking are \$6.32 billion, every year. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.^{2,4}

Tobacco Use causes:

- Heart Disease
- Cancer
- Lung Disease
- Premature birth, low birth weight, still birth and infant death
- Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.¹



Source: [CDC SAMMEC, MMWR 2008;57\(45\):1226–1228.](#)

Compared with nonsmokers, smoking is estimated to increase the risk of—

- coronary heart disease by 2 to 4 times,^{1,5}
- stroke by 2 to 4 times,^{1,6}
- men developing lung cancer by 23 times,¹
- women developing lung cancer by 13 times,¹ and
- dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.¹

Calhoun County Stats	<u>2007</u> <u>Calhoun</u> <u>County%</u>	2007 State%	<u>2010</u> <u>Calhoun</u> <u>County%</u>	2010 State%
Adults who are current smokers	27.1%	19.3%	23.0%	17.1%
Current smokers who tried to quit at least once in the past year	41.2%	53.2%	65.9%	60.1%

The Feel Good Benefits of Quitting Smoking

- ❖ 20 minutes after you quit smoking; your blood pressure decreases.
- ❖ 8 hours after you quit smoking; your blood oxygen level returns to normal.
- ❖ 3 months after you quit smoking; your lung function improves up to 30%.
- ❖ 1 year after you quit smoking; your risk of heart attack is cut in half.
- ❖ 10 years after you quit smoking; your risk of dying from lung cancer is about half that of a smoker's.
- ❖ 15 years after you quit smoking; your risk of coronary heart disease is that of a NON-smoker's

Resources for QUITTING



Online: Enroll in Web Coach[®], which will help you create your own web-based quit plan that's right for you, visit <http://floridaquitline.com>. Motivational and educational e-mails will be sent to you throughout the program. A valid e-mail address is required. Available 24 hours a day.



Phone: Call the Florida quitline at 1-877-U-CAN-NOW (1.877.822.6669) to speak with a Quit Coach who will help you assess your addiction and help you create a personalized quit plan. Additional tailored phone calls with a Quit Coach, timed throughout the quitting process, also are included. Unlimited toll-free access to Quit Coaches is available, as needed. Available 24 hours a day.



In-person: Visit the Florida Area Health Education Centers (AHEC) Network's website, ahectobacco.com, to locate your local AHEC and sign up for Quit Smoking Now group classes.



Call the Florida Department of Health in Calhoun County at 850-674-5645 for a listing of smoking cessation classes being held in your area.



The Calhoun Calhoun Hospital offers smoking cessation classes. Please call 850-674-5411 for class dates and times.

References

1. U.S. Department of Health and Human Services. **The Health Consequences of Smoking: A Report of the Surgeon General**. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 [accessed 2012 Jan 10].
2. Centers for Disease Control and Prevention. **Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004**. Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2012 Jan 10].
3. Centers for Disease Control and Prevention. **Health, United States**. Hyattsville (MD): Centers for Disease Control and Prevention, National Center for Health Statistics. [accessed 2012 Jan 10].
4. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. **Actual Causes of Death in the United States**. JAMA: Journal of the American Medical Association 2004;291(10):1238–45 [cited 2012 Jan 10].
5. U.S. Department of Health and Human Services. **Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General**. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1989 [accessed 2012 Jan 10].
6. Ockene IS, Miller NH. **Cigarette Smoking, Cardiovascular Disease, and Stroke: A Statement for Healthcare Professionals from the American Heart Association**. Circulation 1997;96(9):3243–7 [accessed 2012 Jan 10].

TEEN PREGNANCY

Teen pregnancy is a pervasive problem in Calhoun County. As the state of Florida's overall teen pregnancy rate has declined from a rate of 43.1 in 2007 to a rate of 37 per 1,000 for the years of 2008-2010, Calhoun County's teen pregnancy rate has remained unchanged and is currently 59.7 per 1000, placing it in the 4th quartile. The rate is even higher for teens 18-19, which at 126.1, is significantly higher than the state rate of 66.1 (Florida CHARTS School Aged and Adolescent Profile, Calhoun County).

Resources

The teen pregnancy rate corresponds with other indicators of risky behaviors in teens living in Calhoun County. Notably tobacco use, alcohol abuse and binge drinking, all also in the fourth quartile. The Calhoun County Children's Coalition, through the SARG (Substance Abuse Response Guide) Process has been working on environmental strategies that will address all of these issues relevant to the teen population. A plan is in place to address these issues, but is limited by lack of funding.

The Teen Outreach Program, a Department of Health positive youth development program, is currently being implemented in Altha School with planned expansion to Blountstown High school. This evidence based program is presented in a series of 25 lessons along with a community service learning project that encompasses the entire school year.

ACCESS TO CARE

Health Status and Access to Care							
Adults who rate their health status as "fair" or "poor" ¹	2010	Percent	4	25.4%	17.1%		
Adults with any type of health care insurance coverage ¹	2010	Percent	4	70.7%	83.0%		
Adults who could not see a dentist in the past year because of cost ¹	2007	Percent	4	28.6%	19.2%		
Adults who received a flu shot in the past year ¹	2010	Percent	4	29.9%	36.5%		
Total licensed family physicians ⁴	2008-10	Per 100,000	1	22.9	23.0		
Total licensed dentists ⁴	2008-10	Per 100,000	2	34.3	63.0		
Total hospital beds ⁵	2008-10	Per 100,000	3	221.8	320.3		

Access to care includes availability of medical providers, health insurance and transportation. Calhoun County has 5 medical care offices but only one has an indigent program. According to the 2012 County Health Rankings and Roadmaps, Calhoun county has a 27% uninsured rate with the state rate being 25%. Without health insurance most people cannot afford to pay for an office visit with a general practitioner much less a specialist. There are 2 programs available for people without insurance, Bay Cares and Vocational Rehab. Although these two programs offer help with access to some specialists, there are only a limited amount of specialists available. Transportation is another barrier to care. Many people do not have their own mode of transportation or they cannot afford to pay for fuel to drive a minimum of 50 miles one way to see a specialist. Calhoun County does have a transit system available that works with the indigent but at times scheduling is a problem due to Calhoun Transit being the only transportation system in the county.

Resources

Florida Department of Health in Calhoun County houses Rivertown Community Health Care

which is a Federally Qualified Health Center is located at:



FQHC

19611 SR 20 W
Blountstown, Fl. 32424
Phone: 850-674-5645
Fax: 850-674-5689



MISSION STATEMENT:

“The mission of Calhoun Community Health Care is to provide comprehensive, integrated health care to the residents of Calhoun County and the surrounding area, regardless of their ability to pay. Services will be provided by qualified staff in a culturally appropriate manner with dignity and compassion.”

We accept most health insurances, and provide Primary Health Care, Dental, Gynecology, Obstetrics, Healthy Start, and Mental Health services.

Calhoun County Transit

Calhoun County Senior Citizens Association, Inc. DBA Calhoun County Transit is the Community Transportation Coordinator, which was designated originally in July, 1986 by the Calhoun County Board of County Commissioners. Since this time, Calhoun County Transit has been re-designated as the current Community Transportation Coordinator for Calhoun County.

1. TYPES, HOURS AND DAYS OF SERVICE

Transportation services are available to recipients 24 hours/day, seven days/week. Calhoun County Transit provides ambulatory, non-ambulatory and stretcher Para transit service on an advance reservation and subscription type basis. Will calls are accepted for emergencies or for hospital releases at a minimal level. This service is more expensive for the purchaser. Services are available Monday-Friday between the hours of 7:00 AM and 5:00 PM. After hours, holidays and weekend hours of service are negotiated prior to provision of transportation.

Calhoun County Transit will close the office on the following holidays:

New Year's Day	Veteran's Day	Memorial Day
Good Friday	Christmas (2 Days)	Labor Day
Independence Day	Martin Luther King Day	Thanksgiving (2 Days)

Demand response service is available for non-ambulance related emergencies. Clients are required to call the Sheriff's Department (after hours 674-5049). Every effort is made by the Sheriff's Department to secure transport through family members or friends. If no outside help is available, then the dispatcher from Calhoun County Transit is notified to arrange transport. Calhoun County Transit provides door-to-door service for all types of transportation service.

Advance reservation is required for all group trips. Group trips shall be considered ten or more persons going to the same destination. The cost for this trip is lower because a flat per mile charge without overtime charges is the cost to the group. Estimated usage of this service is very small. An average of one group trip per year is provided.

2. ACCESSING SERVICES

Subscription Service:

This is a regular and recurring service in which routes and schedules are prearranged, through a one time arrangement, to meet the travel needs of riders who sign up for the service in advance. The sign up time must be 24-hours in advance. The clients will remain on this service until the sponsoring agency removes their names from the route.

This service may be scheduled by calling (850) 674-4496 or 1-800-391-6134 between the hours of 7:00 AM-5:00 PM CST, Monday-Friday. Cancellations for this service must be made by 2:00 PM CST the day before the scheduled transportation. There will not be a charge for cancellations. Also, cancellations are accepted the morning of the scheduled transportation, if the vehicle has not left the garage.

Alternative communications for the hearing impaired may use the Florida Relay Service by calling 1 (800) 955-8770 (Voice) or 1 (800) 955-8771 (TTY). Other accessible formats are available upon request.

Reservation Service:

This service may be accessed by calling the office at (850) 674-4496 or toll free at 1-800-391-6134 no later than 2:00 PM CST, the day before transportation is needed. The office hours are Monday-Friday from 7:00 AM-5:00 PM CST. There will not be a charge for cancellations. Cancellations are accepted the morning of the scheduled transportation, if the vehicle has not left the garage.

Demand Response:

A 24-hour advance notice is *not* required for demand response service. This transportation may be

scheduled by calling the office at (850) 674-4496 or 1-800-391-6134 after 7:00 AM and before 5:00 PM CST. Demand response calls are for non-ambulance related emergencies. After hours, the service may be accessed by calling the Sheriff's Department at (850) 674-5049. If family or friends are not available to do the transportation, then the dispatcher from Calhoun County Transit is notified. If after talking with the dispatcher and the dispatcher determines this is not an emergency and can wait until the next business day, then the client is asked to schedule transportation in the required time frame. If the client's transportation is declared an emergency, then transport will be arranged without the client waiting the appropriate time.

Will Calls:

This is the return trip requests on a demand-response basis. This is usually for hospital releases or certain emergencies that cannot wait for the required 24-hour advance notice. Transportation is arranged through the dispatcher by calling the office at (850) 674-4496 or 1-800-391-6134, Monday-Friday, from 7:00 AM-5:00 PM CST. After hours, trips may be arranged by calling the Sheriff's Department at (850) 674-5049. The dispatcher for Calhoun County Transit will be notified if family or friends are not available to do the transportation.

Escorts:

Providing an escort for a client who is non-ambulatory, illiterate, or incapable of functioning on their own will be the responsibility of the passenger. Children under the age of 16 will be required to have an escort who is capable of caring for the minor and filling out required paperwork for the passenger.

Waiting Policy:

Calhoun County Transit transports many clients with special needs and requests. The waiting time for each client will be from five (5) to ten (10) minutes depending on the situation. If a passenger is not ready to board after ten (10) minutes, another appointment will need to be arranged. When dealing with a group home or nursing home facility, a designated pick-up area will be arranged. Clients in these settings are required to be dressed, fed, and ready to go at the designated pick-up time.

Clients will be notified of their scheduled pick-up time the day prior to their appointment. If a client does not have a telephone, it will be their responsibility to contact the office to inquire of this pick-up time.

Pick-Up Window:

There will be a 30-minute window for pick-up times. This means, if the driver is scheduled to pick-up a client at a certain time, this may be either 30 minutes before or 30 minutes after the scheduled pick-up time. This gives the driver some flexibility in the route.

No-Show Policy:

Passenger no-shows are defined as trips not cancelled prior to dispatch of the vehicle. Please see NO-SHOW POLICY in Section 12, Service Standards.

Eligibility:

Transportation service under non-sponsored will be available for all residents of Calhoun County “who because of physical or mental disability, income status, or age or who for other reasons are unable to transport themselves or to purchase transportation are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities,” and as such are “transportation disadvantaged” as defined by Chapter 427, Florida Statutes.

The dispatcher will screen individuals requesting transportation at the time of the reservation to see if they qualify for non-sponsored transportation services. Individuals eligible for transportation must not be eligible for transportation funded by any other sponsoring agency.

Services will be provided for whatever service is needed, i.e. kidney dialysis, grocery shopping, etc.

The funds from this grant will be allocated on a monthly basis. No service will be provided when the demand for service exceeds the available allocated funds.

Calhoun Liberty Hospital, Your Community Hospital offers the following services of care:

Outpatient Services:

24-7 Emergency Care

Arrangement of transportation/transfer services to a higher level of care if needed; such as cardiac catheterizations, labor and delivery, surgical needs, etc. after stabilization in the Emergency Room.

Radiology:

Routine and/or urgent X-rays

Echocardiograms

Ultrasound

CT Scan

Mammography (Free October 1-15 in observance of Breast Cancer Awareness Month)

Bone Density Scans

Infusion Therapy on a case by case basis; as well as specialty long term IV placement and maintenance per our quality trained and certified PICC line specialty nursing staff.

Wound care; as ordered by your primary physician and/or authorization from your insurance company.

Laboratory Testing of routine and emergency lab draws as ordered by your primary care physician.

Hospitalization Services:

Inpatient Hospitalizations; such as for severe infections requiring IV antibiotic therapy, wound care, COPD management and stabilization, etc.

Observation hospitalization/admission: this service is utilized to observe the patient with an anticipated return to home within 24-48 hours.

Swing Bed admission (like a nursing home admission with shorter length of stay goals) and Inpatient Rehabilitation Physical Therapy services with the intent to assist our patients in reaching maximum functional capacity with the goal to return the patient home safely in order to maintain a patient's independence and dignity. Hospice care /placement to provide a more one on one patient quality of care environment is available.

Case Management Services: Discharge planning and ongoing management of all hospitalized patients to ensure proper care is arranged if necessary for the return home, such as arranging home health services or outpatient physical therapy if needed. In addition, if the patient requires long term services and treatment the Case Management team will work with your admitting physician, yourself and your family to refer the patient to the long term facility of their choice should this be needed.

Respiratory Therapy: 24-7 licensed respiratory therapists to augment nursing services in treating patients with respiratory needs; such as continuous oxygen monitoring, nebulizer treatments, Bi-Pap services on a case by case basis due to severe respiratory distress.

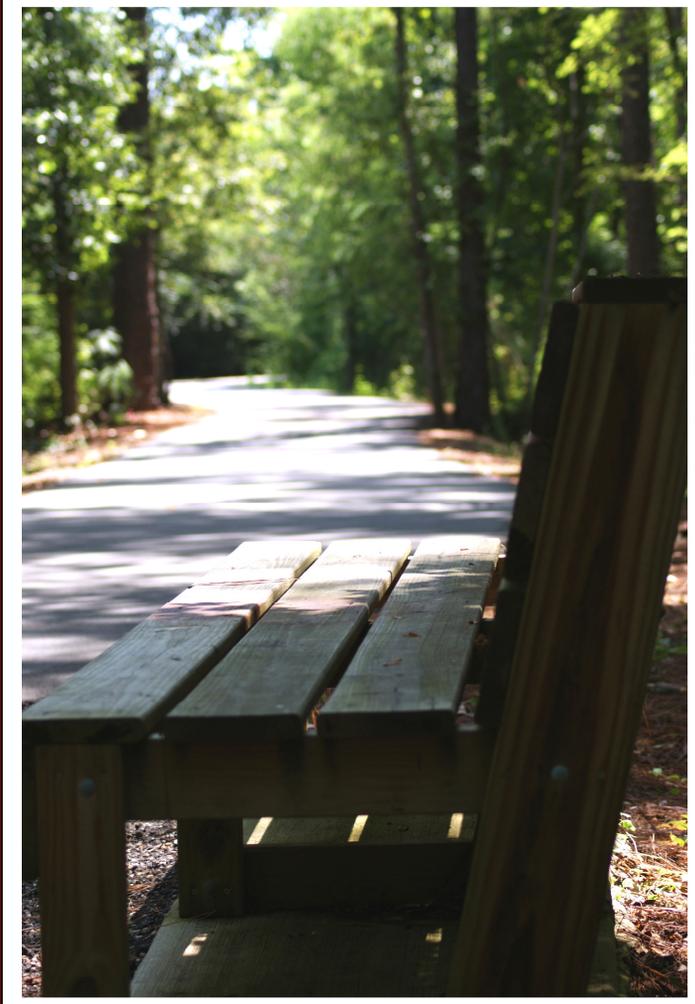
Endoscopy/ GI Services: same day outpatient colonoscopies and upper endoscopies as referred by your primary physician, under the Medical Direction of Dr. Stockwell.

Accounting Services: Billing office in house personnel to assist with all your billing issues; to include, but not limited to payment arrangements and charity care.

Medical Records: Personnel dedicated to maintaining patients medical records, to include providing copies of the medical record upon request to patients, ancillary service agencies, primary care physician offices and legal representatives per subpoena and patients request, always ensuring the utmost privacy to our patients.

The Hospital will file your medical claims with your insurance provider: **Current insurances** we take include, but not limited to, Medicare and HMO Medicare plans, Medicaid and HMO Medicaid plans, AARP, Aetna, Humana, Wellcare, Evercare, Healthease, Blue Cross Blue Shield, CHP, Coventry, United Healthcare, Veterans Administration Benefits, Auto Insurance Coverage, Employers Workmans Compensation Plans on a case by case basis. For outpatient services; such as mammography, labs, X-rays, etc, it may be necessary for your primary care provider to obtain prior authorization from your insurance companies before services can be rendered to prevent our patients from incurring unnecessary expenses that insurance companies cover. In the event the patients insurance company applies provided service care to the deductible it will be the responsibility of the patient to discuss pay options with our accounting/billing services personnel.

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LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

The NPHPSP is a partnership effort with all community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a community. The NPHPSP assessment instruments guide local jurisdictions in evaluating their current performance against a set of nationally established standards.

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Calhoun Local Public Health System Assessment Summary

The Local Public Health System Assessment (LPHSA) is a broad assessment, involving all of the organizations and entities that contribute to public health in the community. The LPHSA answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” “How are the Essential Services being provided to our community?”

Though the Florida Department of Health in Calhoun County is the natural leader in the development of a cohesive local public health system, no organization singularly provides public health services in a community. The MAPP process recognizes the important contributions of all entities involved in the local public health system and provides a process for coming together and planning how to provide public health services. Inclusion of the LPHSA results may lead to strategies that help strengthen and improve the local public health system and provision of public health services.

In April 2012, community partners representing most segments of the local public health system met to complete the LPHSA. Participants were provided an overview of the ten Essential Public Health Services (EPHS) and oriented to the LPHSA tool, which is based on the framework of the ten EPHS.

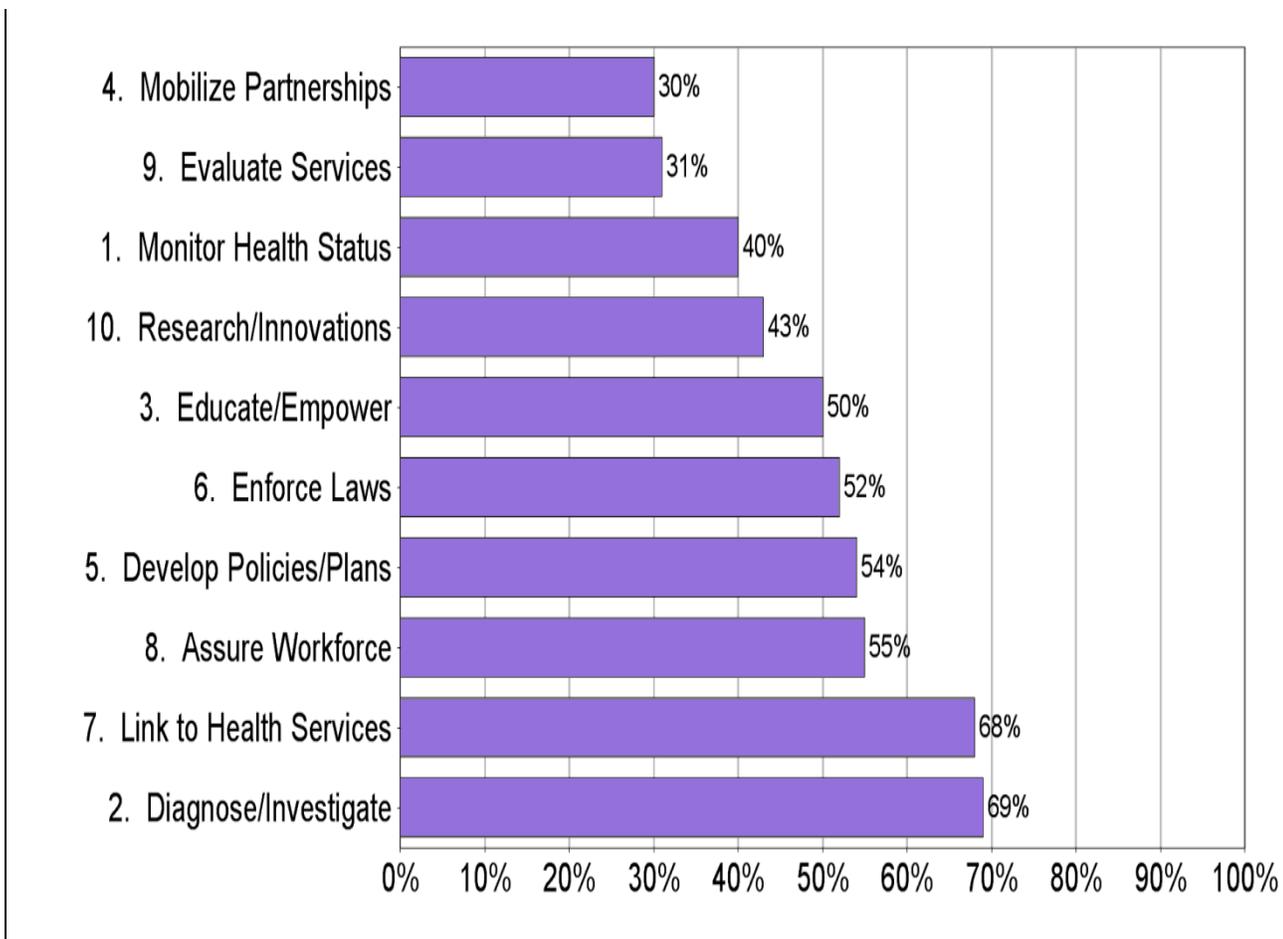
What are the 10 Essential Public Health Services?

The ten EPHS provide the framework for the National Public Health Performances Standards Program. xi The strength of a public health system rests on its capacity to effectively deliver these services:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.

6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Figure 2: Rank ordered performance scores for each Essential Service



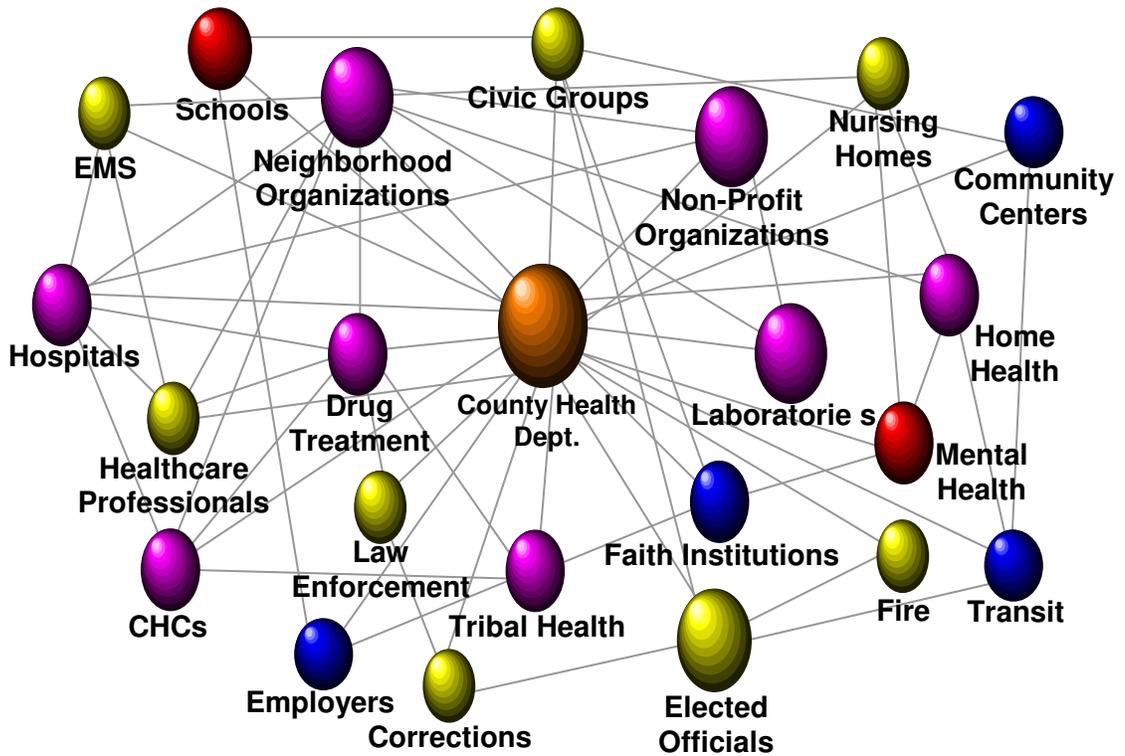
COMMUNITY PARTICIPATION

Mobilizing for Action through Planning and Partnerships (MAPP) is intended to result in the development and implementation of a community-wide strategic plan for community health improvement. For the plan to be realistically implemented, it must be developed through broad participation by persons who share the commitment to and responsibility for the community's health and overall well-being. When people with different points of view come together they develop solutions to problems that may be better and more creative. A key element of the MAPP process is that it is a community driven process which includes:

- Mobilizing and engaging the community
- Action with and by the community
- Planning driven by the community
- Partnership to strengthen the community

The Local Public Health System diagram below depicts another key element of the MAPP process; an emphasis on system-wide involvement and a broader definition of public health. The local public health system includes all public, private and voluntary entities, as well as individuals and informal associations that contribute to public health services. MAPP brings all of these diverse interests together. MAPP recognizes the important contributions of all entities and through the Florida Department of Health in Calhoun County and Community Partners provides a process for coming together and planning how to improve the health of our community.

Public Health System





Forces of Change

As part of the Calhoun County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) Forces of Change workshop was conducted in April 2013. Twenty community health partners participated in the Forces of Change and identified six community health themes for Calhoun County.

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CALHOUN COUNTY FORCES OF CHANGE REPORT

BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Calhoun County, Quad R, LLC was contracted by the Florida Department of Health in Calhoun County to facilitate the Forces of Change Assessment workshop on April 9, 2013. The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

The Forces of Change workshop was a collaborative effort with Liberty County, as both share a Health Department Administrator, community health partners, and resources. For the purposes of this report, the workshop will be referred to as the Calhoun County workshop. When appropriate, specific issues for Calhoun County were identified during the workshop.

A total of 20 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Calhoun County. The list of participants can be found at the end of this report.

METHODS

Two weeks prior to the scheduled Forces of Change workshop, community health partners were contacted by e-mail from the Florida Department of Health in Calhoun County regarding the date, time, and purpose of the workshop. Community health partners were provided the agenda and the Forces of Change Brainstorming worksheet. The email, agenda, and worksheet are at the end of this report.

The participants were welcomed to the workshop by the Florida Department of Health in Calhoun County Administrator, Ms. Rachel Manspeaker. After reviewing the agenda, the workshop facilitator then asked participants to complete the Calhoun County Brainstorming

Worksheet. This worksheet asks participants to identify specific *Forces, Trends, Factors, and Events* that impact the health of the community. In addition, *Strengths and Weaknesses*, as well as *Resources and Barriers* are identified.



The Calhoun County Community Health data, which was provided at the beginning of the session, was reviewed by the workshop participants. This data included:

- Calhoun County 2010 CHARTS Summary
- U.S. Census QuickFacts for Calhoun County
- Calhoun County data from the Office of Economic Development & Demographics

Participants reviewed the data individually and identified key health issues and/or needs for Calhoun County residents. Participants were instructed to put these health issues and/or needs into one of six categories or “Forces” – Economic, Environmental, Health, Social, Political, or Technological. Workshop participants were reminded to identify local, regional, state and national forces that may affect the context in which the community and its public health system operate within Calhoun County.

After introducing themselves and the organization they represented, participants selected one of the six Forces of Change and went to the applicable flip chart paper that was posted around the room. Participants were asked to use the information from their *Forces of Change Brainstorm Worksheet* and their identification of health issues and/or needs to write down the Forces, Trends, and Events for that particular area (e.g., Economic, Environmental, Health, Social, Political, or Technological). Each group of participants worked collaboratively to identify health issues and/or community needs related to their specific category or “Force.” Participants

then moved to each of the flipcharts or “Forces” and added additional health issues and/or needs.

Participants were asked to re-assign themselves to a new group of participants. This was done so as to enhance the sharing of information, prevent Group Think, and allow for networking across agencies and organizations. Participants were instructed to identify the *Strengths* within the Calhoun County community which could be used to impact each of the six Forces. The facilitator asked the participants to identify people and/or community groups, policies, laws, and/or regulations, and physical resources and assets which could be mobilized to impact the specific Force. In addition, workgroups were asked to include regional, state, and national *Strengths*. In their workgroups, participants reviewed each of the six Forces and added additional *Strengths* as needed.

Participants were then asked to form a new workgroup for the next step in the process. They were instructed to identify *Threats* or Barriers/Obstacles to impacting the Forces, Trends, and Events for each of the specific areas. Participants were reminded that *Threats* were people and/or community groups, policies, laws, and/or regulations, and physical resources and assets which could block or prevent changes in the Forces of Change issues. They were also told that any of the *Strengths* could also act as *Threats*. County, regional, state, and national *Threats* were identified for each of the six Forces. Workgroups moved around the room and identified *Threats* for each of the six Forces

of Change issues and/or community needs.

Finally, the workgroups were asked to identify *Opportunities* which could potentially be used to impact the issues identified for each of the Forces of Change.



Participants were asked to think about people and/or community groups, policies, laws, and/or regulations, and physical resources and assets which may be new or could be created in order to impact the issues and/or community needs within that category. County, regional, state, and national *Opportunities* were identified in this step in the process. Participants reviewed each other's work and added additional *Opportunities* as needed.

Participants were asked to select one of the *Forces of Change* which they either felt strongly about or was an area in which they worked. Once selected, they were instructed to review all the information about that specific Force – the issues and/or needs, *Strengths*, *Threats*, and *Opportunities*. Each workgroup was tasked with filling in the “story” represented by the information for that Force. Workgroups were reminded to include county, regional, state, and national people, organizations, policies, physical assets and resources. Participants were also reminded to include events, fairs, festivals, routine exercises, PODS, and/or clinics.



IDENTIFICATION OF FORCES

The Forces of Change workshop provided an overview of key trends, events or factors that participants identified as currently or potentially affecting the quality of the overall health and wellness of Calhoun County. Participants worked collaboratively to identify key Forces, Trends and Events within each of the six areas.

- Economic
- Environmental
- Health
- Social
- Political
- Technological

These Forces and their corresponding *Strengths*, *Threats* and *Opportunities* are displayed on the following pages.



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Calhoun County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Economic			
<ul style="list-style-type: none"> • Legislature laws • Enabling quality acute emergency services • High cost of insurance policies: preventing insurance coverage and access to affordable healthcare • % of unemployment; loss of benefits, coverage cuts • ¼ live below poverty level – majority children • ↓ Access to economic services (zero Department of Children and Families offices) • Zero economic growth • % of residents who work outside county • Less than 70% of land is owned by federal or state government – lack of tax base • Limited employment opportunities • High population receiving government assistance: false sense of responsibility “I don’t pay welfare does” • Governmental job reductions • ↑ in patients care ↓ in workforce; i.e. retirements; cut backs; limited funding 	<ul style="list-style-type: none"> • Calhoun 340B drug assistance program • Eco-tourism • Calhoun one – stop center • Emergency services • Access to some government jobs/state and local • Ministry center • Natural resources – local • Catalyst project • Excellent school system (people will move here) • Work force board • Prison system • Goat day • Community health fairs offering free services 	<ul style="list-style-type: none"> • Limited employment – have to travel out of counties • Lack of state income tax • No rail /interstate • Lack of work force • Lack of tax base/government property • Lack of industry • Government cuts and mandates • Lack of economic development • Increase in taxes • Fuel prices higher here • Decreased access to grant funding • Getting work may effect benefits – attitude 	<ul style="list-style-type: none"> • Partnering for grant (hire a grant writer) • Calhoun Chambers partner • Eco – tourism • Recruitment of industry (through media and internet) • Reduce/eliminate unnecessary government regulations • Free lobbyist • Abundance of natural resources • Health care policies that offer money incentive for preventative medicine • Organized park-n-ride • Monitoring and enforcement of public assistance programs • Job opportunities to prevent re-entry

Calhoun County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Environmental			
<ul style="list-style-type: none"> • Limited waste disposals • Well water • Sparse persons per square mile • Lack of infrastructure • Testing of water systems to ensure clean/or contaminant free water source • Mosquitoes: Control of through funded projects • Limited availability to re-cycle • Environmental ignorance • No public transportation • High use of pesticide/fertilizer • Natural disasters – flooding, hurricanes, tornadoes • Pollution of rivers • Lack of leash law • Taking for granted the natural resources 	<ul style="list-style-type: none"> • Educational system • Richness of natural resources • Emergency Operations – chemical spills, mass casualty, short term water supply • Low population – conserve resources • Blountstown main street • State and US Forestry assets – resources • Veterans Memorial • River Keepers organization • Provides economic resources – timber, agricultural crops • Addition of county water sewer • Mosquito Control program • Pioneer Settlement • Sam Atkins park 	<ul style="list-style-type: none"> • Lack of infrastructure • Lack of funds • Re-cycling • Transportation • Lack of respect of natural resources (visitors and locals) • Lack of code enforcement • Limited control of water resources (Appalacola River) • Limited expansion • Poor animal control • Attitudes toward local-state-federal laws and resources and entitlements • Behavioral: littering – dumping 	<ul style="list-style-type: none"> • Grant writer • Lobbyist – (free) • Emphasis on eco – tourism • Community block development grants • New innovations • Ongoing county and city water and sewer systems • Clean up the rivers (fertilizer/pesticides) • Abundance of natural resources • Alternatives for large garbage disposal • Greenway trial and events • “Going green” initiatives

Calhoun County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Health			
<ul style="list-style-type: none"> • Drug education program • ARNP • Expansion of scope of practice • Health attitude/choices • National state of healthcare cuts • Aging population and greater health needs • State Medicaid expansion decision • High incidence of teen/adolescent pregnancy • Lack of responsibility for actions • Change of local providers/lack of • Perception of local healthcare & providers • Economics • Politics • Transportation • Lack of specialty providers • “The government will take care of me” attitude • Loss of primary care providers and offices • Indigent follow-up; most likely to be non-compliant in medical issues due to ↓ income and/or lack of consistency in the primary care setting • Lack of elder care facilities 	<ul style="list-style-type: none"> • Recreational facilities/activities • Volunteers, especially retirees • Educational prevention programs • Community partnerships • Increase in specialists coming to area • Outreach – teen awareness/pregnancy prevention • Info available through public libraries • Nutrition education in all schools • CNA programs in high school • Multiple natural environments for exercise • Annual men and woman seminars • Senior citizen transit • Outreach clinics (flu clinics) • Mobile dental unit • HCRA • FQHC 	<ul style="list-style-type: none"> • Health illiteracy • Lack of providers • Many local fast food joints • Attitude • Lack of coverage • HMO’s • Economics • Limited healthy eating options • Limited resources for aging population • Perception of local healthcare/providers • Lack of funds • Aging population • Lack of preventative programs • We Care/Bay Care losing funding • Inability to refer indigent patients to specialist 	<ul style="list-style-type: none"> • New administrator/new direction department of health – local county health department • Telemedicine and e-medicine • Use emergency room visit/non – emergent as patient educational opportunity • Recruiting mid level – ANRP’s from internships • Outreach • Build on community partnerships • Expansion of scope of practice ARNP’s • Health fairs • Cooking schools/nutrition education youth and adults • FSU school of medicine and rural healthcare (all disciplines) nurses, pharmacy, etc.)

Calhoun County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Political			
<ul style="list-style-type: none"> • Obama Care • Budgets cuts • Resistance to change – “Good ‘ole Boy” attitude • “Political correctness” • Privatization – reduce governmental jobs • Sequestration • Political uncertainty • Lack of trust • Unfunded mandates • Provision of services required – lack of funding to secure necessary equipment • Politicalization of health • Local median influence/bias • Bigotry/ignorance • Opinions not based on facts 	<ul style="list-style-type: none"> • Accessibility – local government county/city • Familiarity – local government county/city • Change of attitude with local boards • Positive connection with Tallahassee • Calhoun relationships with local, state representatives • Involved population • Election process • Town Hall meetings 	<ul style="list-style-type: none"> • Familiarity – may impede progress • Uninformed decisions and opinions • Resistance to change • Good ‘ole Boy” attitude • Unqualified elected officials • Media bias(local) • Qualified not “stepping up” • Lack of understanding of impact of Obama Care • Abuse of Medicaid system (National) • Political gridlock (National) • Unfunded mandates • Excessive government mandates with limited resources 	<ul style="list-style-type: none"> • Collaborative relationships with local, state and federal government • Educate on voting process • Get involved • More collaboration between counties • Educate the populace on issues impacting social, economic, political, aspects of the community • Live stream – online access to meetings • Calhoun and Calhoun Super Council • Re–vamp web sites

Calhoun County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Social			
<ul style="list-style-type: none"> • Lack of activity for teens/young adults • Calhoun - ↑ alcohol and drug use • People don't like change – conservative area • Tobacco use • Bullying and cyber – bullying • Meth • Domestic violence • Traditional family structure / values • Poor diet (Southern cooking) • Overuse of technology decrease in social skills • Child abuse – not reporting due to fear • Facebook – sharing information online • Cross cultural communication barriers • Overall resistance to change • High crime rate • Too many excuses not enough solutions 	<ul style="list-style-type: none"> • Churches • Law enforcement • Great sports program in both counties • Tobacco – free partnership • SWAT program • Familiarity – local • Increased social media outlets – local • Cohesive community (pull together) • School systems – anti – bullying • 4 – H camps, Girl Scouts, Boy Scouts • Upward Basketball • Parks • Farmers' Market • Libraries 	<ul style="list-style-type: none"> • No commercial youth activities (movies, bowling, etc.) • Limited drug education • Decline of church influence • Negative social media influence • Lack of funds • Lack of staffing “volunteers”, “paid staff” • Peer pressure • Lack of family friendly events • Social isolation • Lack of volunteers • ↑ single parent families • Parental involvement (both parents working) • Unhealthy behavior – eating/exercise 	<ul style="list-style-type: none"> • Church coalition forming non–denominational social functions for youth. • Pursuit of funding • Ministry Center • SWAT coordinator for Calhoun • Access to recreational facilities • Movies on the square and concerts • After school programs • Drug task force (prevention and treatment) • More volunteer programs for youth

Calhoun County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Technological			
<ul style="list-style-type: none"> • Lack of adequate infrastructure for internet • C + L + cell service • Lack of education about technology • Texting and other distractions while driving (don't want government to control life) • More adult education on technology • Aging population • Electronic health records • Social media • No 2-1-1 system • Children's overuse of technology • Lack of funds • Resistance to technology among some people – across ages – old and middle aged • Emergency Services communication 	<ul style="list-style-type: none"> • Most people have some access to technology • Broadband plan in place • Mass communication – local/national • Improved education – local • Electronic health records • Social media • Calhoun County libraries • Educational system • Computer literacy/access in Calhoun 	<ul style="list-style-type: none"> • Lack of funds • Lack of competition • Inappropriate use of technology • Lack of availability • Lack of education • Lack of infrastructure and resources • Resistance to change – try • Critical thinking declines leads to less social interaction 	<ul style="list-style-type: none"> • Computer literacy classes in libraries • Broadband is coming • Partner with college for more advanced classes in school • Upgrade websites to be more interactive (e.g., Live stream) • More carriers • Community educational and involvement • Adult school partner with local colleges to provide communications classes at affordable rates • Science fairs • Vocational programs (technology based) • Grants

SUMMARY/KEY FINDINGS

The information gathered during the Forces of Change workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to identify key strategic priorities and goals for action within the Calhoun County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Calhoun County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. The *Economic and Technological Forces* will continue to be impacted in Calhoun County by these conditions.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Calhoun County is a rural community, and as such, challenges to both access to healthcare and the



transportation infrastructure result. Changing demographics within Calhoun County and the state

of Florida also present the need to address language and cultural barriers. *Health* forces which impact the health of Calhoun County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care

reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for mental health and counseling services. *Social* Forces impact and are impacted by all the other forces discussed in the workshop.

In summary, the results of this Forces of Change workshop should be reviewed in the next phase of the MAPP process when strategic priorities and goals are identified. Those Forces that are identified as impacting multiple sectors of the community and appear within this report and the other community health assessments should be prioritized. Additionally, the relationship between Forces should also be considered during strategic planning. Integration of the forces into the Community Health Improvement Plan (CHIP) is critical as these Forces will impact the community's ability to implement action plans and impact (positively) the health of the Calhoun County community.



COMMUNITY HEALTH FORCES OF CHANGE 2013 - NEXT STEPS

Community health improvement planning (CHIP) is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The next step in the Calhoun County CHIP process is to conduct a Strategic Priorities and Goals assessment, wherein the results from this report will be reviewed in conjunction with Community Health Status Profile, Community Health Survey, and other relevant health. The resulting report will be incorporated into the *Community Health Assessment Report (CHAR)* and used to develop the CHIP or Action Plan.

This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.



This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action, and is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.





Community Themes & Strengths

Community perceptions of the health care system are a critical part of the MAPP process. Experiences with and knowledge of the public health system provided information for identifying health priorities.

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Quick Facts About Calhoun County	*2010 Census +2011 Wisconsin Health Rankings	
	Calhoun	Florida
Population*	14,625	18,801,310
Below 18	3,132	4,002,091
Over 65	2,258	3,259,602
African American	2,011	2,259,602
American Indian and Alaskan Native	165	71,458
Asian	75	454,821
Hispanic	755	4,223,806
Females	6,670	9,611,955
% Rural	66%	11%
Health Outcomes+		
% Diabetic	12%	10%
Health Care+		
Mental health providers	13,543:0	3,441:1
Social & Economic Factors+		
Median household income	\$33,613	\$47,802
% with high housing costs	32%	43%
% of children eligible for free lunch	44%	46%

METHODS

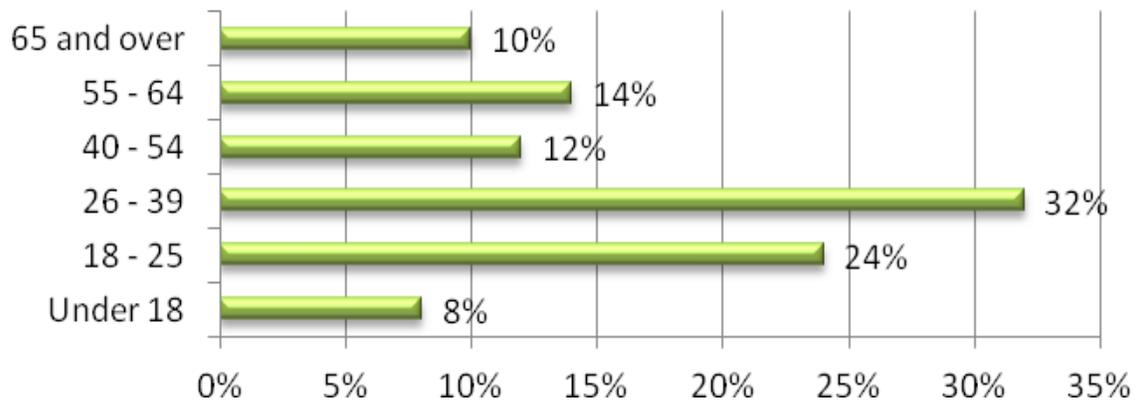
The Calhoun County community health survey was conducted by using the convenience sample method. Questions were asked to determine general health status and health behaviors. To ensure an accurate representation of the community, the survey was administered at sites in around the community, not just the health department. For example, the group of Big Bend AHEC, Inc Community Health Workers who administered the survey canvassed the local grocery stores, community organizations, and other sites frequented by the local community. As an incentive for completing the survey, participants will be compensated with a \$10.00 gift card to be redeemed for cash or purchases. 200 persons responded to this survey. The representations to follow will demonstrate the demographics of the survey respondents.

Table 1: This table shows zip codes represented by the survey responses and the percentage of the population responding from the zip codes.

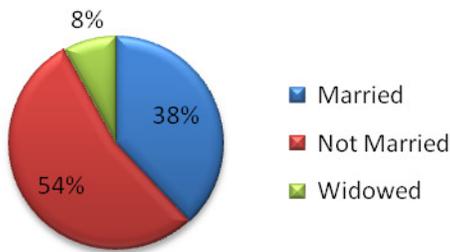
Table 1

Zip Code	City	Number of Surveys	Percentage
32321	Altha	106	53%
32424	Blountstown	68	34%
32449	Kinard	26	13%

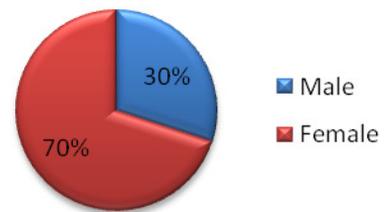
Age of Respondents



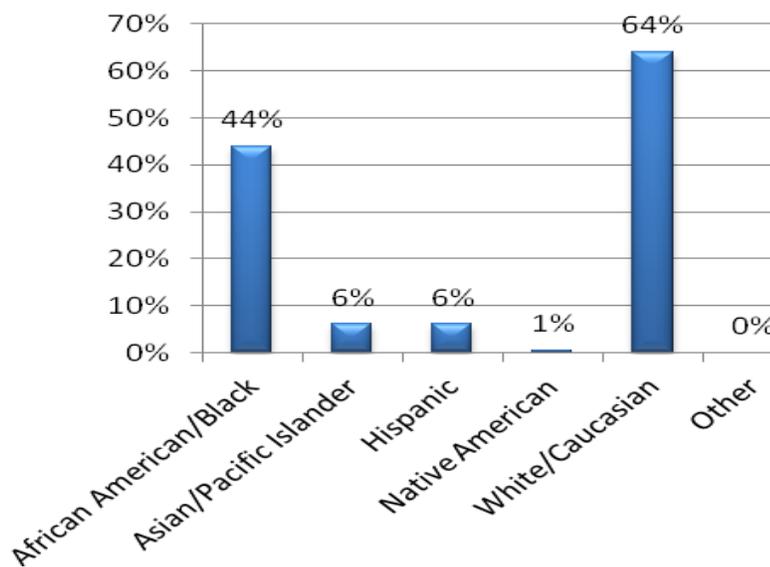
Marital Status of Respondents



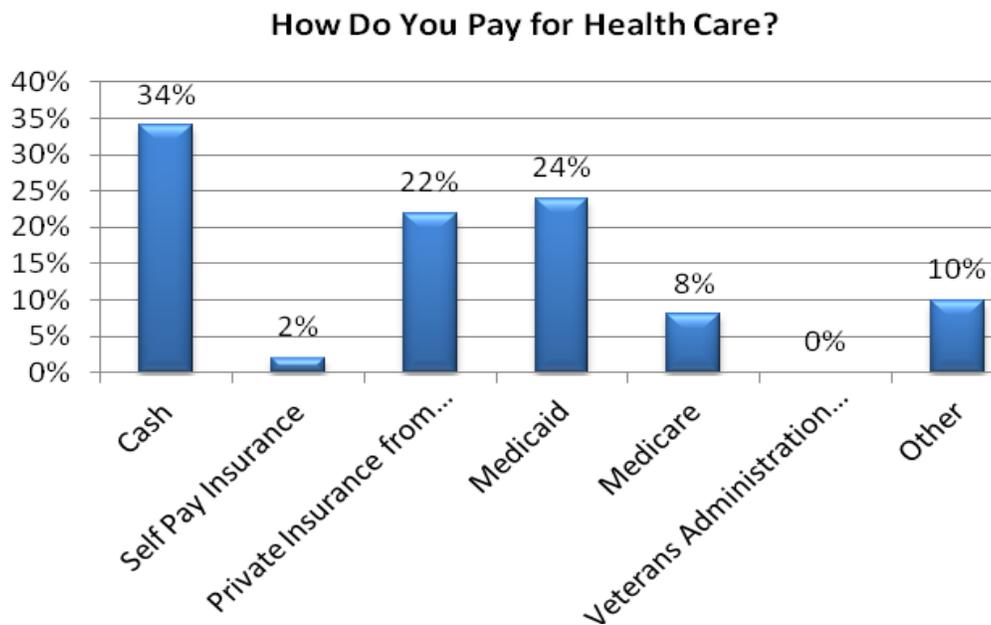
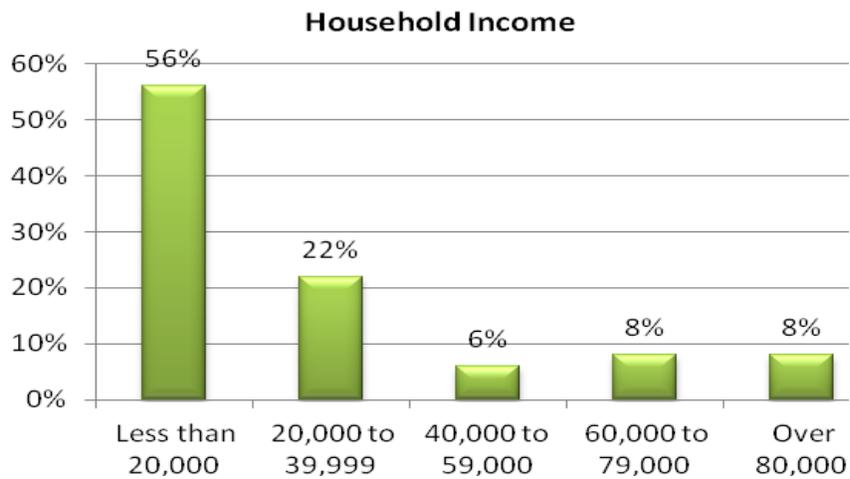
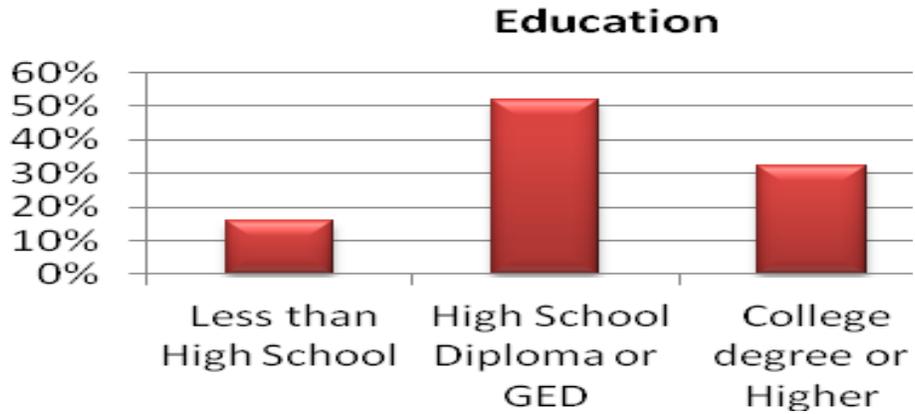
Gender Survey



Race of Respondents

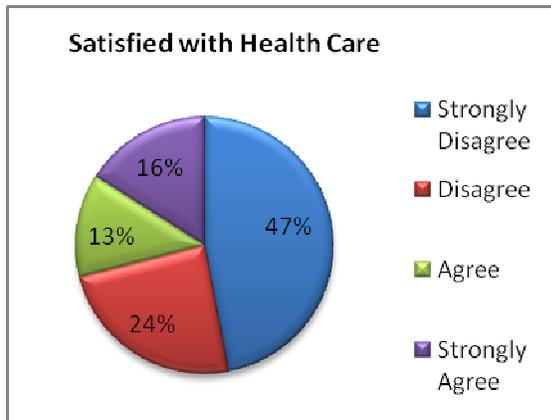


Socioeconomic Status of Respondents

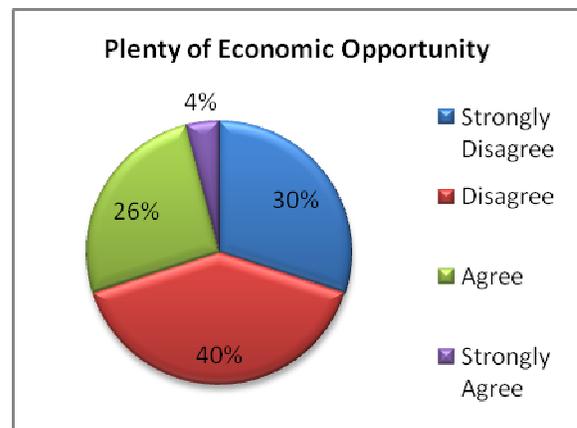
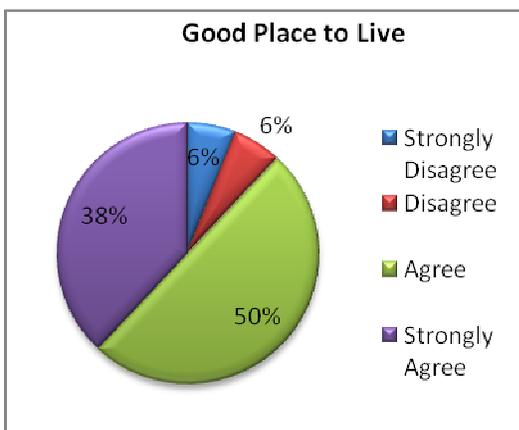
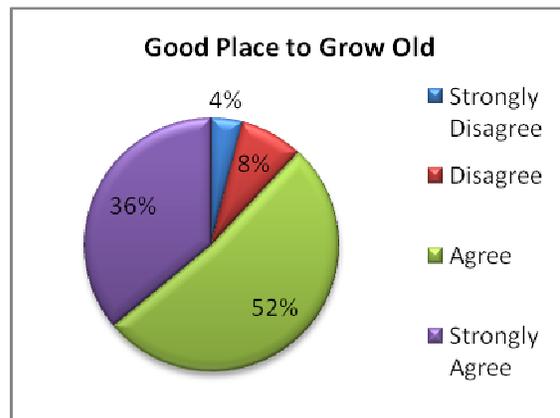
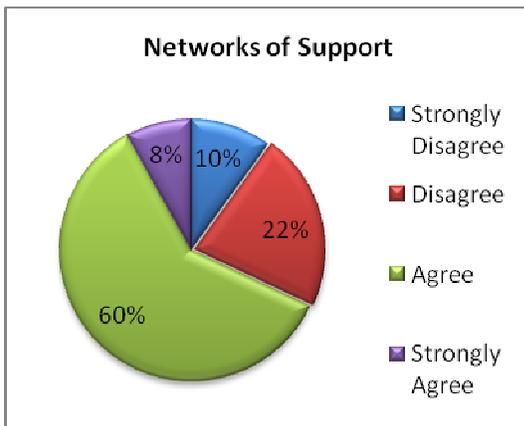


Quality of Life

Overall the Calhoun County appears to be a good place to live. The resident's surveyed perceive provide favorable response regarding life in Calhoun County. On the contrary, when asked about health care and the economy. The responses were less than favorable.



Priority Points: A total of 71% of respondents marked Disagree or Strongly Disagree regarding their satisfaction with the Health Care System in Calhoun County. 70% agree there should be more economic opportunity in Calhoun County.



5 PRIORITY HEALTH PROBLEMS:

Ranked by highest response

1. DIABETES
2. SUBSTANCE ABUSE
3. POVERTY
4. UNEMPLOYMENT
5. OBESITY/OVERWEIGHT

5 MOST UNHEALTHY BEHAVIORS:

Ranked by highest response

1. ALCOHOL ABUSE
2. OBESITY/OVERWEIGHT
3. DROPPING OUT OF SCHOOL
4. DRUG ABUSE
5. UNSAFE SEX

A review of the Calhoun County Community Health Status Summary, 2009 and the 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) reveals many of the same less than favorable indicators, identified by survey respondents.

Obesity/Overweight: The 2010 BRFSS report indicates 36.2% of adults are overweight and another 34.7 are obese. Calhoun County exceeds both the State of Florida rate of 27.2 for obesity and the Healthy People 2010 goal of 30.6%.

Poverty: 44% of school age children are eligible for free lunch in Calhoun County. 32% of households spend >30% of their income for housing. According to the U.S. Census Bureau 20.8% of Calhoun County residents live in poverty.

Unemployment: The last unemployment rate listed by the Bureau of Labor Statistics, indicated unemployment is 9% in Calhoun County, an increase from the 2009 rate of 8.7%.

Diabetes: The self reported rate for diabetes was 11.5%, an increase since the 2009 rate of 10.4%.

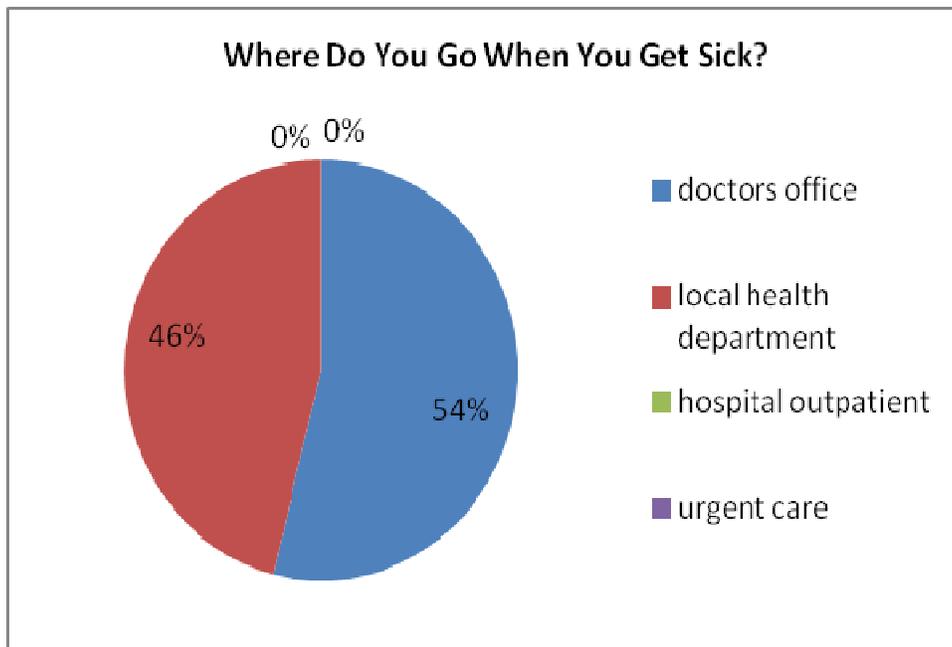
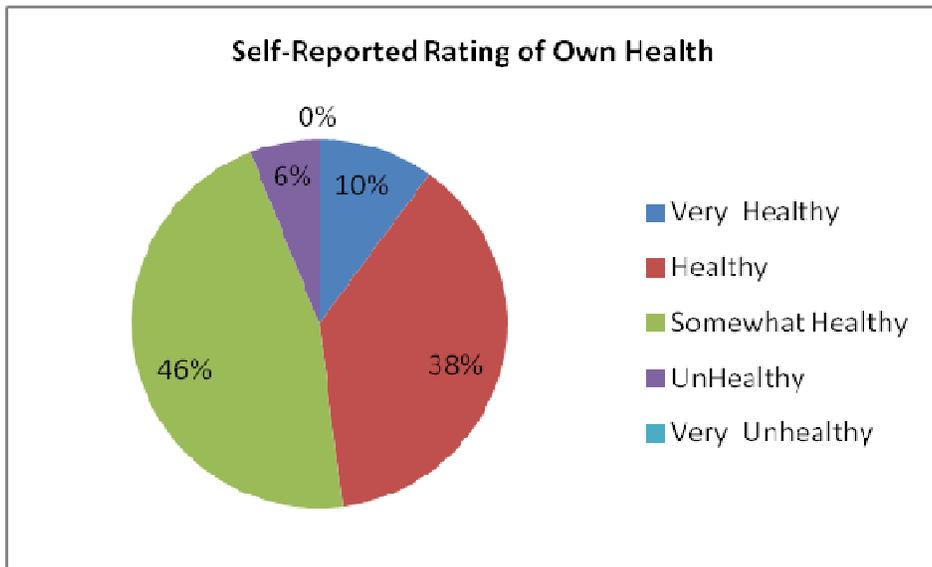
Unsafe Sex: The Chlamydia rate in Calhoun County is 435.8, trending to a higher rate, and has exceeded the state rate of 257.3. In addition, the number of gonorrhea cases reported for Calhoun County is 220.2, far higher than the state rate 119.7.

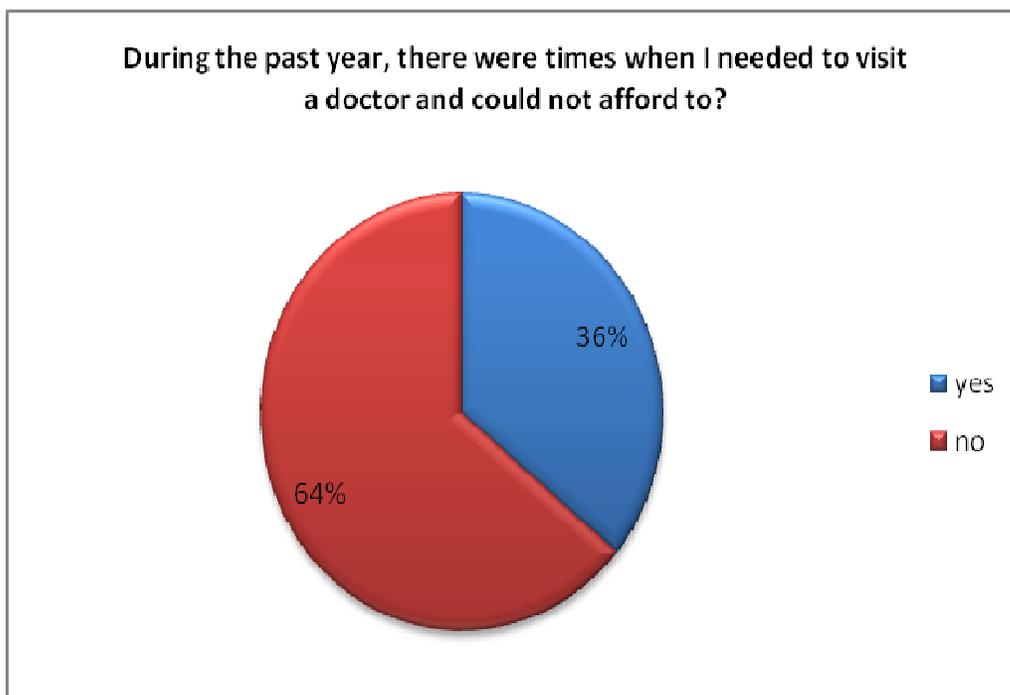
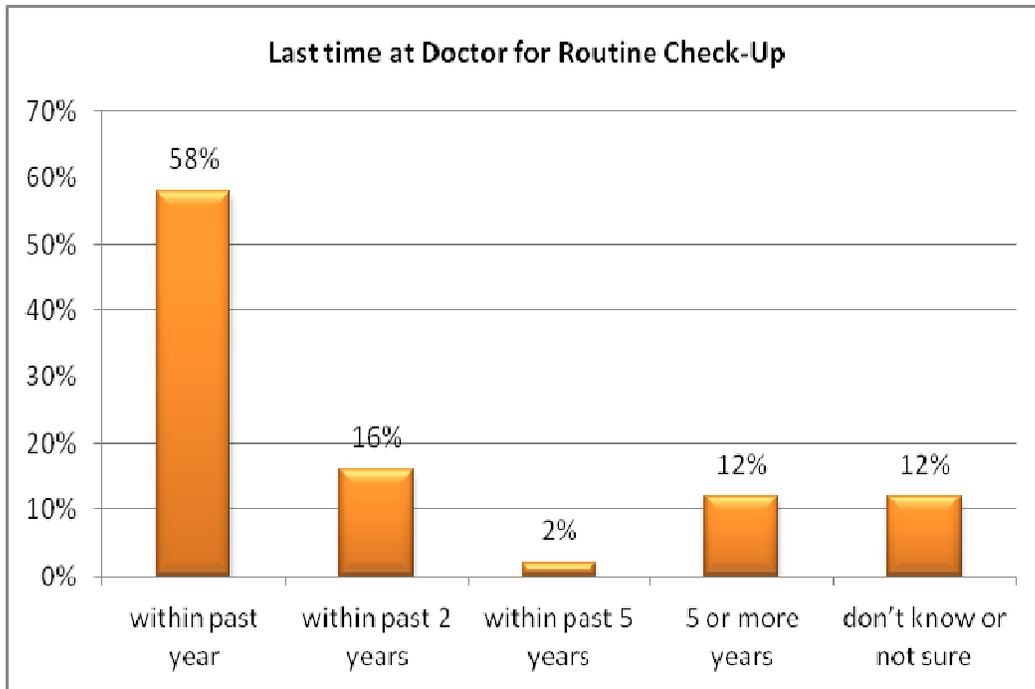
Teen Pregnancy: The teen pregnancy rate and repeat births to teens rate for teens in Calhoun County exceeds the state rate.

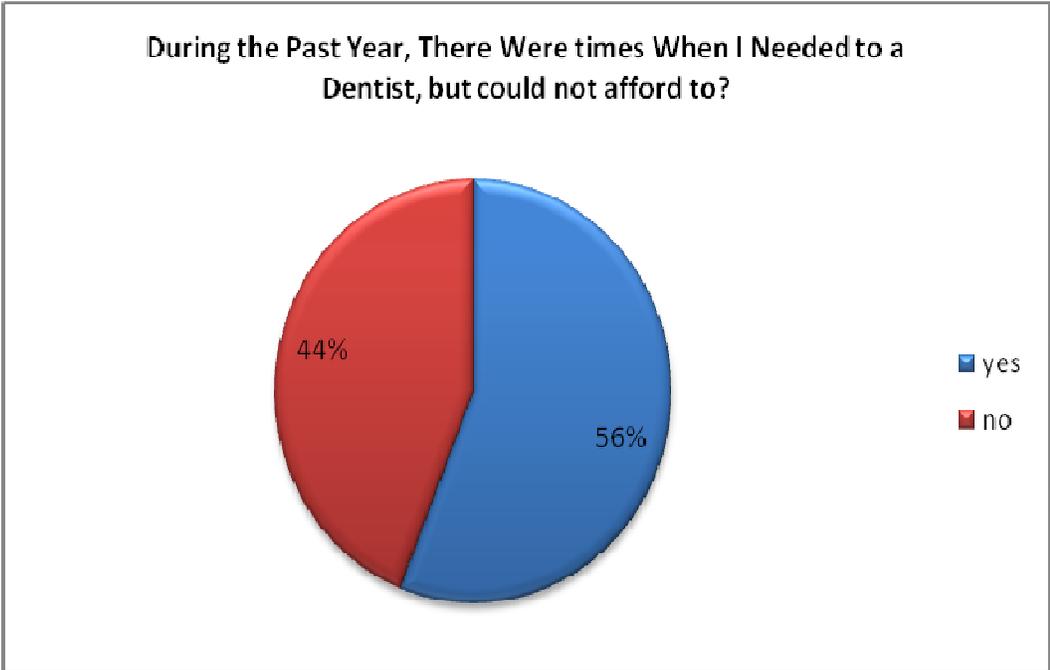
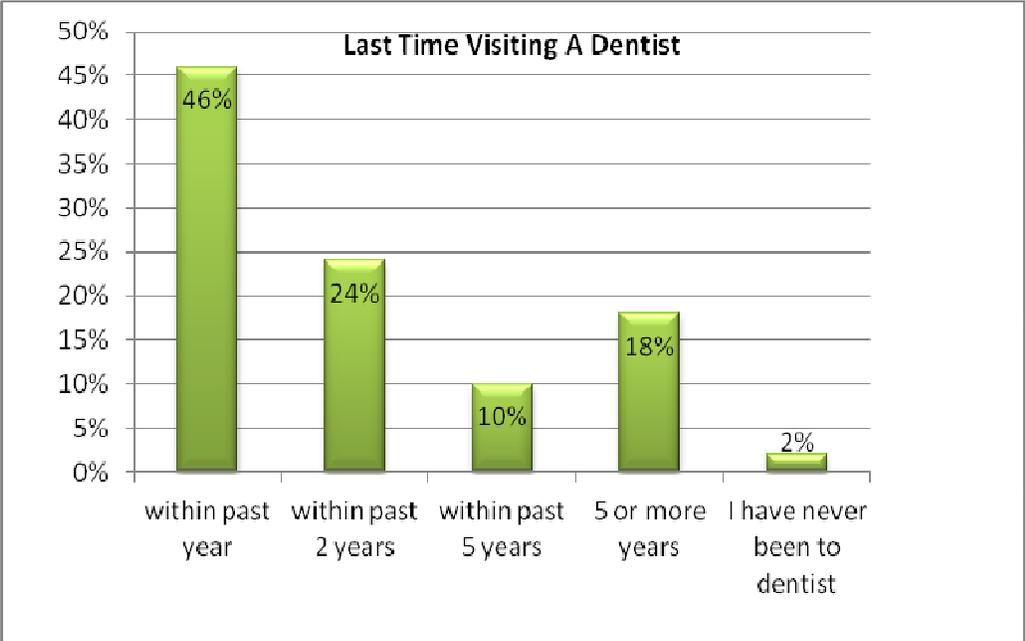
*Florida Charts 2010

* Wisconsin County Health Rankings

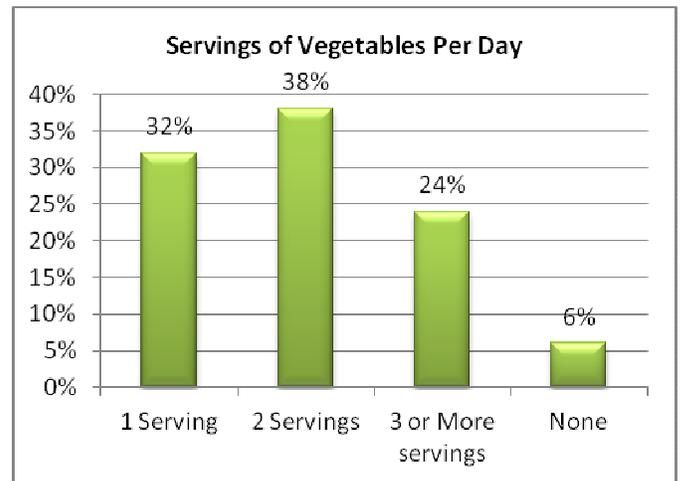
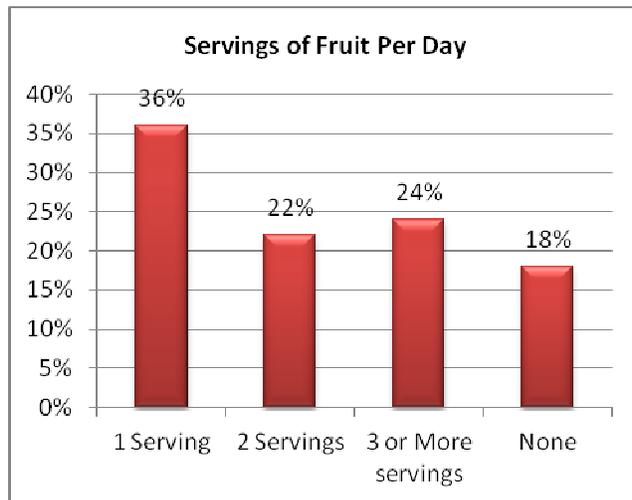
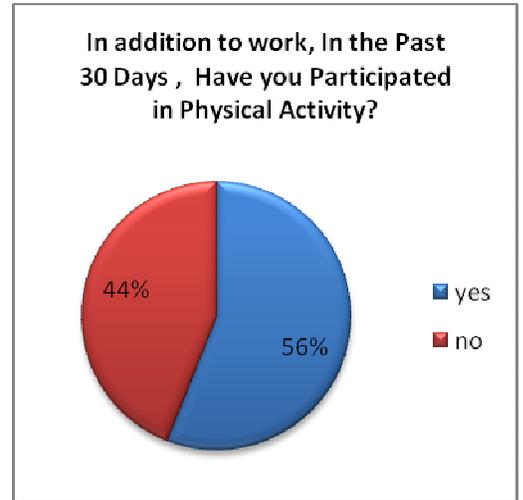
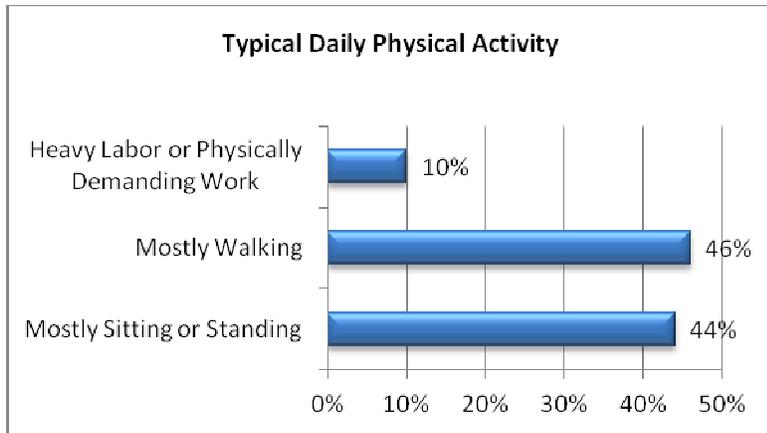
What did the respondents say about their own health?

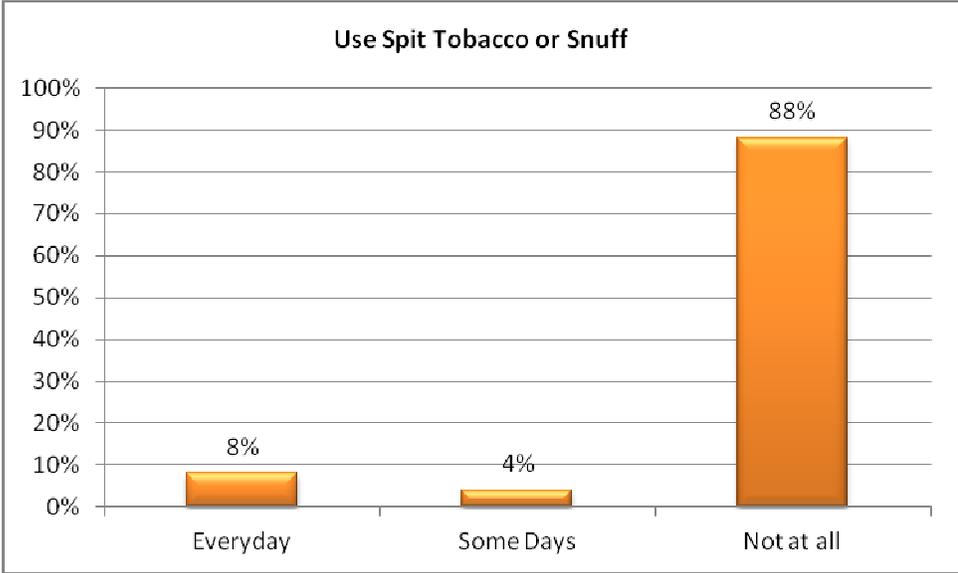
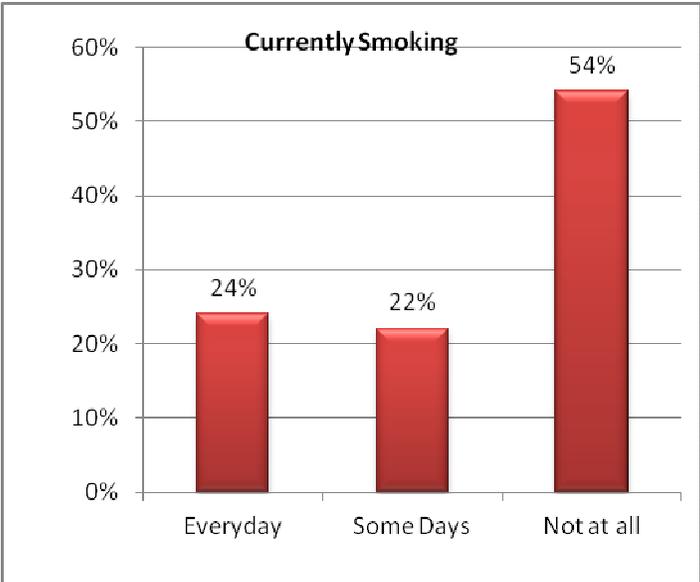
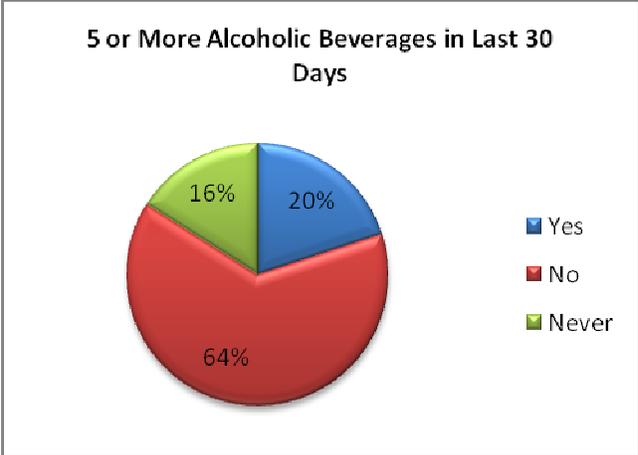




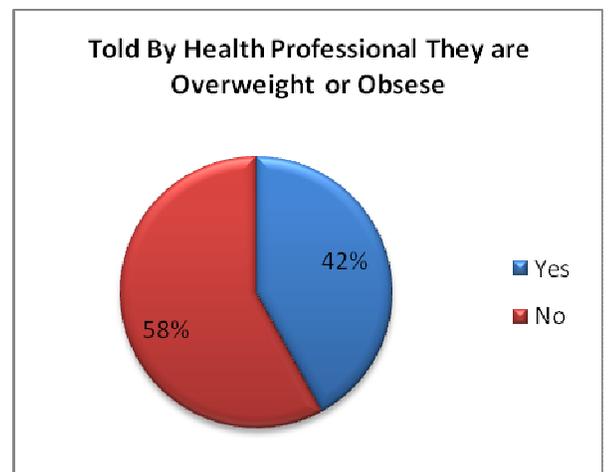
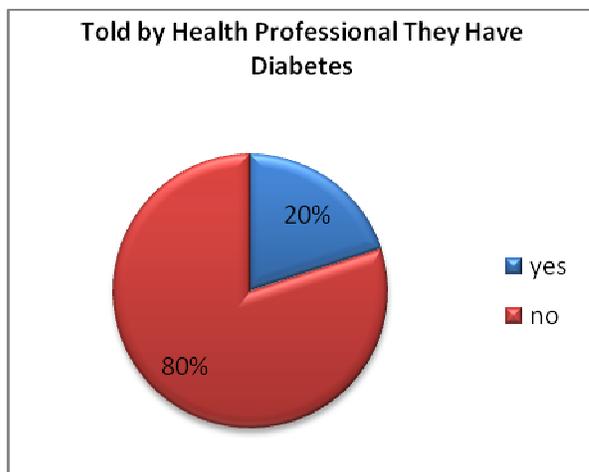
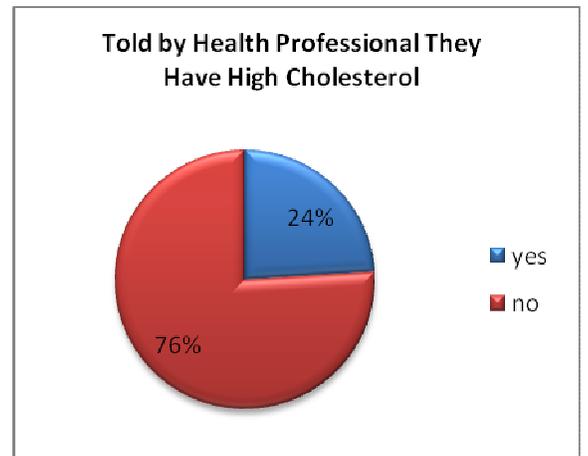
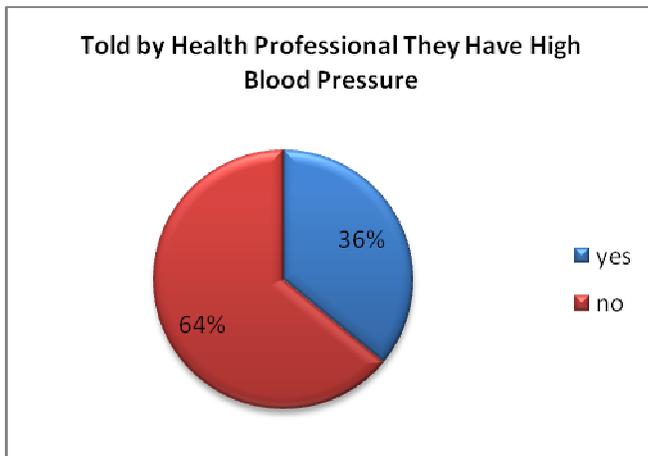


Health Behaviors

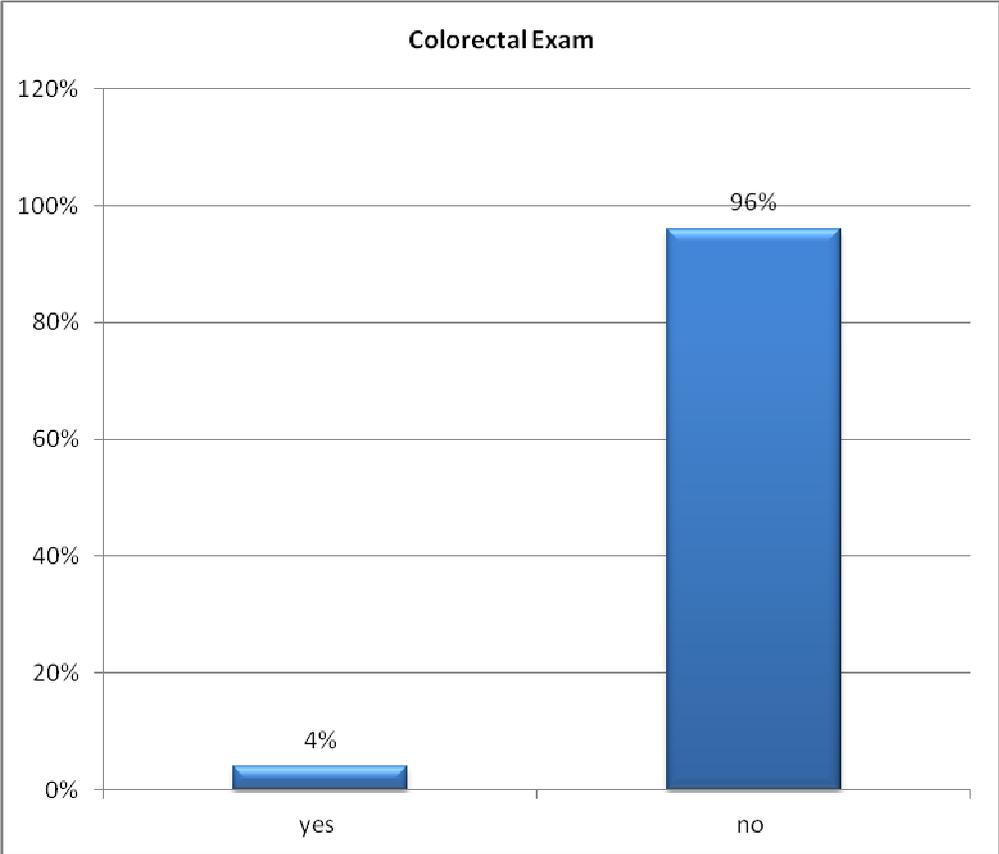
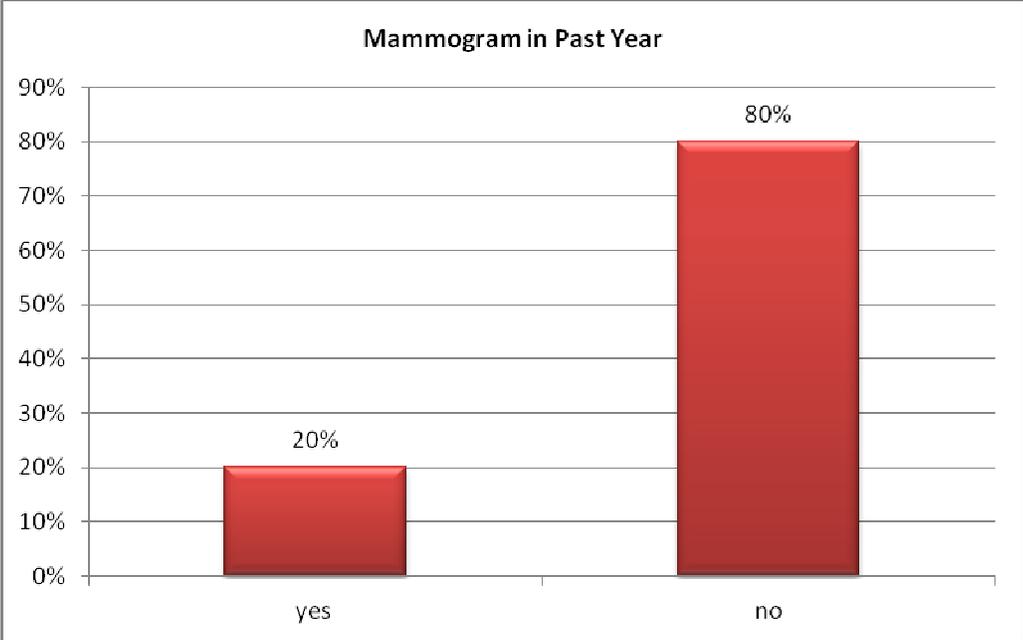




Chronic Disease



Prevention



Five Leading Causes of Death in Florida

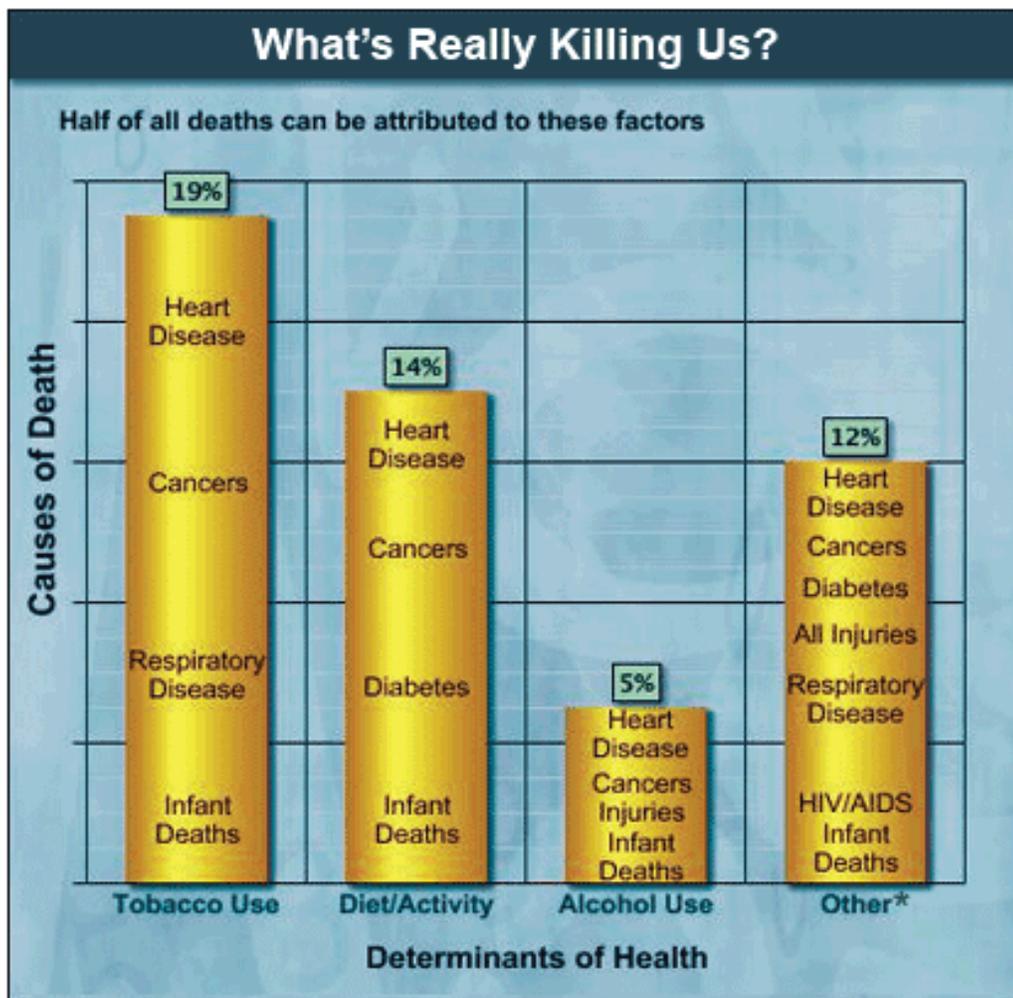
Cancer

Heart Disease

Chronic Lower Respiratory Disease

Unintentional Injuries

Diabetes Mellitus



Key Findings

Access to Health Care

- 22% of respondents indicated they have private insurance, paid by their employer.
- 34% pay cash, and have no health insurance.
- 24% receive Medicaid, medical coverage for certain people, based on need.
- 36% indicated they could not see a doctor due to cost.
- 56% indicated they needed to see a dentist in the past year, but could not afford the cost.
- 16% indicated they had not seen a doctor in the past year 2 years.
- 2% indicated they had seen a doctor in the past 5 years.
- 12% indicated they had not seen a doctor in more than 5 years.
- 12% are not sure when they had last seen a doctor.
- 24% indicated they had seen a dentist in the past 2 years.
- 10% indicated they had not seen a dentist in the past 5 years.
- 18% indicated they had not seen a dentist in more than 5 years.
- 2% indicated they have never been to a dentist
- Nearly 56% of respondents earned less than \$20,000 per year.
- 46% visit they health department for care when they are sick.

Health Status

- A total of 48% respondents indicated, they rate their own health as good or very good.
- 46% rate their health as somewhat healthy.
- A total of 16% rate their health as unhealthy or very unhealthy.

Health Behaviors

- 44% of respondents indicated they either stand in one place or are sedentary for most of the day.
- 36% reported eating only one serving of fruit per day.
- 18% reported eating no fruit on most days.
- 22% reported eating only 2 servings of fruit per day.
- 32% reported eating only 1 serving of vegetables per day.
- 38% reported eating 2 servings of vegetables per day.
- 6% reported eating none.
- 44% had not participated in physical activity in the past 30 days.
- 20% reported consuming 5 or more alcoholic beverages in the last 30 days.
- 24% reported they currently smoke daily.
- 22% reported they smoke some days.
- 8% use spit tobacco or snuff.

Chronic Disease

- 36% have been told by a health professional, they have high blood pressure.
- 24% have been told by a health professional, they have high cholesterol.
- 20% have been told by health professional, they have diabetes.
- 42% have been told they are overweight or obese.

Prevention

- 80% of women did not have a mammogram in the past year.
- 96% did not have a colorectal exam in the past year.



COMMUNITY HEALTH STRATEGIC PLANNING

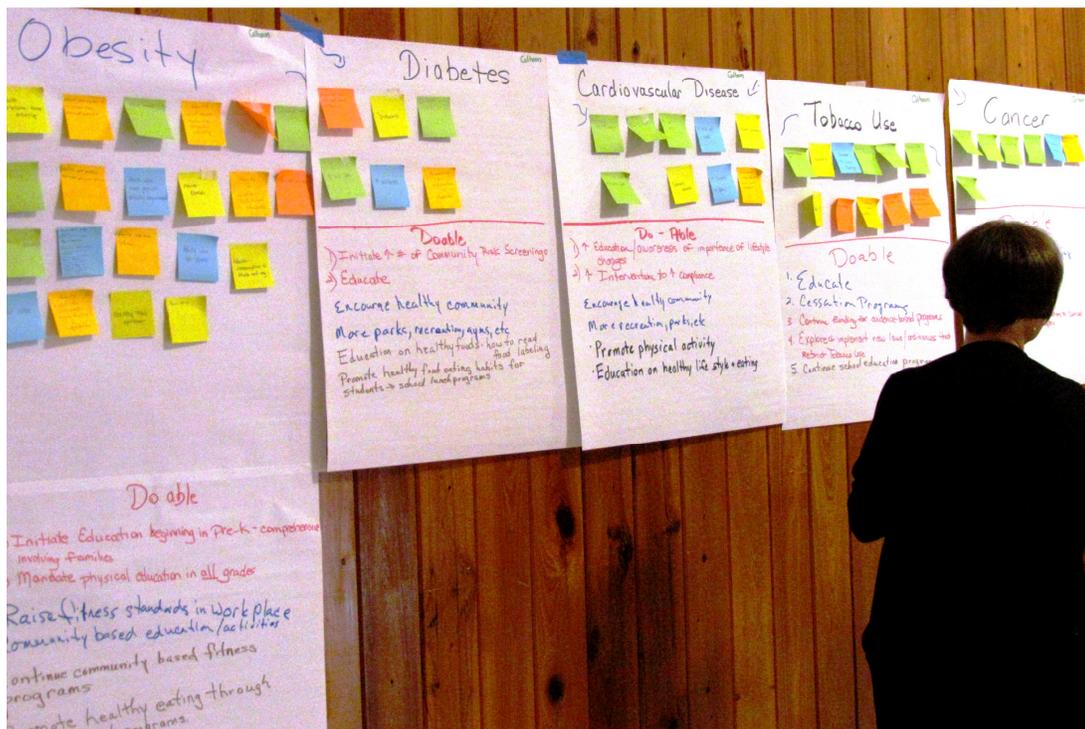
The Community Health Assessment defines the health of a community using a Social Determinants of Health model which recognizes numerous factors at multiple levels impact a community's health. This report serves as the foundation in the final step in the Community Health Improvement efforts – the Action Plan.

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SUMMARY FROM MAPP ASSESSMENTS

Health is affected by a number of factors such as, where and how we live, work, play, and learn. The Community Health Assessment (CHA) attempts to identify these factors and create an understanding about how they influence the health of the community. The CHA recognizes lifestyle behaviors, physical environment, clinical care, and social and economic factors all have an impact on community residents' health. Efforts to improve the health of Calhoun County need to address those factors through a comprehensive plan for action which includes working collaboratively with community health partners.

The key findings from each of the four MAPP assessments were used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Calhoun County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment displayed on the following page.



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<p>Community Health Status Profile</p> <ul style="list-style-type: none"> ○ 21.4% of the population of Calhoun County are under the age of eighteen. ○ 28% of residents do not have a high school diploma or its equivalent. ○ The median household income listed for 2010 is \$31,699, a full \$15,962 dollars below the State rate (US Census). ○ In 2010, according to the US Census, 21.1% of the population lived below poverty level. ○ 34.7% of adults are obese. ○ 21.5% of adults consume at least 5 servings of fruits and vegetables a day. ○ Florida CHARTS the state rate for deaths from coronary heart disease is 108.1, and the county rate is 162. ○ 23% of adults are current smokers. ○ Calhoun County’s teen pregnancy rate has remained unchanged and is currently 59.7 per 1000, placing it in the 4th quartile. The rate is even higher for teens 18-19, which at 126.1. 	<p>Community Themes & Strengths Assessment</p> <ul style="list-style-type: none"> ○ 22% of respondents indicated they have private insurance, paid by their employer. ○ 12% indicated they had not seen a doctor in more than 5 years. ○ A total of 48% respondents indicated, they rate their own health as good or very good. ○ 44% had not participated in physical activity in the past 30 days. ○ 24% reported they currently smoke daily. ○ 36% have been told by a health professional, they have high blood pressure. ○ 42% have been told they are overweight or obese. ○ 80% of women did not have a mammogram in the past year. ○ 96% did not have a colorectal exam in the past year.
<p>Local Public Health System Assessment</p> <ul style="list-style-type: none"> ○ ES #4: Mobilize community partnerships to identify and solve health problems. ○ ES #9: Evaluate effectiveness, accessibility and quality of personal and population-based health services. ○ ES #1: Monitor health status to identify community health problems. ○ ES #10: Research for new insights and innovative solutions to health problems. ○ ES #3: Inform, Educate, And Empower People about Health Issues. 	<p>Forces of Change Assessment</p> <ul style="list-style-type: none"> ○ Economic ○ Environmental ○ Health ○ Political ○ Social ○ Technological

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HEALTH ISSUES & DISTRIBUTION - HEALTH DISPARITIES, EQUITY, OR HIGH-RISK POPULATIONS

Health disparities exist when one group of people becomes sick or dies more often than another group. Understanding health disparities as they contribute to Calhoun health issues is important because health disparities lead to increased healthcare costs, increased incidence of disease, and increased mortality. In addition, it is important to monitor health disparities in order to reduce the disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

According to the *Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* health disparities may persist because of differences in access to medical care for racial and ethnic groups and differences in the quality of care received by racial and ethnic groups.

The Office of Minority Health at the Florida Department of Health reports that health disparities can occur due to:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

When available, health disparities will be identified for each of the Strategic Issues identified in the Community Health Improvement process. It should be noted that there is limited data on

health disparities for White and Black-African American and some data for Male and Female populations within Calhoun County.

Calhoun County community health partners reviewed the data associated reported in the Community Health Assessment and determined there were three critical health issues which impact the health of residents within the county.

STRATEGIC ISSUES

- Poverty
- Obesity
- Access to Healthcare

STRATEGIC ISSUE 1: POVERTY

Poverty rates were higher for Calhoun County residents as compared to Florida. Calhoun County ranks 21 out of 67 Florida counties; 21.1% or 14,372 residents are in poverty in Calhoun County. There were 15.48% of families in poverty, with 34.5% of residents under the age of 18 living in poverty. This data is present in the table on the following page.

Subject	Calhoun County, Florida			
	Estimate	Margin of Error	Percent	Percent Margin of Error
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	19.4%	+/-5.1
With related children under 18 years	(X)	(X)	25.9%	+/-8.1
With related children under 5 years only	(X)	(X)	28.4%	+/-21.9
Married couple families	(X)	(X)	11.5%	+/-4.6
With related children under 18 years	(X)	(X)	14.2%	+/-7.6
With related children under 5 years only	(X)	(X)	17.0%	+/-19.1
Families with female householder, no husband present	(X)	(X)	41.3%	+/-12.3
With related children under 18 years	(X)	(X)	45.9%	+/-15.3
With related children under 5 years only	(X)	(X)	53.4%	+/-43.8
All people	(X)	(X)	25.2%	+/-5.1
Under 18 years	(X)	(X)	34.5%	+/-10.6
Related children under 18 years	(X)	(X)	34.4%	+/-10.6
Related children under 5 years	(X)	(X)	35.5%	+/-16.4
Related children 5 to 17 years	(X)	(X)	34.0%	+/-10.3
18 years and over	(X)	(X)	22.2%	+/-4.4
18 to 64 years	(X)	(X)	24.4%	+/-5.3
65 years and over	(X)	(X)	14.6%	+/-4.5
People in families	(X)	(X)	22.4%	+/-5.7
Unrelated individuals 15 years and over	(X)	(X)	40.1%	+/-7.9

Source: US Census – American Community Survey 2006-2011

Educational attainment has been linked to poverty rates. Policymakers and education leaders across the US and Florida are looking at ways to implement strategies to reduce the high school dropout rate, prepare high school students for college, provide low-income college students the support they need to attain a degree, and encourage adults over 25 to increase their educational credentials or training. In Calhoun County, the median household income of \$31,699 is below the state income of \$47,661 according to the 2006-2010 US Census American Community Survey. Calhoun County ranks 54th out of 67 Florida counties for median individual worker income of \$22,409. Male residents earn \$25,036 as compared to female resident’s median individual worker income of \$19,925. The median household income for White residents was \$35,452 as compared to Black resident’s median household income of \$22,969.

Education is a health issue impacting the residents of Calhoun County. Data from the US Census indicates that 18% of residents 25 years and over have a 9th to 12th grade education with no diploma, and 40.9% of this population has a high school diploma or its equivalent. Among residents 25 years and over, 17.3% have some college, and 5.5% have a Bachelor’s degree. These percentages are below the state rates for similar populations. The table below displays this data. Data for specific populations based on gender or ethnicity was not available.

Calhoun County, Florida				
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	2,874	+/-201	2,874	(X)
Nursery school, preschool	242	+/-145	8.4%	+/-5.0
Kindergarten	241	+/-105	8.4%	+/-3.5
Elementary school (grades 1-8)	1,223	+/-115	42.6%	+/-4.6
High school (grades 9-12)	754	+/-113	26.2%	+/-3.6
College or graduate school	414	+/-149	14.4%	+/-4.7
EDUCATIONAL ATTAINMENT				
Population 25 years and over	10,175	+/-82	10,175	(X)
Less than 9th grade	1,032	+/-226	10.1%	+/-2.2
9th to 12th grade, no diploma	1,832	+/-312	18.0%	+/-3.1
High school graduate (includes equivalency)	4,161	+/-361	40.9%	+/-3.5
Some college, no degree	1,757	+/-248	17.3%	+/-2.5
Associate's degree	587	+/-176	5.8%	+/-1.7
Bachelor's degree	564	+/-160	5.5%	+/-1.6
Graduate or professional degree	242	+/-93	2.4%	+/-0.9
Percent high school graduate or higher	(X)	(X)	71.9%	+/-3.8
Percent bachelor's degree or higher	(X)	(X)	7.9%	+/-1.9

Source: US Census – American Community Survey 2011

Elementary School children in Calhoun County are almost two times the state rate for not being promoted (6.0% versus 3.3%). Middle School students are below the associated state rate for not being promoted (1.0% versus 2.2%). This data is presented in the table below. Data for specific populations based on gender or ethnicity was not available.

Learning Environment						
Percentage of students absent 21+ days						
K-12 Students	Percent	2010-11(SY)			14.1%	9.5%
Percent of children not promoted						
Elementary school	Percent	2010-11(SY)		61	6.0%	3.3%
Middle school	Percent	2010-11(SY)		5	1.0%	2.2%

Source: Florida CHARTS

STRATEGIC ISSUE 2: OBESITY

Calhoun County residents who are overweight or obese is a health issue at all age levels.

Among WIC children, ages 2 and older, 26.4% are overweight or at risk of being overweight according to FDOH CHARTS data from 2011.

Among adults, more Men (41.5%) than Women (29.5%) reported being overweight on the 2010 BRFSS self-report survey. Over one-third of all respondents (36.2%) reported being overweight. Those residents ages 65 years and older had a higher self-report rate of being overweight than residents ages 18 to 44 and ages 45 to 64. The table below summarizes these differences.

2010 Florida BRFSS Data Report			Calhoun						
Overweight & Obesity									
Percentage of adults who are overweight									
			2010 County			2010 State			2007 County
			Measure	95% CI		Measure	95% CI		Measure
ALL	Overall		36.2	28.7	43.7	37.8	36.6	39.0	35.3
SEX	Men		41.5	29.1	53.9	43.8	41.8	45.8	44.0
	Women		29.5	23.3	35.7	31.8	30.4	33.3	24.3
RACE/ETHNICITY	Non-Hisp. White		35.8	27.3	44.4	37.9	36.7	39.2	34.0
	Non-Hisp. Black					36.3	31.9	40.8	47.0
	Hispanic					37.3	32.7	41.8	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men		41.6	27.6	55.7	45.5	43.4	47.5	43.1
	Non-Hisp. White Women		28.3	21.7	34.9	30.5	29.0	31.9	23.7
	Non-Hisp. Black Men					34.9	27.8	41.9	
	Non-Hisp. Black Women					37.5	31.8	43.1	
	Hispanic Men					39.7	32.4	47.0	
	Hispanic Women					34.8	29.4	40.2	
AGE GROUP	18-44		34.4	20.9	47.8	33.8	31.5	36.2	39.1
	45-64		37.1	26.8	47.4	39.3	37.2	41.3	35.9
	65 & Older		38.6	30.7	46.5	41.5	39.8	43.1	24.7
EDUCATION LEVEL	<High School		16.4	5.6	27.2	31.7 *	27.5	35.9	33.7
	H.S. / GED		43.9	32.1	55.7	37.5	35.2	39.9	34.2
	>High School		37.0	25.5	48.4	38.7	37.1	40.2	37.5
ANNUAL INCOME	<\$25,000		26.7	17.7	35.8	34.5	32.1	37.0	32.2
	\$25,000-\$49,999		39.3	25.0	53.6	38.0	35.5	40.6	39.7
	\$50,000 or More		45.8	27.8	63.7	40.4	38.4	42.5	36.7
MARITAL STATUS	Married/Couple		35.4	25.8	45.0	40.2	38.6	41.7	38.6
	Not Married/Couple		37.5	25.5	49.5	33.5	31.5	35.5	30.4

Self-report data for the percentage of adults who are obese had similar health disparities for gender, as shown in the table below. A higher percentage of Women (38.2%) than Men (31.9%) reported being obese on the 2010 BRFSS. More adults ages 18-44 reported being obese (36.5%) than residents ages 18 to 44 or ages 65 and older. The table below summarizes this data.

Percentage of adults who are obese								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	34.7	27.4	41.9	27.2	26.1	28.4	28.4
SEX	Men	31.9	20.2	43.5	29.8	27.9	31.7	29.0
	Women	38.2	31.2	45.2	24.7 *	23.3	26.1	27.7
RACE/ETHNICITY	Non-Hisp. White	33.7	25.7	41.8	25.2	24.0	26.3	28.5
	Non-Hisp. Black				42.7	38.1	47.3	34.3
	Hispanic				29.2	25.0	33.4	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	29.8	16.9	42.7	28.6	26.7	30.5	30.4
	Non-Hisp. White Women	38.8	31.1	46.5	21.8 *	20.5	23.1	26.4
	Non-Hisp. Black Men				45.3	37.5	53.0	
	Non-Hisp. Black Women				40.7	35.3	46.2	
	Hispanic Men				31.2	24.4	38.0	
	Hispanic Women				27.2	22.1	32.3	
AGE GROUP	18-44	36.5	23.6	49.4	26.9	24.7	29.0	28.3
	45-64	33.8	24.2	43.3	30.6	28.6	32.5	39.1
	65 & Older	31.7	24.0	39.5	22.2 *	20.8	23.7	12.6 *
EDUCATION LEVEL	<High School	52.8	31.6	74.1	37.7	33.1	42.3	24.7
	H.S. / GED	26.4	17.4	35.5	29.0	26.8	31.1	31.5
	>High School	35.0	24.7	45.3	25.4	24.0	26.8	28.0
ANNUAL INCOME	<\$25,000	50.0	38.1	61.9	31.7 *	29.3	34.0	29.5
	\$25,000-\$49,999	28.2	17.2	39.1	28.9	26.4	31.3	33.8
	\$50,000 or More	19.9	9.0	30.8	24.4	22.6	26.3	23.3
MARITAL STATUS	Married/Couple	35.6	26.4	44.8	27.4	25.9	28.8	24.6
	Not Married/Couple	33.7	21.9	45.5	27.0	25.2	28.9	34.2

It is important to note that 36.2% of all adults reported they were overweight on the 2010 BRFSS which increased from the 2007 measure of 35.3%. In addition, 34.7% of all adults reported they were obese, which is a increase from the 2007 measure of 28.4%.

Middle and High School students reported on this same issue on the 2012 Florida Youth Tobacco Survey (FYTS). Over one-third of Middle and High School students described themselves as slightly or very overweight. This data is not broken down by gender or ethnicity. It is display below.

Indicator	Middle School			
	Liberty County %	95% CI	State %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	19.8	(13.9 - 25.7)	11.6	(11.0 - 12.1)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	14.1	(9.6 - 18.6)	16.5	(15.8 - 17.2)
Sufficient vigorous activity	76.0	(68.9 - 83.1)	70.1	(69.2 - 70.9)
Sufficient moderate activity	30.4	(24.1 - 36.7)	24.8	(24.1 - 25.4)
Exercised to lose weight or to keep from gaining weight during the past 30 days	48.2	(41.0 - 55.4)	44.4	(43.6 - 45.2)
Described themselves as slightly or very overweight	33.2	(26.6 -39.9)	30.2	(29.4 - 30.9)

Indicator	High School			
	Liberty County %	95% CI	State %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	18.0	(11.4 - 24.6)	11.1	(10.5 - 11.6)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	17.7	(11.8 - 23.7)	14.3	(13.7 - 14.9)
Sufficient vigorous activity	64.5	(57.5 - 71.6)	62.7	(62.0 - 63.5)
Sufficient moderate activity	24.4	(18.8 - 30.1)	26.1	(25.4 - 26.7)
Exercised to lose weight or to keep from gaining weight during the past 30 days	50.7	(45.1 - 56.3)	42.3	(41.5 - 43.1)
Described themselves as slightly or very overweight	35.6	(30.6 - 40.6)	29.8	(29.0 - 30.5)

STRATEGIC ISSUE 3: Access to Healthcare

The third critical health issue that emerged from the MAPP assessments was access to healthcare. According to the Florida Public Health Institute, 28% of adult residents and 12% of children under the age of 18 did not have health insurance. Data from the 2010 BRFSS report indicates that White Men (65.4%) reported having health insurance less frequently than White Women (74.7%). Nearly all (96.2%) of the 65 years and older who responded to the 2010 BRFSS had health care insurance coverage. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

Health Care Access & Coverage

Percentage of adults with any type of health care insurance coverage

		2010 County			2010 State			2007 County Measure
		Measure	95% CI		Measure	95% CI		
ALL	Overall	70.7	63.1	78.4	83.0 *	81.9	84.1	77.5
SEX	Men	66.5	53.9	79.2	81.7 *	79.9	83.5	78.2
	Women	75.8	69.1	82.5	84.2 *	82.9	85.5	76.7
RACE/ETHNICITY	Non-Hisp. White	69.5	60.8	78.2	87.3 *	86.3	88.2	77.4
	Non-Hisp. Black				76.1	71.7	80.4	81.3
	Hispanic				70.3	66.1	74.6	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	65.4	51.2	79.6	85.4 *	83.8	87.1	77.4
	Non-Hisp. White Women	74.7	67.1	82.3	89.0 *	87.9	90.0	77.3
	Non-Hisp. Black Men				70.7	63.0	78.5	
	Non-Hisp. Black Women				80.1	75.4	84.8	
	Hispanic Men				72.0	65.0	78.9	
	Hispanic Women				68.7	63.6	73.8	
AGE GROUP	18-44	58.2	45.2	71.2	73.0	70.7	75.3	69.5
	45-64	74.3	61.3	87.2	83.4	81.8	85.0	78.1
	65 & Older	96.2	93.0	99.4	98.0	97.1	98.8	97.4
EDUCATION LEVEL	<High School	63.4	42.5	84.3	64.4	59.6	69.2	72.4
	H.S. / GED	64.1	52.2	75.9	76.5	74.3	78.8	75.0
	>High School	79.5	68.5	90.6	87.9	86.7	89.1	83.4
ANNUAL INCOME	<\$25,000	61.6	49.6	73.6	64.2	61.5	66.8	73.5
	\$25,000-\$49,999	58.7	43.3	74.2	81.7 *	79.4	84.1	75.4
	\$50,000 or More	94.5	87.8	00.0	95.4	94.5	96.3	97.4
MARITAL STATUS	Married/Couple	71.0	61.1	80.9	87.4 *	86.2	88.5	79.4
	Not Married/Couple	70.1	57.9	82.3	75.0	72.9	77.1	74.7

While 70.7% of those who responded to the 2010 BRFSS indicated they had some type of health insurance coverage, 23.5% indicated they could not see a doctor in the past year due to cost. Nearly twice as many (38.0%) adult residents with less than a High School diploma reported they could not see a doctor due to cost as compared to adult residents with a High School diploma or its equivalent (14.9%). This data is summarized in the table below. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

Health Care Access & Coverage								
Percentage of adults who could not see a doctor at least once in the past year due to cost								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	23.5	17.0	29.9	17.3	16.2	18.3	18.0
SEX	Men	21.3	10.7	32.0	15.4	13.8	17.0	16.8
	Women	26.0	19.8	32.3	19.1	17.8	20.4	19.5
RACE/ETHNICITY	Non-Hisp. White	23.1	15.8	30.4	13.6 *	12.7	14.5	19.1
	Non-Hisp. Black				21.8	17.8	25.8	12.1
	Hispanic				29.5	25.3	33.7	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	20.7	8.8	32.7	12.1	10.7	13.6	19.0
	Non-Hisp. White Women	26.0	19.0	32.9	15.0 *	13.8	16.1	19.2
	Non-Hisp. Black Men				24.8	17.5	32.1	
	Non-Hisp. Black Women				19.6	15.4	23.7	
	Hispanic Men				24.3	17.7	30.9	
	Hispanic Women				34.5	29.3	39.7	
AGE GROUP	18-44	26.4	15.9	36.8	25.3	23.1	27.5	19.4
	45-64	29.2	16.9	41.5	17.6	16.1	19.1	21.3
	65 & Older	8.5	3.9	13.0	4.3	3.3	5.2	9.3
EDUCATION LEVEL	<High School	38.0	18.0	58.0	31.2	26.7	35.7	17.6
	H.S. / GED	14.9	8.7	21.2	21.7	19.5	23.9	19.9
	>High School	25.6	14.7	36.5	13.9	12.7	15.1	16.5
ANNUAL INCOME	<\$25,000	37.4	26.1	48.8	36.1	33.4	38.7	29.2
	\$25,000-\$49,999	22.1	8.6	35.5	18.6	16.5	20.7	17.2
	\$50,000 or More	3.9	0.0	7.8	6.0	5.0	7.0	2.0
MARITAL STATUS	Married/Couple	27.7	18.3	37.1	14.0 *	12.8	15.2	18.8
	Not Married/Couple	17.8	10.4	25.3	23.2	21.2	25.2	16.9

Over half of those (57.4%) who responded to the 2010 BRFSS indicated they had a medical checkup in the past year. However, more Women (64%) reported having a medical checkup than Men (52%). More residents ages 65 years and older (84.2%) had a medical checkup than residents ages 18 to 44 and ages 45 to 64. This data is summarized in the table below. Differences based on ethnicity were not available.

Percentage of adults who had a medical checkup in the past year									
		2010 County			2010 State			2007 County	
		Measure	95% CI		Measure	95% CI		Measure	
ALL	Overall	57.4	49.6	65.3	69.7 *	68.5	71.0	64.8	
SEX	Men	52.0	39.2	64.8	66.5	64.5	68.5	57.6	
	Women	64.0	57.0	70.9	72.8 *	71.3	74.3	74.1	
RACE/ETHNICITY	Non-Hisp. White	52.7	44.0	61.4	71.6 *	70.4	72.9	62.6	
	Non-Hisp. Black				71.9	67.5	76.2	81.9	
	Hispanic				59.4	54.8	64.1		
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	47.6	33.6	61.5	68.4 *	66.4	70.4	53.8	
	Non-Hisp. White Women	59.1	51.3	66.9	74.7 *	73.3	76.1	73.1	
	Non-Hisp. Black Men				64.6	57.1	72.1		
	Non-Hisp. Black Women				77.4	72.5	82.2		
	Hispanic Men				56.6	49.1	64.1		
	Hispanic Women				62.2	56.7	67.7		
AGE GROUP	18-44	45.1	32.0	58.2	53.8	51.3	56.2	56.6	
	45-64	60.6	48.4	72.9	72.3	70.5	74.1	66.1	
	65 & Older	84.2	78.6	89.8	90.3	89.4	91.2	82.7	
EDUCATION LEVEL	<High School	48.1	26.2	70.0	59.9	55.1	64.6	72.0	
	H.S. / GED	54.3	42.7	65.9	67.3	64.9	69.6	65.1	
	>High School	63.7	52.5	74.9	71.9	70.4	73.4	59.5	
ANNUAL INCOME	<\$25,000	53.2	40.9	65.4	63.0	60.4	65.7	69.6	
	\$25,000-\$49,999	47.1	33.4	60.9	70.5 *	68.0	73.0	53.9	
	\$50,000 or More	72.9	60.3	85.5	73.5	71.6	75.4	73.5	
MARITAL STATUS	Married/Couple	62.0	52.2	71.9	72.0	70.5	73.5	65.5	
	Not Married/Couple	51.5	39.2	63.7	65.6	63.4	67.8	63.3	

Slightly more than half (52.0%) of all respondents on the 2010 BRFSS report indicated they had been to a dentist or dental clinic in the past year. These differences are more pronounced among adult respondents with a High School diploma/GED (42.1%) and adult respondents with more than a High School education (61.0%). Women (55.7%) had a higher percentage than Men (49.1%) on this indicator. This data is presented in the table below. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
Oral Health								
Percentage of adults who visited a dentist or a dental clinic in the past year								
ALL	Overall	52.0	44.5	59.6	64.7 *	63.5	65.9	
SEX	Men	49.1	36.5	61.6	64.0 *	62.1	66.0	
	Women	55.7	48.8	62.7	65.3 *	63.8	66.8	
RACE/ETHNICITY	Non-Hisp. White	50.9	42.4	59.4	68.2 *	67.0	69.4	
	Non-Hisp. Black				55.2	50.7	59.7	
	Hispanic				58.1	53.6	62.6	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	47.5	33.2	61.7	66.4 *	64.5	68.4	
	Non-Hisp. White Women	55.2	47.7	62.8	69.9 *	68.4	71.3	
	Non-Hisp. Black Men				53.8	46.0	61.5	
	Non-Hisp. Black Women				56.3	50.9	61.7	
	Hispanic Men				61.9	54.8	69.0	
	Hispanic Women				54.5	49.0	60.0	
AGE GROUP	18-44	50.3	37.1	63.5	60.0	57.6	62.4	
	45-64	56.6	46.1	67.1	66.1	64.3	68.0	
	65 & Older	49.6	41.4	57.8	69.4 *	67.9	71.0	
EDUCATION LEVEL	<High School	51.6	29.8	73.5	36.3	31.7	40.9	
	H.S. / GED	42.1	31.0	53.2	54.1	51.8	56.5	
	>High School	61.0	50.8	71.3	72.3	70.8	73.7	
ANNUAL INCOME	<\$25,000	43.9	31.8	56.0	43.1	40.6	45.6	
	\$25,000-\$49,999	39.9	26.1	53.7	62.2 *	59.6	64.7	
	\$50,000 or More	74.6	62.5	86.6	78.8	77.0	80.5	
MARITAL STATUS	Married/Couple	53.4	43.8	62.9	69.0 *	67.6	70.5	
	Not Married/Couple	50.5	38.3	62.7	56.8	54.6	58.9	

Slightly more than one-third (38.8%) of the respondents on the 2010 BRFSS indicated they had their teeth cleaned in the past year. More Women (43.0%) reported having their teeth cleaned than Men (35.4%). The difference is most noticeable among those adult respondents with less than a High School education (28.9%) and those with more than a High School education (47.8%). This data is summarized below. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

Oral Health

Percentage of adults who had their teeth cleaned in the past year

		2010 County			2010 State			2007 County Measure
		Measure	95% CI	95% CI	Measure	95% CI	95% CI	
ALL	Overall	38.8	31.3	46.4	60.9 *	59.6	62.1	
SEX	Men	35.4	22.9	48.0	59.5 *	57.5	61.5	
	Women	43.0	35.8	50.1	62.2 *	60.7	63.7	
RACE/ETHNICITY	Non-Hisp. White	39.3	30.7	47.8	64.2 *	63.0	65.4	
	Non-Hisp. Black				49.6	45.1	54.2	
	Hispanic				57.0	52.4	61.5	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	36.1	21.8	50.4	62.3 *	60.3	64.3	
	Non-Hisp. White Women	43.2	35.7	50.7	66.0 *	64.5	67.5	
	Non-Hisp. Black Men				45.5	37.8	53.2	
	Non-Hisp. Black Women				52.7	47.3	58.2	
	Hispanic Men				57.7	50.4	65.0	
	Hispanic Women				56.2	50.8	61.6	
AGE GROUP	18-44	38.2	24.6	51.7	57.3 *	54.9	59.7	
	45-64	39.9	29.6	50.3	62.0 *	60.1	63.9	
	65 & Older	38.5	30.5	46.5	64.3 *	62.6	65.9	
EDUCATION LEVEL	<High School	28.9	4.8	53.0	28.3	23.8	32.8	
	H.S. / GED	33.0	22.4	43.6	49.4 *	47.0	51.8	
	>High School	47.8	36.6	59.0	69.3 *	67.8	70.7	
ANNUAL INCOME	<\$25,000	28.7	16.5	41.0	35.7	33.2	38.2	
	\$25,000-\$49,999	24.7	15.6	33.9	58.2 *	55.6	60.8	
	\$50,000 or More	65.8	51.4	80.1	76.7	75.0	78.5	
MARITAL STATUS	Married/Couple	36.7	27.3	46.1	65.4 *	63.9	66.9	
	Not Married/Couple	42.1	29.6	54.5	52.6	50.4	54.7	

HEALTH ASSETS AND RESOURCES

Health Insurance Coverage

Access to health resources is often impacted by an individual's health insurance coverage. Health insurance may be obtained privately through an employer or purchased independently. Individuals who meet specific eligibility requirements may also qualify for government subsidized or other publicly funded health coverage programs such as Medicare, Medicaid, Military and/or VA benefits. There are also those individuals who are uninsured, including full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford the cost for adequate coverage.

Responses from Calhoun County residents in the 2010 county-level BRFSS indicate that 70.7% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was considered to be a statistically significant difference from the state average. There were some specific differences in coverage noted among specific groups. For example, 66.5% of men reported having health insurance, compared to 75.8% of women. Additionally, 79.5% of persons who had attended additional schooling beyond obtaining a high school degree reported having coverage, compared to only 64.1% of persons with no formal education beyond high school. Similarly, 94.5% of persons making \$50,000 or more per year had insurance, compared to only 61.6% among persons making less than \$25,000.

Data reported by the U.S. Census Bureau from the 2010 Small Area Health Insurance Estimates indicate that as many as 23.4% of Calhoun County residents were uninsured at that time among all races, age groups, and genders. Additional data was not available from Florida Hospital Association on the percentage of Calhoun County residents that were uninsured by age group. Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many

of these figures are available on their website at:
<http://ahca.myflorida.com/Medicaid/index.shtml>.

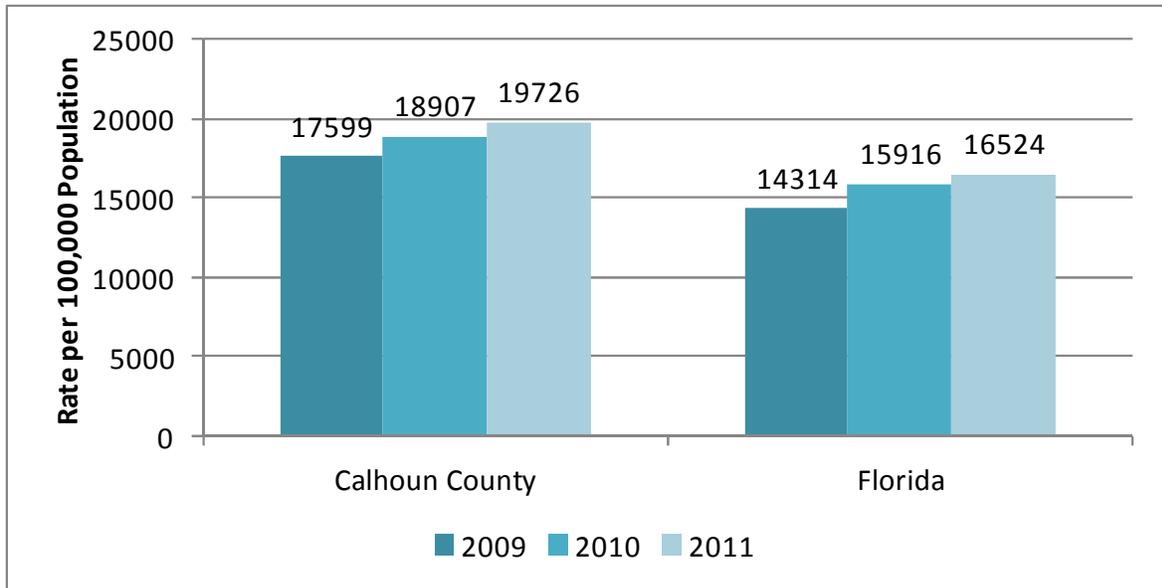
The table on the following page shows the reported enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs. Please note that significant numbers of insured residents are not reported because commercial insurance enrollment figures are not available and the number of employees who are self-insured is unknown.

Hospital Discharges by Principal Payer, Florida, 2011

Payer	Frequency	Total Charges	Percent (%) of Total Charges	Average Total Charges
Medicare	1,191,973	60,087,179,782	53.5	50,409
Commercial Insurance	608,602	23,885,222,141	21.3	39,246
Medicaid	539,458	16,995,162,048	15.1	31,504
Self Pay/Non-Payment	218,615	7,249,092,392	6.5	33,159
Tricare or Other Federal	36,584	1,211,196,568	1.1	33,107
Other State/Local Government	24,639	1,188,134,815	1.1	48,221
VA	12,877	636,803,169	0.6	49,452
Other	9,878	368,605,723	0.3	37,315
Workers' Compensation	8,426	509,491,711	0.5	60,466
KidCare	4,627	169,376,976	0.2	36,606
Total	2,655,679	112,300,265,325	100	42,286

A comparison of health insurance coverage was not available solely for Calhoun County. The median monthly Medicaid enrollment has increased in Calhoun County and in Florida during recent years. This trend is displayed below.

Median Monthly Medicaid Enrollment, Calhoun County and Florida, 2009-2011



Source: Florida Agency for Healthcare Administration (AHCA), 05/21/2013

Coverage for Children

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. In Florida, the KidCare Act of 1997 established eligibility requirements for coverage as well as created the Healthy Kids Program and the MediKids program for children ages 0-5. There are four general categories of children's coverage in Florida:

1. Medicaid covers children birth through 18 years, and eligibility is based on the age of child and household income. For example, children under age 1 are covered if the household income is below 200% of FPL; children aged 1-5 are covered if household income is less than 133% of FPL; and children aged 6 through 18 are covered if household income is below 100% of FPL.
2. MediKids covers children age 1 –5 whose income is between 133-200% of the federal poverty level.
3. The Healthy Kids program provides medical coverage for children ages 5 up to 19 in households whose income is between 100 – 200% of the federal poverty level (FPL).
4. Children's Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

Florida KidCare enrollment in January from 2000 through 2012 for Calhoun County was not available.

Primary Care

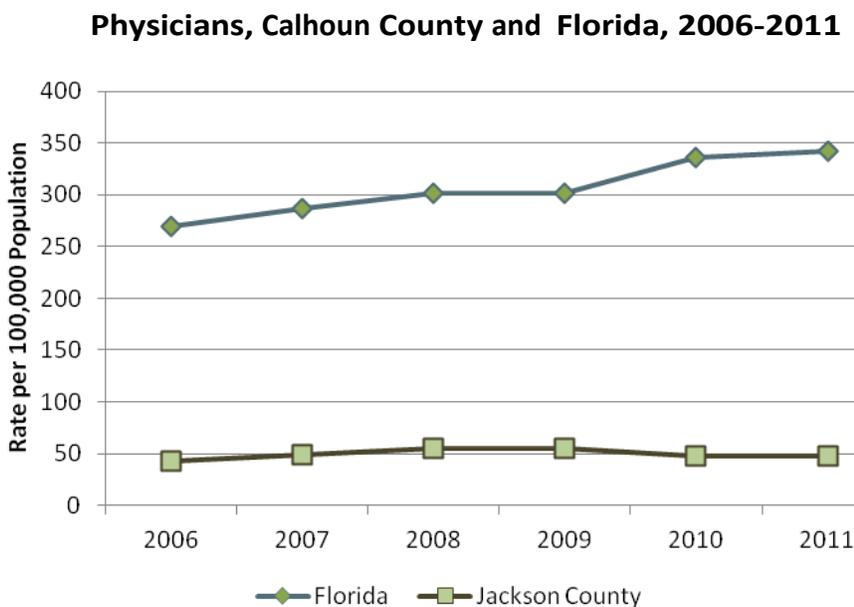
Primary Care Providers (PCP's) offer routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care providers often serve as “gatekeepers” for the health care system, as they are intended to be the entry point into the health care system for non-emergent services, and refer patients requiring additional care to specialists for treatment. In this way, The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners all as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.

Due to their central role in the health services system, a shortage of primary care providers can negatively impact the health of a community. For this reason, the Federal government has established specific criteria to determine whether an area has a shortage of providers; and also criteria to help determine whether a specific area is underserved. The HRSA Shortage Designation Branch is responsible for setting the criteria and ultimately deciding whether or not a geographic area, population group or facility is a **Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/MUP)**. Health Professional Shortage Areas (HPSA's) may be designated as having a shortage of primary medical care, dental, or mental health providers. They may be urban or rural areas, population groups or specific medical or other public facilities.

HRSA considers a primary care physician-to-population ratio of 1:3,500 persons adequate for most communities; except in areas where more than 20% of the population lives in poverty, where the ratio is increased to 3,000 persons per primary care physician. The primary care HPSA designation is also based on the availability of care in nearby areas, documented infant mortality rates, birth rates, and poverty level. Currently, there is one Primary Care HPSA designations for Calhoun County.

Additionally, the federal administration defines Medically Underserved Areas (MUA's) as a whole county or a group of contiguous counties in which residents have a shortage of personal health services; and Medically Underserved Populations (MUP's) as groups of persons who face economic, cultural or linguistic barriers to health care. The current MUA/MUP designations for Calhoun County include only the Calhoun County Service Area (as defined by HRSA).

Overall, Calhoun County has a significantly lower rate (47.7 per 100,000 population) of licensed physicians when compared to the state (342.0 per 100,000 population) in 2011. Recently, the gap between Calhoun County and the state average has been increasing.



Source: Florida Department of Health

One important note - when looking at physician coverage rates in Calhoun County, the data reflects only those physicians who list a Calhoun County address for their licensure. This data does not account for physicians who have a primary office location in a neighboring county but who have satellite offices or otherwise provide services in Calhoun County.

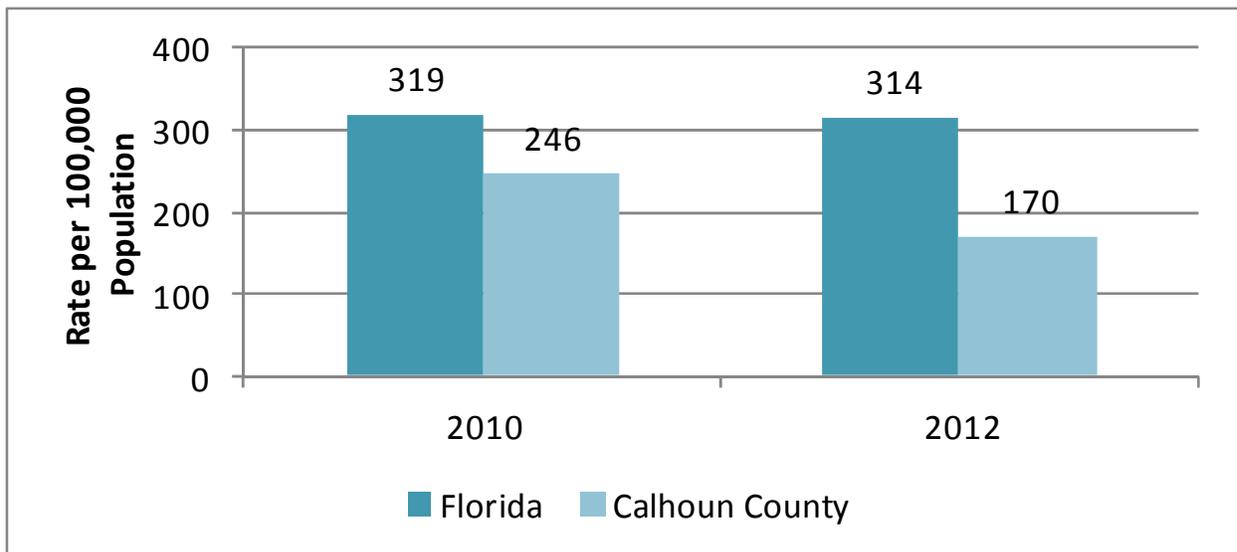
Health Care Facilities

Acute Care

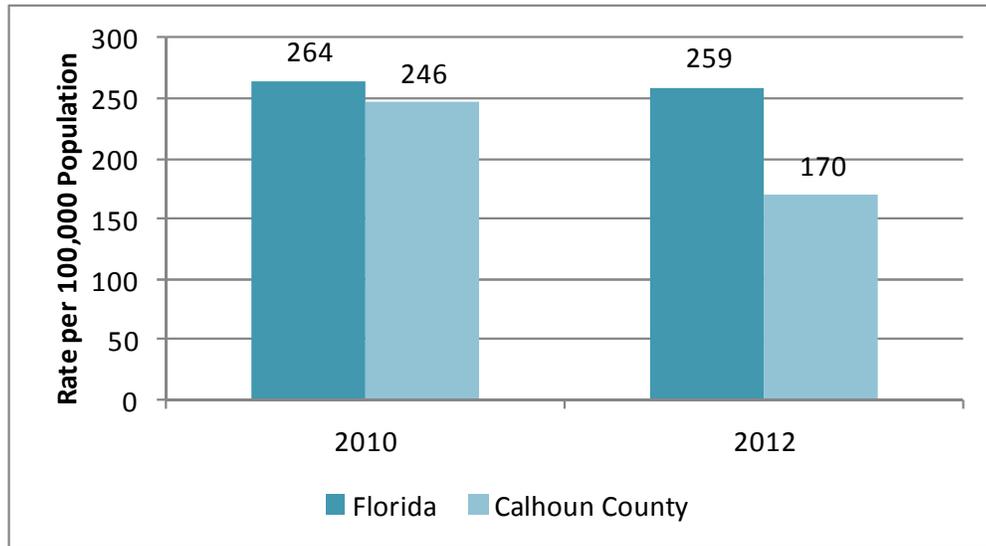
Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services on an outpatient basis.

Overall, Calhoun County has a lower rate of available hospital beds when compared to Florida. This is especially true for acute care beds and neonatal intensive care unit hospital beds when compared to the rest of the state.

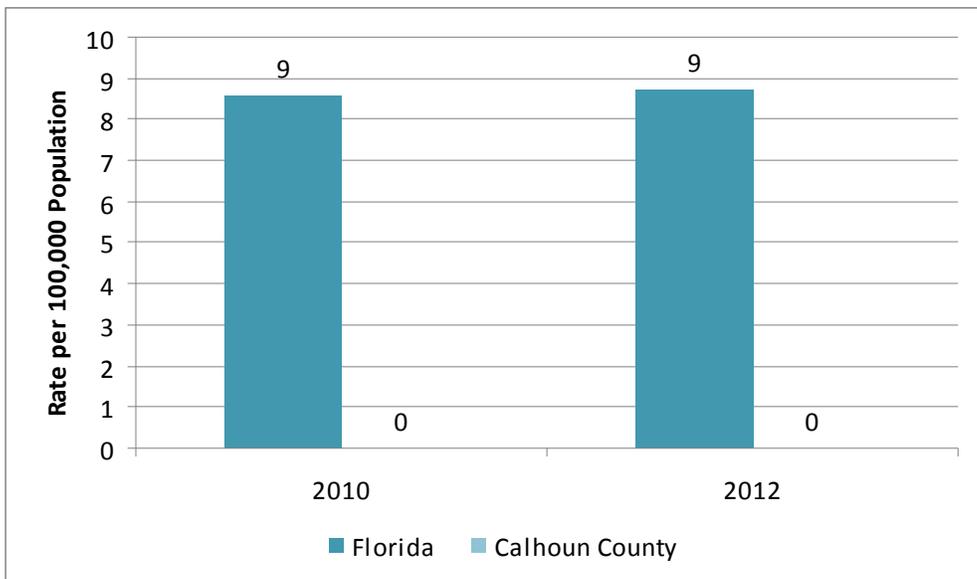
Total Hospital Beds (All Facilities), Calhoun County and Florida, July 2010- July 2012



Acute Care Hospital Beds (All Facilities), Calhoun County and Florida, July 2010 & July 2012



NICU Hospital Beds (All Facilities), Calhoun County and Florida, July 2010 & July 2012



Calhoun-Liberty Hospital is the primary hospital for Calhoun County, and provides Burns, Cardiology, Emergency Medicine, Gynecology, Hematology, Internal Medicine, Obstetrics, Orthopedics, Pulmonary Medicine, and Radiology services; however, the hospital is not a Baker Act receiving facility. From October 2011 through September 2012, there were 485 admits with an average length of stay of 3.9 days costing on average US\$9,825 at Calhoun-Liberty Hospital.

Data on discharge diagnosis solely for Calhoun County was not available. In the below two tables are the Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in 2011 for Females and Males.

Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in Florida during 2011 for Females

Diagnosis	Discharges	Percent of Female Discharges	Average Length of Stay (days)	Average Total Charges (\$US)
Vaginal Delivery	125,050	9.1	2.4	12,937
Cesarean Delivery	79,919	5.8	3.3	24,251
Psychoses	55,407	4	7.2	15,830
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	51,778	3.8	3.3	27,802
Chronic Obstructive Pulmonary Disease	38,098	2.8	4.7	31,984

Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in Florida during 2011 for
Males

Diagnosis	Discharges	Percent of Female Discharges	Average Length of Stay (days)	Average Total Charges (\$US)
Psychoses	61,129	5.9	7.5	15,581
Heart Failure and Shock	32,286	3.1	4.6	33,448
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	30,456	2.9	3	25,774
Percutaneous Cardiovascular Procedure	29,546	2.8	3.1	83,800
Simple Pneumonia and Pleurisy	27,729	2.7	4.5	32,205

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services within an area. Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting. No information was available for Calhoun County Emergency Room Admissions.

Hospital data submitted to AHCA regarding the primary diagnosis at discharge from the ER (regardless of whether released or admitted as inpatient) provides ten reasons for emergency room visits among Santa Rosa County residents. The table below displays select non-fatal injury emergency department visits by mechanism in Calhoun County during 2011.

Select Non-fatal Injury Emergency Room Diagnoses, Calhoun County & Florida, 2011

Injury Mechanism	Calhoun County		Florida
	N	County Age Adjusted Rate per 100,000 Population	Florida Age Adjusted Rate per 100,000 Population
Firearm	8	62	2374
Suffocation	1	8	1313
Pedalcyclist, Other	19	144	812
Motor Vehicle - Pedalcyclist	7	47	783
Fall	1	7	640
Drowning, Submersion	191	1,357	435
Other Spec & NEC	69	488	404
Overexertion	172	1,232	320
Cut, Pierce	102	742	209
Motor Vehicle - Pedestrian	0	0	100

Long-Term Care

Long-term care is defined by HRSA as "those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals who have chronic physical and/or mental impairments, in a variety of settings ranging from home to institutional settings, to ensure the quality of life."

Blountstown Health and Rehabilitation Center is a long term care hospital located in Blountstown that offers physical therapy, speech therapy, occupational therapy, outpatient therapy, traditional healthcare, skilled care, respite care, wound care, IV antibiotic therapy. Admissions trend information was not available for this facility.

Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for more than half (77.0%) of all nursing home days in Calhoun County. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

There are two free standing skilled nursing facilities in Calhoun County. The rate of available nursing home beds (1,675 per 100,000 population) is higher than the state average (435 per 100,000 population). The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Calhoun County's free standing nursing homes.

Skilled Nursing Home Information, Calhoun County and Florida, 2011

	Calhoun County	Florida
Community Bed Days (per 100,000)	611,440	153,055
Community Patient Days (per 100,000)	518,290	133,892
Medicaid Patient Days (per 100,000)	399,264	82,196
Occupancy Rate	84.8%	87.5%
Percent Medicaid	77.0%	61.7%

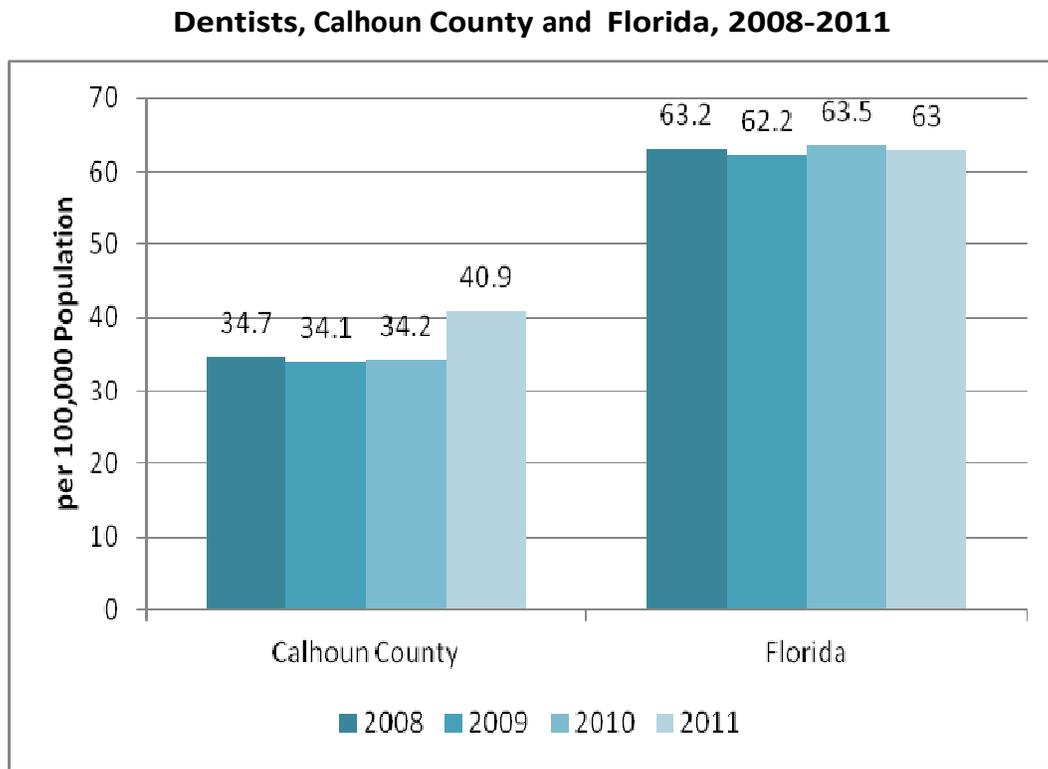
Source: Florida Department for Elder Affairs

Mental Health and Substance Abuse

Calhoun County has no adult psychiatric hospital beds or dedicated mental health facility.

Dental Care

The number of dentists in Liberty County has changed from 2008 to 2011. The most current data available showed there were 40.9 dentists per 100,000 population as compared to the Florida rate of 63 dentists per 100,000 population. The graph below displays this trend.



Source: Florida Department of Health, Division of Medical Quality Assurance

CALHOUN COUNTY PHYSICAL ASSETS

There are a number of physical assets and resources within Calhoun County which can be mobilized to address the health issues identified in the Community Health Assessment. These are summarized in the table below.

Parks	Walking Trails
Sam Atkins Park	Florida National Scenic Trail
Pear-Azalea Park	
City Ball Park and Recreation	Recreational Bodies of Water
Lloyd Hall Park	Apalachicola River
	Chipola River
Recreation Center	
W T Neal Civic Center	Schools
	Blountstown High School
Athletic Field	Altha High School
Bowles Field	Blountstown Elementary School
Sam Atkins Park	Blountstown Middle School
	Carr Elementary / Middle School
Pharmacy	
Harvey's Supermarket	Public Libraries
Golden Pharmacy Inc	Calhoun County Public Library
	Altha Public Library
Medical Care Centers	Hugh Creek Branch Library
Liberty Hospital	Kinard Public Library
Tallahassee Memorial Family	Calhoun County Public Library
Medical Center of Blountstown	
Farooqi Misbah MD	Mental Health Services
	Life Management Center
Dental	
Layne Family Dental	Long-Term Care Facilities
Senior Dental	Parthenon Healthcare
	Blountstown Health & Rehabilitation Center
Cobb Glenwood B DDS	
Schrock Myron D DDS	
Corbin Finlay	Rehab Centers
	Quality Care Rehab

HEALTH POLICIES

Within the state of Florida, there are numerous policies which can be used to impact health issues within Calhoun County. The table below and on the following pages summarized those policies most relevant to the issues identified in this Community Health Assessment.

Health Risk Factors	Florida Law	Description
Chronic Disease & Mortality		
Cancer (e.g., lung prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Cluster/Outbreak
	FS 385.202	Requires Providers To Report To Florida Cancer Registry
	FS 385.103	Chronic Disease Community Intervention Programs
	FS 385.206	Hematology-Oncology Care Center Program
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS 385.103	Chronic Disease Community Intervention Programs
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Programs
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Programs
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership
	FS 385.204	Insulin; Purchase, Distribution; Penalty For Fraudulent Application For And Obtaining Of Insulin
	FS 385.103	Chronic Disease Community Intervention Programs

Health Risk Factors	Florida Law	Description
Unintentional injuries	FS 385.103	Chronic Disease Community Intervention Programs
	FAC 64B-7.001	Pain Management Clinic Registration Requirements
	FAC 64K-100(1, 2, 3, 4, 5, 6, 7)	Establishment Of Florida’s Prescription Drug Monitoring Program
	FS Title XXIX, Chapter 397	Substance Abuse Services
	FS 316.613	Child restraint requirements
	FS 316.614	Safety belt usage
	FS 316.1936	Possession of open containers of alcoholic beverages in vehicles prohibited; penalties.
FS 327.35	Boating under the influence; penalties; “designated drivers”	
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Programs
Communicable Diseases		
Arboviral Diseases	FS 388	Control of Arthropods in Florida
Tuberculosis	FS 392	Tuberculosis Control.
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD (e.g., Hepatitis A)
	FS 381.0072	Food Service Protection
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case (Novel Strain Or Pediatric Death) /Cluster/Outbreak
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities For The Care Of Mildly-Ill Children Requirements For Compulsory Immunizations For Admittance And Attendance
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools, Including Exemptions

Health Risk Factors	Florida Law	Description
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FS Title XXIX, Chapter 384	STIs: Department Requirements
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-200(2, 3, 4, 6)	Outlines With Respect To HIV The Definitions, Confidentiality, Testing Requirements, And Registration Of HIV Testing Programs
	FS 381.004	HIV Testing
Maternal & Child Health		
Birth Rates	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Infant Mortality	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Teen Pregnancy	FAC 64F-23.001	Informed Consent - Abortion
	FS 63.053 and 63.054	Unmarried Father Registry
	FS Title XXIX, Chapter 390	Termination Of Pregnancies
	Florida Constitution, Article X, Section 22	Parental Notice Of Termination Of A Minor's Pregnancy
	FS Title XXIX, Chapter 384.31	STI: Testing Of Pregnant Women; Duty Of The Attendant
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services

Health Risk Factors	Florida Law	Description
Health Resource Availability (Access & Resources)		
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FAC 64F-16.006	Sliding Fee Scale
	FS 296.31	VETERANS' NURSING HOME OF FLORIDA ACT
Social & Mental Health		
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education And Prevention Program
	FL Constitution, Article IX, Section 1	Public Schools; Education Of All Students
	FS Title XLVIII	K-20 Education Code (FS 1007 - Access)
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent And Retired Senior Volunteer Services To High-Risk And Handicapped Children
	FS Title XXX, Chapter 409	Social And Economic Assistance, Part I
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs: Alzheimer's Disease Services
	FS Title XXIX, Chapter 394	Mental Health

Health Risk Factors	Florida Law	Description
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability
Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6, 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations
Tobacco Use	FS 386.201 and FAC 64-I4	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

NEXT STEPS

The next step in the Calhoun County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed by community health partners. By understanding that the Calhoun County community's health is affected by where its residents live, work, and play, a comprehensive action plan can be developed. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The MAPP model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments (Community Health Status Assessment, Community Strength and Themes Assessment, Local Public Health System Assessment, Forces of Change Assessment)
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

It is recommended that the data sources in this report serve as the “measures of success” for the Community Health Improvement Action Plan. Many of the health indicators can be used as baseline and post-implementation evaluation measures for impact. In addition, other county and state successful Health Improvement initiatives can act as “Best Practices” and provide a foundation for the Community Health Improvement Plan's activities.



APPENDICES

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Forces of Change Agenda & Worksheet



Calhoun & Liberty Counties Community Health
Improvement Project:

Forces of Change Workshop

April 9, 2013 Agenda

April 9, Tuesday – 9:00am-1:00pm
Florida Department of Health in Calhoun & Liberty Counties
Veteran's Memorial Civic Center
10405 NW Theo Jacobs Lane, Bristol, Florida 32321

9:00am - 9:15am	Introductions Workshop Logistics Review
9:15am – 9:30am	Forces of Change Brainstorming Worksheet Participants will complete the Brainstorming Worksheet
9:30am – 10:00am	Participants will review Calhoun & Liberty County data <ul style="list-style-type: none">• U.S. Census data• Department of Health <i>CHARTS</i> summary
10:00am-10:30am	Forces of Change Process Participants will share their ideas from the <i>Brainstorming Worksheet</i> <ul style="list-style-type: none">• Identify <u>Forces</u>• Identify <u>Trends</u>, <u>Events</u>, and/or <u>Factors</u> for each Force
10:30am-10:45am	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups
10:45am – 11:15am	Forces of Change – Strengths Participants will create a list of <i>Strengths</i> for each <i>Force of Change</i>
11:15am – 11:45am	Forces of Change – Threats Participants will create a list of <i>Threats</i> for each <i>Force of Change</i>
11:45am-12:15pm	Working Lunch (Lunch provided & Networking)
12:15am-12:30pm	Forces of Change – Opportunities Participants will create a list of <i>Opportunities</i> for each <i>Force of Change</i>
12:30am-12:45pm	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups & provide feedback
12:45pm-1:00pm	Workshop Summary & Next Steps

Forces of Change – Key Terms

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Economic Forces may include:

- Decreasing state and federal funding
- Lack of large industries
- Unstable economic indicators – foreclosures, bankruptcies, high taxes, etc.

Environmental Forces can include:

- Air/water pollution
- Global warming
- Land use or urbanization
- Recreational issues such as parks or bike lanes
- Public transportation or transportation for the elderly

Political Forces which impact the Calhoun County community may include:

- Leadership issues such as a change in governor and state department heads
- Jurisdictional issues such as annexation possibilities, re-districting, etc.
- Community attitudes related to lack of trust in government, lack of respect for law & enforcement

Health (Community & Individual) Forces can be community-wide, such as access to dental care or can be individual, such as lack of education about preparing healthy meals. Health Forces can include:

- Dietary issues - Need healthier food & snacks in schools
- Risk issues - Smoking, Alcohol, Drug use, Exposure to toxic chemicals, Teenage Pregnancy
- Access issues - Lack of private psychiatrists in county or elder care facilities

Social Forces include attitudes, culture, beliefs, and perceptions which ultimately influence behavior. Some of these Social Forces may be community-specific, while others may have a long history within an individual location or culture.

Technological Forces may include the use of technology such as the internet, cell phones, or social networks. It may include technology in education, industry, or healthcare. It may also involve the lack of technological training or education of community residents.

Brainstorm Worksheet

*Thank you for agreeing to participate in the
Florida Department of Health in Calhoun & Liberty County
Community Health Improvement Initiative.*

What has occurred recently that may affect Calhoun and/or Calhoun County's local public health system or community? (Social, economic, political, technological, environmental, legal – all aspects of health)

What may occur in the future to impact Calhoun and/or Calhoun County's public health systems or community health?

What trends (patterns over time such as migration or a growing disillusionment with government) may impact the local public health systems or community health?

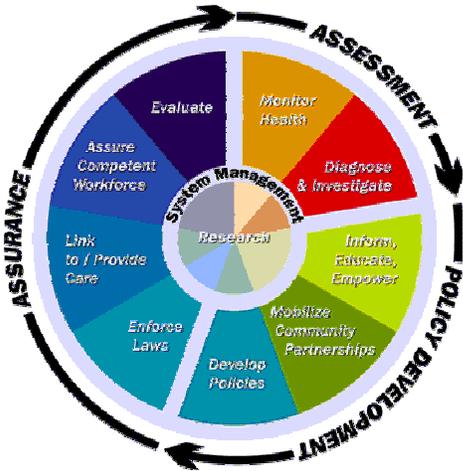
What characteristics or elements may post a threat or challenge to achieving a *Healthy Calhoun and/or Calhoun County* for all residents?

What strengths (or resources) can Calhoun and/or Calhoun County's health partners use to impact the health of all residents of our community?

What opportunities may exist that Calhoun and/or Calhoun County’s health partners can access or use to impact the health of community residents (think 1 to 3 years from now)?

Forces of Change Participants

Name/Title	Organization
Rachel Manspeaker	Florida Department of Health in Calhoun & Liberty Counties
Rusty Hill	Calhoun School Board
Lisa Taylor	Florida Department of Health in Calhoun & Liberty Counties
Kelly King	Florida Department of Health in Calhoun & Liberty Counties
Jim Pruette	Chipola Adolescent Pregnancy Prevention (CAPP)
Nathan Ebersole	Calhoun-Calhoun Hospital
Rhonda Lewis	Calhoun County Emergency Management
Vicki Danis	Calhoun County Schools
Missy Clumbie	Covenant Hospice
Aimee L. Hanvey	Calhoun Calhoun Hospital
Carla Hand	Calhoun County Clerk Office
Carolyn Harper	Department of Corrections
Dr. Moses Izuegbu	Department of Corrections
Chris Atkins	Calhoun Correctional Institution
Susan Chafin	Florida Department of Health in Calhoun & Liberty Counties
Kristy Terry	Calhoun County Chamber
Regina Burgess, Calhoun County Branch Manager	Northwest Regional Library System
Peggy Deason-Howland, RN	Florida Department of Health in Calhoun & Liberty Counties Healthy Start
Monica Brinkley	UF/IFAS, Calhoun County, CED Extension
Wesley Harsey	Calhoun County Sheriff’s Office



From:

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

