



*Bradford County Community
Health Needs Assessment*

November 2007

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Bradford County Community Health Needs Assessment

November 2007

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Executive Summary

Introduction

In an effort to improve the health of the residents of Bradford County, a collaborative partnership was formed between the Bradford County Health Department and the WellFlorida Council for the purpose of conducting a health needs assessment of Bradford County. This assessment was supported by funds from the Florida Department of Health. The data included in this assessment was collected between the months of August and November of 2007. This needs assessment consists of demographic, socioeconomic, and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic, and health status information and qualitative focus groups, the strategic planning process can begin.

The needs assessment includes the following sections:

- Demographic and Socioeconomic Profile
- Health Status
- Health Resource Availability and Access
- Community Input

This Executive Summary provides the summary of key findings from each of the major sections of the report.

Demographic and Socioeconomic Profile

The demographic and socioeconomic characteristics of Bradford County residents are reviewed in this section. Demographic and socioeconomic characteristics are often strong predictors of healthcare access and health outcome. Indicators selected for review in this section are the most influential in determining the extent of a community's overall health. The information provided in this section helps to establish a profile for the people of Bradford County and to determine demographic and socioeconomic barriers and opportunities for the improvement of community health.

Data in this section are presented for Bradford County and compared to Florida. In addition, zip code data is also presented when available and appropriate. Data indicators include population breakdown by age, race and gender; population growth and projections; poverty status; per capita and median income; educational attainment; and employment by industry size and type.

Population

- Bradford County's population is 29,254. The Starke zip code (32091) contains 58.4 percent of Bradford County's total population.
- At the end of state fiscal year 2006-2007, 4,434 inmates were housed in Bradford County. In 2000, the inmate population represented 14.6 percent of Bradford County's total population.
- Bradford County's population is expected to increase 21.6 percent compared to 44.5 percent for Florida through 2030.
- The 32044 (Hampton) zip code area was the fastest growing zip code from 2000 through 2007, and is expected to continue to grow but at a slower rate through 2012. The same trend is expected in all Bradford County zip codes through 2012.
- With 67.3 percent of its population between the ages of 18-64 years compared to 60.6 percent for Florida as a whole, Bradford County is "younger" than most counties in Florida. The high percentage of working-age adults is due in part to the large number of inmates housed in the county.
- Only 14.3 percent of the population of the Lawtey zip code area (32058) is under the age of 18, compared to 19.4 percent of the county and 21.5 percent in the state.
- Bradford County has a substantially higher percentage (24.1 percent) of black residents than Florida as a whole (15.6 percent). Again, this is due in part to the large percentage of black inmates housed in Bradford County correctional facilities.
- Only 3.4 percent of Bradford County residents are Hispanic compared to 20.5 percent of all Florida residents.
- Males outnumber females in Bradford County, due in large part to the large number of male inmates housed in Bradford County correctional facilities.

Economic Characteristics

- Median and per capita incomes of Bradford County residents are substantially lower than those of all Florida residents.
- No zip code area has a median or per capita income that is higher than Florida.
- 29.2 percent of Bradford County households have incomes less than \$25,000 compared to 23.3 percent for the state.
- While 7.0 percent of Florida households have incomes over \$150,000, only 2.1 percent of Bradford County households have the same.
- 14.6 percent of Bradford County persons fall below the federal poverty threshold compared to 12.5 percent for the state. However, 22.7 percent of the population falls between 100 and 200 percent of the federal poverty threshold compared to only 18.5 percent for all of Florida.
- Bradford County has a larger percentage (19.3 percent) of its children in poverty than the state (17.6 percent).
- Since 2000, the unemployment rate in Bradford County was lower than the state of Florida, though both rates have decreased from 2002.
- Bradford County has a higher percentage of small businesses (fewer than 20 employees) than Florida as a whole.

- In Bradford County, 62.9 percent of private business establishments are retail trade and service sector employers compared to 61.5 percent for Florida

Educational Attainment

- 25.8 percent of Bradford County residents (age 25 and older) have no high school diploma compared to slightly more than 20 percent for Florida as a whole.
- Only 14.4 percent of Bradford County residents have achieved a college degree compared to 29.4 percent of all Florida residents.
- Since 2000, the high school graduation rate has been higher than the state of Florida five of six years.
- Bradford County's drop-out rates were higher than the state from 2000.

Health Status

This section of the assessment reviews the health status of Bradford County residents. The primary focus of the health status assessment is to review various mortality and hospitalization data. The detailed assessment of the mortality and morbidity of Bradford County residents will enable the community to identify specific health indicators resulting in early death or unnecessary hospitalization and implement programs that will improve the overall health of the community.

The Health Status section will detail various mortality data, hospitalization statistics (in lieu of any other readily available morbidity data sources) and birth indicator data. An analysis of mental health status indicators including suicide rates, domestic violence rates, and Baker Act rates will also be presented in this section.

Leading Causes of Death

- From 2001 through 2005, an average of 263.8 deaths occurred each year in Bradford County, resulting in a crude rate of 970.4 per 100,000 of the population compared to a crude rate of 978.7 per 100,000 of the population of Florida.
- By zip code the average annual overall crude mortality rate was highest in the 32044 (Hampton) zip code area and lowest in the 32058 (Lawtey) zip code area.
- Heart disease (225.9 per 100,000) is the leading cause of death in Bradford County resulting in an average of 61.4 deaths per year followed by cancer (204.5 per 100,000) which resulted in an average of 55.6 deaths per year.
- From 2001-2005, the average annual age-adjusted mortality rate in Bradford County was 922.9 per 100,000 of the population compared to 751.8 per 100,000 of the population for the state of Florida.
- When adjusted for age, Bradford County residents have higher average annual mortality rates than the state for all 10 of the 10 leading causes of death.
- Although health disparities are present, the disparity between white and black residents for diabetes and hypertension was more favorable in Bradford County than in Florida as a

whole. The disparity between white and black residents for HIV and respiratory disease was less favorable in Bradford County than in Florida.

- Since 1997 the age-adjusted all-cause mortality rate for Florida and Bradford County has decreased steadily.
- The mortality from heart disease, cancer, stroke and respiratory disease in Bradford County has decreased over the past ten years, while the deaths from unintentional injuries have increased.

Hospitalization

- The leading cause of hospitalization in Bradford County and Florida in 2004-2006 was for being a normal newborn followed by vaginal delivery without a complicating diagnosis. Heart failure and shock, chronic obstructive pulmonary disease and esophagitis, gastroenteritis, and miscellaneous digestive disorders rounded out the top five causes of hospitalization in Bradford County.
- For children age 0-17, four of the top five leading causes of hospitalization were related to birth and related complications that may arise. However, bronchitis and asthma was the third leading cause. For older adults over the age of 65, heart failure and shock was the leading cause of hospitalization.
- In each of the Bradford County zip code areas, as well as the county as a whole, Medicare was the leading payor source by percentage, resulting in almost 41 percent of hospital discharges from 2004-2006.
- In 2006, there were nearly 13 avoidable hospitalizations per 1,000 population in Bradford County, which was slightly lower than the 13.5 avoidable hospitalizations per 1,000 population for the state as a whole. The rate for avoidable hospitalizations per 1,000 of the population in Bradford County has decreased each year since 2004.

Birth Indicators

- Bradford County's birth rate was lower than the state as a whole. Unlike the trend we see in Florida, the birth rates of black residents of Bradford County were lower than that of white residents of Bradford County.
- Early access to prenatal care has been declining in Bradford County over the last decade. In addition, early access to prenatal care has been slightly lower in Bradford County than the Florida since 1997.
- Bradford County had a higher rate of low birthweight births from 2001-2005 when compared to Florida. Unfortunately, the low birthweight rate for black residents was more than twice that of white residents in Bradford County and higher than their black counterparts throughout the state.
- The infant mortality rate for Bradford County was higher than the Florida infant mortality rate from 2001-2005. Infant mortality has been steadily decreasing in Bradford County over the last decade.
- Teen birth rates were higher in Bradford County from 2001-2005 than for the state of Florida. The black teen birth rate in Bradford County was lower than the rate seen for black residents throughout the state, while the rate of teen births for white residents in the county was higher than the state rate.

- The rates of teens with repeat births have fluctuated in Bradford County in the last decade. During 2001-2005 the rate of repeat births for teens in Bradford County has surpassed that of the state of Florida.

Mental Health Indicators

- Suicide rates in Bradford County were slightly lower than the rates for Florida as a whole. The suicide rates for white residents in Bradford County were approximately 1.5 times that of black residents.
- The Bradford County rates for domestic violence were higher than the rate for the state of Florida. The rates in Florida have decreased since 2002; this decrease was not seen in Bradford County.
- The rate of hospitalizations due to mental health issues in Bradford County was lower than the state from 2002-2006. The rate for hospitalizations due to mental health issues peaked in 2005 in Bradford County; the rates have decreased since that time and are at the lowest since 2002.
- Baker Act initiations were lower in Bradford County than in Florida from 2001-2005, but peaked in 2005.

Health Resource Availability and Access

This section will address the availability of healthcare resources to the residents of Bradford County. The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's healthcare delivery system. Without an adequate supply of healthcare facilities, providers and services, maintaining good health status is a daunting challenge. Fewer facilities, providers and services means diminished opportunity to obtain healthcare in a timely fashion. Limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb indigent and charity care as there are fewer providers among which to distribute the burden.

Provider Facility Supply

- Bradford County was designated as a medically underserved area by the federal government in 1999.
- The low-income population and the ACORN Rural Health Clinic has been designated a health professional shortage area by the federal government for primary medical care.
- The low-income population have been designated a health professional shortage area by the federal government for dental care.
- The correctional institution in Bradford County and the county itself have been designated a health professional shortage area by the federal government for mental health.
- The rate of licensed physicians and doctors of osteopathy per 100,000 population, with license addresses in Bradford County, is less than 15 percent that for Florida.

Access to Healthcare

- In 2007, there were over 5,300 non-elderly uninsured in Bradford County.
- The percentage of non-elderly uninsured in Bradford County in 2007 was 21.1 percent compared to 19.2 percent for the state.
- As of December 31, 2006, there were 4,000 Medicaid eligibles in Bradford County.
- Between 2002 and 2006, the eligible Medicaid population in Bradford County decreased while the total population increased.
- Prescription drugs accounted for nearly 12.6 percent of all Medicaid expenditures in Bradford County compared to only 8.7 percent for all of Florida.
- Virtually all HMO enrollment in Bradford County was identified as other enrollment including individuals, small group, Healthy Kids and federal employee programs. Only 0.1 percent of HMO enrollment was through Medicare HMOs.

Community Input

Quantitative data on demographics and health status alone do not fully capture the health status of a community, especially in regards to the community's healthcare needs as well as its ability to address those needs. Community input is essential when assessing the healthcare needs of any community, which is why qualitative and community perspective information has been incorporated into the needs assessment. Qualitative data for this component of the needs assessment were collected through interviews with fifteen key leaders and six resident focus groups. The six resident focus groups targeted residents of the county based on geographic location (5 groups) and ethnicity (1 group). The specific purpose of these focus groups was to gather information about health and healthcare services in Bradford County.

The Community Input section illustrates the effort to gauge community perspectives on health issues and priorities. The information provided in this section is crucial to the success of a county-wide needs assessment process and represents a key step in the process between the initial step of gathering the necessary quantitative data with the ultimate goal of improved healthcare and outcomes for all residents of Bradford County.

The following are the key observations derived from an analysis of the comments and insights gathered during the community input phase of the needs assessment:

- Overall, the community leaders feel positive about the county's healthcare system given the size and limited resources available and recognize the benefits of being within an hour of high quality healthcare systems in neighboring counties. Community members reported that healthcare services in the county are limited. There are primary care providers available in the county, but for specialty services residents must travel outside the county.
- Both key community leaders and focus group participants expressed a general lack of awareness by community members on the services and resources available in the community.

- Community members and key leaders identified services that were limited or non-existent in Bradford County. The healthcare services identified most frequently included: dental services, mental health and substance abuse services, prenatal care and obstetrics, orthopedics, neurology, dermatology, oncology, podiatry and cardiology.
- The issue of indigent care and the lack of health insurance were the most noted as a major concern for the county by community members. The limited resources for the uninsured and the underinsured continue to be high among respondents' concerns, and the need for services for other vulnerable populations, especially transportation for the elderly, was stressed.
- General health education and prevention programs were also identified as needed. Participants expressed a low level of basic health literacy in the county, which results in the delay of preventative healthcare and/or inappropriate use of healthcare facilities in the county.
- Community members and key leaders shared the concern that community members do not utilize the services available due to lack of awareness and the common misconception that the services available are only for low-income residents.

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Demographic and Socioeconomic Characteristics

Introduction

The demographic and socioeconomic characteristics of Bradford County residents are reviewed in this section. Demographic and socioeconomic characteristics are often strong predictors of healthcare access and health outcome. Indicators selected for review in this section are some of the most influential in determining the extent of a community's overall health.

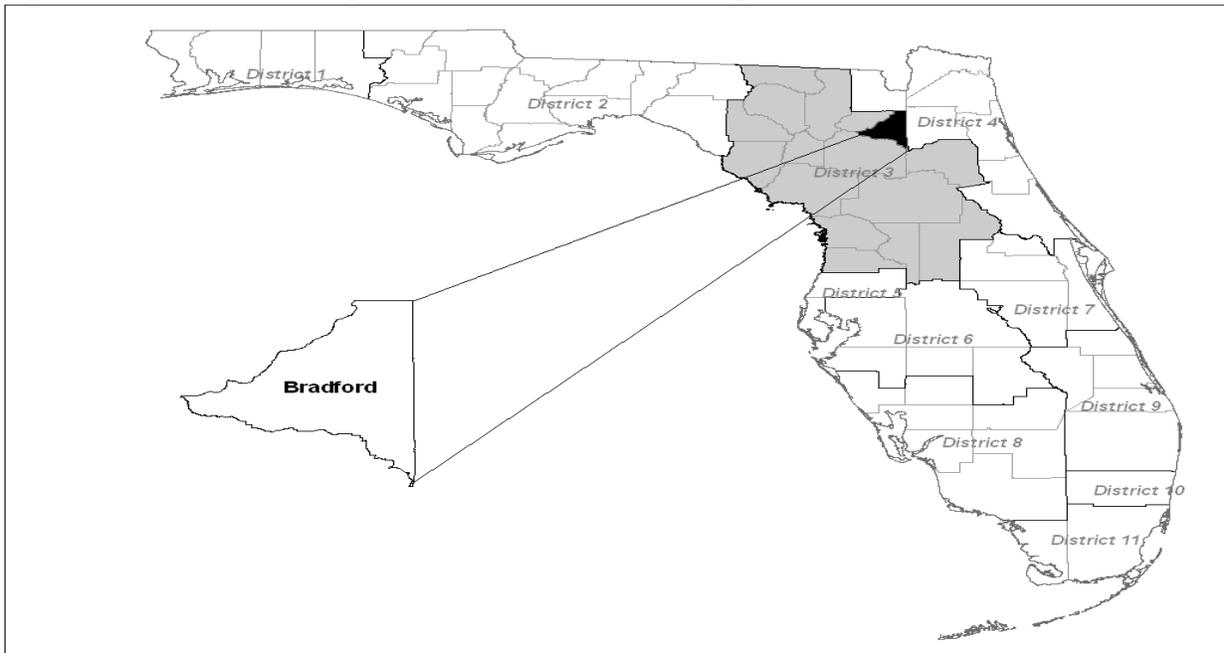
Data in this section are presented for Bradford County and compared to Florida. In addition, zip code data are also presented when available and appropriate. The information provided in this section helps to establish a profile for the people of Bradford County and to determine the demographic and socioeconomic barriers and opportunities to the improvement of community health. Data indicators include population breakdown by age, race and gender; population growth and projections; poverty status; per capita and median income; educational attainment; unemployment rates; and employment by size and industry.

Population

Clearly, the sheer number of people in a community is the leading determinant of the demand for healthcare services. Bradford County, which has a population of just over 29,000 (Table 2-1), is located in north central Florida (Figure 2-1). The county is bordered by Baker County on the north, Union County on the west, Clay County on the east and Alachua County on the south. As seen in Figure 2-1, Bradford is one of 16 counties in north central Florida that comprise the Local Health Planning District 3 as designated by the Florida Agency for Health Care Administration (AHCA). The city of Starke is the county seat with a population of close to 17,000.

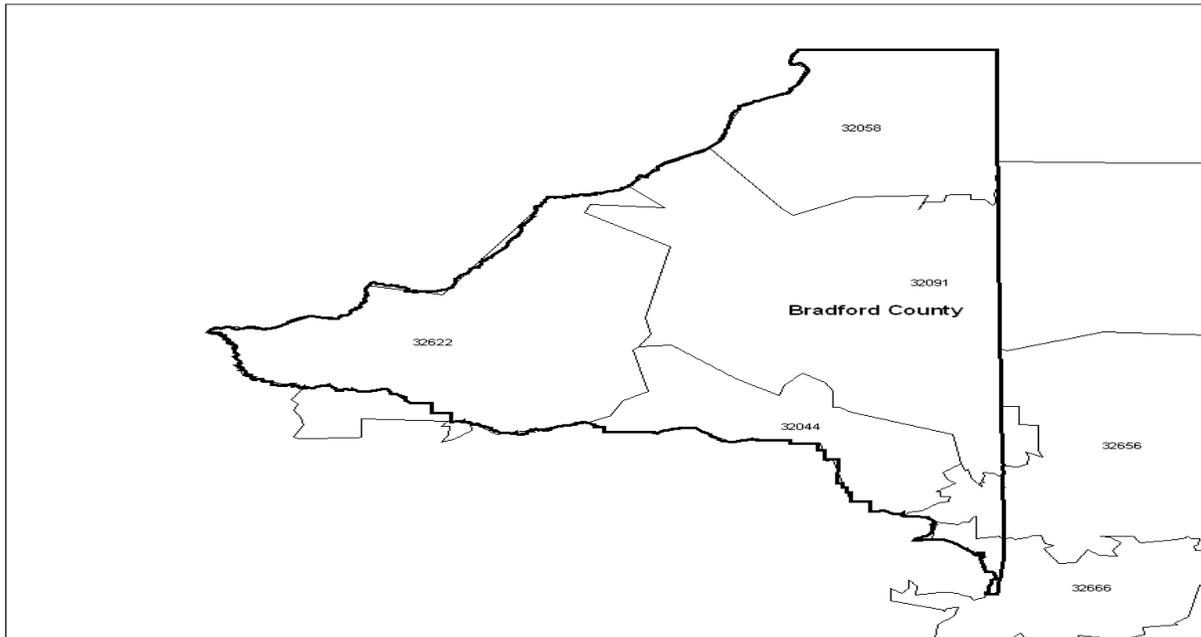
For various population data elements, data are presented by zip code. Figure 2-2 outlines the zip codes in Bradford County. There are four zip codes that are primarily self-contained within the boundaries of Bradford County: Hampton (32044), Lawtey (32058), Starke (32091) and Brooker (32622). The Starke (32091) and Brooker (32622) zip code areas cross over county lines, while two zip code areas from neighboring counties (32666 Melrose and 32656 Keystone Heights) cross into the Bradford County limits. To provide the most accurate data summary for the county, for each data element presented by zip code, the total sum of the zip code data is presented as well as the overall county totals. The differences in these data reflect the difference between the zip code demographics contained within the county limits and those that may be outside of the county boundaries. For example, as seen in Table 2-1, the county zip code total 2007 population is 27,828 and the county total is 29,254. This difference reflects the small number of individuals who reside inside Bradford County lines, but live in zip codes which are housed primarily outside of county limits.

Figure 2-1. Bradford County and the Local Health Planning District 3.



Prepared by: WellFlorida Council, Inc., 2007.

Figure 2-2. Zip code map of Bradford County, 2007.



Prepared by: WellFlorida Council, Inc., 2007.

It is important to note that Bradford County houses five correctional institutions within its county limits including Florida State Prison-Main Unit, New River Correctional Institution West, New River Correctional Institution East, New River “O” Unit (Work Camp), and Lawtey Correctional Institution (Table 2-1a). At the end of state fiscal year 2006-2007, the five correctional facilities housed 4,434 inmates. The population data presented in this section includes the inmates housed

in the five correctional facilities in Bradford County. According to the 2000 United States Census, 14.6 percent of the population of Bradford County was identified as part of a correctional institution group population (Table 2-1b). In 2000, the correctional institution group population comprised 37.8 percent of Lawtey and 9.8 percent of Starke zip codes total population. Hampton and Brooker zip codes were not impacted by the inmate population. The demographic characteristics of Bradford County are significantly impacted by the inmate population that resides in the county; therefore generalizations made to the general population must be made with caution.

Population Growth and Distribution

As seen in Table 2-1, the population of Bradford County grew from 26,088 to 29,254 from 2000-2007. This represents a 12.1 percent increase, which was slower than the increase in population for Florida as a whole (18.2 percent). From 2007-2012, the population growth in Bradford County is expected to continue increasing but at a slower rate (6.6 percent). This growth is inconsistent with the anticipated increase in population for the state as a whole (12.8 percent) during that same time period.

Starke (32091) is the largest zip code in Bradford County by population size, containing 58.4 percent of the population of Bradford County. At the zip code level all areas have increased in total population since 2000, but the population of Hampton (32044) has experienced the greatest population increase (17.7 percent), while Starke (32091) has experienced the least growth in population (10.2 percent) from 2000-2007. Though the total population in all zip codes increased, none exceeded the rate of population growth for Florida as a whole. All zip code areas are projected to continue to grow through 2012 but at a slower pace than seen in the previous seven years and compared to the projected population growth of the state (12.8 percent).

Table 2-1. Population growth and percent change by zip code, Bradford County and Florida, 2000-2012.

Area	2000 Population	2007 Population	2012 Population	Percent Change 2000 - 2007	Percent Change 2007 - 2012	Percent Change 2000 - 2012
32044 Hampton	2,074	2,442	2,694	17.7	10.3	29.9
32058 Lawtey	5,309	6,128	6,469	15.4	5.6	21.8
32091 Starke	15,400	16,971	18,061	10.2	6.4	17.3
32622 Brooker	1,982	2,287	2,471	15.4	8.0	24.7
Bradford Zip Codes	24,765	27,828	29,695	12.4	6.7	19.9
Bradford County	26,088	29,254	31,192	12.1	6.6	19.6
Florida	15,982,378	18,893,813	21,311,920	18.2	12.8	33.3

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-1a. Number of inmates by prisons in Bradford County on June 30, 2006.

Prison	Inmates	Percent of State
Florida State Prison - Main Unit	1,326	1.5
New River CI - West	796	0.9
New River CI - East	1,010	1.1
New River "o" Unit (Work Camp)	490	0.6
Lawtey	812	0.9
Total for Bradford County	4,434	5.0
Florida Total	88,576	100.0

Source: Florida Department of Corrections; 2005-2006 Annual Report.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-1b. Correctional institutions population by age, by zip code, Bradford County and Florida, 2000.

Area	2000 Total Population	2000 Institutionalized Population: Correctional Institutions	Percent of Total Population
32044 Hampton	1,399	0	0.0
32058 Lawtey	5,911	2,236	37.8
32091 Starke	16,003	1,569	9.8
32622 Brooker	1,614	0	0.0
Bradford Zip Codes	24,927	3,805	15.3
Bradford County	26,088	3,805	14.6
Florida	15,982,378	139,148	0.9

Source: U.S. Department of Commerce, Census Bureau, Summary File 1, 2000.
Prepared by: WellFlorida Council Inc., 2007.

Please note that the population projections in Tables 2-1 and 2-2 come from two different sources as zip code data projections are available from one source through 2012 and whole county population projections are available from another source through 2030. For this reason, total population estimates for Bradford County might differ in the two tables as the sources employ different estimating techniques.

As stated, data are not available projecting population growth in zip code areas beyond 2012. Long-term (10-, 15-, 20- and 25-year) population growth projections for Bradford County and Florida have been provided from the Bureau of Economic and Business Research at the University of Florida (Table 2-2). Table 2-2 shows that through 2030 Bradford County will experience population growth at rates (21.6 percent) lower than the state as a whole (44.5 percent).

Table 2-2. Population growth and percent change, Bradford County and Florida, 2006-2030.

Year	Number		Percent Change		
	Bradford County	Florida	Year	Bradford County	Florida
2006	28,551	18,349,132			
2015	31,171	21,831,514	2006-2015	9.2	19.0
2020	32,494	23,552,136	2006-2020	13.8	28.4
2025	33,652	25,085,972	2006-2025	17.9	36.7
2030	34,726	26,513,332	2006-2030	21.6	44.5

Source: Bureau of Economic and Business Research, University of Florida, *Florida Population Studies, 2006*.
 Prepared by: WellFlorida Council Inc., 2007.

As shown in Table 2-3, Brooker, Hampton, Lawtey and Starke are the incorporated areas of Bradford County. Only 26.2 percent of the population of Bradford County resides in incorporated areas, compared to 73.8 percent in unincorporated areas. From 2000-2006, the incorporated area of Starke experienced 8.2 percent growth while the other incorporated areas remained fairly static. The population in the Bradford County incorporated areas increased 9.4 percent from 2000-2006, while the growth of incorporated areas for Florida as a whole was 18.0 percent.

Table 2-3. Population by incorporated and unincorporated areas, Bradford County and Florida, 2000 and 2006.

Area	2000 Population	2006 Population	Total Change	
			Number	Percent
Brooker	352	355	3	0.9
Hampton	431	425	-6	-1.4
Lawtey	656	667	11	1.7
Starke	5,593	6,053	460	8.2
Bradford County	26,088	28,551	2,463	9.4
Incorporated	7,032	7,500	468	6.7
Unincorporated	19,056	21,051	1,995	10.5
Florida	15,982,824	18,349,132	2,366,308	14.8
Incorporated	7,905,318	9,331,989	1,426,671	18.0
Unincorporated	8,077,506	9,017,143	939,637	11.6

Source: Bureau of Economic and Business Research, University of Florida, *Florida Estimates of Population, 2006*.
 Prepared by: WellFlorida Council Inc., 2007.

Population by Age, Race and Gender

Age, race and gender are all factors that contribute to, or at the very least, help describe aspects of healthcare access and health outcome in the United States. Typically, older persons will have more healthcare service needs and be suffering from high mortality compared to their younger

counterparts. Healthcare research in the United States has long shown that there exist racial disparities in access to healthcare and in key health outcomes. In addition, the primary healthcare needs of males and females can differ greatly, especially at different critical stages of life. Reviewing population characteristics based on age, race and gender allows for factoring into health needs analysis the differences and disparities that exist in certain population groups.

Age

As seen in Figure 2-3 and Table 2-4, Bradford County has a slightly younger population than Florida as a whole. Close to 19,700 of Bradford County's residents are age 18 to 64, which equates to 67.3 percent of the population compared to 60.6 percent of the population of Florida falling in this age group. The higher percentage of working-age adults is impacted in part by the large number of inmates housed in the correctional facilities in the county (Table 2-4a). In 2000, 98.4 percent (3,746 inmates) of the correctional population was between the ages of 18-64 years.

With such a relatively higher proportion of working age adults compared to the state, it is expected that the proportion of those ages 0-17 and 65 and older would be lower for Bradford County than the state of Florida. Table 2-4 shows that 19.4 percent of the population is between the ages of 0 to 17 in Bradford County compared to 21.5 percent in Florida. The percentage of elderly, 65 years of age and older, in Bradford County (13.3 percent) is also lower than the state of Florida as a whole (17.9 percent).

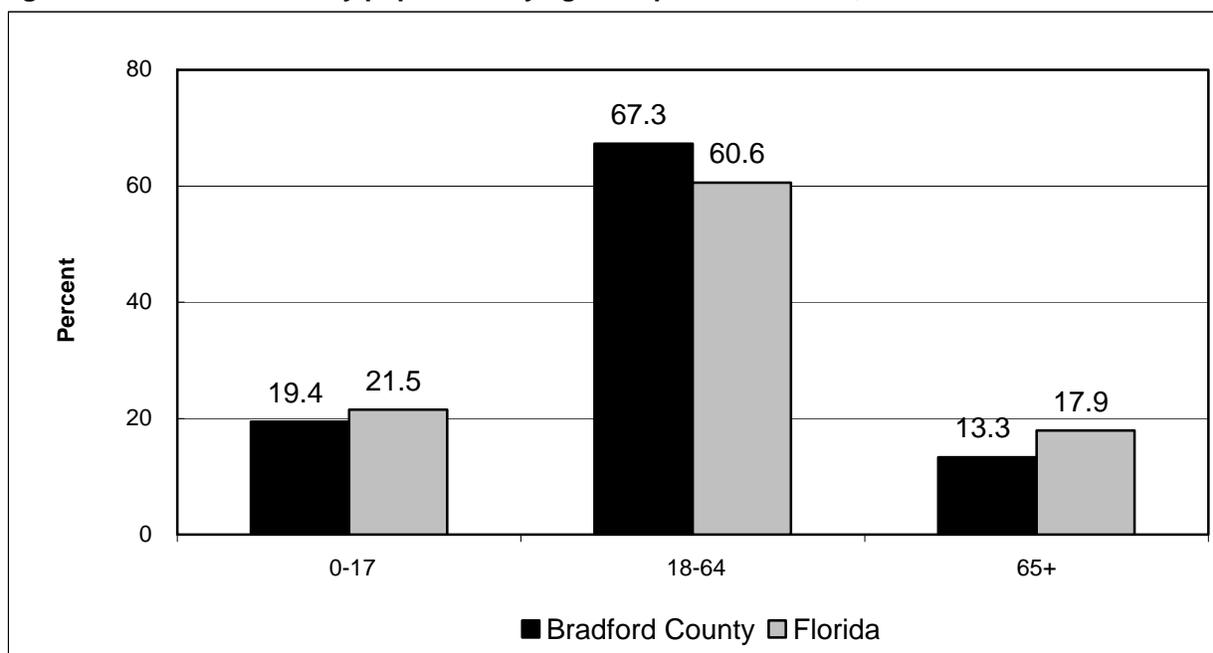
If the 2000 correctional population presented in Table 2-4a is subtracted from the 2007 population data in Table 2-4, the age distribution for Bradford County shifts more closely to the population of Florida as a whole, but there is still a larger percentage of working-age adults (62.6 percent) and a smaller percentage of elderly residents (15.1 percent), but the percentage of residents 0-17 years of age (22.1 percent) is higher than the percentage of residents in this age group for the state of Florida (21.5 percent). Due to the seven year difference in the two data sources compared, this information should be considered as an estimate at best.

Table 2-4. Population by age, by zip code, Bradford County and Florida, 2007.

Area	2007 Population	0-17		18-64		65+	
		Number	Percent	Number	Percent	Number	Percent
32044 Hampton	2,442	618	25.3	1,509	61.8	315	12.9
32058 Lawtey	6,128	876	14.3	4,737	77.3	515	8.4
32091 Starke	16,971	3,615	21.3	11,065	65.2	2,291	13.5
32622 Brooker	2,287	396	17.3	1,583	69.2	309	13.5
Bradford Zip Codes	27,828	5,505	19.8	18,894	67.9	3,430	12.3
Bradford County	29,254	5,675	19.4	19,688	67.3	3,891	13.3
Florida	18,893,813	4,062,170	21.5	11,449,651	60.6	3,381,993	17.9

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Figure 2-3. Bradford County population by age compared to Florida, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, Inc., 2007.

Table 2-4 shows that zip code 32058 has a much lower percentage (14.3 percent) of youth under the age of eighteen compared to the state of Florida (21.5 percent). All zip codes in Bradford County have percentages of residents age 18 to 64 that are higher than the state of Florida: 32044 (61.8 percent), 32058 (77.3 percent), 32091 (65.2 percent) and 32622 (69.2 percent). Again, the age distributions in zip codes 32091 (Starke) and 32058 (Lawtey) are significantly impacted by the higher number of inmates residing in these zip codes, which accounted for a large percent of the total population: 9.8 percent in Starke (32091) and 37.8 percent in Lawtey (32058) during 2000.

Table 2-4a. Correctional institutions population by age, by zip code, Bradford County and Florida, 2000.

Area	2000 Institutionalized Population: Correctional Institutions	0-17		18-64		65+	
		Number	Percent	Number	Percent	Number	Percent
32044 Hampton	0	0	0.0	0	0.0	0	0.0
32058 Lawtey	2,236	4	0.2	2,183	97.6	49	2.2
32091 Starke	1,569	0	0.0	1,563	99.6	6	0.4
32622 Brooker	0	0	0.0	0	0.0	0	0.0
Bradford Zip Codes	3,805	4	0.1	3,746	98.4	55	1.4
Bradford County	3,805	4	0.1	3,746	98.4	55	1.4
Florida	139,148	1,455	1.0	136,383	98.0	1,310	0.9

Source: U.S. Department of Commerce, Census Bureau, Summary File 1, 2000.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-5 provides a finer breakdown of population by age. Of particular interest is the percentage of residents between the ages of 25-44. This age group represents more than 31 percent of the population of Bradford County, compared to 25.5 percent of the population of Florida. One can assume that this is the age group most significantly impacted by the high number of incarcerated persons in the county. As expected, the Lawtey zip code area, which houses the greatest percentage of inmates, has the highest percentage (41.5 percent) of residents between the ages of 25-44 for all the zip codes in the county. Also of note, the elderly population from the ages of 65-84 represents 11.6 percent of the population in Bradford County compared to 15.2 percent of the population of the state. Finally, the Hampton (32044) zip code area has a higher percentage of the population under the age of 24 compared to Bradford County and the state as a whole.

Table 2-5. Population by age, by zip code, Bradford County and Florida, 2007.

Area	2007 Population	0-4		5-9		10-14	
		Number	Percent	Number	Percent	Number	Percent
32044 Hampton	2,442	190	7.8	178	7.3	154	6.3
32058 Lawtey	6,128	251	4.1	227	3.7	264	4.3
32091 Starke	16,971	1,086	6.4	967	5.7	984	5.8
32622 Brooker	2,287	119	5.2	105	4.6	96	4.2
Bradford Zip Codes	27,828	1,647	5.9	1,478	5.3	1,498	5.4
Bradford County	29,254	1,697	5.8	1,550	5.3	1,550	5.3
Florida	18,893,813	1,133,629	6.0	1,058,054	5.6	1,133,629	6.0
Area	15-24		25-44		45-64		
	Number	Percent	Number	Percent	Number	Percent	
32044 Hampton	357	14.6	640	26.2	608	24.9	
32058 Lawtey	827	13.5	2,543	41.5	1,507	24.6	
32091 Starke	2,223	13.1	5,057	29.8	4,379	25.8	
32622 Brooker	286	12.5	725	31.7	650	28.4	
Bradford Zip Codes	3,693	13.3	8,965	32.2	7,144	25.7	
Bradford County	3,715	12.7	9,127	31.2	7,723	26.4	
Florida	3,745	12.8	7,460	25.5	7,665	26.2	
Area	65-84		85+		18+		
	Number	Percent	Number	Percent	Number	Percent	
32044 Hampton	286	11.7	29	1.2	1,824	74.7	
32058 Lawtey	466	7.6	49	0.8	5,252	85.7	
32091 Starke	1,952	11.5	339	2.0	13,356	78.7	
32622 Brooker	279	12.2	30	1.3	1,891	82.7	
Bradford Zip Codes	2,982	10.7	447	1.6	22,323	80.2	
Bradford County	3,393	11.6	497	1.7	23,579	80.6	
Florida	4,447	15.2	790	2.7	22,964	78.5	

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Race and Ethnicity

Table 2-6 and Figure 2-4 provide information on the race of the population in Bradford County. While the percentage of the Florida population that is white is 75.4 percent, Bradford County's white residents comprise 72.2 percent of the county total. As such, while the black population in Florida is 15.6 percent of the total population, the black population is 24.1 percent of Bradford County's total. The greatest concentration of black residents, as a percentage of total population, resides in the Lawtey and Starke zip code areas, 35.6 percent and 25.1 percent respectively.

Table 2-6a provides information on the race of the correctional institution population in Bradford County for 2000. Black inmates represent 55.5 percent of the total inmate population, compared to whites, who represent 40.0 percent of the total inmate population.

If the 2000 correctional population presented in Table 2-6a is subtracted from the 2007 population data in Table 2-6, the percentage of black residents (19.4 percent) in Bradford County remains higher than the proportion of black residents for Florida (15.6 percent) as a whole. On the other hand, the proportion of white residents (76.9 percent) in Bradford County becomes slightly higher than the proportion of white residents in Florida (75.4 percent) as a whole. The percentage of residents who are identified as other races (2.6 percent) remains lower than the percentage throughout the state (6.8 percent). Due to the seven year difference in the two data sources compared, this information should be considered as an estimate at best.

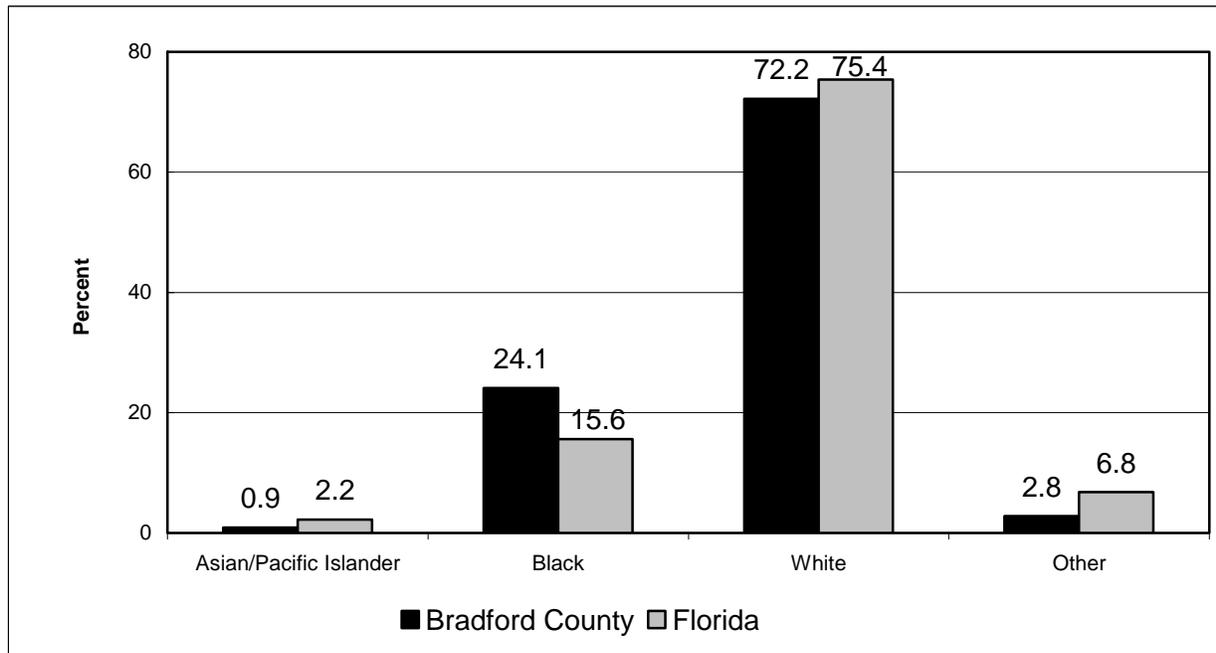
Table 2-6. Population by race, by zip code, Bradford County and Florida, 2007.

Area	2007 Population	Asian/Pacific Islander		Black	
		Number	Percent	Number	Percent
32044 Hampton	2,442	12	0.5	147	6.0
32058 Lawtey	6,128	49	0.8	2,182	35.6
32091 Starke	16,971	170	1.0	4,260	25.1
32622 Brooker	2,287	5	0.2	405	17.7
Bradford Zip Codes	27,828	236	0.8	6,993	25.1
Bradford County	29,254	263	0.9	7,050	24.1
Florida	18,893,813	415,664	2.2	2,947,435	15.6
Area	White		Other		
	Number	Percent	Number	Percent	
32044 Hampton	2,193	89.8	90	3.7	
32058 Lawtey	3,640	59.4	257	4.2	
32091 Starke	12,168	71.7	373	2.2	
32622 Brooker	1,830	80.0	48	2.1	
Bradford Zip Codes	19,831	71.3	769	2.8	
Bradford County	21,121	72.2	819	2.8	
Florida	14,245,935	75.4	1,284,779	6.8	

Source: ESRI Business Solutions, 2007.

Prepared by: WellFlorida Council Inc., 2007.

Figure 2-4. Bradford County population by race compared to Florida, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-6a. Correctional institutions population by race, zip code, Bradford County and Florida, 2000.

Area	2000 Institutionalized Population: Correctional Institutions	Asian/Pacific Islander		Black	
		Number	Percent	Number	Percent
32044 Hampton	0	0	0.0	0	0.0
32058 Lawtey	2,236	4	0.2	1,200	53.7
32091 Starke	1,569	9	0.6	910	58.0
32622 Brooker	0	0	0.0	0	0.0
Bradford Zip Codes	3,805	13	0.3	2,110	55.5
Bradford County	3,805	13	0.3	2,110	55.5
Florida	139,148	562	0.4	67,186	48.3
Area	White		Other		
	Number	Percent	Number	Percent	
32044 Hampton	0	0.0	0	0.0	
32058 Lawtey	897	40.1	135	6.0	
32091 Starke	626	39.9	24	1.5	
32622 Brooker	0	0.0	0	0.0	
Bradford Zip Codes	1,523	40.0	159	4.2	
Bradford County	1,523	40.0	159	4.2	
Florida	64,741	46.5	6,659	4.8	

Source: U.S. Department of Commerce, Census Bureau, Summary File 1, 2000.
Prepared by: WellFlorida Council Inc., 2007.

As seen in Table 2-7 and Figure 2-5, just over 20 percent of Florida’s total population is of Hispanic ethnicity. This percentage is substantially lower in Bradford County (3.4 percent). The Bradford County zip code area with the highest percentage (6.2 percent) of Hispanic residents is 32058 (Lawtey).

In 2000, 13.2 percent of Florida’s incarcerated population was Hispanic compared to 6.1 percent of Bradford County’s incarcerated population (Table 2-7a). If the 2000 correctional population presented in Table 2-7a is subtracted from the 2007 population data in Table 2-7, the proportion of Hispanic population (3.0 percent) in Bradford County remains much less than the proportion of Hispanic population for Florida (20.5 percent) as a whole. Therefore, the number of Hispanic inmates does not significantly impact the Hispanic population for Bradford County as a whole. Due to the seven year difference in the two data sources compared, this information should be considered as an estimate at best.

Table 2-7. Population by Hispanic ethnicity, by zip code, Bradford County and Florida, 2007.

Area	2007 Population	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
32044 Hampton	2,442	98	4.0	2,344	96.0
32058 Lawtey	6,128	380	6.2	5,748	93.8
32091 Starke	16,971	424	2.5	16,547	97.5
32622 Brooker	2,287	57	2.5	2,230	97.5
Bradford Zip Codes	27,828	959	3.4	26,869	96.6
Bradford County	29,254	995	3.4	28,259	96.6
Florida	18,893,813	3,873,232	20.5	15,020,581	79.5

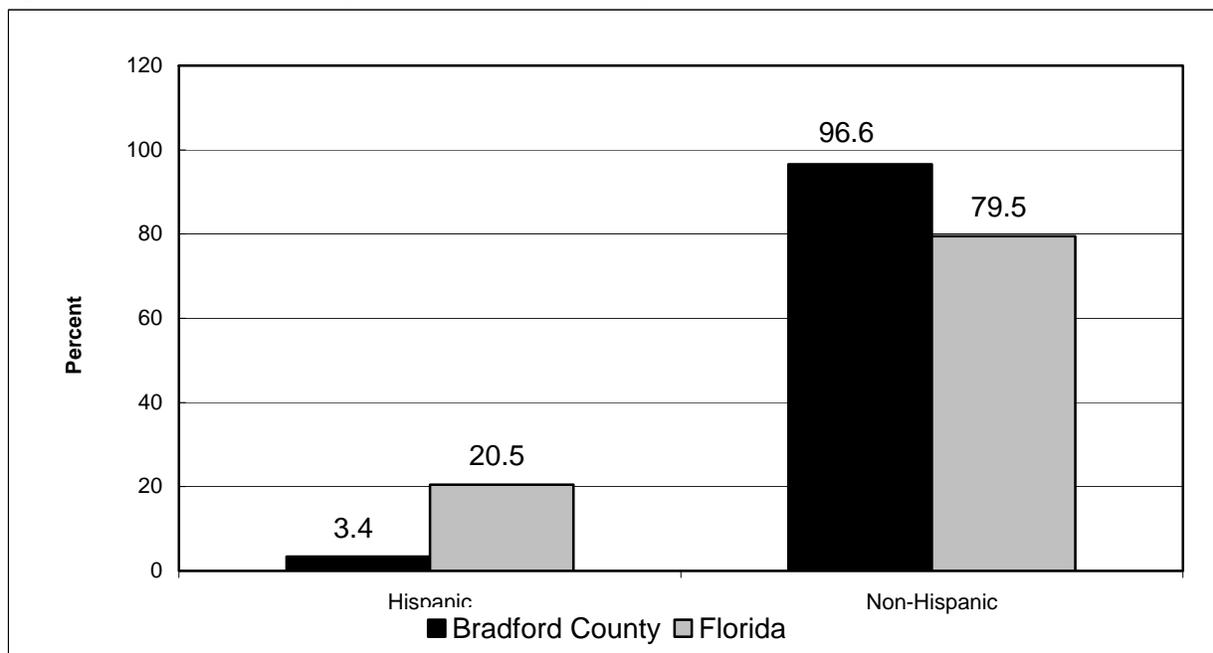
Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-7a. Correctional institutions population by Hispanic ethnicity, by zip code, Bradford County and Florida, 2007.

Area	2000 Institutionalized Population: Correctional Institutions	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
32044 Hampton	0	0	0.0	0	0.0
32058 Lawtey	2,236	193	8.6	2,043	91.4
32091 Starke	1,569	39	2.5	1,530	97.5
32622 Brooker	0	0	0.0	0	0.0
Bradford Zip Codes	3,805	232	6.1	3,573	93.9
Bradford County	3,805	232	6.1	3,573	93.9
Florida	139,148	18,351	13.2	120,797	86.8

Source: U.S. Department of Commerce, Census Bureau, Summary File 1, 2000.
Prepared by: WellFlorida Council Inc., 2007.

Figure 2-5. Bradford County population by ethnicity compared to Florida, 2007.



Source: ESRI Business Solutions, 2007.
 Prepared by: WellFlorida Council Inc., 2007.

Gender

Females typically have longer life expectancies in the United States and in Florida. Because of this phenomenon, communities that are older tend to have a higher percentage of females in the population. Table 2-8 shows that this is not the case in Bradford County. While 51.2 percent of Florida residents are female, only 43.4 percent of Bradford County residents are female. The percentage of female residents is impacted by the inmate population in Bradford County. According to the Florida County Detention Facility Average Inmate Population Report for May 2007, males comprised 85.6 percent of the adult inmate population in Florida. Of the correctional facilities in Bradford County, only 1.3 percent of all inmates were female in 2000. The 32058 (Lawtey) zip code area is impacted most significantly by the inmate population: only 29.6 percent of residents of this zip code are female. The Hampton (32044) and Brooker (32622) zip code areas do not have correctional facilities, and one would expect their gender distribution to be similar to the state of Florida. This is true in Hampton (32044), but the Brooker (32622) zip code area has a smaller percentage of females (43.4 percent) than the state of Florida (51.2 percent).

Table 2-8. Population by gender, by zip code, Bradford County and Florida, 2007.

Area	2007 Population	Males		Females	
		Number	Percent	Number	Percent
32044 Hampton	2,442	1,243	50.9	1,199	49.1
32058 Lawtey	6,128	4,314	70.4	1,814	29.6
32091 Starke	16,971	9,012	53.1	7,959	46.9
32622 Brooker	2,287	1,294	56.6	993	43.4
Bradford Zip Codes	27,828	15,863	57.0	11,965	43.0
Bradford County	29,254	16,558	56.6	12,696	43.4
Florida	18,893,813	9,220,181	48.8	9,673,632	51.2

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Economic Characteristics

The economic status, and often the health status, of a region and its residents can be assessed by examining a variety of economic characteristics. Some of the most critical include income, poverty status and employment. Higher incomes, lower poverty and better employment have all been shown to impact health access and health outcome favorably. Conversely, lower income, higher poverty and poorer employment are definite predictors of a lack of access to healthcare and adverse health outcomes. In this section, these standard measures of income, poverty status and employment are used to compare Bradford County with the state of Florida.

Income

As shown in Table 2-9, the median household income for Bradford County (\$39,786) is substantially lower than the state (\$48,591). All zip codes in Bradford County have median household incomes less than the state. The median household income in Bradford County is lowest in the Starke zip code area (\$37,552).

Table 2-9 also shows per capita income levels for Bradford County and its zip code areas as they compare to the state. As with median income, the per capita income in Bradford County (\$18,813) and each of its zip code areas is substantially less than Florida (\$27,311). The lowest per capita income is seen in the Lawtey zip code area (\$17,131).

Table 2-9. Median household income and per capita income by zip code, Bradford County and Florida, 2007.

Area	Total Households	Average Household Size	Medium Household Income	Per Capita Income
32044 Hampton	923	2.6	\$41,266	\$20,603
32058 Lawtey	1,312	2.8	41,693	17,131
32091 Starke	5,774	2.6	37,552	17,857
32622 Brooker	871	2.2	40,146	20,901
Bradford Zip Codes	8,880	NA	39,003	NA
Bradford County	9,580	2.6	39,786	18,813
Florida	7,510,601	2.5	48,591	27,311

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-10 depicts household income distribution in Bradford County by zip code. Bradford County has a greater percentage of households with less than \$25,000 (29.2 percent) and \$25,000-\$49,999 (32.4 percent) than the state (23.3 percent and 28.0 percent, respectively). The Starke (32091) zip code area has the highest percentage of households with less than \$25,000 (32.5 percent) and the Brooker (32622) zip code area has the highest percentage of households with less than \$25,000-\$49,999 (38.2 percent) in the county, but all Bradford County zip code areas have a higher proportion of residents with incomes under \$49,999 than the state of Florida.

At the opposite end of the spectrum, while 7.0 percent of Florida households have incomes over \$150,000, only 2.1 percent of Bradford County households have the same. The Hampton zip code (32044) area has the highest percentage of households with an income of over \$150,000 (3.5 percent).

Table 2-10. Households by income levels, by zip code, Bradford County and Florida, 2007.

Area	Total Households	Less than \$25,000		\$25,000-\$49,999	
		Number	Percent	Number	Percent
32044 Hampton	923	248	26.9	318	34.5
32058 Lawtey	1,312	370	28.2	398	30.3
32091 Starke	5,774	1,877	32.5	1,796	31.1
32622 Brooker	871	203	23.3	333	38.2
Bradford Zip Codes	8,880	2,698	30.4	2,844	32.0
Bradford County	9,580	2,797	29.2	3,104	32.4
Florida	7,510,601	1,749,970	23.3	2,102,968	28.0

Area	\$ 50,000-\$99,999		\$100,000-\$149,999		\$150,000 and Over	
	Number	Percent	Number	Percent	Number	Percent
32044 Hampton	290	31.4	35	3.8	32	3.5
32058 Lawtey	442	33.7	81	6.2	21	1.6
32091 Starke	1,657	28.7	346	6.0	98	1.7
32622 Brooker	277	31.8	46	5.3	12	1.4
Bradford Zip Codes	2,666	30.0	509	5.7	164	1.8
Bradford County	2,903	30.3	575	6.0	201	2.1
Florida	2,350,818	31.3	781,103	10.4	525,742	7.0

Source: ESRI Business Solutions, 2007.
 Prepared by: WellFlorida Council Inc., 2007.

Poverty

Each year, the United State’s Department of Health and Human Services (DHHS) establishes national poverty levels (Table 2-11). These levels are established by comparing annual income to “poverty thresholds.” The thresholds vary by family size. For example, a family of four living in the 48 contiguous states and D.C is considered to be living in poverty in 2007 if the household income is below \$20,650. A poverty rate for a county is the percentage of the county’s individuals that have an annual income or live in a household with an annual income below the poverty threshold.

Table 2-11. 2007 Federal poverty levels.

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,210	\$12,770	\$11,750
2	13,690	17,120	15,750
3	17,170	21,470	19,750
4	20,650	25,820	23,750
5	24,130	30,170	27,750
6	27,610	34,520	31,750
7	31,090	38,870	35,750
8	34,570	43,220	39,750
For each additional person, add	3,480	4,350	4,000

Source: Federal Register, vol. 72, no. 15, January 24, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Poverty data is estimated during each decennial census. The latest poverty rates available are for the 2000 census (based on 1999 income). In the analysis that follows, it is assumed that the latest poverty rate from the 2000 census is the best available estimate of the state and local poverty rate. In order to calculate numbers of persons in poverty, children and households in poverty (Tables 2-12 through 2-14), the 2000 census poverty percentages are used with the 2007 population data.

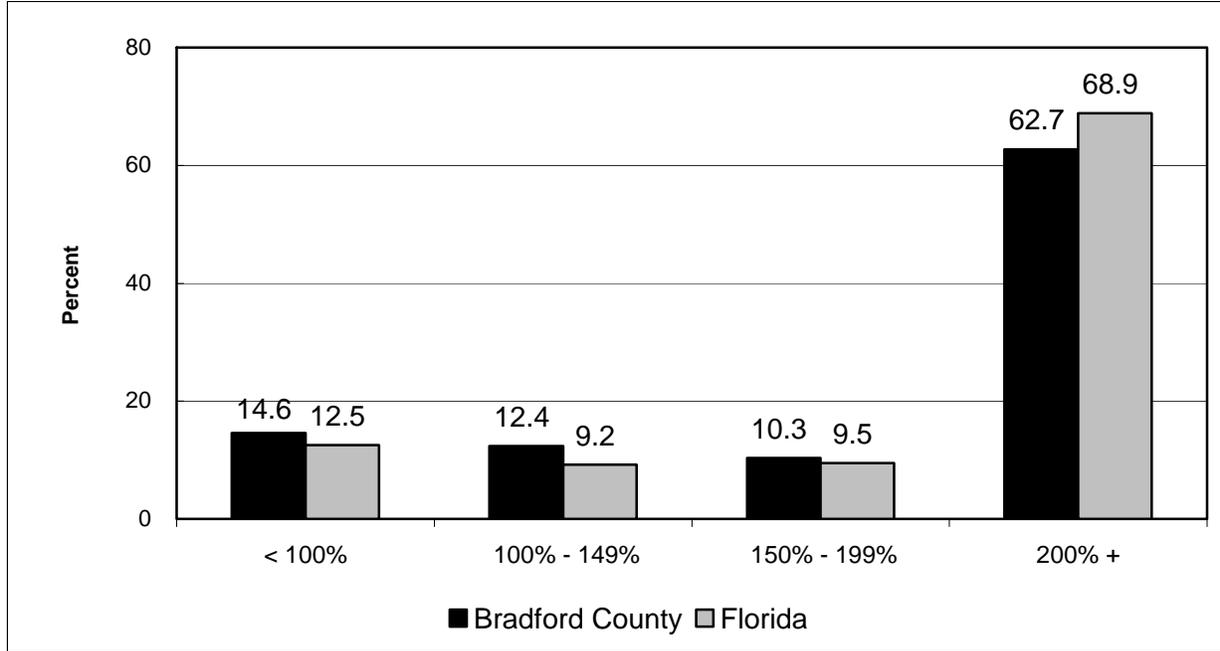
Figure 2-6 shows that, in terms of poverty rate, Bradford County compares unfavorably to the state as a whole. While 12.5 percent of Florida's population is estimated to be in poverty, 14.6 percent of Bradford County's population lives below the poverty threshold (i.e., 100 percent of the federal poverty level). Additionally, 22.7 percent of Bradford County residents are estimated to be between 100 and 200 percent of the federal poverty level compared to only 18.5 percent for all of Florida. Bradford County has high levels of low-income persons as reflected in the earlier analysis of the median and per capita incomes.

An examination of poverty status by zip code (Table 2-13) reveals all zip codes in Bradford County except Brooker (32622) have a poverty rate (10.5 percent) for individuals higher than that of Florida (12.5 percent). The same is true for the percentage of households in poverty; only the Brooker (32622) zip code area has a lower percentage (9.8 percent) of households in poverty than that of Florida (11.7 percent). When examining the percentage of children who live at or below the poverty threshold, two of the four zip code areas in Bradford County have higher percentages of children living in poverty than the state (17.6 percent). Most alarming is the Hampton (32044) zip code area, which has 25.6 percent of children living at or below the poverty threshold.

Table 2-14 shows that Bradford County has a greater percentage of persons living below 200 percent of the federal poverty level compared to Florida, thus underscoring the high amount of financial hardship faced in this county. The Hampton zip code has the greatest percentage (40.1 percent) of residents living below 200 percent of poverty. The Hampton zip code also has the greatest percentage of individuals living below 150 percent of poverty (35.4 percent). Brooker

has the highest percentage of individuals living above 200 percent of poverty (62.8 percent), but it is still less than the state average (68.9 percent).

Figure 2-6. Estimated persons in poverty by level of poverty, Bradford County and Florida, 2007.



Note: Numbers are slightly different from the table below due to rounding.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2007.

Prepared by: WellFlorida Council Inc., 2007.

Table 2-12. Estimated persons in poverty by level of poverty, Bradford County and Florida, 2007.

Level of Poverty	Bradford County		Florida	
	Number	Percent	Number	Percent
< 100%	4,269	14.6	2,364,097	12.5
100%-124%	2,029	6.9	820,425	4.3
125%-149%	1,587	5.4	913,575	4.8
150%-174%	1,361	4.7	884,524	4.7
175%-184%	487	1.7	384,040	2.0
185%-199%	1,170	4.0	517,960	2.7
200% +	18,351	62.7	13,009,192	68.9
Total Population (2007)	29,254		18,893,813	

Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2007 in order to estimate the number in poverty, 2007.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2007.

Prepared by: WellFlorida Council Inc., 2007.

Table 2-13. Estimated persons, children and households in poverty, by zip code, Bradford County and Florida, 2007.

Area	Individuals (All Ages)			Children (0-17)		
	Total Number	Number in Poverty	Percent in Poverty	Total Number	Number in Poverty	Percent in Poverty
32044 Hampton	2,442	495	20.3	618	158	25.6
32058 Lawtey	6,128	770	12.6	876	148	16.8
32091 Starke	16,971	2,563	15.1	3,615	715	19.8
32622 Brooker	2,287	241	10.5	396	36	9.0
Bradford Zip Codes	27,828	4,069	14.6	5,505	1,025	18.6
Bradford County	29,254	4,269	14.6	5,675	1,093	19.3
Florida	18,893,813	2,364,097	12.5	4,062,170	715,253	17.6
Area	Households					
	Total Number	Number in Poverty	Percent in Poverty			
32044 Hampton	923	181	19.6			
32058 Lawtey	1,312	178	13.5			
32091 Starke	5,774	951	16.5			
32622 Brooker	871	85	9.8			
Bradford Zip Codes	8,880	1,390	15.7			
Bradford County	9,580	1,459	15.2			
Florida	7,510,601	880,652	11.7			

Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2007 in order to estimate the number in poverty, 2007.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2007.

Prepared by: WellFlorida Council Inc., 2007.

Table 2-14. Estimated persons in poverty by level of poverty, by zip code, Bradford County and Florida, 2007.

Area	Total Number	< 100% of Poverty		100%-149% of Poverty	
		Number	Percent	Number	Percent
32044 Hampton	2,442	495	20.3	368	15.1
32058 Lawtey	6,128	770	12.6	730	11.9
32091 Starke	16,971	2,563	15.1	2,099	12.4
32622 Brooker	2,287	241	10.5	311	13.6
Bradford Zip Codes	27,828	4,069	14.6	3,500	12.6
Bradford County	29,254	4,269	14.6	3,616	12.4
Florida	18,893,813	2,364,097	12.5	1,734,000	9.2
Area	150%-199% of Poverty		200% + of Poverty		
	Number	Percent	Number	Percent	
32044 Hampton	117	4.8	1,462	59.9	
32058 Lawtey	818	13.3	3,810	62.2	
32091 Starke	1,738	10.2	10,571	62.3	
32622 Brooker	298	13.0	1,437	62.8	
Bradford Zip Codes	2,965	10.7	17,295	62.1	
Bradford County	3,018	10.3	18,351	62.7	
Florida	1,786,524	9.5	13,009,192	68.9	

Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2007 in order to estimate the number in poverty, 2007.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2007.

Prepared by: WellFlorida Council Inc., 2007.

Employment

Being employed with health benefits or being the spouse or dependent of someone whose employer provides health insurance are still the most common ways to obtain private health insurance in the United States. Unemployed individuals are thus vastly less likely to have private health insurance coverage. In addition, smaller companies and retail and service sector employers have been shown to have more difficulty in providing health insurance for their employees. For these reasons, unemployment rates and type and size of employer data for Bradford County is provided in this section.

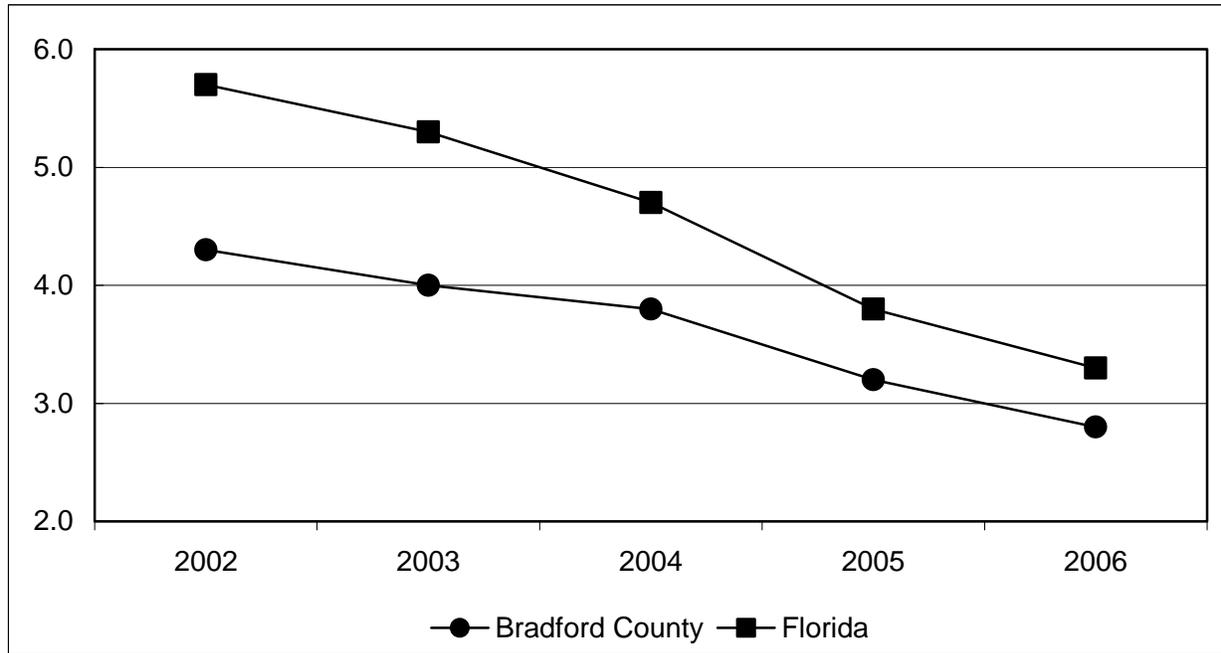
As seen in Table 2-15 and Figure 2-7, the unemployment rate in Bradford County has been lower than the state of Florida since 2000. Like Florida and the rest of the nation, the unemployment rate in Bradford County has been decreasing since 2002.

Table 2-15. Unemployment rates, Bradford County and Florida, 2000-2006.

Area	2000	2001	2002	2003	2004	2005	2006
Bradford	3.8	4.4	4.3	4.0	3.8	3.2	2.8
Florida	3.8	4.7	5.7	5.3	4.7	3.8	3.3

Source: Labor Market Info, Florida Research & Economic Database, accessed 8-14-07.
Prepared by: WellFlorida Council Inc., 2007.

Figure 2-7. Bradford County unemployment rates compared to Florida, 2000-2006.



Source: Labor Market Info, Florida Research & Economic Database, assessed 8-14-2007.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-16 depicts that 92.5 percent of Bradford County businesses are small (defined as fewer than 20 employees) compared to 88.7 percent for Florida as a whole. In addition, Table 2-17 shows that out of the total labor force, 25.9 percent are employed in small businesses as compared to 18.9 percent for the state of Florida.

Table 2-16. Number of non-governmental businesses by size of business, Bradford County and Florida, 2005.

Area	Total Business Establishments	Size of Business					
		Less than 20 employees		20 - 99 employees		100+ employees	
		Number	Percent	Number	Percent	Number	Percent
Bradford County	453	419	92.5	23	5.1	11	2.4
Florida	504,662	447,764	88.7	46,664	9.2	10,234	2.0

Note: The U.S. Census Bureau determines from a sample of businesses; thus, these are not all businesses in Bradford County but a representative sample of businesses. Governmental and public administration businesses are not included in the sample.
Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns, 2005*.
Prepared by: WellFlorida Council Inc., 2007.

Table 2-17. Number of employees in non-governmental businesses by size of business, Bradford County and Florida, 2002.

Area	Total Employees	Size of Business					
		Less than 20 employees		20 - 99 employees		100+ employees	
		Number	Percent	Number	Percent	Number	Percent
Bradford County	3,913	1,014	25.9	848	21.7	2,051	52.4
Florida	6,366,964	1,205,396	18.9	1,016,969	16.0	4,144,599	65.1

Note: The U.S. Census Bureau determines the number of employees from a sample of businesses; thus, total employees reflects the total employees in the sample. Governmental and public administration businesses are not included in the sample.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns Special Report, 2002*.

Prepared by: WellFlorida Council Inc., 2007.

Table 2-18 shows that 62.9 percent of businesses in Bradford County are retail trade and service sector employers compared to 61.5 percent for Florida. Employees of smaller businesses in the retail trade and service sectors are workers who are the least likely to have access to or to be able to afford private healthcare insurance.

Retail trade and service sector includes the following:

- Retail sales
- Administration and support
- Waste management
- Healthcare and social assistance
- Educational services
- Arts, entertainment and recreation
- Accommodations and food services
- Other services (not including public administration or government)

Larger employers, especially those in the public administration and governmental sectors, are more likely to offer health insurance and in many instances provide a subsidy to their employees for healthcare insurance.

Table 2-18. Retail trade and service (non-governmental) businesses, Bradford County and Florida, 2005.

Area	Total Businesses	Retail Trade *		Services *	
		Number	Percent	Number	Percent
Bradford County	453	84	18.5	201	44.4
Florida	504,662	72,469	14.4	237,635	47.1

* The U.S. Census Bureau determines this from a sample of businesses; thus, total businesses reflects the total businesses in the sample. Governmental and public administration businesses are not included in the sample.

Note: North American Industry Classification (NAIC) codes for retail trade: 44-45; services: 54-56, 61, 62, 71, 72, and 81.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns, 2005*.

Prepared by: WellFlorida Council Inc., 2007.

Educational Attainment

Today’s complex healthcare systems and treatment guidelines are often difficult to navigate and understand. Generally, persons with higher educational levels utilize healthcare systems somewhat more effectively and efficiently than their counterparts without higher levels of educational attainment. In addition, research has suggested that educational level also has a bearing on health outcome.

Close to 26 percent of Bradford County residents (age 25 and over) have no high school diploma compared to slightly more than 20 percent for Florida as a whole (Table 2-19). Over 31 percent of residents in the Hampton (32044) and Lawtey (32058) zip code areas have no high school diploma. For approximately 60 percent of Bradford County’s residents, a high school diploma is their highest educational attainment compared to 50.5 percent for Florida residents. Only 56 percent of the Brooker (32622) zip code area residents have a high school diploma as their highest level of educational attainment. Only 14.4 percent of Bradford County residents achieved a college degree compared to 29.4 percent of all Florida residents.

As seen in Table 2-20 and Figure 2-8, the high school graduation rate in Bradford County has been higher than the state of Florida in five of the six years reported. Only during the 2005-2006 school year was the graduation rate lower in Bradford County (69.5 percent) than the state (71.0 percent). On the other hand, from 2000-2006, the drop-out rates for Bradford County compared unfavorably to Florida. Note that graduation and drop-out rates do not add up to 100 percent due to the fact of high mobility of students in the school system. There are neither graduation nor drop-out rates available for students that leave the Bradford County school system.

Table 2-19. Estimated number of persons 25 and over by highest level of educational attainment, by zip code, Bradford County and Florida, 2007.

Area	Population 25+	No High School Diploma		High School Diploma		College Degree	
		Number	Percent	Number	Percent	Number	Percent
32044 Hampton	1,563	490	31.4	969	62.0	104	6.6
32058 Lawtey	4,565	1,444	31.6	2,659	58.2	463	10.1
32091 Starke	11,727	2,936	25.0	6,973	59.5	1,818	15.5
32622 Brooker	1,683	456	27.1	942	56.0	285	16.9
Bradford Zip Codes	19,538	5,309	27.2	11,539	59.1	2,691	13.8
Bradford County	20,741	5,358	25.8	12,396	59.8	2,987	14.4
Florida	13,150,094	2,647,933	20.1	6,642,512	50.5	3,859,649	29.4

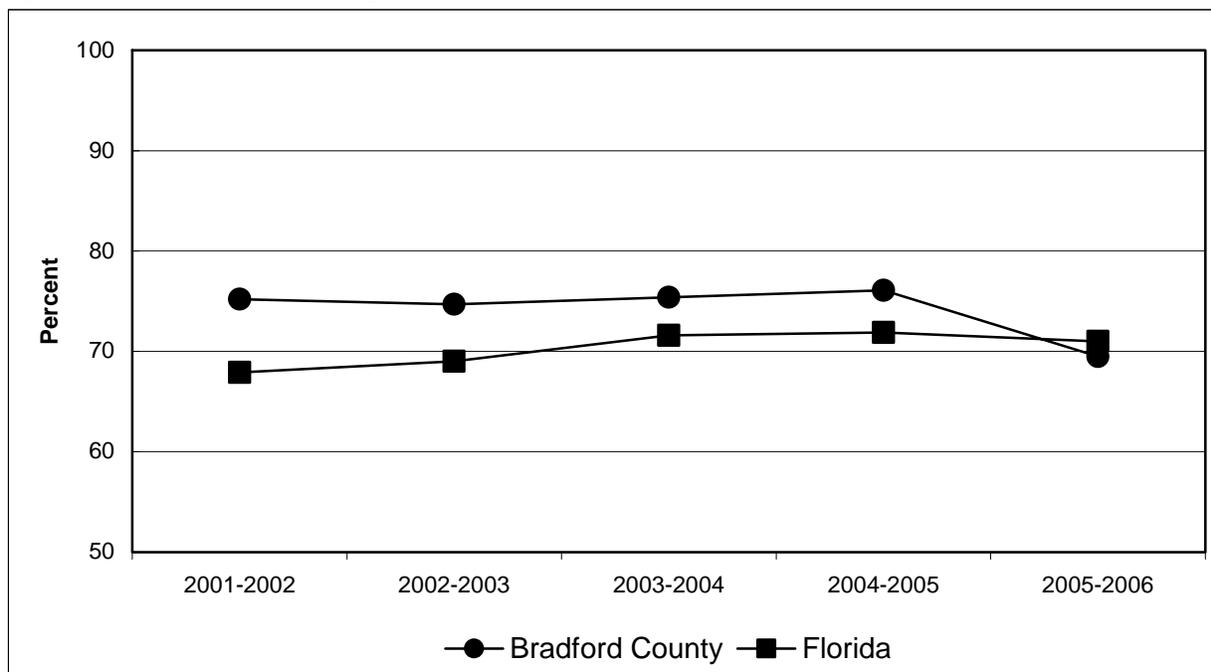
Note: Educational attainment percentages from the 2000 Census are used as educational attainment estimates for 2007 in order to estimate the number by level of highest level of educational attainment in 2007.
 Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2007.
 Prepared by: WellFlorida Council Inc., 2007.

Table 2-20. Graduation and dropout rates, Bradford County and Florida, 2000- 2006.

Area	School Year					
	2000-2001		2001-2002		2002-2003	
	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate
Bradford County	70.8	5.0	75.2	3.6	74.7	3.9
Florida	63.8	3.8	67.9	3.2	69.0	3.1
Area	School Year					
	2003-2004		2004-2005		2005-2006	
	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate
Bradford County	75.4	5.8	76.1	4.5	69.5	5.4
Florida	71.6	2.9	71.9	3.0	71.0	3.5

Source: Florida Department of Education, Statistical Brief, accessed 8-14-07.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 2-8. Bradford County graduation rates compared to Florida, 2001 - 2006.



Source: Florida Department of Education, Statistical Brief, 2006.
 Prepared by: WellFlorida Council Inc., 2007.

Summary of Key Findings

Population

- Bradford County's population is 29,254. The Starke zip code (32091) contains 58.4 percent of Bradford County's total population.
- At the end of state fiscal year 2006-2007, 4,434 inmates were housed in Bradford County. In 2000, the inmate population represented 14.6 percent of Bradford County's total population.
- Bradford County's population is expected to increase 21.6 percent compared to 44.5 percent for Florida through 2030.
- The 32044 (Hampton) zip code area was the fastest growing zip code from 2000 through 2007, and is expected to continue to grow but at a slower rate through 2012. The same trend is expected in all Bradford County zip codes through 2012.
- With 67.3 percent of its population between the ages of 18-64 years compared to 60.6 percent for Florida as a whole, Bradford County is "younger" than most counties in Florida. The high percentage of working-age adults is due in part to the large number of inmates housed in the county.
- Only 14.3 percent of the population of the Lawtey zip code area (32058) is under the age of 18, compared to 19.4 percent of the county and 21.5 percent in the state.
- Bradford County has a substantially higher percentage (24.1 percent) of black residents than Florida as a whole (15.6 percent). Again, this is due in part to the large percentage of black inmates housed in Bradford County correctional facilities.
- Only 3.4 percent of Bradford County residents are Hispanic compared to 20.5 percent of all Florida residents.
- Males outnumber females in Bradford County, due in large part to the large number of male inmates housed in Bradford County correctional facilities.

Economic Characteristics

- Median and per capita incomes of Bradford County residents are substantially lower than those of all Florida residents.
- No zip code area has a median or per capita income that is higher than Florida.
- 29.2 percent of Bradford County households have incomes less than \$25,000 compared to 23.3 percent for the state.
- While 7.0 percent of Florida households have incomes over \$150,000, only 2.1 percent of Bradford County households have the same.
- 14.6 percent of Bradford County persons fall below the federal poverty threshold compared to 12.5 percent for the state. However, 22.7 percent of the population falls between 100 and 200 percent of the federal poverty threshold compared to only 18.5 percent for all of Florida.
- Bradford County has a larger percentage (19.3 percent) of its children in poverty than the state (17.6 percent).
- Since 2000, the unemployment rate in Bradford County was lower than the state of Florida, though both rates have decreased from 2002.

- Bradford County has a higher percentage of small businesses (fewer than 20 employees) than Florida as a whole.
- In Bradford County, 62.9 percent of private business establishments are retail trade and service sector employers compared to 61.5 percent for Florida

Educational Attainment

- 25.8 percent of Bradford County residents (age 25 and older) have no high school diploma compared to slightly more than 20 percent for Florida as a whole.
- Only 14.4 percent of Bradford County residents have achieved a college degree compared to 29.4 percent of all Florida residents.
- Since 2000, the high school graduation rate has been higher than the state of Florida five of six years.
- Bradford County's drop-out rates were higher than the state from 2000.

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Health Status

Introduction

This section of the assessment reviews the health status of Bradford County residents. The primary focus of the health status assessment is to review various mortality and hospitalization data. The detailed assessment of the mortality and morbidity of Bradford County residents will enable the community to identify specific health indicators resulting in early death or unnecessary hospitalization and implement programs that will improve the overall health of the community.

The Health Status section will detail various mortality data, hospitalization statistics (in lieu of any other readily available morbidity data sources) and birth indicator data. An analysis of mental health status indicators including suicide rates, domestic violence rates, mental health hospitalizations and Baker Act rates will also be presented in this section.

Leading Causes of Death

Average Annual Crude and Age-Adjusted Mortality Rates

Average annual crude (i.e., number of deaths) mortality rates are utilized to identify the major causes of death in the county. These rates assist providers and community leaders in healthcare delivery and policy in determining the medical service, prevention and education service needs of the community.

Age-adjusted mortality rates are used to further explore the health status of Bradford County residents. Age-adjusted mortality rates are used to compare across geographies to account for differences in age-group distributions between populations. Age-adjusted rates are those rates that would have been observed if the age distribution of the areas being compared were the same to allow an unbiased comparison regardless of difference in age distribution. Geographies are adjusted to a “standard” population; for the purposes of this study, the standard population is the 2000 U.S population. This section will compare mortality rates for Bradford County, its zip codes and Florida.

The tables presented below also show crude and age-adjusted mortality rates by zip code. Careful consideration should be taken when comparing zip code rates. Populations in zip code areas vary widely. Larger zip codes generally have greater numbers of deaths. These result in more predictable and less variable rates. Smaller zip code areas generate smaller numbers of deaths and are prone to wider variation, especially among causes of death that result in very few deaths annually.

As in the demographics of Bradford County, the health status is impacted by the 4,343 inmates housed within the five correctional institutions in the county including Florida State Prison Main

Unit, New River Correctional Institution West, New River Correctional Institution East, New River Correctional Institution “O” Unit, and Lawtey Correctional Institution. In 2000, the U.S. Census estimated that 14.6 percent of Bradford County total population resided in correctional institutions. The mortality rates presented in this section include the inmates housed in these facilities. It has been documented that the incidence of particular disease states are higher in inmate populations, which will impact the mortality rates. For example, according to the *Bureau of Justice Statistics Bulletin: HIV in Prisons 2004*, Florida reported the second highest number of AIDS-related deaths (20) in the nation. The report identified that the rate of confirmed AIDS is three times higher in the state and federal prison population than in the general U.S. population and that one in 18 deaths in state prisons is due to AIDS-related illnesses. Therefore, it is important to proceed with caution when making generalizations about the data presented for the general population.

Rates for All Residents

From 2001-2005, an average of 263.8 deaths occurred in Bradford County each year, resulting in a crude rate of 970.4 per 100,000 of the population (Table 3-1). In Florida during that same time period, an average of approximately 170,000 deaths occurred each year, resulting in a crude rate of 978.7 per 100,000 of the population. Of the Bradford County zip codes, Hampton (32044) had the highest average annual crude overall mortality rate of 1,529.7 per 100,000 of the population, while Lawtey (32058) had the lowest average annual crude overall mortality rate of 483.8 per 100,000 of the population (Table 3-2).

Heart disease (225.9 per 100,000) was the leading cause of death in Bradford County, resulting in an average of 61.4 deaths per year followed by cancer (204.5 per 100,000), resulting in 55.6 deaths per year. Heart disease was the leading cause of death in all zip codes in Bradford County. In Brooker (32622) zip code area, heart disease and cancer were tied for the leading cause of death from 2001-2005 with an average annual crude mortality rate of 123.9 per 100,000 (Table 3-2).

Tables 3-1 and 3-2 also present an examination of the age-adjusted mortality rate for the 10 leading causes of death in Bradford County and Bradford County zip codes for 2001-2005 compared to Florida. From 2001-2005, the average annual age-adjusted mortality rate in Bradford County was 922.9 per 100,000 of the population compared to 751.8 per 100,000 of the population for the state of Florida. Figure 3-1 shows the age-adjusted rate for the top five causes of death in Bradford County compared to Florida. When age-adjusting the mortality rate for the top 10 leading causes of death in Bradford County, the rankings change just slightly. The Alzheimer’s age-adjusted mortality rate dropped from number six to number seven, while influenza and pneumonia jumped from number seven to number six. The average annual all-cause age-adjusted mortality rate was highest in zip code area 32044 (Hampton), which was 2.2 times higher than the state of Florida. The Brooker (32622) zip code area had the lowest average annual age-adjusted mortality rate (489.4 per 100,000) from 2001-2005 (Table 3-2).

Even when adjusting for age, Bradford County residents have higher average annual mortality rates than the state for all of the leading top 10 causes of death. Heart disease (213.3 per 100,000) was the leading cause of death in Bradford County followed by cancer (191.2 per

100,000). In Florida, the heart disease and cancer average annual age-adjusted mortality rates were 205.5 per 100,000 and 175.8, respectively. Also of note, the average annual age-adjusted mortality rate for hypertension in Bradford County was 2.3 times higher than the rate for the state of Florida.

When examining the zip code areas in Bradford County, the average annual age-adjusted mortality rate for the Brooker (32622) zip code area was lower than the state of Florida for heart disease, cancer, stroke, respiratory disease and influenza and pneumonia. In the Lawety (32058) zip code area, the average annual age-adjusted mortality rate was lower than the rate for Florida for cancer, respiratory disease and Alzheimer’s disease. All of the average annual age-adjusted mortality rates for the leading causes of death in the Hampton (32044) and Starke (32091) zip code areas were higher than the respective state rates.

Table 3-1. Average annual crude and age-adjusted mortality rates per 100,000 population for all races for the top 10 leading causes of death in Bradford County, 2001-2005.

Cause of Death	Bradford County			Florida		
	Average Number	Crude Rate	Age Adjusted Rate	Average Number	Crude Rate	Age Adjusted Rate
All Causes	263.8	970.4	922.9	168,305.8	978.7	751.8
Heart (1)	61.4	225.9	213.3	48,056.6	279.5	205.5
Cancer (2)	55.6	204.5	191.2	39,353.6	228.9	175.8
Unintentional Injuries (3)	17.6	64.7	63.2	7,794.4	45.3	42.8
MV Crashes	10.0	36.8	36.0	3,233.2	18.8	18.6
Stroke (4)	15.4	56.6	53.9	9,886.2	57.5	42.0
Respiratory (5)	15.2	55.9	52.9	9,071.8	52.8	38.6
Diabetes (6)	8.8	32.4	30.5	4,775.2	27.8	21.2
Alzheimer’s (7)	7.4	27.2	26.1	4,176.4	24.3	17.0
Influenza & Pneumonia (7)	7.4	27.2	26.2	3,070.4	17.9	13.1
Nephritis (9)	6.2	22.8	21.5	2,282.8	13.3	9.8
Hypertension (10)	4.4	16.2	15.3	1,550.2	9.0	6.6

Numbers in parentheses() are the rank of that cause of death for Bradford County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.

Prepared by: WellFlorida Council Inc., 2007.

Table 3-2. Average annual crude and age-adjusted mortality rates per 100,000 population for all races for the top 10 leading causes of death by zip code, Bradford County and Florida, 2001-2005.

Cause of Death	All Causes			Heart Disease (1)		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
32044 Hampton	21.4	1,529.7	1,664.9	5.8	414.6	468.1
32058 Lawtey	28.6	483.8	809.1	6.8	115.0	233.1
32091 Starke	163.2	1,019.8	974.3	36.0	225.0	212.9
32622 Brooker	8.0	495.7	489.4	2.0	123.9	114.5
Bradford Zip Codes	221.2	887.4	929.9	50.6	203.0	214.2
Bradford County	263.8	970.4	922.9	61.4	225.9	213.3
Florida	168,305.8	978.7	751.8	48,056.6	279.5	205.5
Cause of Death	Cancer (2)			Unintentional Injuries (3)		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
32044 Hampton	4.2	300.2	293.3	0.8	57.2	63.7
32058 Lawtey	6.4	108.3	159.9	2.6	44.0	49.0
32091 Starke	32.0	200.0	190.4	9.8	61.2	60.5
32622 Brooker	2.0	123.9	117.2	0.8	49.6	55.2
Bradford Zip Codes	44.6	178.9	185.0	14.0	56.2	55.9
Bradford County	55.6	204.5	191.2	17.6	64.7	63.2
Florida	39,353.6	228.9	175.8	7,794.4	45.3	42.8
Cause of Death	MV Crashes			Stroke (4)		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
32044 Hampton	0.4	28.6	29.9	1.4	100.1	123.7
32058 Lawtey	1.6	27.1	30.0	2.4	40.6	85.4
32091 Starke	5.8	36.2	36.1	9.2	57.5	54.4
32622 Brooker	0.2	12.4	15.8	0.2	12.4	10.2
Bradford Zip Codes	8.0	32.1	31.6	13.2	53.0	56.6
Bradford County	10.0	36.8	36.0	15.4	56.6	53.9
Florida	3,233.2	18.8	18.6	9,886.2	57.5	42.0

Age Adj Rate: age-adjusted rate.

Numbers in parentheses() are the rank of that cause of death for Bradford County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.

Prepared by: WellFlorida Council Inc., 2007.

Table 3-2 (con't). Average annual crude and age-adjusted mortality rates per 100,000 population for all races for the top 10 leading causes of death by zip code, Bradford County and Florida, 2001-2005.

Cause of Death	Respiratory Diseases (5)			Diabetes (6)		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
32044 Hampton	1.4	100.1	116.9	0.6	42.9	45.6
32058 Lawtey	1.2	20.3	31.2	1.0	16.9	28.5
32091 Starke	9.8	61.2	58.3	6.4	40.0	38.3
32622 Brooker	0.2	12.4	13.6	-	-	-
Bradford Zip Codes	12.6	50.5	52.9	8.0	32.1	33.1
Bradford County	15.2	55.9	52.9	8.8	32.4	30.5
Florida	9,071.8	52.8	38.6	4,775.2	27.8	21.2
Cause of Death	Alzheimer's (7)			Influenza & Pneumonia (7)		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
32044 Hampton	0.4	28.6	33.9	0.6	42.9	32.7
32058 Lawtey	0.4	6.8	11.5	1.2	20.3	34.7
32091 Starke	5.2	32.5	30.2	4.6	28.7	27.4
32622 Brooker	0.6	37.2	39.4	0.2	12.4	12.9
Bradford Zip Codes	6.6	26.5	29.4	6.6	26.5	28.4
Bradford County	7.4	27.2	26.1	7.4	27.2	26.2
Florida	4,176.4	24.3	17.0	3,070.4	17.9	13.1
Cause of Death	Nephritis (9)			Hypertension (10)		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
32044 Hampton	0.2	14.3	16.9	0.2	14.3	15.3
32058 Lawtey	0.6	10.2	20.6	0.4	6.8	9.3
32091 Starke	4.4	27.5	26.0	3.4	21.2	20.2
32622 Brooker	0.2	12.4	12.9	-	-	-
Bradford Zip Codes	5.4	21.7	22.9	4.0	16.0	17.0
Bradford County	6.2	22.8	21.5	4.4	16.2	15.3
Florida	2,282.8	13.3	9.8	1,550.2	9.0	6.6

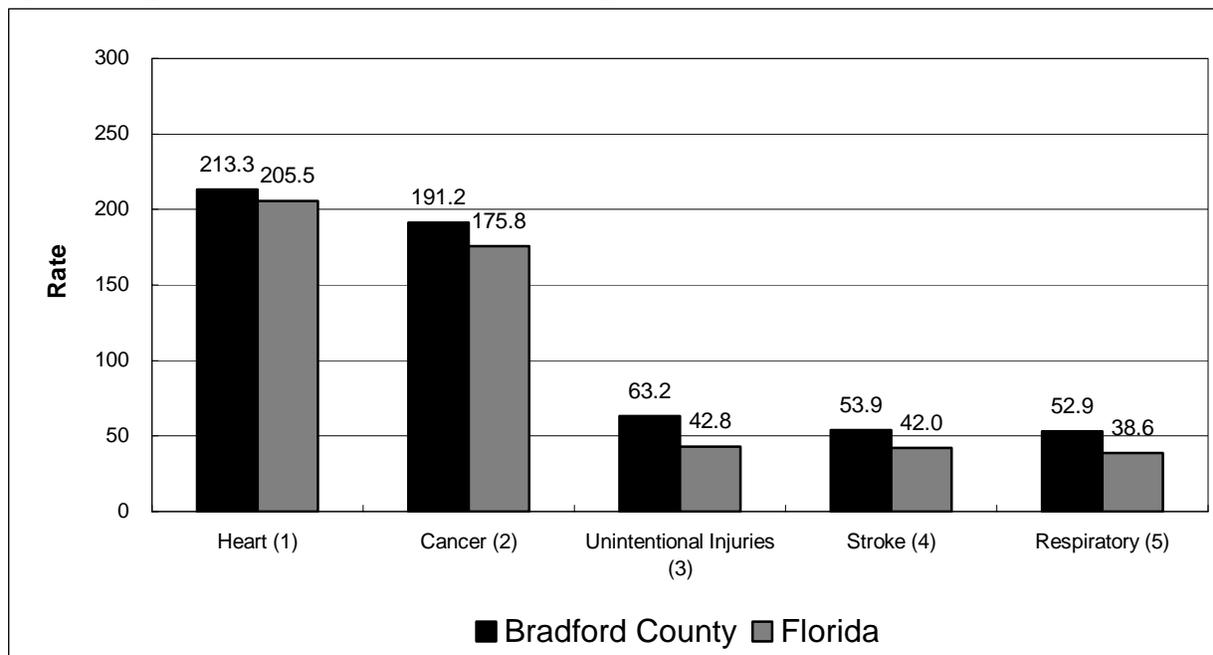
Age Adj Rate: Age adjusted rate.

Numbers in parentheses() are the rank of that cause of death for Bradford County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.

Prepared by: WellFlorida Council Inc., 2007.

Figure 3-1. Average annual age-adjusted mortality rate per 100,000 population for all races for the top 5 leading causes of death in Bradford County and Florida, 2001-2005.



Numbers in parentheses() are the rank of that cause of death for Bradford County.
 Age Adj Rate: Age-adjusted rates standardized to the 2000 U.S Population.
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.
 Prepared by: WellFlorida Council Inc., 2007.

Race and Ethnicity

Tables 3-3 and 3-4 show the average annual crude and age-adjusted mortality rates for 2001-2005 for white residents and black residents, respectively.

Because white residents make up the majority of Bradford County’s population, one would expect that they would drive the overall leading causes of death in Bradford County. When comparing the average annual crude mortality rates, the leading causes of death for white residents in Bradford County were similar to the leading causes of death for all residents, except that respiratory disease was the fourth leading cause of death followed by stroke. The opposite was true for all residents. Additionally, liver disease was tied with hypertension for the tenth leading cause of death for white residents, while liver disease did not make the top ten leading causes of death for all residents of Bradford County (Table 3-3).

As stated above, because the majority of the residents of Bradford County are white, the characteristics of age-adjusted mortality rates of the leading causes of death were also similar to all residents. Therefore, the trends in the white population’s age-adjusted mortality rates mirror those for the total population, except that liver disease was the tenth leading cause of death for white residents. The age-adjusted mortality rates of all 10 leading causes of death for white residents were higher in Bradford County than the rates for the white residents of Florida (Table 3-3). Figure 3-2 demonstrates this situation for white residents for the top 5 causes of death. Most startling are the elevated rates of respiratory disease: the age-adjusted mortality rate for respiratory disease was approximately 1.6 times higher than the rate in Florida.

Table 3-3. Average annual crude and age-adjusted mortality rates per 100,000 population for white races for the top 10 leading causes of death in Bradford County, 2001-2005.

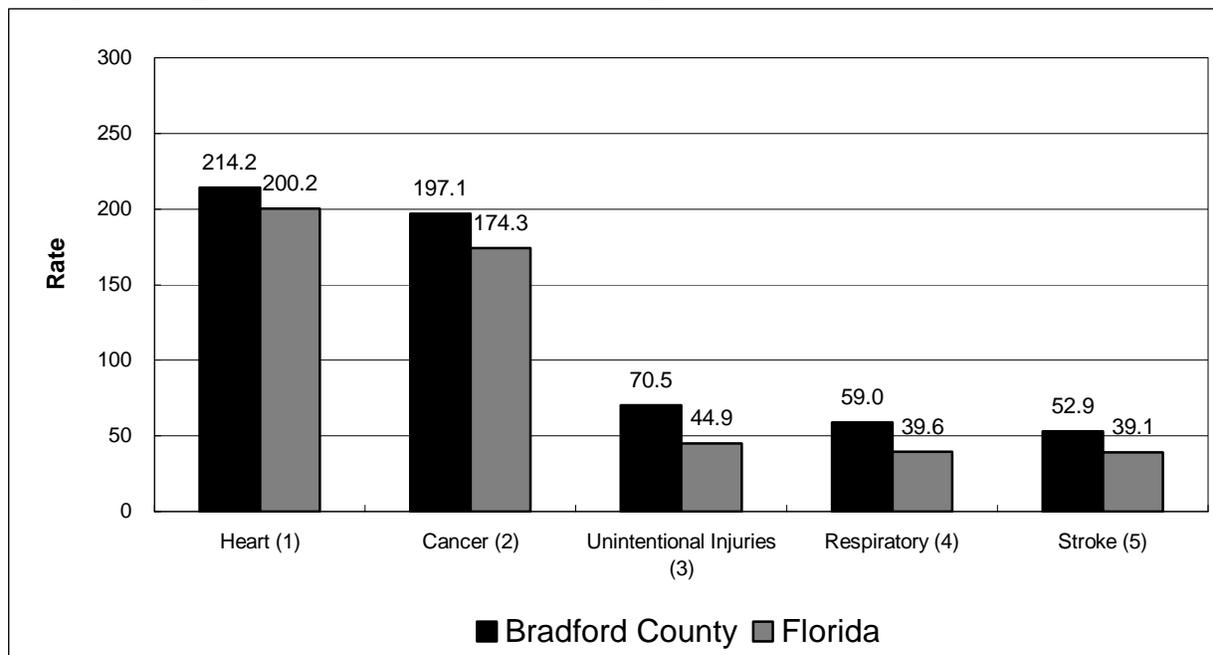
Cause of Death	Bradford County			Florida		
	Average Number	Crude Rate	Age Adjusted Rate	Average Number	Crude Rate	Age Adjusted Rate
All Causes	227.4	1,080.4	931.3	149,222.8	1,062.8	729.8
Heart (1)	53.2	252.8	214.2	43,346.0	308.7	200.2
Cancer (2)	49.8	236.6	197.1	35,414.6	252.2	174.3
Unintentional Injuries (3)	15.2	72.2	70.5	6,815.8	48.5	44.9
MV Crashes	8.4	39.9	40.3	2,713.0	19.3	19.1
Respiratory (4)	14.8	70.3	59.0	8,581.4	61.1	39.6
Stroke (5)	13.2	62.7	52.9	8,571.6	61.0	39.1
Diabetes (6)	6.8	32.3	27.7	3,866.6	27.5	18.7
Alzheimer's (6)	6.8	32.3	27.7	3,961.6	28.2	17.2
Influenza & Pneumonia (8)	5.6	26.6	22.6	2,762.6	19.7	12.7
Nephritis (9)	4.8	22.8	19.3	1,884.6	13.4	8.7
Hypertension (10)	3.2	15.2	12.8	1,234.2	8.8	5.6
Liver (10)	3.2	15.2	13.4	1,949.6	13.9	11.1

Numbers in parentheses() are the rank of that cause of death for Bradford County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.

Prepared by: WellFlorida Council Inc., 2007.

Figure 3-2. Average annual age-adjusted mortality rate per 100,000 population for white races for the top 5 leading causes of death in Bradford County and Florida, 2001-2005.



Numbers in parentheses() are the rank of that cause of death for Bradford County.
 Age Adj Rate: Age-adjusted rates standardized to the U.S 2000 Population.
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.
 Prepared by: WellFlorida Council Inc., 2007.

There are a relatively small number of black residents in Bradford County, though the percentage is much higher than that of the state of Florida as noted in the Demographic and Socioeconomic Profile section of this report. The relatively low numbers in the population translate to low numbers overall and even fewer deaths. The few number of deaths and relatively low population yield crude and age-adjusted rates that are subject to wide fluctuation on an annual basis. This could result in dramatic shifts in the leading causes of death for black residents from year to year in Bradford County. Attempts have been made to dampen this effect by utilizing a five-year average rate.

For black residents, the picture is somewhat different. As seen in Table 3-4, the fifth through tenth leading causes of death for black residents in Bradford County were different than those of the white residents of the county as well as those of Bradford County as a whole. Most noteworthy was the addition of HIV and septicemia to the top ten causes of death. Neither made the top ten for Bradford County or for the white residents of the county.

Black residents in Bradford County compared favorably to their state counterparts in three of the top ten leading causes of mortality. Black residents in Bradford County had lower age-adjusted mortality rates for cancer, stroke and HIV compared to their counterparts throughout Florida. On the other hand, the remaining leading causes of death for black residents in Bradford County had higher average annual age-adjust mortality rates than the rates for black residents in Florida. Most alarming was that the average annual age-adjust mortality rate of mortality from influenza and pneumonia (52.9 per 100,000) was 3 times higher than the rate for black residents throughout

Florida (17.3 per 100,000). Figure 3-3 shows the top five leading causes of death for black residents of Bradford County compared to Florida.

Table 3-4. Average annual crude and age-adjusted mortality rates per 100,000 population for black races for the top 10 leading causes of death in Bradford County, 2001-2005.

Cause of Death	Bradford County			Florida		
	Average Number	Crude Rate	Age Adj Rate	Average Number	Crude Rate	Age Adj Rate
All Causes	36.0	622.6	958.7	17,881.2	657.6	978.4
Heart (1)	8.2	141.8	224.7	4,445.2	163.5	267.0
Cancer (2)	5.4	93.4	156.9	3,644.4	134.0	202.5
Unintentional Injuries (3)	2.4	41.5	51.0	873.8	32.1	35.7
MV Crashes	1.6	27.7	30.1	464.8	17.1	18.0
Stroke (4)	2.2	38.0	68.8	1,224.8	45.0	75.1
Diabetes (5)	2.0	34.6	57.5	860.4	31.6	49.7
Influenza & Pneumonia (6)	1.8	31.1	52.9	290.4	10.7	17.3
Nephritis (7)	1.4	24.2	39.4	382.2	14.1	22.6
Hypertension (8)	1.2	20.8	34.3	303.6	11.2	18.7
HIV (9)	1.0	17.3	14.5	1,046.2	38.5	42.0
Septicemia (10)	0.8	13.8	23.8	247.0	9.1	14.1

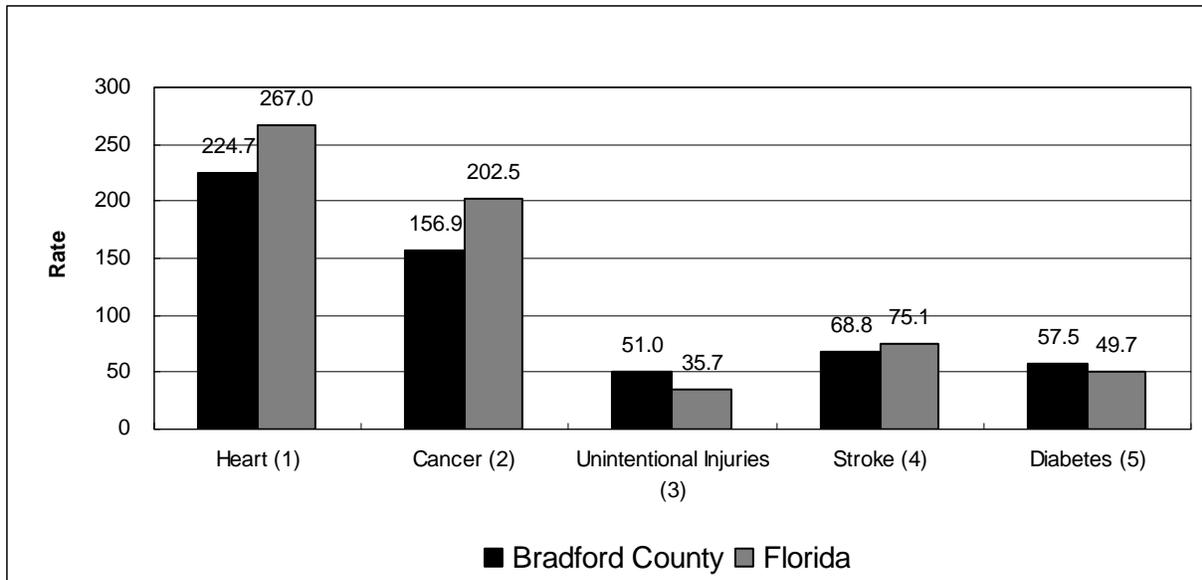
Numbers in parentheses() are the rank of that cause of death for Bradford County.

Age Adj Rate: Age-adjusted rates standardized to the U.S 2000 Population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.

Prepared by: WellFlorida Council Inc., 2007.

Figure 3-3. Average annual age-adjusted mortality rate per 100,000 population for black races for the top 5 leading causes of death in Bradford County and Florida, 2001-2005.



Numbers in parentheses() are the rank of that cause of death for Bradford County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.

Prepared by: WellFlorida Council Inc., 2007.

Table 3-5 shows the average annual crude mortality rates for 2001-2005 for Hispanic residents. As noted above, because of the small number of Hispanic residents in Bradford County (as detailed in the Demographic and Socioeconomic Profile section), analysis of their crude rates should be done carefully and with perspective. Age-adjusted rates for the Hispanic population were not computed because the age-specific population needed to calculate the rate was not available during the study period (2001-2005).

Due to the few number of deaths of Hispanics residents of Bradford County, only the top two causes of death are listed below. Table 3-5 shows that cancer was the leading cause of death for Hispanic residents from 2001-2005. Heart disease and unintentional injuries were tied for the second leading cause of death for Hispanic residents in Bradford County.

Table 3-5. Average number of Hispanic deaths and crude mortality rates per 100,000 population, Bradford County and Florida 2001-2005.

Cause of Death	Bradford County		Florida	
	Average Number	Crude Rate	Average Number	Crude Rate
All Causes	1.0	144.3	15,646.2	510.7
Cancer (1)	0.6	86.6	3,367.0	109.9
Heart (2)	0.2	28.9	4,732.4	154.5
Unintentional Injuries (2)	0.2	28.9	1,015.0	33.1
MV Crashes	0.2	28.9	592.6	19.3

Numbers in parentheses() are the rank of that cause of death for Bradford County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005

Prepared by: WellFlorida Council Inc., 2007.

Health Disparities

Figures 3-4 through 3-7 give us a glimpse at the health disparities that exist in Bradford County as they do throughout Florida and the United States. However, there is some good news in these numbers.

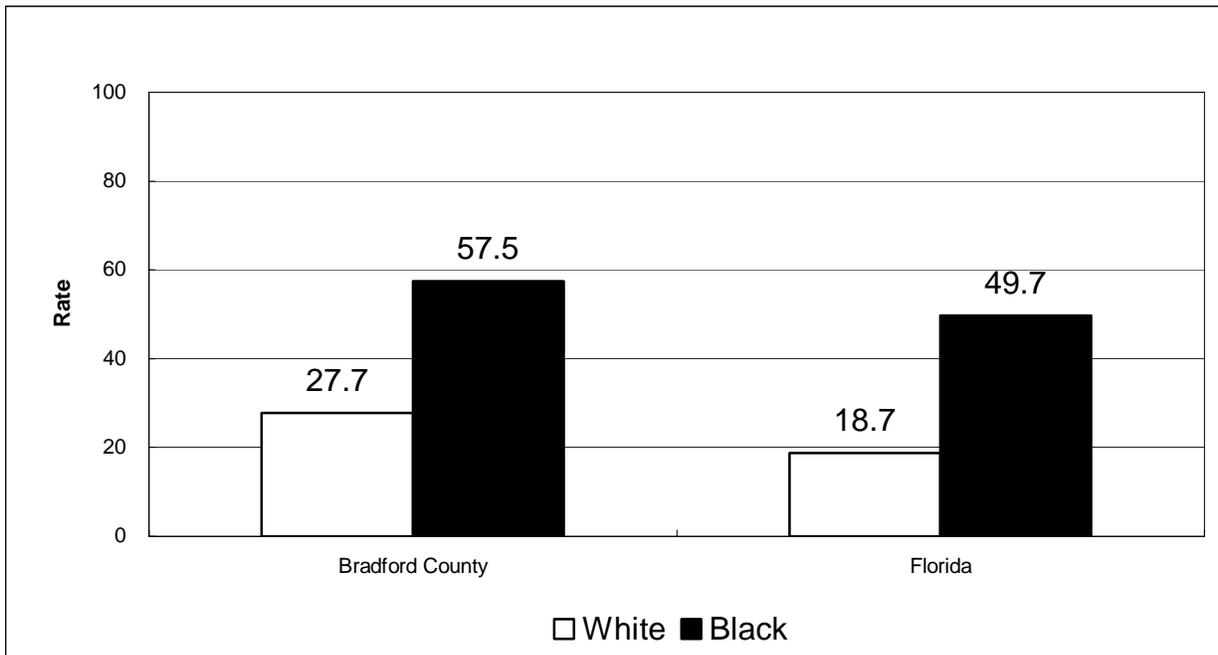
Figure 3-4 compares the age-adjusted diabetes mortality rates for white and black residents of Bradford County and for Florida. Typically, diabetes is one of the most disparate diseases in the United States, often with death rates of black residents at two times or more than their white counterparts. In Bradford County, the age-adjusted mortality rates for white and black residents were higher than the rates of their counterparts in the state. Though black residents were more likely to die from diabetes than the white residents in Bradford County and Florida, the disparity was less pronounced in Bradford County than in the state of Florida.

The age-adjusted death rates for hypertension follow a similar pattern. Figure 3-5 compares the age-adjusted hypertension mortality rates for white and black residents of Bradford County and for Florida. As discussed above, the mortality rates from hypertension for whites and blacks in Bradford County were higher than the hypertension mortality rates for whites and blacks in Florida. Though black residents were more likely to die from hypertension than their white counterparts in Bradford County and Florida, the disparity was less in Bradford County than the state of Florida.

Figure 3-6 shows that even though the HIV mortality rates were lower in Bradford County for black and white residents compared to their counterparts in the state, the disparity between black and white residents was more pronounced in Bradford County than in Florida.

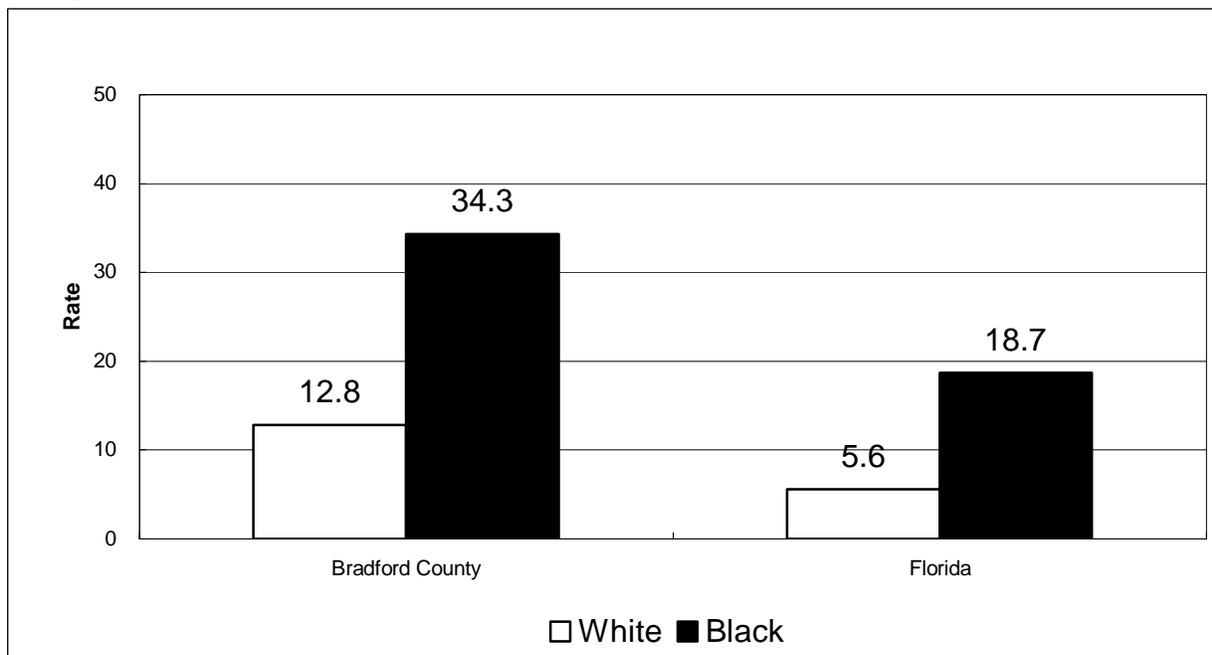
The age-adjusted death rate for respiratory disease for white residents in Bradford County was 4.8 times that of black residents compared to 1.4 times greater for Florida (Figure 3-7). The average annual age-adjusted respiratory disease mortality rate for black residents in Bradford County was lower than the rate for black residents throughout Florida, while white residents in Bradford County had a higher average annual age-adjusted respiratory disease mortality rate compared to their white counterparts throughout the state.

Figure 3-4. Diabetes age-adjusted mortality rate per 100,000 population by race, Bradford County and Florida, 2001-2005.



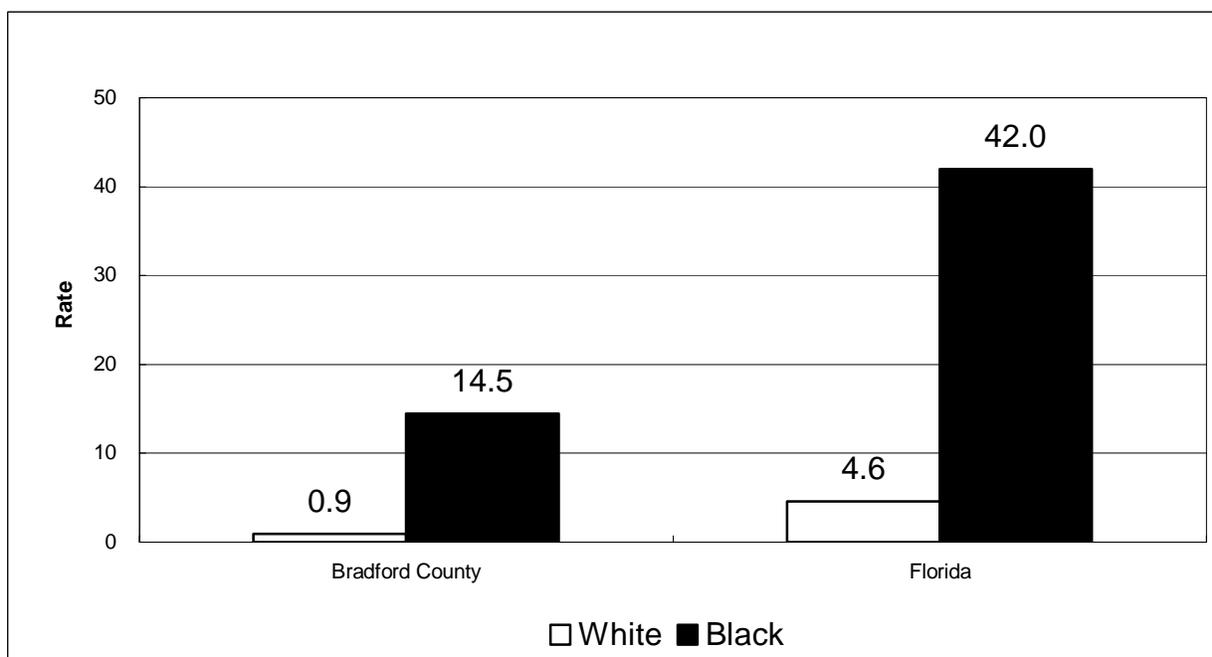
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-5. Hypertension age-adjusted mortality rate per 100,000 population by race, Bradford County and Florida, 2001-2005.



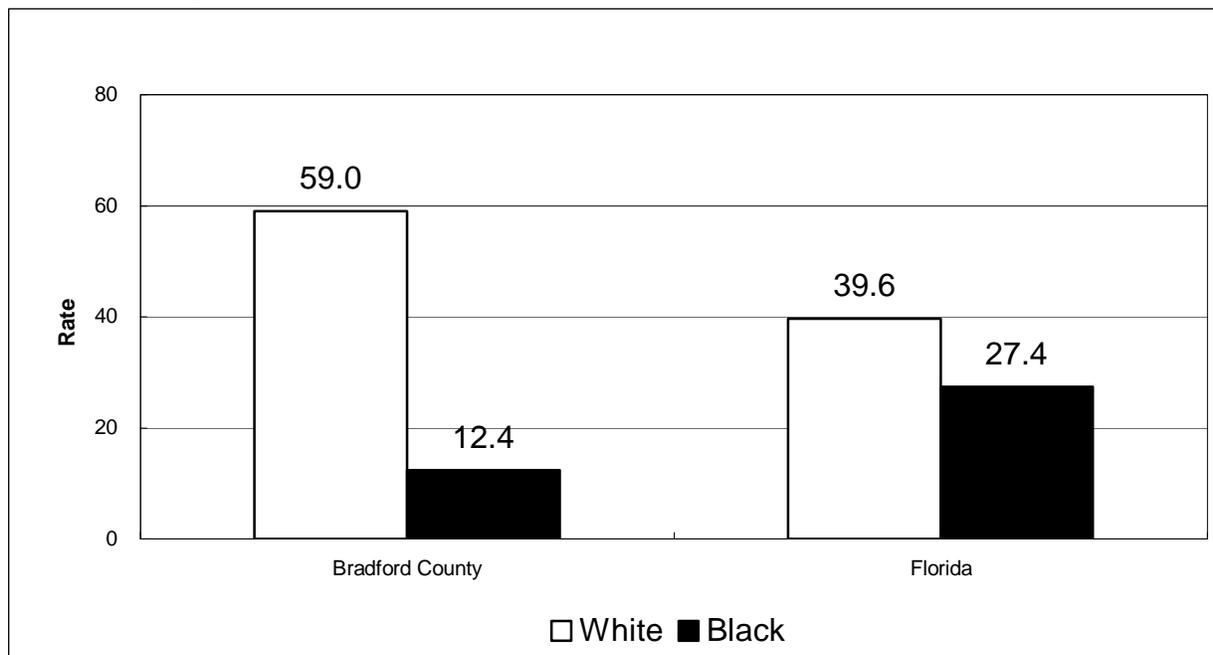
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-6. HIV age-adjusted mortality rate per 100,000 population by race, Bradford County and Florida, 2001-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-7. Respiratory disease age-adjusted mortality rate per 100,000 population by race Bradford County and Florida, 2001-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.
Prepared by: WellFlorida Council Inc., 2007.

Trends

Table 3-6 and Figures 3-8 through 3-12 detail trends since 1997 in the top 5 causes of death in Bradford County. The rates presented below are four-year average annual mortality rates. These few numbers of deaths and relatively low populations yield age-adjusted rates that are subject to wide fluctuation on an annual basis. Four-year rates have been used here to decrease this effect. Since 1997 the age-adjusted all cause mortality rate for Florida has decreased steadily. This trend is also true for Bradford County.

As seen in Figure 3-8, Bradford County's age-adjusted heart disease mortality rate has decreased significantly over the past decade. This trend was similar to the state of Florida. But, the age-adjusted heart disease mortality rates have remained higher in Bradford County compared to the rate for Florida. During one time period, 1999-2003, the age-adjusted heart disease mortality rate was lower in Bradford County than the rate in the state during the same time period.

As seen in Figure 3-9, Bradford County's age-adjusted cancer mortality rate was higher than the rate for Florida. The age-adjusted cancer mortality rates have continued to decrease for the state as well as for Bradford County. But, the reduction in cancer mortality over the past decade was much more pronounced in Bradford County compared to the state.

Figure 3-10 shows that mortality from unintentional injuries in Bradford County has increased over the past ten years. This trend was seen throughout Florida as well, but at a slower pace compared to Bradford County.

Opposite to the trend seen in intentional injuries, the age-adjusted stroke mortality rate has decreased slightly in Bradford County and Florida over the past decade (Figure 3-11). But, the age-adjusted mortality rate from stroke remains higher in Bradford County compared to Florida.

The age-adjusted respiratory disease mortality rate remained fairly stable over the past decade for Bradford County and the state of Florida (Figure 3-12). But, the age-adjusted mortality rates were higher in Bradford County compared to Florida throughout the decade.

Table 3-6. Age-adjusted mortality rate per 100,000 population for all races for the top 5 leading causes of death in Bradford County, 1997-2005.

Cause of Death	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Bradford County	Florida								
All Causes	1,015.8	803.7	996.4	794.3	965.3	784.3	941.1	766.2	922.9	751.8
Heart (1)	259.8	243.6	247.9	235.8	224.3	226.9	215.7	215.3	213.3	205.5
Cancer (2)	220.0	190.3	204.2	186.1	202.9	182.6	198.9	178.9	191.2	175.8
Unintentional Injuries (3)	44.2	36.9	54.2	38.2	56.4	39.8	58.8	41.3	63.2	42.8
MV Crashes	29.7	17.1	34.7	17.2	35.5	17.3	36.3	18.0	36.0	18.6
Stroke (4)	70.5	49.3	61.0	48.1	61.0	46.6	53.9	44.2	53.9	42.0
Respiratory (5)	58.7	40.7	56.7	40.5	54.4	40.2	57.7	38.9	52.9	38.6

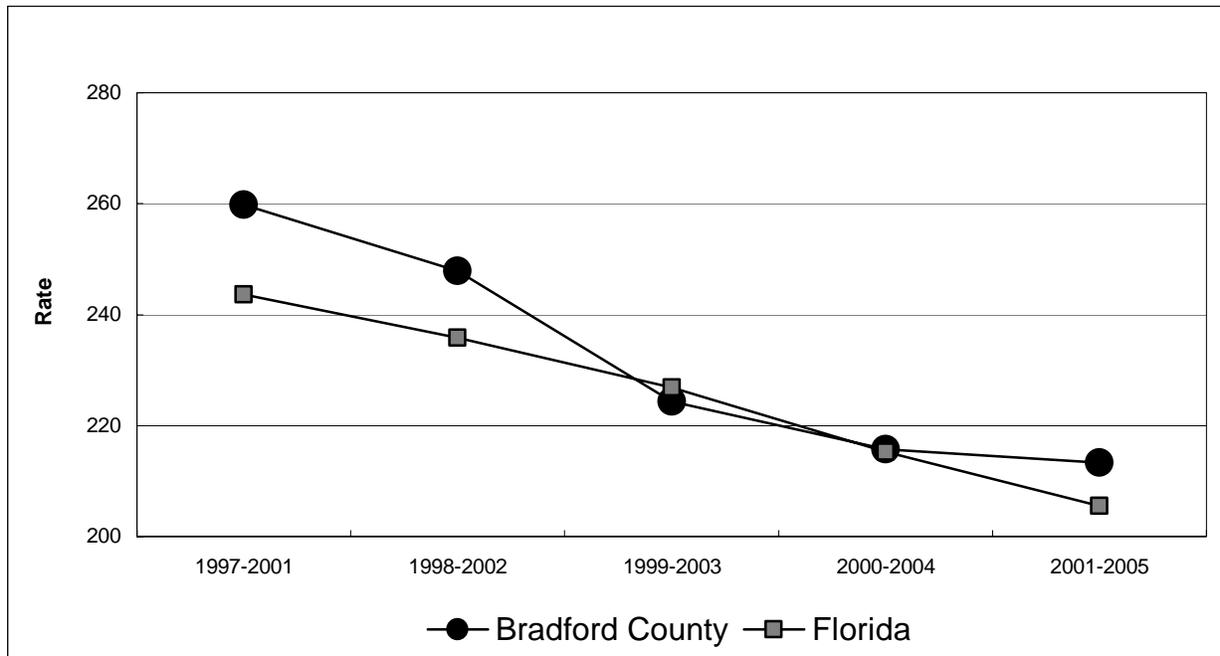
Numbers in parentheses() are the rank of that cause of death for Bradford County.

Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these population estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.

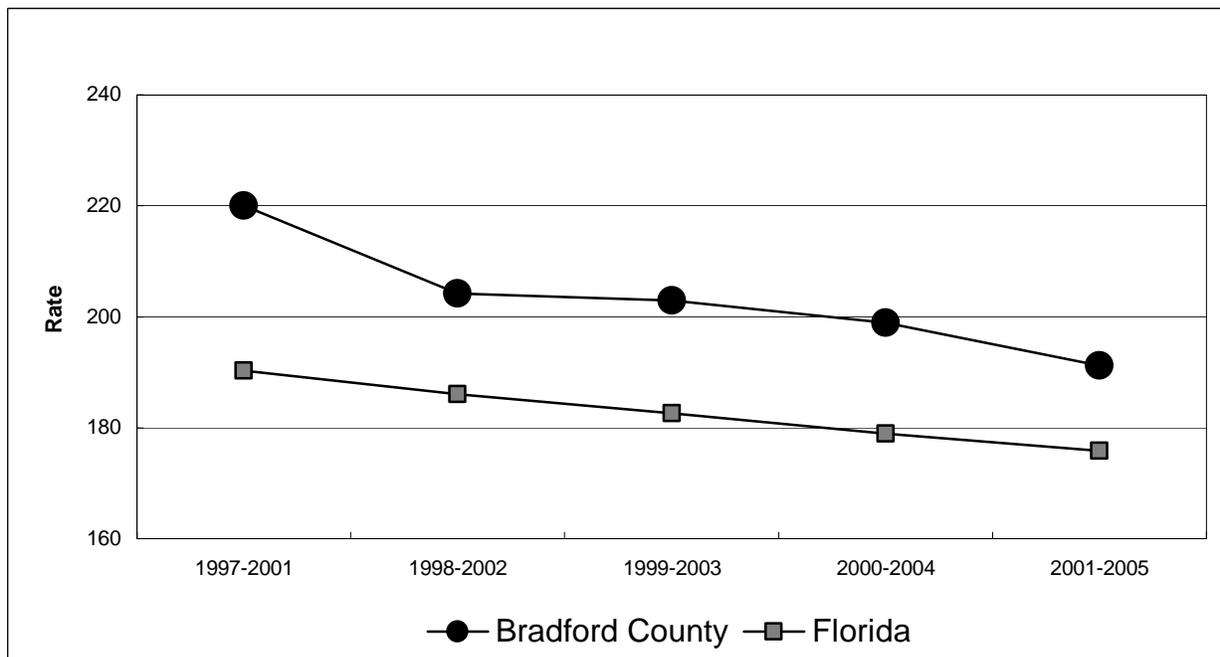
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-8. Heart disease age-adjusted mortality rate per 100,000 population for all races, 1997-2005.



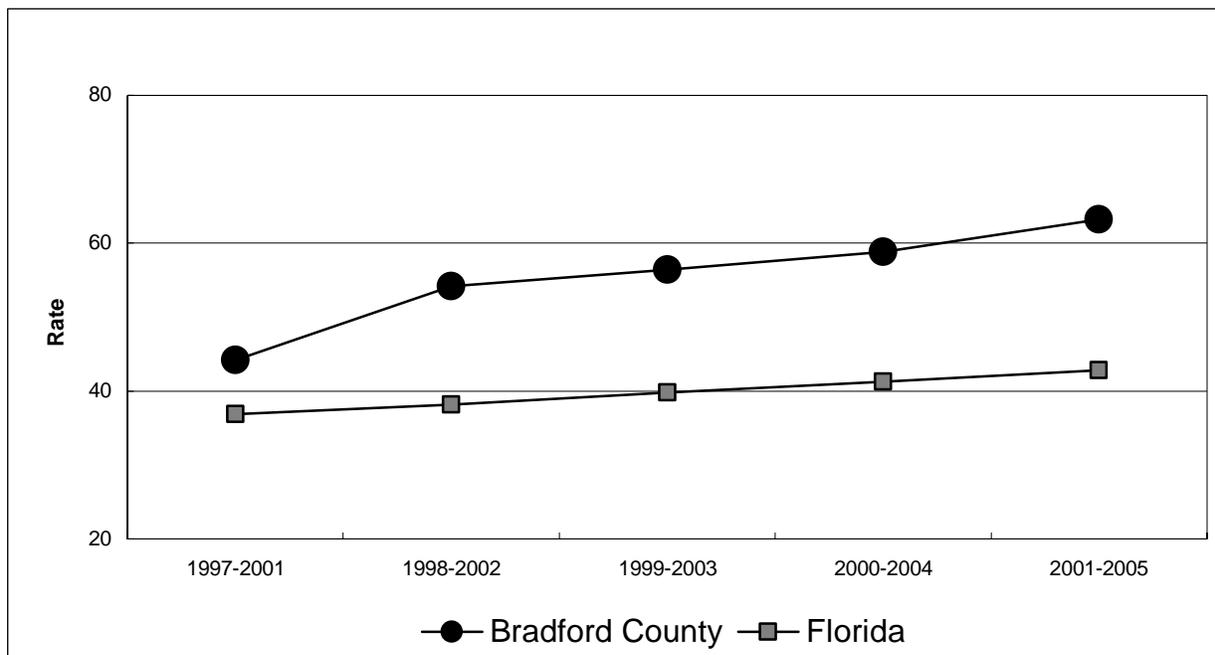
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-9. Cancer age-adjusted mortality rate per 100,000 population for all races, 1997-2005.



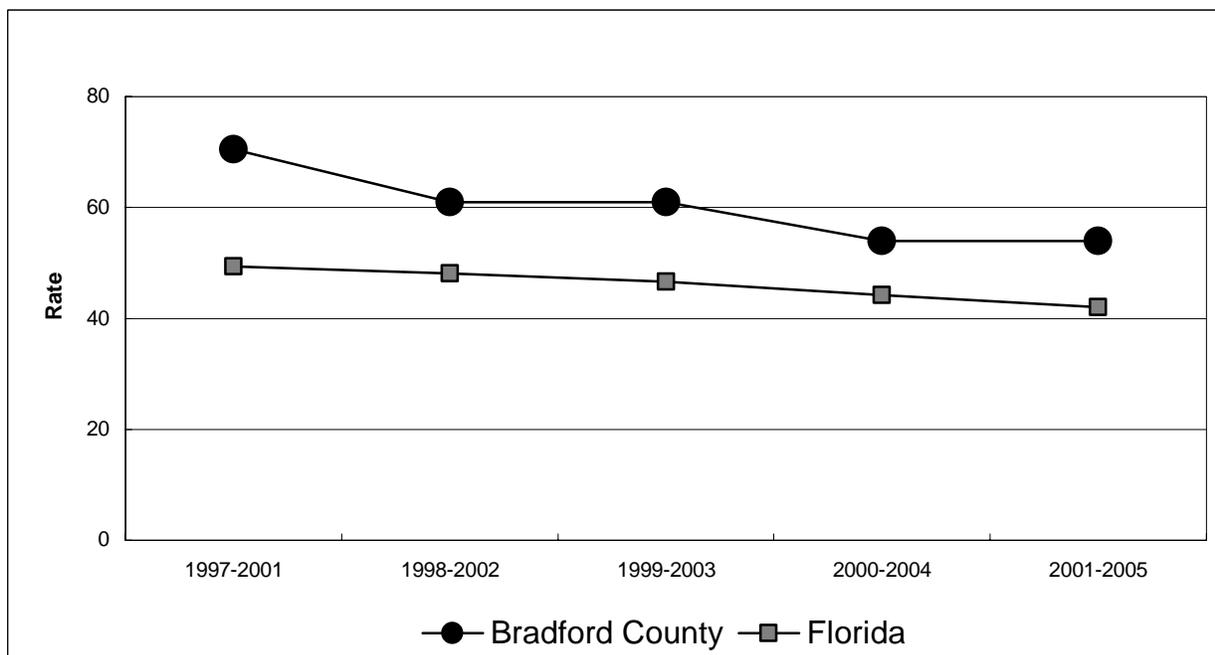
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-10. Unintentional injury age-adjusted mortality rate per 100,000 population for all races, 1997-2005.



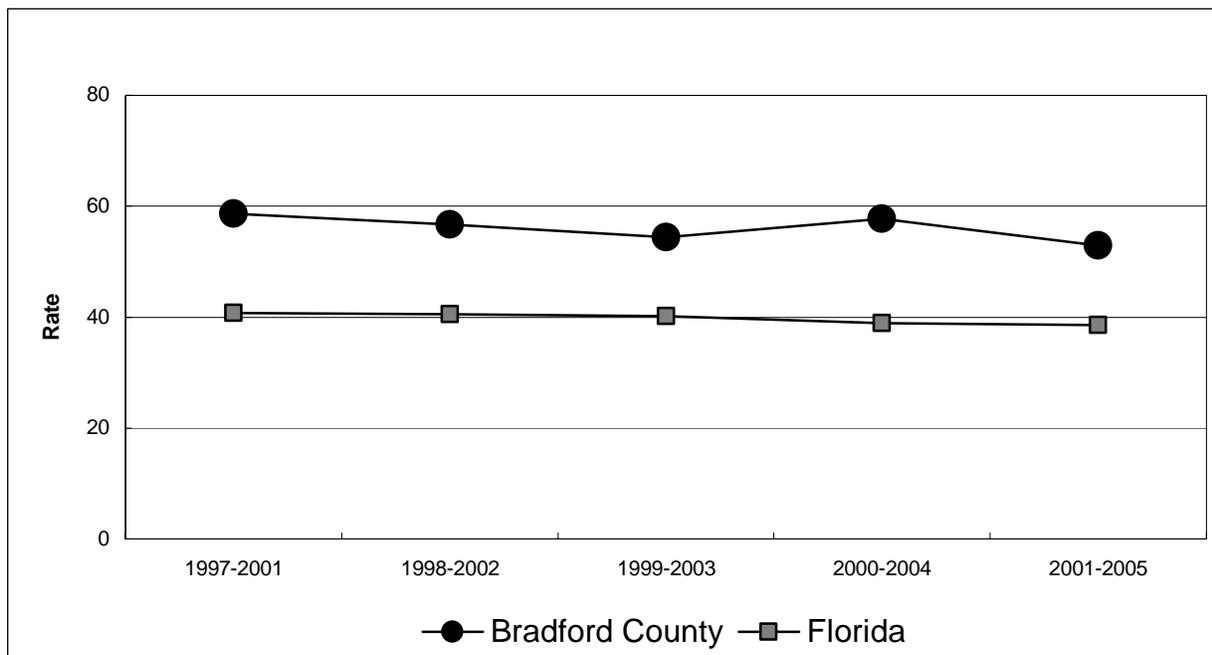
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-11. Stroke age-adjusted mortality rate per 100,000 population for all races, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-12. Respiratory disease age-adjusted mortality rate per 100,000 population for all races, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Hospitalization

Tables 3-7, 3-8, and 3-9 provide a glimpse at the major causes of hospitalization for various populations within Bradford County and Florida based on diagnostic related group (DRG) codes. Table 3-7 summarizes the top 5 causes of hospitalization for the following geographic areas:

- Hampton Zip Code (32044)
- Lawtey Zip Code (32058)
- Starke Zip Code (32091)
- Brooker Zip Code (32622)
- Bradford County Zip Codes Total
- Bradford County
- Florida

As seen in Tables 3-7 and 3-8, the leading cause of hospitalization in Bradford County, each of its zip codes and Florida in 2004-2006 was for being a normal newborn followed by vaginal delivery without a complicating diagnosis. From 2004-2006 there were a total of 678 normal newborns and 503 vaginal deliveries without complicating diagnoses in Bradford County. Heart failure and shock; chronic obstructive pulmonary disease; and esophagitis, gastroenteritis and miscellaneous digestive disorders, age > 17 with CC rounded out the top five causes of hospitalization in Bradford County. These leading causes were not the same as what was seen in Florida. In Florida, psychosis was the third leading cause of hospitalization followed by heart failure and shock and chest pain.

The top two leading causes of hospitalization, normal newborn and vaginal deliveries without complicating diagnosis, were the same for all four zip code areas in Bradford County, but the remaining top five causes of hospitalization were different among the zip code areas.

Table 3-7. Top 5 leading DRGs by Zip Code, Bradford County and Florida, 2004-2006.

Zip Code	1st	2nd	3rd	4th	5th
32044 Hampton	Normal Newborn	Vaginal Delivery without Complicating Diagnosis	Chronic Obstructive Pulmonary Disease	Heart Failure and Shock	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC
32058 Lawtey	Normal Newborn	Vaginal Delivery without Complicating Diagnosis	Chronic Obstructive Pulmonary Disease	Heart Failure and Shock	Simple Pneumonia and Pleurisy, Age > 17 with CC
32091 Starke	Normal Newborn	Vaginal Delivery without Complicating Diagnosis	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Simple Pneumonia and Pleurisy, Age > 17 with CC
32622 Brooker	Normal Newborn	Vaginal Delivery without Complicating Diagnosis	Chest Pain	Heart Failure and Shock; Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC; Uterine and Adnexa Procedures for Nonmalignancy without CC (Tied for 4th)	
Bradford County	Normal Newborn	Vaginal Delivery without Complicating Diagnosis	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC
Florida	Normal Newborn	Vaginal Delivery without Complicating Diagnosis	Psychoses	Heart Failure and Shock	Chest Pain

Source: AHCA Detailed Discharge Data, 2004-2006.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-8. Leading causes of hospitalization for Florida residents, all races, 2004-2006.

DRG	Discharges	Percent of Total
Normal Newborn (391)	459,342	6.3
Vaginal Delivery without Complicating Diagnosis (373)	352,334	4.8
Psychoses (430)	258,717	3.5
Heart Failure and Shock (127)	206,913	2.8
Chest Pain (143)	179,693	2.5
Cesarean Section without CC (371)	178,759	2.4
Chronic Obstructive Pulmonary Disease (088)	145,754	2.0
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	135,776	1.9
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	133,382	1.8
Neonate with Other Significant Problems (390)	119,991	1.6
Intracranial Hemorrhage or Cerebral Infarction (014)	90,616	1.2
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	89,637	1.2
GI Hemorrhage with CC (174)	85,169	1.2
Septicemia, Age > 17 (416)	82,927	1.1
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	76,911	1.1
All Others	4,718,037	64.5
Total	7,313,958	100.0

Numbers in parentheses() are the DRG numbers.
 Source: AHCA Detailed Discharge Data, CY 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table 3-9 summarizes the top five causes of hospitalization for the following populations in Bradford County (detailed data tables are available in Appendix A):

- All residents
- White residents
- Black residents
- Residents of all other races
- Hispanic residents
- Non-Hispanic residents
- Females
- Males
- Age 0-17
- Age 18-64
- Age 65 and older

As noted above, there were differences in the leading causes of hospitalization in Bradford County compared to Florida (Table 3-8 and Table 3-9). Most noteworthy, psychoses was the third leading cause of hospitalization in Florida, while it was the eighth leading cause of

hospitalization in Bradford County and chronic obstructive pulmonary disease was the seventh leading cause of hospitalization in Florida, but it was the fourth leading cause of hospitalization in Bradford County.

Table 3-9 demonstrates a pattern that is typically seen in much of the other health status data. Because white residents make up such a large percentage of the total population, one would expect leading reasons for hospitalization among white residents to mirror the top five for all residents. This was the case in Bradford County, except chronic obstructive pulmonary disease, which was the third leading cause of hospitalization for white residents while it was the fourth leading cause of hospitalization for Bradford County as a whole.

The analysis of leading causes of hospitalization yields some interesting insights. Three of the five leading causes of hospitalization for black residents were the same as for all residents of Bradford County. For black residents, renal failure was the fourth leading cause of hospitalization in Bradford County, followed by chest pain. For all residents, renal failure was the thirteenth leading cause of hospitalization and chest pain was the ninth.

A similar trend exists for male residents in Bradford County. Three of the five leading causes of hospitalization for males were the same as for all residents in the county, except in a different order. Being a normal newborn was the leading cause of hospitalization for male residents, followed by heart failure and shock and chronic obstructive pulmonary disease. Simple pneumonia and pleurisy and neonate with other significant problems rounded out the top five.

For females, as expected, the top three causes of hospitalization were related to being born or giving birth including vaginal delivery without complications, normal newborn and Cesarean section without complications.

When examining the leading causes of hospitalization for Hispanic residents of Bradford County, four of the top five causes were related to being born or giving birth including vaginal delivery with complicating diagnosis, normal newborn, neonate with other significant problems and Cesarean section without complications. Simple pneumonia and pleurisy was the fifth leading cause of hospitalization for this population.

Of course, for children age 0-17, the overwhelmingly leading cause of hospitalization was being born (i.e., normal newborn). Four of the top five leading causes of hospitalization were related to birth and complications that may arise. However, bronchitis and asthma was the third leading cause of hospitalization for this age group.

For older adults over the age of 65 heart failure and shock was the leading cause of hospitalization with 244 hospitalizations from 2004-2006. Chronic obstructive pulmonary disease; simple pneumonia and pleurisy; esophagitis, gastroenteritis, and miscellaneous digestive disorders; and septicemia rounded out the top five.

Table 3-9. Top 5 leading causes of hospitalization for various Bradford County resident populations, 2004-2006.

Population	1 st Cause	2 nd Cause	3 rd Cause	4 th Cause	5 th Cause
All Residents (10,626)	Normal Newborn	Vaginal Delivery without Complications	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Esophagitis, Gastroenteritis and Misc. Digestive Disorders >17 with CC
White (8,748)	Normal Newborn	Vaginal Delivery without Complications	Chronic Obstructive Pulmonary Disease	Heart Failure and Shock	Esophagitis, Gastroenteritis and Misc. Digestive Disorders >17 with CC
Black (1,792)	Normal Newborn	Vaginal Delivery without Complications	Heart Failure and Shock	Renal Failure	Chest Pain
Other Races (1,265)	Back and Neck Procedures except Spinal Fusion without Complications	Other Circulatory System O.R. Procedures	Major Small and Large Bowel Procedures with Complications	Major Joint and Limb Reattachment Procedures of the Lower Extremity; Uterine and Adnexa Procedures for Nonmalignancy without CC; Cesarean Section; Neonate with Other Significant Problems	
Hispanic (86)	Vaginal Delivery without Complications	Normal Newborn	Neonate with Other Problems	Cesarean Section without CC	Simple Pneumonia and Pleurisy
Non-Hispanic (10,540)	Normal Newborn	Vaginal Delivery without Complications	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Esophagitis, Gastroenteritis and Misc. Digestive Disorders >17 with CC
Females (6,305)	Vaginal Delivery without Complications	Normal Newborn	Cesarean Section without CC	Chronic Obstructive Pulmonary Disease	Heart Failure and Shock
Males (4,320)	Normal Newborn	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Simple Pneumonia and Pleurisy; Neonate with Other Significant Problems	
0-17 (1,633)	Normal Newborn	Neonate with Other Problems	Bronchitis and Asthma	Prematurity without Major Problems	Full-term Neonate with Major Problems
18-64 (5,379)	Vaginal Delivery without Complications	Cesarean Section without CC	Psychoses	Chronic Obstructive Pulmonary Disease	Esophagitis, Gastroenteritis and Misc. Digestive Disorders >17 with CC
65+ (3,614)	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Simple Pneumonia and Pleurisy	Esophagitis, Gastroenteritis and Misc. Digestive Disorders >17 with CC	Septicemia Age >17

Numbers in parentheses() are the total number of hospitalizations for Bradford County.

Source: AHCA Detailed Discharge Data, CY 2004-2006.

Prepared by: WellFlorida Council Inc., 2007.

Table 3-10 highlights the number and percent of discharges by payor source for each zip code, Bradford County and Florida. It also shows the average length of stay by payor source for each geographic area. In each Bradford County zip code area, as well as the county as a whole, Medicare was leading payor source by percentage. Medicare resulted in almost 41 percent of hospital discharges from 2004-2006 in Bradford County. This trend was seen in Florida as well.

As expected due to the older population, Medicare patients had the longest length of stay compared to other payor sources in Bradford County and Florida.

Also of note, Bradford County had a larger percentage (22.3 percent) of hospital discharges paid by Medicaid and a lower percentage (27.7 percent) of hospital discharges paid by private insurance than the state as a whole. When examining differences across zip code areas, Brooker (32622) had the highest percentage (44.6 percent) of hospital discharges paid by Medicare and Hampton (32044) had the highest percentage (24.7 percent) of hospital discharges paid by Medicaid.

Table 3-10. Hospital discharges by payor source, by zip code, Bradford County and Florida, 2004-2006.

Payor Source	32044 Hampton			32058 Lawtey			32091 Starke		
	Number	Percent	Average Length of Stay	Number	Percent	Average Length of Stay	Number	Percent	Average Length of Stay
Medicare	426	40.5	5.8	591	37.2	6.0	3,068	41.5	6.0
Medicaid	288	27.4	4.7	345	21.7	4.6	1,655	22.4	4.3
Private Insurance	257	24.5	3.6	512	32.2	4.2	1,978	26.8	4.3
Self Pay	44	4.2	3.8	79	5.0	4.8	396	5.4	4.6
Charity	2	0.2	3.0	6	0.4	1.8	16	0.2	3.9
All Others	34	3.2	3.0	57	3.6	6.0	280	3.8	7.8
Total	1,051	100.0	4.8	1,590	100.0	5.0	7,393	100.0	5.2
Payor Source	32622 Brooker			Bradford County			Florida		
	Number	Percent	Average Length of Stay	Number	Percent	Average Length of Stay	Number	Percent	Average Length of Stay
Medicare	264	44.6	5.0	4,349	40.9	5.9	3,058,839	41.8	5.7
Medicaid	83	14.0	3.2	2,371	22.3	4.3	1,304,338	17.8	4.5
Private Insurance	196	33.1	3.5	2,943	27.7	4.2	2,144,183	29.3	3.9
Self Pay	38	6.4	3.4	557	5.2	4.5	420,723	5.8	3.9
Charity	1	0.2	4.0	25	0.2	3.3	148,065	2.0	4.6
All Others	10	1.7	2.8	381	3.6	7.0	237,810	3.3	4.9
Total	592	100.0	4.1	10,626	100.0	5.0	7,313,958	100.0	4.8

Note: Medicare and Medicare HMO are grouped together. Medicaid and Medicaid HMO are grouped together. Private Insurance includes commercial insurance, commercial HMO and commercial PPO's. All Others include Workers Comp, Champus, VA, Other State/Local Government, Other, KidCare and unknown.

Source: AHCA Detailed Discharge Data Tapes, 2004-2006.

Prepared by: WellFlorida Council Inc., 2007.

Avoidable Hospitalizations

The Institute of Medicine (IOM) defines access as the “timely use of personal health services to achieve the best possible outcome.” This definition suggests that an evaluation of effective utilization and access must include consideration of indicators of health status or health outcomes. In order to determine appropriate and effective utilization of hospital services and availability of primary care, a methodology has been developed to analyze hospital discharge data for (non-elderly) residents to determine the level of hospitalization for certain illnesses susceptible to primary care intervention.

The methodology is based on a study of the impact of the socioeconomic status on hospital use in New York the results of which were released in 1993. In that study, specific diseases from the International Classification of Disease (ICD) codes were selected and proven in research to be reflective of the efficiency and effectiveness of access to the healthcare delivery system in the region. These diseases were called ambulatory care sensitive (ACS) because they had been shown to be avoidable in many cases if timely and appropriate ambulatory and primary care is available and utilized.

In 2006, there were nearly 13 avoidable hospitalizations per 1,000 population in Bradford County, which was slightly lower than the 13.5 avoidable hospitalizations per 1,000 population for the state as a whole (Table 3-11). The rate for avoidable hospitalizations per 1,000 of the population in Bradford County has decreased each year since 2004.

Table 3-11. Bradford County residents 0-64 years of age avoidable rate and total hospitalization rate per 1,000 population compared to Florida, calendar years 2004-2006.

Region	2004		2005		2006	
	Avoidable	Total	Avoidable	Total	Avoidable	Total
Bradford County	17.3	133.1	15.9	124.0	12.7	119.3
Florida	15.7	136.5	16.1	135.8	13.5	133.5

Source: AHCA Detailed Discharge Data, 2004-2006; CHARTS accessed 10-15-07.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-12 and Figure 3-13 break out these avoidable hospitalizations by payor or insurance status. Oftentimes, the self-pay/charity and Medicaid populations demonstrate a disproportionately high number of avoidable hospitalizations since timely access can be a questionable proposition for these groups. However, in Bradford County, this is not the case.

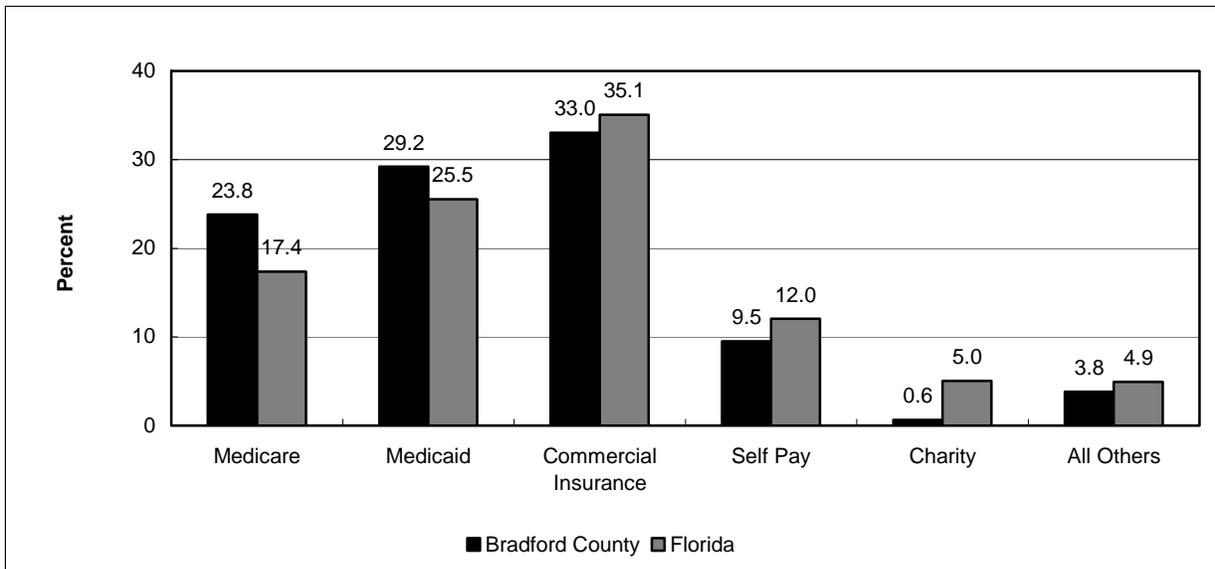
The percentage of self pay/charity avoidable hospitalizations in Bradford County was lower when compared to Florida, and the percentage of Medicaid avoidable hospitalizations was higher in Bradford County compared to Florida. Bradford County does have a higher percentage of avoidable hospitalizations paid by Medicare than Florida (as a percentage of overall avoidable hospitalizations).

Table 3-12. Bradford County residents, 0-64 years of age who had an avoidable hospitalization by payor source compared to Florida, calendar year 2006.

Payor	Bradford County			
	Discharges	Percent of Discharges	Patient Days	Total Charges
Medicare	75	23.8	379	\$1,409,272
Medicaid	92	29.2	418	\$1,933,028
Commercial Insurance	104	33.0	408	\$2,160,786
Self Pay	30	9.5	135	\$481,456
Charity	2	0.6	3	\$32,867
All Others	12	3.8	53	\$253,469
Total	315	100.0	1,396	\$6,270,878
	Florida			
	Discharges	Percent of Discharges	Patient Days	Total Charges
Medicare	35,808	17.4	207,868	\$1,135,520,571
Medicaid	52,603	25.5	245,773	\$1,232,502,175
Commercial Insurance	72,226	35.1	304,693	\$1,788,578,002
Self Pay	24,818	12.0	99,715	\$543,840,073
Charity	10,374	5.0	45,495	\$239,243,672
All Others	10,145	4.9	47,496	\$259,632,687
Total	205,974	100.0	951,040	\$5,199,317,180

All Others include: Workers Comp, Champus, VA, Other State/Local Government, Other and KidCare.
 Source: AHCA Detailed Discharge Data Tapes, 2006.
 Prepared by: WellFlorida Council Inc., 2007.

Figure 3-13. Percent of avoidable hospitalizations by payor source for residents (age 0-64), Bradford County and Florida, 2006.



Source: AHCA Detailed Discharge Data, 2006.
 Prepared by: WellFlorida Council Inc, 2007.

In total, there were 334 avoidable hospitalizations in 2006. As seen in Table 3-13, the overwhelmingly leading cause for avoidable hospitalization is dehydration/volume depletion accounting for more than 35 percent of all avoidable hospitalizations.

Table 3-13. Top 10 avoidable hospitalizations for 0-64 years of age in Bradford County, 2006.

Avoidable Hospitalization	Number	Percent
Dehydration - Volume Depletion (1)	117	35.0
Congestive Heart Failure (2)	48	14.4
Cellulitis (3)	40	12.0
Chronic Obstructive Pulmonary Disease (4)	38	11.4
Kidney/Urinary Infection (5)	20	6.0
Diabetes "A" (6)	12	3.6
Convulsions "B" (7)	8	2.4
Asthma (7)	8	2.4
Grand Mal Status and Other Epileptic Convulsions (9)	7	2.1
Gastroenteritis (10)	6	1.8
All Others	30	9.0
Total	334	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council Inc., 2007.

Birth Indicators

Birth outcome indicators are a critical measure of a society's and a community's health status. Unfortunately, Florida's birth outcome indicators in the last decade have consistently ranked in the bottom half of the nation according to the *National Kids Count Data Book* prepared by the Annie E. Casey Foundation.

Overall, these rankings remain poor for Florida but progress has been made. Progress has also been seen in these indicators in Bradford County, though work remains to be done, especially in the disparity of outcomes between races and ethnicities.

Birth Rates

Table 3-14 shows that between 1997-2005, Bradford County's birth rate was lower than the state as a whole. This is to be expected in a county with a small percentage of female residents due to the high number of male inmates housed in correctional facilities. Unlike the trend we see in Florida, the birth rates of black residents were lower than that of white residents. Additionally, the birth rates of white residents of Bradford County were higher than the rates for their counterparts throughout the state. Figure 3-14 and Table 3-14 show that birth rates in Bradford County have decreased slightly since 1997 and have remained consistently below Florida's rates.

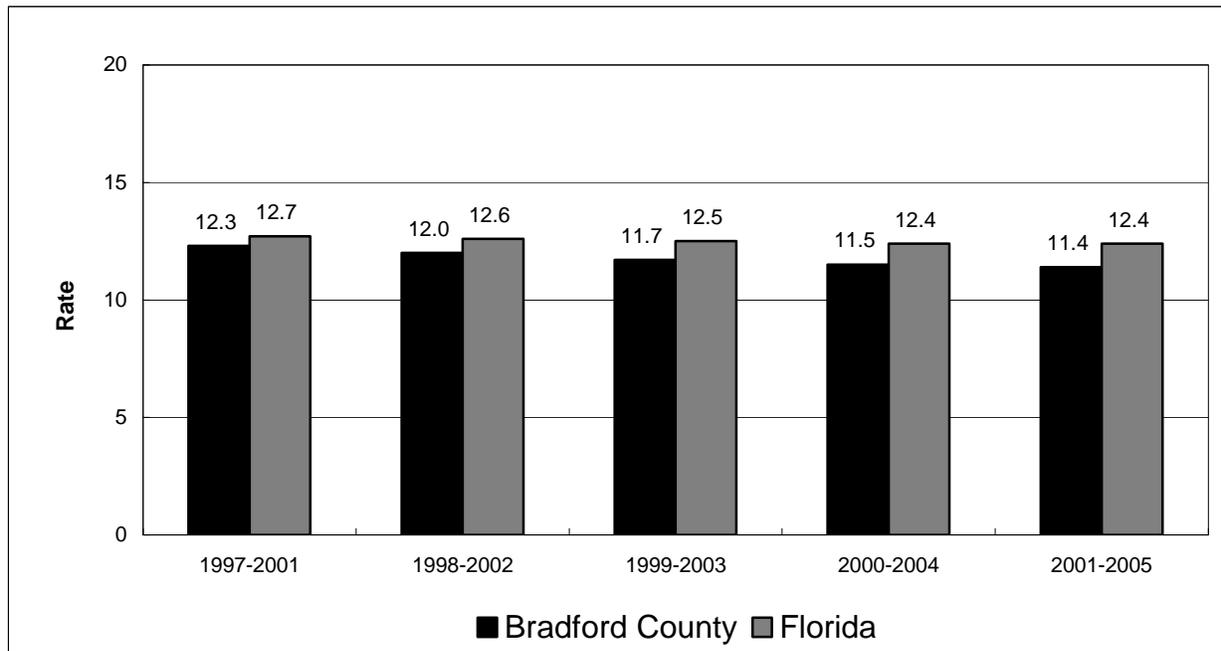
Table 3-15 shows that the Hispanic birth rates in Bradford County have also remained relatively stable and much lower than the state rates over the past decade. Because of the small number of Hispanic residents in Bradford County (as detailed in the Demographic and Socioeconomic Profile section), analysis of their birth rates should be done carefully and with perspective.

Table 3-14. Birth rates per 1,000 population, by race, Bradford County and Florida, 1997-2005.

Area	All Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	1,583	12.3	1,556	12.0	1,548	11.7	1,536	11.5	1,548	11.4
Florida	994,661	12.7	1,007,937	12.6	1,024,616	12.5	1,045,603	12.4	1,067,751	12.4
Area	White Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	1,273	12.7	1,259	12.4	1,238	12.1	1,218	11.7	1,240	11.8
Florida	737,702	11.4	746,062	11.3	757,596	11.3	771,345	11.2	622,135	8.9
Area	Black Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	292	10.7	278	10.1	289	10.4	293	10.4	284	9.8
Florida	227,164	18.8	229,807	18.5	232,607	18.2	234,562	17.9	235,262	17.3

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-14. Birth rates per 1,000 population for all races, Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-15. Hispanic birth rates per 1,000 population, Bradford County and Florida, 1997-2005.

Area	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate								
Bradford County	28	0.2	28	0.2	25	0.2	30	0.2	36	0.3
Florida	213,799	2.7	228,069	2.8	243,402	3.0	260,448	3.1	278,365	3.2

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Early Access to Prenatal Care

During the 1990s, Florida experienced several improvements on measures that reflect the status of maternal and child health, including reductions in births to mothers who regularly smoked, repeat births to teenagers and births to women who received late or no prenatal care. The proportion of births to mothers who received late or no prenatal care was cut in half from 7.0 percent in 1990 to 3.5 percent in 1998. During this time, substantial gains were also made in the percentage of mothers who received early access to prenatal care (defined as care in their first trimester).

Table 3-16 shows that approximately 77.2 percent of births in Bradford County between 2001-2005 had early access to prenatal care. This was slightly lower than the 79.3 percent for all Florida births, but the percent of mothers who received access to early prenatal care have decreased in Bradford County and the state since 1997. The percent of early access to prenatal care was disparately higher for white residents than for black residents from 2001-2005 in Bradford County, and both white residents and black residents of Bradford County fared worse than their counterparts throughout Florida. Figure 3-15 shows that early access to prenatal care has been declining slightly in Bradford County over the last decade. This trend is consistent with Florida as a whole since 1997.

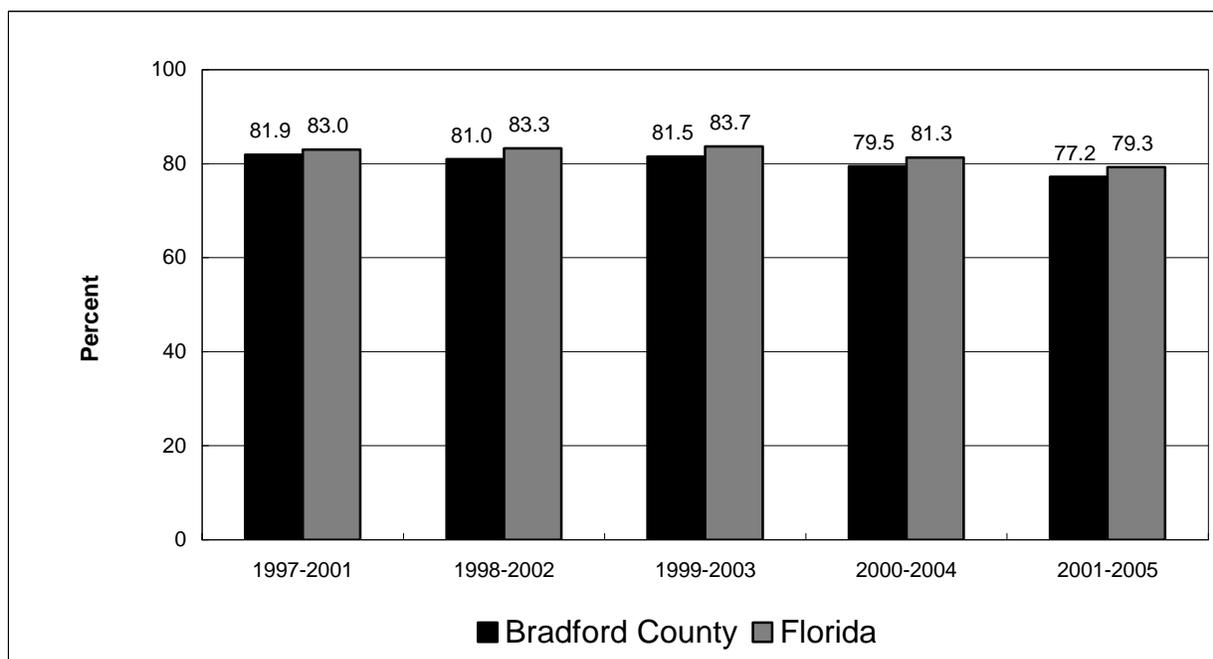
Table 3-17 and Figure 3-16 show that Hispanic mothers in Bradford County have a substantially lower percentage of access to early prenatal care than do Hispanic mothers throughout Florida. Additionally, early access to prenatal care has declined for Hispanic mothers in Bradford County since 1999.

Table 3-16. Percent of births with early access to care by race, Bradford County and Florida, 1997-2005.

Area	All Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bradford County	1,296	81.9	1,261	81.0	1,261	81.5	1,221	79.5	1,195	77.2
Florida	825,719	83.0	839,620	83.3	857,515	83.7	850,600	81.3	840,057	79.3
Area	White Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bradford County	1,087	85.4	1,066	84.7	1,055	85.2	1,011	83.0	994	80.2
Florida	637,361	86.4	645,536	86.5	657,001	86.7	649,954	84.3	521,164	83.8
Area	Black Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bradford County	195	66.8	182	65.5	192	66.4	193	65.9	188	66.2
Florida	164,140	72.3	168,045	73.1	172,377	74.1	169,648	72.3	135,536	72.3

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-15. Percent of births with early access to care all races, Bradford County and Florida, 2001-2005.



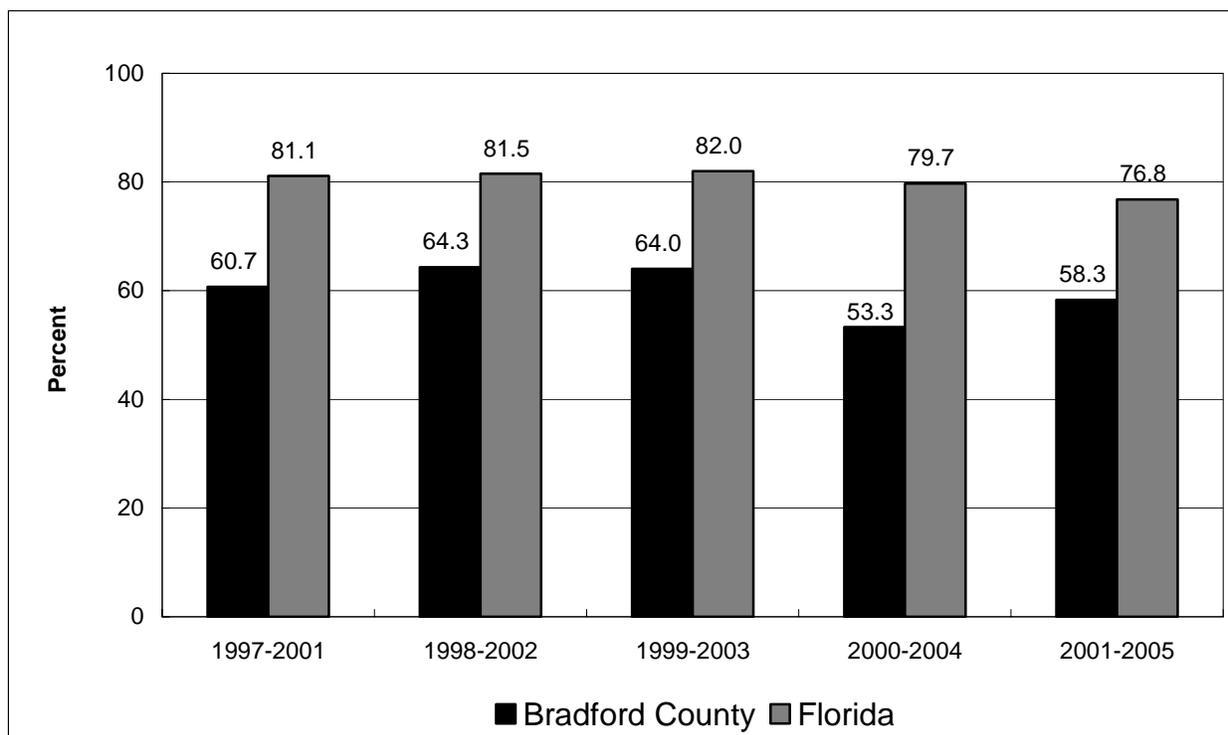
Source: State of Florida, Department of Health, Office of Vital Statistics, 2001-2005.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-17. Percent of Hispanic births with early access to care, Bradford County and Florida, 1997-2005.

Area	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Percent								
Bradford County	17	60.7	18	64.3	16	64.0	16	53.3	21	58.3
Florida	173,312	81.1	185,878	81.5	199,567	82.0	207,503	79.7	213,667	76.8

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council, 2007.

Figure 3-16. Percent of Hispanic moms with early access to prenatal care, Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Low Birthweight

An infant may be born small for gestational age, early, or a combination of the two. A low birthweight infant is defined as weighing less than 2,500 grams (5 pounds 8 ounces) at birth. Low birthweight babies may face serious health problems as newborns, are at increased risk for long-term disabilities and may require adaptive care throughout their lifespan.

Table 3-18 shows that 97.5 babies per 1,000 live births annually in Bradford County between 2001-2005 were low birthweight. This was substantially higher than the 84.9 low birthweight births per 1,000 Florida live births. Unfortunately, the low birthweight rate for black residents

was nearly twice that of white residents in Bradford County. The low birthweight rate for black residents was also higher than the rate for their counterparts throughout the state.

Figure 3-17 shows that low birthweight rates steadily increased in Bradford County and the state during the last decade. The low birthweight rate increased at a greater pace in Bradford County compared to the state and the rates have remains higher in Bradford County than the state.

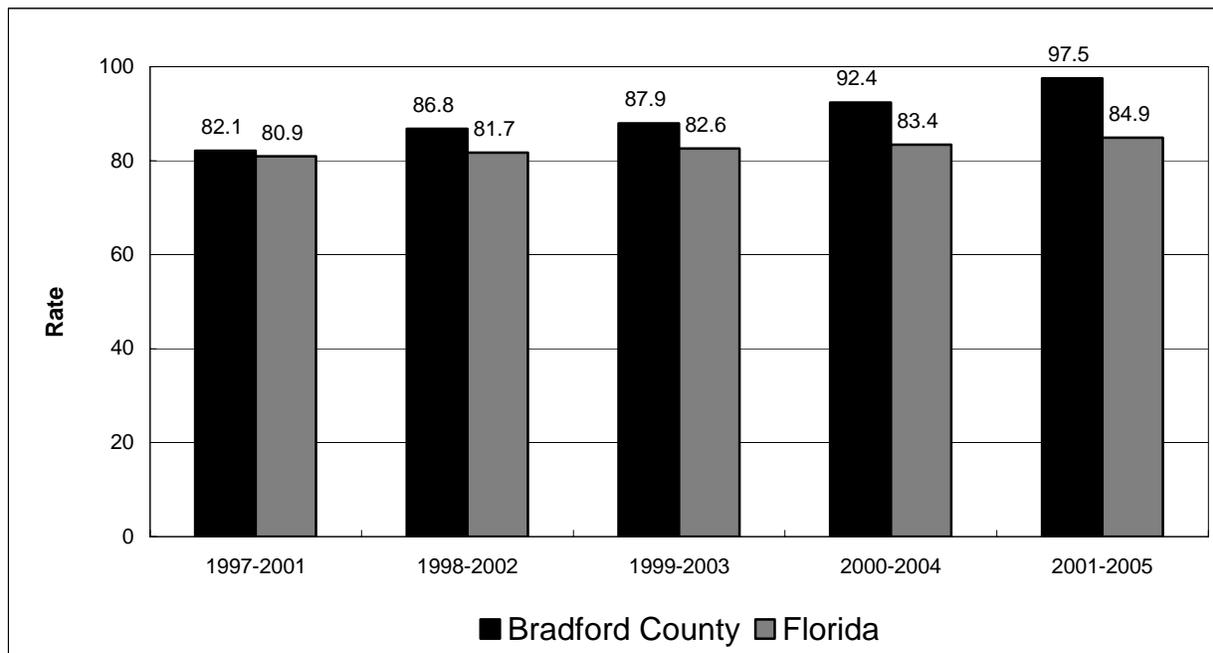
Table 3-19 and Figure 3-18 show that Hispanic low birthweight rates have dropped lower than the county average, and have shown a significant decrease since 1997. This large drop needs to be viewed with caution because the rates are impacted significantly by the small number of Hispanic births in the county.

Table 3-18. Low birthweight rates per 1,000 live births by race, Bradford County and Florida, 1997-2005.

Area	All Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	130	82.1	135	86.8	136	87.9	142	92.4	151	97.5
Florida	80,480	80.9	82,369	81.7	84,619	82.6	87,163	83.4	90,681	84.9
Area	White Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	88	69.1	96	76.3	98	79.2	103	84.6	105	84.7
Florida	50,014	67.8	51,135	68.5	52,385	69.1	53,839	69.8	56,163	90.3
Area	Black Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	42	143.8	38	136.7	37	128.0	38	129.7	45	158.5
Florida	28,015	123.3	28,571	124.3	29,342	126.1	29,955	127.7	30,636	130.2

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-17. Low birthweight rates per 1,000 live births for all races, Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

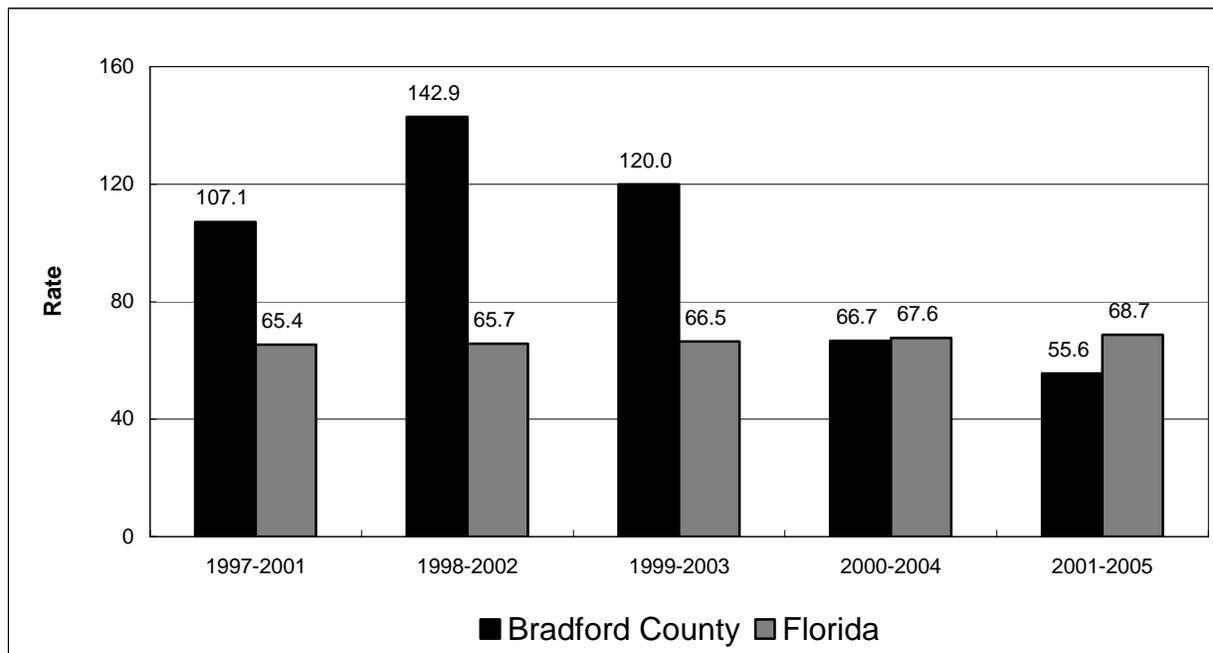
Table 3-19. Hispanic births with low birthweight rates per 1,000 live births, Bradford County and Florida, 1997-2005.

Area	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	3	107.1	4	142.9	3	120.0	2	66.7	2	55.6
Florida	13,980	65.4	14,975	65.7	16,188	66.5	17,616	67.6	19,118	68.7

Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-18. Hispanic low birthweight rates per 1,000 live births Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
 Prepared by: WellFlorida Council Inc., 2007.

Infant Mortality

Infant mortality is a useful indicator of health status and is used to compare the health and well-being of populations across and within countries. Infant mortality is defined as the number of deaths to infants less than one year per 1,000 live births.

Table 3-20 shows that there were 7.8 deaths per 1,000 live births in Bradford County between 2001-2005. This was higher than the Florida infant mortality rate of the same time period. There were only 12 infant deaths during this time period, therefore the rates are highly sensitive and should be viewed cautiously. Figure 3-19 shows that the infant mortality rate in Bradford County has decreased over the last decade, while the rate in the state has remained relatively static, but the rates in Bradford County remain higher than the state's infant mortality rate.

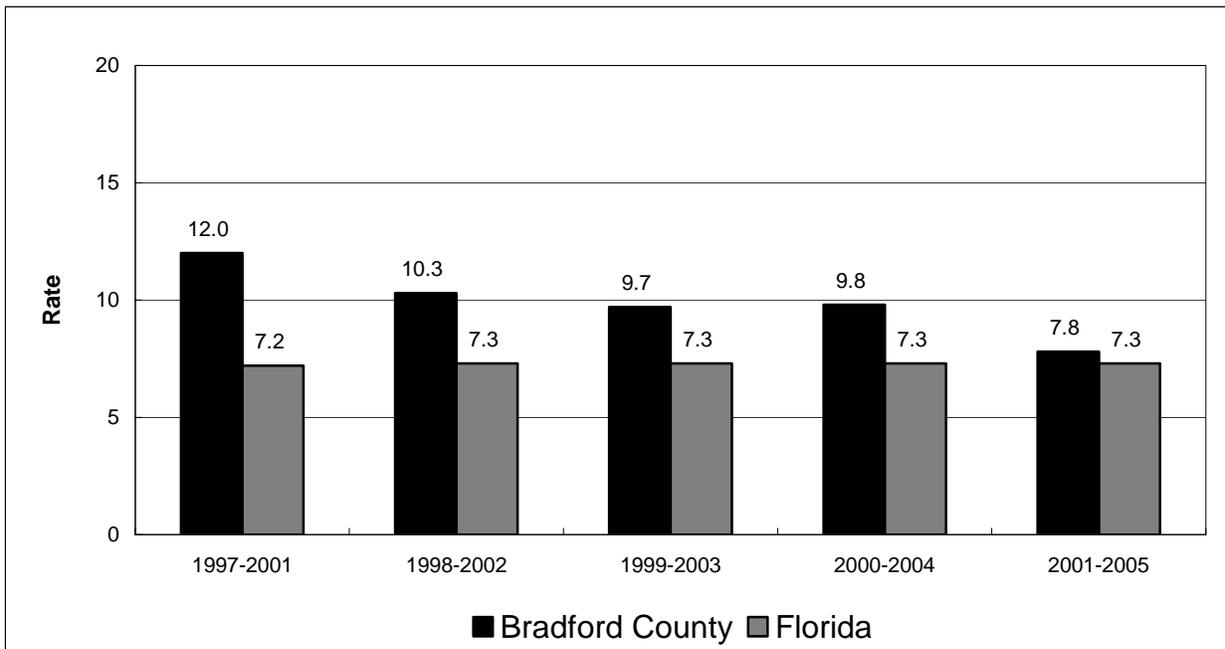
The infant mortality rate for white residents of Bradford County between 2001-2005 was 7.3 deaths per 1,000 live births and was just slightly higher than the rate for white residents in Florida (7.1 per 1,000). The infant mortality rate for black residents of Bradford County was lower than their counterparts throughout Florida from 1999-2005. The level of disparity between black and white residents was less pronounced in Bradford County than in Florida. The rate for infant mortality for black residents in Bradford County was about 1.5 times higher than for white residents throughout the county compared to 1.9 times higher in Florida. There were no infant deaths of Hispanic residents (Table 3-21) during this time period.

Table 3-20. Infant mortality rates per 1,000 live births by race, Bradford County and Florida, 1997-2005.

Area	All Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	19	12.0	16	10.3	15	9.7	15	9.8	12	7.8
Florida	7,133	7.2	7,323	7.3	7,492	7.3	7,586	7.3	7,789	7.3
Area	White Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	9	7.1	9	7.1	10	8.1	12	9.9	9	7.3
Florida	4,119	5.6	4,206	5.6	4,263	5.6	4,324	5.6	4,396	7.1
Area	Black Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	10	34.2	7	25.2	5	17.3	3	10.2	3	10.6
Florida	2,916	12.8	3,011	13.1	3,110	13.4	3,126	13.3	3,184	13.5

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-19. Infant mortality rates per 1,000 live births, Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, 2001-2005.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-21. Hispanic infant mortality rates per 1,000 live births, Bradford County and Florida, 1997-2005.

Area	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate								
Bradford County	-	-	-	-	-	-	-	-	-	-
Florida	1,038	4.9	1,108	4.9	1,189	4.9	1,225	4.7	1,376	4.9

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Teen Births and Repeat Births

Teens are often unprepared for the realities of childbirth. This lack of preparation often translates into poor health for the child if the teen does not have an adequate support structure to assist with raising and caring for the child. As such, teen birth rates are also an excellent indicator or marker for a healthy community. In general, the lower the teen birth rate, the “healthier” a community will be.

Table 3-22 shows that teen birth rates (defined as births to females age 15-17 per 1,000 females age 15-17 in the population) were higher in Bradford County between 2001-2005 than in Florida. The black teen birth rate was more than double that for white teens in Florida. This is not the case in Bradford County, the black teen birth rate was 1.2 time greater than the rate for white teens. Additionally, the white teen birth rate was 1.4 times higher than their counterparts throughout the state, while the black teen birth rate was less than their counterparts in the state. Figure 3-20 shows that although decreasing since 1997, the overall teen birth rate has remained higher in Bradford County than for the state.

Table 3-23 shows the teen birth rate for Hispanic female residents. As with the other birth indicators in this section because, there are so few Hispanic births, that the rates are very unstable and unreliable. That being said, the teen birth rate for Hispanics was much higher than the state rate.

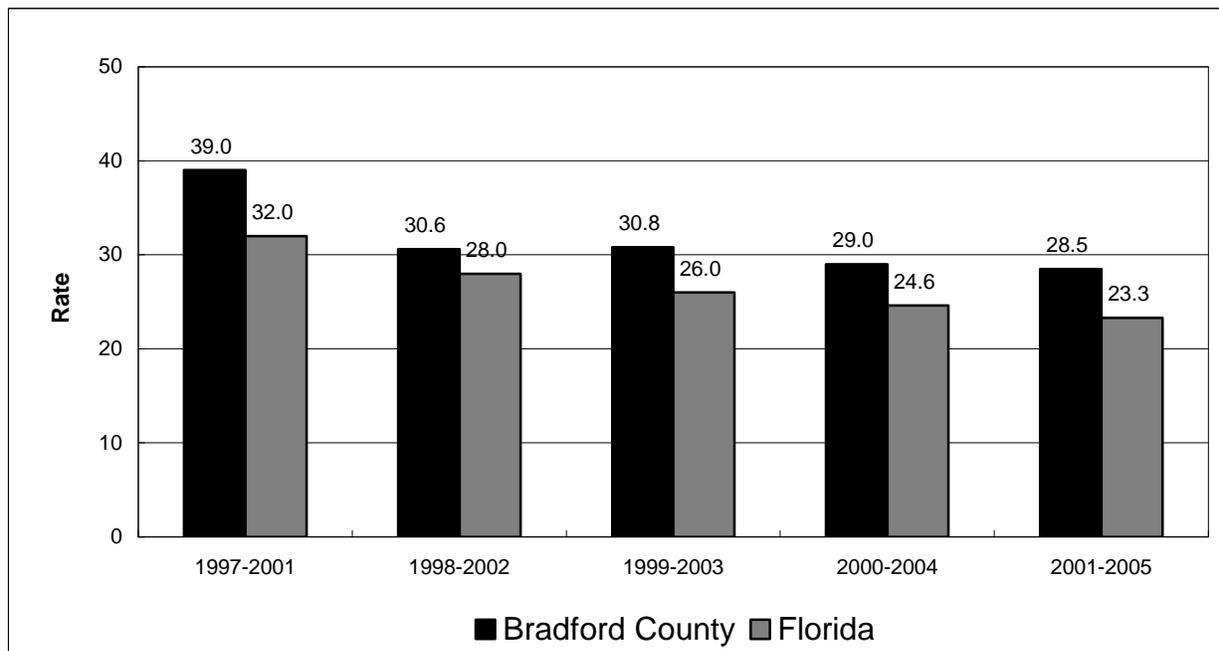
Table 3-24 and Figure 3-21 show that repeat birth rates for teens have fluctuated for Bradford County in the last decade with the highest peak in 2001-2005, in which the Bradford County rate surpassed the rate for Florida.

Table 3-22. Teen birth rates per 1,000 females 15-17 by race, Bradford County and Florida, 1997-2005.

Area	All Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	99	39.0	78	30.6	78	30.8	74	29.0	74	28.5
Florida	44,141	32.0	42,123	28.0	40,077	26.0	38,749	24.6	37,694	23.3
Area	White Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	77	36.6	62	30.0	75	37.3	78	39.3	76	37.6
Florida	25,674	25.2	24,738	22.0	27,479	23.9	29,082	24.7	24,123	20.0
Area	Black Races									
	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	21	50.0	16	34.4	14	28.0	16	29.6	18	32.7
Florida	17,831	55.9	16,746	50.6	17,658	51.7	17,929	51.5	17,071	47.8

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-20. Teen birth rates per 1,000 females 15-17, all races, Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-23. Hispanic teen births per 1,000 females 15-17, Bradford County and Florida, 1997-2005.

Area	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bradford County	3	60.0	4	80.0	5	100.0	6	109.1	6	109.1
Florida	9,621	33.7	9,826	32.9	10,012	32.4	10,287	32.2	10,662	32.4

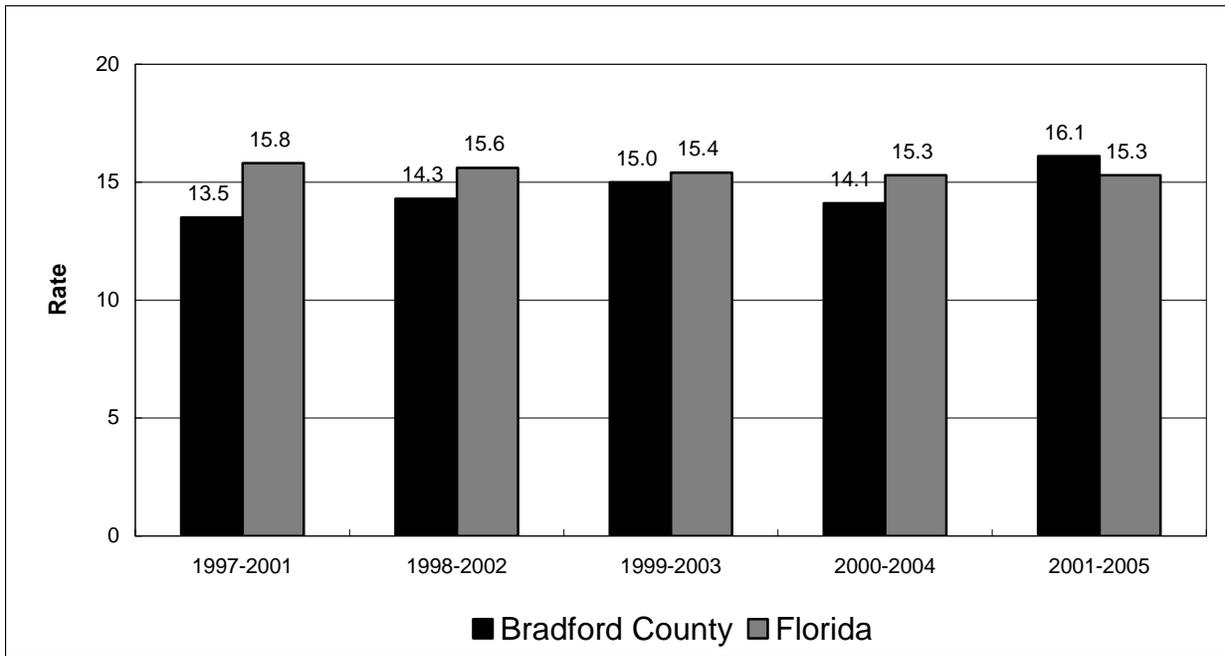
Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Table 3-24. Repeat birth rates per 1,000 to moms 15-19 who had a previous birth for all races, Bradford County and Florida, 1997-2005.

Area	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005	
	Number	Rate								
Bradford County	60	13.5	60	14.3	57	15.0	47	14.1	50	16.1
Florida	27,534	15.8	26,419	15.6	25,157	15.4	23,956	15.3	22,968	15.3

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Figure 3-21. Repeat birth rates per 1,000 to moms 15-19 who had a previous birth for all races, Bradford County and Florida, 1997-2005.



Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2005.
Prepared by: WellFlorida Council Inc., 2007.

Key Mental Health Indicators

In general, morbidity data for mental health diseases and conditions are often difficult to obtain. This is due in part to the long-standing view that mental health is not a “health issue” because it does not manifest into a physical ailment. Therefore, oftentimes little baseline data pertaining to particular mental health indicators has been collected or compiled.

In order to present some insight into the mental health status of Bradford County residents, this section of the assessment will review suicide rates, domestic violence rates, hospitalization for mental illness rates, and Baker Act rates.

Suicide Rates

Statistically, whites are more likely to commit suicide than any other racial/ethnic demographic. The rates in Bradford County reflect this trend. Table 3-25 examines the crude and age-adjusted rates from both Bradford County and Florida residents from 2001-2005.

When comparing the age-adjusted death rates for all races from suicide per 100,000 population between Bradford County and Florida, Table 3-25 shows that Bradford County had a slightly lower overall suicide rate than Florida. This was true for white residents as well, while the suicide rate for black residents in Bradford County was higher compared to their counterparts in the state. The age-adjusted suicide rate per 100,000 population for white residents was 1.5 times higher than the rate for black residents in Bradford County.

Table 3-25. Suicide crude and age-adjusted mortality rates per 100,000 population, by race, Bradford County and Florida, 2001-2005.

Area	All Races		
	Average Number of Deaths	Crude Rate	Age Adjusted Death Rate
Bradford County	3.2	11.8	11.5
Florida	2,319.6	13.5	12.8
Area	White Races		
	Average Number of Deaths	Crude Rate	Age Adjusted Death Rate
Bradford County	2.8	13.3	12.9
Florida	2,177.0	15.5	14.4
Area	Black Races		
	Average Number of Deaths	Crude Rate	Age Adjusted Death Rate
Bradford County	0.4	6.9	6.6
Florida	117.2	4.3	4.4

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.
Prepared by: WellFlorida Council Inc., 2007.

Statistically, males are more likely to commit suicide than females. This trend exists in Bradford County as well (Table 3-26). In Bradford County, males were 3.4 times more likely to commit suicide than their female counterparts. In Florida, males were 3.5 times more likely to commit suicide than females. Additionally, the suicide mortality rates for males and females in Bradford County were lower than the rates for their counterparts in Florida.

Table 3-26. Suicide crude mortality rates per 100,000 population by gender, Bradford County and Florida, 2001-2005.

Area	Males		Females	
	Average Number	Crude Rate	Average Number	Crude Rate
Bradford County	2.6	17.0	0.6	5.0
Florida	1,787.4	21.3	533.4	6.1

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.
Prepared by: WellFlorida Council Inc., 2007.

When examining rates of suicide by age, older adults (65 years and older) were most likely to commit suicide than any other age group in Florida (Table 3-27). This was not true in Bradford County; adults 18-64 were most likely to commit suicide, followed by older adults. But, the suicide rates for the 18-64 and older adult population were lower than their counterparts in the state. Youth 0-17 in Bradford County were more likely to commit suicide than individuals their age throughout Florida.

Table 3-27. Suicide crude mortality rates per 100,000 population by age, Bradford County and Florida, 2001-2005.

Area	0-17		18-64		65+	
	Average Number	Crude Rate	Average Number	Crude Rate	Average Number	Crude Rate
Bradford County	0.2	3.5	2.6	14.6	0.4	11.1
Florida	43.4	1.1	1,746.8	16.9	529.8	17.8

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2001-2005.
Prepared by: WellFlorida Council Inc., 2007.

Domestic Violence

Domestic violence is associated with eight out of the ten leading health concerns for *Healthy People 2010*. Medical studies link long-term effects of domestic violence and abuse with a myriad of major health problems including smoking, diabetes, obesity, eating disorders, and substance abuse, according to the Florida Department of Health.

In 2003, Florida domestic violence offenses accounted for approximately 20.0 percent of violent crimes. In addition, domestic violence plays a key role in juvenile crime, the need for foster care placements, and the existence of poverty in female-headed households according to the Department of Children and Families. Domestic violence, specifically sexual violence, more often goes unreported to authorities; therefore statistics presented may be lower than the actual number of the crimes.

Table 3-28 illustrates the type of domestic violence offenses as well as the difference in incidence rates between Bradford County and the state. In 2006, the rate per 100,000 population of domestic violence offenses in Bradford County was much higher than the state rate.

Table 3-28. Domestic violence offenses by type, Bradford County and Florida, 2006.

Type	Bradford County	Florida
Murder	0	164
Manslaughter	0	19
Forcible Rape	2	1,089
Forcible Sodomy	0	369
Forcible Fondling	0	947
Aggravated Assault	24	20,193
Aggravated Stalking	0	259
Simple Assault	181	88,110
Threat/Intimidation	0	3,690
Stalking	1	330
Total	208	115,170
Population	28,551	18,349,132
Rate Per 100,000 Population	728.5	627.7

Source: Florida Department of Law Enforcement, Domestic Violence Annual Report, 2006.
Prepared by: WellFlorida Council Inc., 2007.

As illustrated in greater detail in Table 3-29 below, the Bradford County rates for domestic violence have fluctuated since 2002, which was unlike the state of Florida. The domestic violence offenses for the state of Florida have decreased since 2002.

Table 3-29. Domestic violence offenses by year, Bradford County and Florida, 2002-2006.

Year	Bradford County		Florida	
	Number of Offenses	Rate Per 100,000	Number of Offenses	Rate Per 100,000
2002	192	724.1	121,834	730.7
2003	169	626.6	120,697	707.0
2004	193	695.7	119,772	683.8
2005	208	739.7	120,386	671.9
2006	208	728.5	115,170	627.7

Source: Florida Department of Law Enforcement, Domestic Violence Annual Report, 2002-2006.
Prepared by: WellFlorida Council Inc., 2007.

Hospitalizations Due to Mental Health Issues

As noted in Table 3-30 below, the diagnosis-related groups (DRGs) used to define the hospitalization rates for mental health issues are 424-428, 430-433, and 521-523.

Table 3-30. DRGs used to define the hospitalization rates for mental health issues.

424	OR procedure with principal diagnosis of mental illness
425	Acute adjustment reactions and psychosocial dysfunction
426	Depressive neuroses
427	Neuroses except depressive
428	Disorders of personality and impulse control
430	Psychosis
431	Childhood mental disorders
432	Other mental disorders diagnoses
433	Alcohol/drug abuse or dependence, left against medical advice
521	Alcohol/drug abuse or dependence
522	Alcohol/drug abuse or dependence with rehab
523	Alcohol/drug abuse or dependence without rehab

Source: AHCA Detailed Discharge Data, 1999-2003, CHARTS.
Prepared by WellFlorida Council Inc., 2007.

As seen in Table 3-31, between 2002 and 2006, the rate of hospitalizations due to mental health issues in Bradford County was lower than the state. The rate for hospitalizations due to mental health issues peaked in 2005 in Bradford County but decreased in 2006 to the lowest rate since 2003.

Table 3-31. Number and rate of hospitalizations due to mental health issues, 2002-2006.

Year	Bradford County		Florida	
	Number	Rate Per 1,000	Number	Rate Per 1,000
2002	108	4.1	123,579	7.4
2003	109	4.0	123,742	7.2
2004	117	4.2	127,257	7.2
2005	157	5.6	127,295	7.1
2006	92	3.2	126,772	6.9

Note: Mental health issues are defined as DRGs 424-428, 430-433 and 521-523.
Source: AHCA Detailed Discharge Data, 2002-2006, CHARTS accessed 11-5-07.
Prepared by: WellFlorida Council Inc., 2007.

Baker Act Rates

Another measure of mental health status is the rate at which residents are involuntarily placed in mental health institutions under the auspices of the Florida Mental Health Act (also known as the Baker Act). The Baker Act is the involuntary treatment of anyone who is mentally ill and is unable to understand his or her need for stabilization and/or treatment.

Table 3-32 below charts the number and rate of Baker Act initiations for the state and Bradford County in single year counts from 2001-2005. The rate for Baker Act initiations was lower in Bradford County than in Florida for all years. But the rates in Bradford County have fluctuated between the years 2001 to 2005, with the highest rate in 2005.

Table 3-32. Single year rates for Baker Act initiations in Bradford County and Florida, 2001-2005.

Year	Bradford County		Florida	
	Number of Initiations	Rate Per 100,000	Number of Initiations	Rate Per 100,000
2001	86	329.0	90,368	550.6
2002	81	304.0	99,772	594.9
2003	77	284.3	104,600	609.4
2004	107	384.0	110,697	628.5
2005	144	510.7	122,206	678.2

Source: AHCA, The Florida Mental Health Act (The Baker Act) 2005 Annual Report, CHARTS accessed 11-5-07.
 Prepared by: WellFlorida Council Inc., 2007.

Summary of Key Findings

Leading Causes of Death

- From 2001 through 2005, an average of 263.8 deaths occurred each year in Bradford County, resulting in a crude rate of 970.4 per 100,000 of the population compared to a crude rate of 978.7 per 100,000 of the population of Florida.
- By zip code the average annual overall crude mortality rate was highest in the 32044 (Hampton) zip code area and lowest in the 32058 (Lawtey) zip code area.
- Heart disease (225.9 per 100,000) is the leading cause of death in Bradford County resulting in an average of 61.4 deaths per year followed by cancer (204.5 per 100,000) which resulted in an average of 55.6 deaths per year.
- From 2001-2005, the average annual age-adjusted mortality rate in Bradford County was 922.9 per 100,000 of the population compared to 751.8 per 100,000 of the population for the state of Florida.
- When adjusted for age, Bradford County residents have higher average annual mortality rates than the state for all 10 of the 10 leading causes of death.
- Although health disparities are present, the disparity between white and black residents for diabetes and hypertension was more favorable in Bradford County than in Florida as a

whole. The disparity between white and black residents for HIV and respiratory disease was less favorable in Bradford County than in Florida.

- Since 1997 the age-adjusted all-cause mortality rate for Florida and Bradford County has decreased steadily.
- The mortality from heart disease, cancer, stroke and respiratory disease in Bradford County has decreased over the past ten years, while the deaths from unintentional injuries have increased.

Hospitalization

- The leading cause of hospitalization in Bradford County and Florida in 2004-2006 was for being a normal newborn followed by vaginal delivery without a complicating diagnosis. Heart failure and shock, chronic obstructive pulmonary disease and esophagitis, gastroenteritis, and miscellaneous digestive disorders rounded out the top five causes of hospitalization in Bradford County.
- For children age 0-17, four of the top five leading causes of hospitalization were related to birth and related complications that may arise. However, bronchitis and asthma was the third leading cause. For older adults over the age of 65, heart failure and shock was the leading cause of hospitalization.
- In each of the Bradford County zip code areas, as well as the county as a whole, Medicare was the leading payor source by percentage, resulting in almost 41 percent of hospital discharges from 2004-2006.
- In 2006, there were nearly 13 avoidable hospitalizations per 1,000 population in Bradford County, which was slightly lower than the 13.5 avoidable hospitalizations per 1,000 population for the state as a whole. The rate for avoidable hospitalizations per 1,000 of the population in Bradford County has decreased each year since 2004.

Birth Indicators

- Bradford County's birth rate was lower than the state as a whole. Unlike the trend we see in Florida, the birth rates of black residents of Bradford County were lower than that of white residents of Bradford County.
- Early access to prenatal care has been declining in Bradford County over the last decade. In addition, early access to prenatal care has been slightly lower in Bradford County than the Florida since 1997.
- Bradford County had a higher rate of low birthweight births from 2001-2005 when compared to Florida. Unfortunately, the low birthweight rate for black residents was more than twice that of white residents in Bradford County and higher than their black counterparts throughout the state.
- The infant mortality rate for Bradford County was higher than the Florida infant mortality rate from 2001-2005. Infant mortality has been steadily decreasing in Bradford County over the last decade.
- Teen birth rates were higher in Bradford County from 2001-2005 than for the state of Florida. The black teen birth rate in Bradford County was lower than the rate seen for black residents throughout the state, while the rate of teen births for white residents in the county was higher than the state rate.

- The rates of teens with repeat births have fluctuated in Bradford County in the last decade. During 2001-2005 the rate of repeat births for teens in Bradford County has surpassed that of the state of Florida.

Mental Health Indicators

- Suicide rates in Bradford County were slightly lower than the rates for Florida as a whole. The suicide rates for white residents in Bradford County were approximately 1.5 times that of black residents.
- The Bradford County rates for domestic violence were higher than the rate for the state of Florida. The rates in Florida have decreased since 2002; this decrease was not seen in Bradford County.
- The rate of hospitalizations due to mental health issues in Bradford County was lower than the state from 2002-2006. The rate for hospitalizations due to mental health issues peaked in 2005 in Bradford County; the rates have decreased since that time and are at the lowest since 2002.
- Baker Act initiations were lower in Bradford County than in Florida from 2001-2005, but peaked in 2005.

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Health Resource Availability and Access

Introduction

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's healthcare delivery system. Without an adequate supply of healthcare facilities, providers and services, maintaining good health status is a daunting challenge. Fewer facilities, providers and services means diminished opportunity to obtain healthcare in a timely fashion. Limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb indigent and charity care as there are fewer providers upon which to distribute the burden. This section will address the availability of healthcare resources to the residents of Bradford County.

Provider and Facility Supply

Medically Underserved and Health Professional Shortage Areas

As defined by the federal government's Health Resources and Services Administration (HRSA), the medically underserved area or population (MUA/P) designation involves the application of the Index of Medical Underservice (IMU) to data on a service area to obtain a measurement of underservice for a defined area or population. The IMU scale runs from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables – ratio of primary medical care physicians per 1,000 population; infant mortality rate; percentage of population with incomes below the federal poverty level; and percentage of the population age 65 or older. The value of each of these variables for the service area is created to a weighted value, according to established criteria. The four values are then summed to obtain an area's IMU score.

In April 1999, Bradford County was designated as an MUA. Bradford County received a score of 61.50, which placed it just below the 62.0 threshold. The MUA has not been updated or reviewed since 1999 (nor does the federal government require a regular and ongoing update of the IMU and MUA designation).

HRSA also evaluates primary care, dental and mental health care shortage areas and populations on a regular basis. The Shortage Designation Branch in the HRSA Bureau of Health Professions has developed shortage designation criteria and utilizes them to determine whether or not a geographic area or population group is a Health Professional Shortage Area (HPSA) in one of the three critical service areas. More than 34 federal programs depend on the shortage

designation to determine eligibility or as a funding preference. About 20 percent of the U.S. population resides in primary medical care HPSAs. The following criteria are utilized for primary medical care shortage designations:

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - a. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - b. The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration

Bradford County has HPSA designations for all three of the core service areas: primary medical care, dental care and mental health care. These designations are for different populations and are summarized in Table 4-1.

The low-income population and the ACORN Rural Health Clinic have been designated as primary medical care HPSAs. The low-income population has been designated a dental health HPSA. The entire county as well as the correctional institution (New River Correctional Institution) were designated a mental health HPSA.

HPSAs are customarily reviewed every four years. The reviews of primary medical care, dental care and mental health care should have in 2004. A current review of these designations should be pursued.

Table 4-1. Summary of Health Professional Shortage Areas (HPSAs) and Medically Underserved Area Populations (MUA/Ps), Bradford County, June 2006.

Professional Shortage Area/ Underserved Area	Designation Status	Designation Type
Primary Health	Yes	Low-Income; ACORN Rural Health Clinic
Dental Health	Yes	Low-Income
Mental Health	Yes	Entire County; Correctional Institution
Medically Underserved	Yes	Entire County

Source: US Department of Health and Human Services, Bureau of Health Professions, November 6, 2007.
Prepared by: WellFlorida Council, Inc., 2007.

Licensed Physicians

The availability of licensed physicians and nurses is critical to meeting the healthcare needs of a community. However, it is often difficult to get an accurate number of physicians and nurses that are practicing and providing services in a community. The Florida Department of Health’s Division of Medical Quality Assurance licenses these professionals. However, the county stored for licensees in the database is their mailing address which may or may not be identical to the county in which they are providing services. This tends to most significantly impact the licensed nurses; therefore this section only presents the number of licensed physicians for Bradford County.

According to Table 4-2, there are 239.4 licensed medical doctors and doctors of osteopathy per 100,000 for all of Florida while there are only 34.2 per 100,000 population for Bradford County. This number does not capture those doctors that provide services in Bradford County but who are licensed elsewhere, but does include doctors that are licensed in Bradford County who may provide services in another county.

Table 4-2. Number and rate of active licensed medical doctors and doctors of osteopathy, Bradford County and Florida, 2007.

Area	Number by Type			Rate Per 100,000 Population
	MD	DO	MD/DO Total	
Bradford County	8	2	10	34.2
Florida	41,480	3,748	45,228	239.4

Note: Includes only licensed MDs and DOs with an active license in the state of Florida and a Florida mailing address.
 Source: Florida Department of Health Division of Medical Quality Assurance as of November 10, 2007; ESRI Business Solutions, 2007.
 Prepared by: WellFlorida Council Inc., 2007.

Licensed Facilities

Table 4-3 is presented solely as an overview of the inventory of licensed facilities in Bradford County. The total number of facilities and total capacity change regularly. For the most up-to-date numbers on licensed facilities, consult www.Floridahealthstat.com. Bradford County houses nine different types of licensed facilities, one of which is a hospital with a capacity of 25.

Table 4-3. Licensed facilities by type in Bradford County, 2007.

Type of Facility	Total Number	Total Capacity
Assisted Living Facility	2	42
Clinical Laboratory	14	NA
End Stage Renal Disease	1	NA
HCC - Exemptions	2	NA
Home Medical Equipment	3	NA
Homemaker & Companion Services	2	NA
Hospital	1	25
Intermediate Care Facility	2	12
Rehab Agencies	1	NA
Rural Health Clinic	4	NA
Skilled Nursing Facility	2	240

Source: Agency for Health Care Administration, Licensure, 2007.
Prepared by: WellFlorida Council Inc., 2007.

Access to Healthcare

The Uninsured

Utilizing estimates from the *2004 Florida Health Insurance Study* conducted by the Florida Agency for Health Care Administration, in 2007, 19.2 percent of Floridians (more than 2.9 million residents) under the age of 65 were uninsured (Table 4-4). In Bradford County, just over 5,300 residents age 0-64, approximately 21.1 percent of the population, had no form of public or private health insurance coverage. In 2007, The Lawtey zip code area (32058) has the highest percentage (22.8 percent) of uninsured residents under the age of 65.

Table 4-4. Estimated number of non-elderly uninsured by zip code, Bradford County and Florida, 2007.

Area	2007 Population (0-64)	Uninsured	
		Estimated Number	Percent
32044 Hampton	2,127	425	20.0
32058 Lawtey	5,613	1,280	22.8
32091 Starke	14,680	3,039	20.7
32622 Brooker	1,978	392	19.8
Bradford Zip Codes	24,398	5,136	21.0
Bradford County	25,363	5,352	21.1
Florida	15,511,820	2,978,270	19.2

Source: ESRI Business Solutions, 2007; Agency for Health Care Administration, Florida Health Insurance Study 2004, Zip Code Estimates of People Without Health Insurance.
Prepared by: WellFlorida Council Inc., 2007.

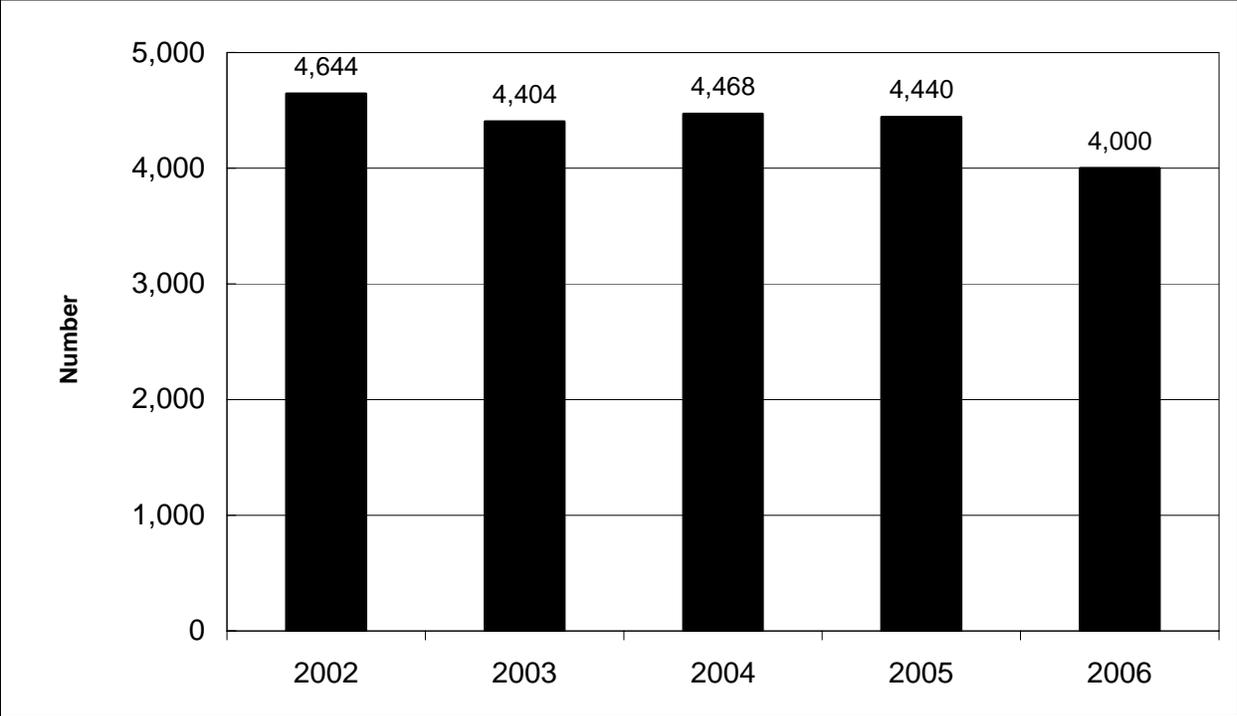
Medicaid

The Florida Medicaid program provides healthcare to various low-income and other special needs groups. The program is administered by the Agency for Health Care Administration and is funded through federal and state cost-sharing, with local counties contributing to inpatient hospital and nursing home service.

In Florida, eligibility for most Medicaid primary medical care is reserved for pregnant women (up to 185 percent of the federal poverty level) and children. All Medicaid recipients are required to enroll in one of the managed care systems (either a Medicaid HMO or Medipass) implemented by Florida’s Medicaid program.

The number of individuals eligible to receive Medicaid varies month by month. Figure 4-1 and Table 4-5 displays data for the year-end number of eligibles on December 31 of each year. At year’s end in 2006, there were 4,000 Medicaid eligibles in Bradford County compared to 4,644 as of December 31, 2002. While the number of those eligible for Medicaid decreased between 2002 and 2006, Bradford County’s total population grew. Therefore between 2002 and 2006, while the eligible Medicaid population in Bradford County decreased the total population of the county increased.

Figure 4-1. Number of Medicaid eligibles in Bradford County as of December 31, 2002-2006.



Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.
Prepared by: WellFlorida Council Inc., 2007.

Table 4-5 shows the number of Medicaid eligibles by zip code for Bradford County from 2002-2006. As seen in Table 4-5, the largest portion of the Medicaid population is attributable to the Starke zip code area (32091). Since 2002, the number of Medicaid eligibles have decreased in

the Hampton (32044) and Lawtey (32058) zip code areas, while increases occurred in the Starke (32091) and Brooker (32622) zip code areas.

Table 4-6 shows the average monthly number of Medicaid eligibles in various age groups for November 1, 2006 through October 31, 2007. In Bradford County, on average, 52.2 percent of the Medicaid eligibles were age 0-18 compared to 55.2 percent for Florida. It is noteworthy that in Bradford County nearly 35 percent of Medicaid eligibles were age 19-64 while just over 28 percent of Florida's Medicaid eligibles were age 19-64.

Table 4-5. Number of Medicaid Eligibles by zip code, by county and Florida as of December 31, 2002-2006.

Area	December 2002	December 2003	December 2004	December 2005	December 2006
32044 Hampton	444	379	411	470	415
32058 Lawtey	635	621	665	631	619
32091 Starke	2,869	2,644	2,791	2,906	2,895
32622 Brooker	165	151	149	183	192
Bradford Zip Codes	4,113	3,795	4,016	4,190	4,121
Bradford County	4,644	4,404	4,468	4,440	4,000
Florida	2,102,411	2,087,652	2,168,332	2,233,946	2,129,623

Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.
Prepared by: WellFlorida Council Inc., 2007.

Table 4-6. Average number of Medicaid eligibles by age in Bradford County and Florida, November 1, 2006 - October 31, 2007.

Age	Bradford County		Florida	
	Number	Percent	Number	Percent
0-5	929	23.2	534,688	25.2
6-10	518	12.9	275,394	13.0
11-18	648	16.1	360,151	17.0
19-20	96	2.4	42,851	2.0
21-35	553	13.8	243,541	11.5
36-59	633	15.8	272,716	12.9
60-64	115	2.9	49,759	2.3
65-74	249	6.2	153,582	7.3
75-84	175	4.4	123,202	5.8
85+	97	2.4	62,303	2.9
TOTAL	4,014	100.0	2,118,186	100.0

Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006-2007.
Prepared by: WellFlorida Council Inc., 2007.

Table 4-7 shows Medicaid expenditures by type for Bradford County and Florida for a recent 11-month period. Expenditures for this period amounted to approximately \$28 million for Bradford County and over \$10.7 billion for the state. In Bradford County, skilled nursing facility (SNF) services accounted for 23.3 percent of the expenditures compared to 19.6 percent in Florida as a whole. In addition, prescribed drugs accounted for nearly 13 percent of all Medicaid expenditures in Bradford County compared to only 8.7 percent for all of Florida.

Table 4-7. Medical expenditures by type by county and Florida, July 1, 2006 - May 31, 2007.

Type of Medical Assistance	Bradford County				Florida			
	Clients		Dollars		Clients		Dollars	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adult Day Care	0	-	\$ 0.00	-	0	-	\$ 0.00	-
Ambulatory Surgical	91	1.0	\$ 45,379.97	0.2	7,119	1.2	\$ 14,115,099.76	0.1
Birthing Center	44	0.5	\$ 15,095.40	0.1	2,182	0.1	\$ 1,205,557.40	0.0
Case Management	78	0.8	\$ 25,367.00	0.1	70,729	2.2	\$ 31,377,974.23	0.3
Chiropractor Services	27	0.3	\$ 1,923.04	0.0	8,576	0.3	\$ 1,071,393.14	0.0
Comm Mental Services	331	3.6	\$ 208,460.87	0.7	95,656	3.0	\$ 143,411,070.82	1.3
Dental Care	976	10.5	\$ 227,061.97	0.8	311,924	9.8	\$ 84,438,072.51	0.8
DME Dial Crossover	186	2.0	\$ 93,542.33	0.3	51,237	1.6	\$ 34,324,474.83	0.3
End-Stage Renal	2	0.0	\$ 26,926.11	0.1	1,550	0.0	\$ 12,977,701.59	0.1
EPSDT	709	7.6	\$ 90,347.73	0.3	362,780	11.4	\$ 50,535,270.45	0.5
Family Planning	0	-	\$ 0.00	-	0	-	\$ 0.00	-
Hearing Services	54	0.6	\$ 9,524.82	0.0	18,427	0.6	\$ 3,615,827.51	0.0
HMO - PHP	5,151	55.4	\$ 826,888.79	3.0	2,041,590	64.2	\$ 2,147,235,531.87	20.0
Home And Comm Based Services	649	7.0	\$ 2,590,249.83	9.3	266,300	8.4	\$ 1,014,850,050.94	9.4
Home Health	496	5.3	\$ 283,519.07	1.0	114,613	3.6	\$ 254,290,298.48	2.4
Hospice	37	0.4	\$ 395,925.34	1.4	16,987	0.5	\$ 229,276,796.67	2.1
ICF - MR	12	0.1	\$ 1,167,853.41	4.2	3,276	0.1	\$ 291,109,415.50	2.7
Inpatient Hospital	1,012	10.9	\$ 5,061,809.97	18.1	421,667	13.3	\$ 1,950,883,170.38	18.2
Lab and Xray	1,393	15.0	\$ 125,119.37	0.4	447,449	14.1	\$ 48,214,767.13	0.4
Medipass	5,844	62.9	\$ 123,451.43	0.4	1,033,225	32.5	\$ 22,205,743.04	0.2
Nurse Practitioner	1,702	18.3	\$ 155,741.95	0.6	213,675	6.7	\$ 41,206,647.79	0.4
Outpatient Hospital	5,305	57.1	\$ 2,743,782.64	9.8	1,041,135	32.7	\$ 486,499,280.66	4.5
Physician Care	4,717	50.8	\$ 1,863,790.77	6.7	1,312,394	41.3	\$ 596,712,222.06	5.6
Podiatry	128	1.4	\$ 8,794.84	0.0	37,425	1.2	\$ 3,234,079.58	0.0
Portable Xray	180	1.9	\$ 12,090.32	0.0	28,316	0.9	\$ 1,536,206.94	0.0
Practitioner Crossover	2	0.0	\$ 74.10	0.0	454	0.0	\$ 13,753.51	0.0
Prescribed Drugs	4,630	49.8	\$ 3,526,416.89	12.6	1,013,706	31.9	\$ 935,760,618.58	8.7
Primary Care Management	0	-	\$ 0.00	-	0	-	\$ 0.00	-
Rural Health	2,958	31.8	\$ 1,528,996.36	5.5	199,984	6.3	\$ 61,094,205.65	0.6
Rural Hospital Swing Bed	0	-	\$ 0.00	-	48	0.0	\$ 1,080,617.62	0.0
SNF	611	6.6	\$ 6,515,597.22	23.3	132,957	4.2	\$ 2,105,951,396.03	19.6
State Mental Hospital	0	-	\$ 0.00	-	157	0.0	\$ 6,474,235.19	0.1
Therapy Services	181	1.9	\$ 110,826.21	0.4	60,183	1.9	\$ 109,376,483.49	1.0
Transportation	606	6.5	\$ 139,071.96	0.5	167,894	5.3	\$ 41,796,846.56	0.4
Unassigned	0	-	\$ 0.00	-	57	0.0	\$ 267,281.33	0.0
Visual	697	7.5	\$ 70,119.99	0.3	168,049	5.3	\$ 17,289,665.45	0.2
Total	9,292		\$ 27,993,749.70	100.0	3,181,538		\$ 10,743,431,756.69	100.0

Source: Agency for Health Care Administration Medicaid Management Information System Recap of Welfare Medical Assistance Report, July 1, 2006 - May 31, 2007.

Prepared by: WellFlorida Council Inc., 2007.

HMO Enrollment

Health maintenance organization (HMO) health insurance plans are often more affordable than standard private insurance and preferred provider organization (PPO) plans. In theory, the insured person is subjected to care management by a primary care provider that often leads to more efficient utilization of healthcare resources and subsequent lower costs.

According to the Florida Department of Insurance (DOI), as seen in Table 4-8, 5 of Florida's 36 HMOs are enrolling clients in Bradford County. As of June 30, 2006, approximately 2,200 Bradford County residents were enrolled in HMOs. In fact, Bradford County's HMO enrollment rate of 72.4 persons per 1,000 population is substantially lower than the state of Florida rate of 203.4 per 1,000.

Table 4-9 shows 99.9 percent of Bradford County's HMO enrollment is in all other plans, which includes individual, small groups, Healthy Kids and federal employees compared to 61.9 percent statewide. Only 0.1 percent of Bradford County's HMO enrollment is in Medicare HMO plans, compared to approximately 17.3 percent of the state's HMO enrollment falling into this category. This is most likely due to Bradford County being such a small county and a small market that Medicare and Medicaid HMOs are not willing to enroll such small numbers. Many small counties in the Panhandle and north central Florida do not have any Medicare or Medicaid HMO penetration.

Table 4-8. Total and percent HMO's and enrollees, by county and Florida as of June 30, 2006.

Area	Total HMO's		Total HMO Enrollees		
	Number	Percent of State	Number	Percent of State	Rate Per 1,000 Population
Bradford County	5	13.9	2,203	0.06	72.4
Florida	36	100.0	3,758,544	100.0	203.4

Source: State of Florida, Department of Financial Services, Managed Care Summary Report as of June 30, 2006; ESRI Business Solutions, 2006.

Prepared by: WellFlorida Council Inc., 2007.

Table 4-9. Total and percent HMO's enrollment by type, by county and Florida as of June 30, 2006.

Area	Total HMO Enrollees	HMO Enrollment Type					
		Medicare		Medicaid		All Others	
		Number	Percent	Number	Percent	Number	Percent
Bradford County	2,203	2	0.1	-	-	2,201	99.9
Florida	3,758,544	651,903	17.3	779,909	20.8	2,326,732	61.9

All Others include: individuals, small groups, Healthy Kids and federal employees.

Source: State of Florida, Department of Financial Services, Managed Care Summary Report as of June 30, 2006; ESRI Business Solutions, 2006.

Prepared by: WellFlorida Council Inc., 2007.

Summary of Key Findings

Provider Facility Supply

- Bradford County was designated as a medically underserved area by the federal government in 1999.
- The low-income population and the ACORN Rural Health Clinic has been designated a health professional shortage area by the federal government for primary medical care.
- The low-income population have been designated a health professional shortage area by the federal government for dental care.
- The correctional institution in Bradford County and the county itself have been designated a health professional shortage area by the federal government for mental health.
- The rate of licensed physicians and doctors of osteopathy per 100,000 population, with license addresses in Bradford County, is less than 15 percent that for Florida.

Access to Healthcare

- In 2007, there were over 5,300 non-elderly uninsured in Bradford County.
- The percentage of non-elderly uninsured in Bradford County in 2007 was 21.1 percent compared to 19.2 percent for the state.
- As of December 31, 2006, there were 4,000 Medicaid eligibles in Bradford County.
- Between 2002 and 2006, the eligible Medicaid population in Bradford County decreased while the total population increased.
- Prescription drugs accounted for nearly 12.6 percent of all Medicaid expenditures in Bradford County compared to only 8.7 percent for all of Florida.
- Virtually all HMO enrollment in Bradford County was identified as other enrollment including individuals, small group, Healthy Kids and federal employee programs. Only 0.1 percent of HMO enrollment was through Medicare HMOs.

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Community Input

Overview

The perspective and voices of residents, providers, patients and key leaders and decision-makers (i.e., community input) are critical when assessing the healthcare needs of any community. Quantitative data on demographics and health status and outcome alone do not paint the full picture of a community's healthcare needs and issues and its ability to address those needs and issues. The Community Health Needs Assessment Committee (Committee) has insured that ample qualitative and community perspective information is incorporated into the needs assessment.

This section details the findings from two critical areas of public perspective. The first details the findings from 15 interviews conducted with community leaders who are knowledgeable about the health and healthcare of Bradford County residents. The second reports the results of six focus groups conducted with members of the community based on the physical location of residents or specific demographics.

Interviews with Community Leaders

Introduction

The WellFlorida Council conducted key informant interviews during the months of September, October and November 2007 with the cooperation of the Bradford County Health Department. The purpose of conducting the interviews is to better understand the perspectives of key community leaders on the health and healthcare needs of Bradford County residents. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Bradford County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

Methodology

The Committee compiled a list of possible interview subjects. Initial contact was made via email by the Administrator of the Bradford County Health Department to inform them of the study and to stress the importance of their participation. The list of potential interview subjects and their contact information was shared with the WellFlorida Council, Inc. The list included governmental representatives, including elected officials and public employees; healthcare providers; and representatives of local businesses and community organizations.

Council staff randomly drew names from the pool of potential interviewees provided by the Committee. Council staff conducted the interviews via telephone due to cost and travel constraints. Fifteen key community leaders agreed to be interviewed, and the interviews were conducted during September, October and November 2007. To assure the confidentiality of their comments, the names and any other identifying information of the interviewees has not been included in this report.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix B. Community leaders provided comments on the following issues:

- Overall perspective on healthcare in Bradford County
- Opinions about how residents of Bradford County access health information
- Perception of essential services of the county's healthcare system
- Opinions of important health issues and healthcare needs that affect county residents and activities needed to address these issues
- Impressions on tobacco use (smoking and smokeless) in the county
- Impressions on specific health services available in the county
- Perceptions on how community members feel about the Bradford County Health Department
- Opinions on the role that community members play in improving the health of the county

Interview Analysis

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. Generally, the healthcare providers interviewed are members of their professional organizations.

The business and community leaders interviewed served on various professional, political, and trade organizations. Some business and community leaders reported serving on the Shands Starke Advisory Council.

The interview questions for each community leader are identical. The questions have been grouped into eight major categories. A summary of the leaders' responses by each of these categories follows. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with statements. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

General Perceptions

When asked to share their impressions about health and healthcare in Bradford County, community leaders spoke at length about the assets and deficiencies of the system. First and foremost, interviewees consider the county to be quite fortunate in terms of the services available

to help meet the needs of Bradford County residents, including the county health department, the local hospital, and local healthcare providers. Key leaders stressed that the healthcare system in Bradford County has improved in recent years due to an increase in local healthcare providers and the addition of specialty services at the local hospital. One interviewee said, “I think we have pretty good services here with your health department and Shands Starke. We have plenty of good doctors. I think it is much improved.” Leaders also discussed how fortunate the community members are to be within an hour’s drive, to very high quality healthcare systems and services in Gainesville and Jacksonville.

Although they were quick to acknowledge that it is a benefit to be near major healthcare systems, this was also noted as a barrier for some members of the community, particularly the most vulnerable. Interviewees discussed the fact that it is necessary for individuals to travel outside of the county for most specialty services. The specialists that are available in Bradford County are only accessible on a limited basis because their primary practices are located in neighboring counties. Some community leaders said that it is not uncommon for community members to prefer to travel outside the county for all their healthcare needs, regardless of availability, because there is a perception that the care is better in more populated areas. A key leader said, “Shands at Starke is an excellent facility and we are fortunate to have that. I don’t know if the citizens have a full appreciation of that.”

Community leaders are well aware that an individual’s ability to access healthcare is most often predicted on that person’s ability to pay for the services. They noted that there is a significant population of uninsured residents in Bradford County and those individuals have limited healthcare resources. In some cases, community leaders noted that people simply do without basic healthcare needs because they are unable to afford the services. One interviewee stated, “There are a lot of people who are underserved, without health insurance and do not go to the health department, particularly those who are not working or are elderly.” In other instances, community leaders noted that the uninsured may be forced to use the hospital’s emergency department for routine healthcare services. Moreover, interviewees pointed out that some forms of healthcare coverage, such as Medicaid, do not automatically guarantee access to care. Since Medicaid offers providers a decidedly low rate of reimbursement, and physicians are not compelled to accept them as patients, many Medicaid recipients are not able to access appropriate primary or specialty care in Bradford County. Whatever deficiencies may exist in the network of specialty service in the county is even more problematic for the Medicaid population because in most cases they can receive care nowhere else. In the words of one interviewee, “It is nearly impossible for us to get them (Medicaid patients) referred out...since the doctors are very busy, they can afford to be very picky and take the clients who are full pay or private insurance.”

Finally, key leaders agreed that community members exhibit a lack of knowledge about available healthcare services and resources in the county. Leaders discussed their frustration with the information or communication gap that exists with the general public. They also identified low literacy and limited access to information through the newspaper and internet as barriers to educating community members about healthcare services and resources. “I think we have a lot here, but I am afraid sometimes that people don’t know what is available here and that people think they have to go out of the county to access services.”

What emerged throughout the comments of community leaders is that while the healthcare system in Bradford County is generally good, it is limited in regard to the extent of services available. Members also stressed that the most vulnerable individuals in the population, namely the uninsured and the indigent, face additional barriers that prevent them from getting the services they need. These barriers occur at the personal level as well as the systemic level and they have a synergistic effect on one another.

Access to Health Information

When asked to share their impressions about where the residents of Bradford County go to get their needed health information, community members spoke of three key resources in the community: the local health department, their primary care physicians, and the local hospital. Interviewees also discussed that where they access health information might be dependent upon where they access services. Therefore, the individuals that access healthcare services outside the county might be more likely to go outside the county to access basic health information. Word of mouth was also identified by many community leaders as a key mechanism for accessing needed health information.

As mentioned above, there is a concern among key leaders that community members are not aware of where to go to access needed health information. “Some don’t go anywhere, they might not know what is available.” Key leaders expressed frustration in trying to educate and inform hard-to-reach populations. One interviewee stated, “I have found that you can rent every billboard, have full coverage on the radio, and take a full page add out in the newspaper and there will still be a segment of the population you miss.” Though some key leaders expressed frustration in the level of knowledge about health information and resources, some interviewees did express that local outreach and educational efforts have improved recently in the county.

Essential Services

The community leaders were asked to identify the essential services of a healthcare system in a community like Bradford County and to comment on whether the community contained those essential services. In general, the perception of community leaders is that given the size and resources available in Bradford County, the current healthcare system is maximizing its ability to meet the needs of its residents, but there are significant limitations to the scope of services available locally. The top five essentials they discussed were indigent care, primary and specialty care, transportation, health education, and hospitals.

Indigent Care

Many interviewees placed a premium on the importance of providing health services for those who are unable to afford them. While noting that the Health Department and the ACORN Clinic in Brooker work hard to reach this population, many needs are still going unmet. In particular, community leaders expressed concern for the growing number of Bradford County residents who are not able to obtain health insurance, but at the same time are not eligible to receive Medicaid. Participants stated that additional free or income-based service were needed in the county to help

meet the needs of this population. “We really only have one clinic, the ACORN Clinic, that helps low-income. They are small, but they do a tremendous job. We need more facilities like that.” Participants stressed that the lack of indigent care services results in community members using the emergency department as their primary mechanism for getting their basic health needs met.

Primary and Specialty Care

Most leaders identified that the primary healthcare services available in the county were of high quality, but additional healthcare providers are needed. Not only does this include increasing the number of physicians, but also increasing the number of mid-level support staff, including physician assistants and certified nurse practitioners. Community members also identified a need for after hours and urgent care centers. Leaders felt that the addition of these services to the community may result in a reduction in the volume of inappropriate emergency department visits.

In discussing the availability of appropriate treatment, community leaders often cited specialty care as a concern. Many identified that the number of specialty providers, across disciplines, is inadequate to meet the needs of the population, though the number is increasing. On the other hand, they emphasized that a good referral system is in place through the hospital and health department so that individuals can receive prompt treatment outside of the county when necessary.

Transportation

Transportation to and from medical appointments was cited as a critical component to any healthcare system. Participants stressed that more transportation services are needed in the county, particularly for the most vulnerable populations.

Health Education

Observations about education centered on the point that it should be a lifelong process and that it should begin as early as possible. Some community leaders felt that health education should be incorporated into school curricula to the greatest extent possible. Interviewees also commented that additional outreach activities needed to be conducted throughout the county. Leaders suggested developing a mechanism for getting health information out to the community members who are most vulnerable. Some suggested using local churches and community organizations as one mechanism for providing health education and outreach.

Hospitals

Generally, community leaders were in agreement that the hospital care in Bradford County is very good. Several commented that it is unusual for a relatively small community to have a facility that offers a broad range of services. Community leaders did express concern that due to the limited number of providers and the lack of indigent healthcare in the county, the hospital's

emergency department is experiencing an increase in the number of uninsured patients as well as inappropriate use of emergency department services for basic, routine healthcare services.

Key Healthcare Issues

The community leaders were asked to define the important health and healthcare issues that affect Bradford County residents and comment on potential activities to address these issues. Community leaders, whether they work in the field of healthcare or in other non-healthcare occupations, tended to identify similar issues spanning from the individual to the systemic level. Table 5-1 highlights the top five priority issues by key leaders. The top five issues are presented below for healthcare system and health-related issues based on frequency of occurrence.

The top priority issue for the healthcare system by the key leaders of Bradford County is healthcare access for vulnerable populations, including the low-income and elderly populations. Access to affordable health insurance was ranked second by community leaders. Transportation, the lack of specialist providers, and community knowledge of available services and resources rounded out the top five.

In terms of health-related issues, community leaders identified substance abuse and mental health issues as the top priority issue. Basic preventative healthcare and health education was the second highest ranking health-related issue by community leaders, followed by HIV/AIDS and dental care. Teenage pregnancy, diabetes and obesity were all tied as the fifth health-related priority issue by community leaders.

Table 5-1. Priority health issues identified by community leaders in Bradford County.

Numerical Ranking	Healthcare System Issues	Health-Related Issues
1	Healthcare Access for Vulnerable Populations (i.e., low-income and elderly)	Substance Abuse and Mental Health Issues
2	Lack of Affordable Health Insurance	Prevention and Health Education
3	Transportation	HIV/AIDS
4	Lack of Specialist Providers	Dental Care
5	Lack of Knowledge of Services and Available Resources	Teen Pregnancy, Diabetes, Obesity

Source: Bradford County Community Leader Interviews, 2007.
Prepared by: WellFlorida Council Inc., 2007.

The section below highlights key comments by community leaders regarding the top priority issues above, as well as possible actions needed to address these issues.

Healthcare Access for Vulnerable Populations and Lack of Affordable Health Insurance

Across community leaders, increasing healthcare access for vulnerable populations and increasing access to affordable health insurance were the top healthcare priorities. Community leaders shared that the low-income and elderly populations are the most at risk for limited healthcare access. “Money is the issue, getting individuals the proper insurance. We are a very

disadvantaged community. It is hard for people to meet their family's needs let alone going to the doctor." Also mentioned are children from single parent households and black residents in the county. One leader observed that "Low SES and particularly black residents do not access health services as much as non-minority populations. It is for a variety of reasons, but it is usually money related." Leaders also discussed that the low-middle income population also faces healthcare access issues because they typically are not eligible for public insurance or programs and their incomes do not allow them to purchase private health insurance coverage.

The problem of healthcare access and health insurance are so complex that several community leaders expressed hesitation about listing simple strategies to improve these issues. A few community leaders did suggest coming together to form coalitions to address this issue as well as opening indigent care clinics in the county, and looking for ways to help smaller companies provide at least minimum healthcare coverage for their employees. Leaders suggested a combination of public and private entities coming together to address these issues.

Transportation

Transportation was also discussed by community leaders as one of the primary barriers to healthcare in the county. Interviewees were particularly concerned about the impact of limited transportation opportunities for the elderly population in the county. "We definitely have a lot of elderly who are not accessing their healthcare services as needed because they don't have rides. They are lacking transportation to and from their appointments." Key leaders discussed that there are virtually no options for public transportation in the county. They did identify one provider for health-related issues. "Our transportation does a good job, they have a multi-load. They do a good job, but the patient who is sick might have to be gone four or five hours." Interviewees said that community members must rely on family members to take them to and from appointments; this is particularly difficult for the low-income families who cannot afford to take time off work.

Many of the strategies proposed for addressing the problem of access to transportation in Bradford County involved building partnerships with individuals and organizations inside and outside of the county, such as the Communities in Schools and Union County.

Substance Abuse and Mental Health Issues

Community leaders discussed substance abuse and mental health issues as the top health-related issue in the community. "Alcohol and drug abuse, we are way too high for our per capita. Our biggest thing now is the teens and prescription drugs." Participants stressed that there are not adequate services available in the community to address these issues. Healthcare providers and law enforcement noted having difficulty referring individuals with these conditions for treatment. They also suggested that the lack of services contributes to a high number of Baker Acts seen in the hospital. Community leaders discussed the importance of providing education on mental health and substance abuse at a young age.

Health Education and Prevention

Community leaders commented that education and prevention are the foundations for a healthy lifestyle. Morbidity and mortality decrease when individuals have a better understanding of how their behavior/lifestyle impacts their health. While some community leaders felt that health education should be more of a priority in public schools, others felt that there was a general lack of knowledge by community members on basic health education and prevention. “Awareness of everything that is out there. We need to start early. Teach people what they need to know to be responsible for themselves.”

Tobacco Use

When asked about their perception of tobacco use (smoking and smokeless) in Bradford County, community leaders agreed that it was a problem for the county. Interviewees presented mixed opinions as to whether the use tobacco products in Bradford County is higher compared to other parts of the state. Many leaders expressed a concern that the rate of youth tobacco use in the county is rising, particularly among young females.

Most leaders stated that tobacco prevention and education programs were vital to decreasing the use of tobacco in the county. The leaders expressed that these programs needed to begin at a young age and continue throughout young adulthood. Members of the law enforcement community commented on the impact of issuing civil citations to the youth, “I don’t know if it stops them from using tobacco or if it is just not as out in the public.”

One leader also discussed the use of tobacco products in the prisons. “We have a lot of people who work in the prisons and I think the very nature of a job like that might promote tobacco use because of the stress...I think there needs to be a coordinated effort with the Department of Corrections to provide outreach and education.”

Specific Healthcare Services

When asked about specific healthcare services in Bradford County, the community leaders responded in a number of different ways. Yet, at the same time there was a great deal of consistency among their responses. In order to capture the breadth and diversity of opinions, responses are paraphrased below.

Primary Care

In general, community leaders felt that primary care was adequate to meet the needs of the insured population in Bradford County, but that the uninsured and underinsured face significant barriers when attempting to access these basic services. Some interviewees also expressed that the elderly population of the county might have difficulty accessing primary care services due to transportation issues. Some leaders expressed a need to add additional primary care services to the county, especially in the area of after hours care. Also of note, one community leader commented that many residents of the county access primary care services outside the county because of the misconception that they will receive better healthcare.

- “I am sure those without health insurance have issues getting primary care. Those without it probably cannot get in to see the doctor.”
- “The elderly have issues accessing primary care.”
- “Their work schedules, people have to get off from work to go to the doctor.”

Mental Health and Substance Abuse

Most community leaders expressed concern over the lack of resources available for mental health and substance abuse services. Community members noted that the lack of appropriate resources results in inappropriate use of the emergency room and jails. A portion of the leaders commented on the lack of knowledge of available mental health and substance abuse services on the part of local providers and community members. Some notable observations include:

- “I am not familiar with any mental health facilities in the county, so we probably need those services.”
- “Mental health and substance abuse services in the county are virtually nonexistent.”
- “Substance abuse treatment is a serious problem. There are a lot of unmet needs. They can’t get the help they need through Meridian. It is just not accessible.”
- “Meridian does a great job as a community mental health provider, but they suffer from a lack of knowledge on the part of the citizens. Where do I go to deal with mental health problems? Everyday we deal with the mentally ill. I have more in the jail. We are the mental health hospital of first resort.”

Other Healthcare Service Needs

Community leaders were asked to identify other healthcare service needs in the county. Community leaders noted that access to specialty care is extremely limited in the county, even though the hospital is working to increase the number of specialty providers. The following healthcare services needs were identified by key leaders:

- Obstetrician services and prenatal care
- Dental care
- Oncology
- Cardiology
- Orthopedics
- Neurology
- Dermatology

- Podiatry

Key leaders also identified that health education and prevention activities are needed in the county.

Community Perception of the Bradford County Health Department

Community leaders agreed that the Bradford County Health Department is a tremendous asset for the county. The interviewees all agreed that the services provided at the health department are of high quality. Leaders also noted that the perception among community members is beginning to change for the positive due to an increase in outreach and educational activities to educate community members on the services and resources available at the health department.

On the other hand, community leaders noted that many community members remain unaware of the services available at the health department. Leaders also stated that there is a perception in the community that health department services are for the low-income or uninsured population. One leader said, “The services are not quite known to the community. I think they see on the left hand side of the road a beautiful building but they don’t quite know what their services are for. I think sometimes that people think that the services are for the lower-income households and that is not the case.”

Community Members Role in Improving the Health of the County

The interviewees all agreed that the residents of Bradford County play an important role in improving the overall health of the county. Some participants expressed that community members need to support health-related activities and initiatives and assist in the promotion of events and activities. Some leaders expressed that including community members in the planning and development of health programs and initiatives, through task forces or committees, is vital to increasing the likelihood for success. One leader did note reluctance on the part of the health department and other public sector programs to partner with community members.

A few leaders commented that the limited amount of health literacy in the county is a barrier to engaging community members in health-related activities. “If they don’t know and they don’t understand the situation in Bradford County then they really can’t be held accountable. But if they do know and they are educated on it and they know that there needs to be a change, they have to be held accountable for going out and making a change.”

Summary

Overall, the community leaders feel positive about the county’s healthcare system given the size and limited resources available. Most feel that there will always be “more needs,” but the county is working towards improving its healthcare services and infrastructure, through the expansion of services and specialty providers. Additionally, the leaders recognized that they are fortunate to be within an hour’s drive of high quality healthcare systems in neighboring counties.

Community leaders also expressed a general lack of awareness by community members on the services and resources available in the community. The interviewees did express that recent attempts to increase knowledge have been made through community outreach and education, but more needs to be done.

In critiquing specific healthcare issues and services, the community leaders expressed concern about the lack of specialty care including dental services, mental health and substance abuse services, prenatal care and obstetrics, orthopedics, neurology, dermatology, oncology, podiatry and cardiology. While leaders readily admit the healthcare system is working to expand specialty services or provide mechanisms for referral, the affordability and resources are extremely limited in most opinions.

Of all the issues discussed by community leaders, indigent care and the lack of health insurance were the most noted as a major concern for the county. The limited resources for the uninsured and the underinsured continue to be high among respondents' concerns. Key leaders also stressed the need for services for other vulnerable populations, especially transportation for the elderly.

General health education and prevention programs were also identified as needed. Leaders expressed that there is a low level of basic health literacy in the county which, results in the delay of preventative healthcare and/or inappropriate use of healthcare facilities in the county.

Community leaders agreed that the Bradford County Health Department is a tremendous asset for the county and that the services provided at the health department are of high quality. But there is concern among key leaders that community members do not utilize the services available due to lack of awareness and the common misconception that the services available are only for low-income residents.

Resident Focus Groups

Introduction

The purpose of a focus group is to listen and gather information. It is a way to better understand how people feel or think about an issue, product or service. Participants are selected because they have certain characteristics in common that relate to the topic of the focus group. As part of the 2007 Community Health Needs Assessment, the Committee conducted six focus groups to increase ability to identify local healthcare trends and patterns. Because the Committee works with the residents of this county on a daily basis and are familiar with the populations that are under-represented or tend to have more difficulty accessing services, they were charged with selecting special populations of interest. The Committee targeted residents of the county based on geographic location for the focus group discussions. Additionally, the committee recommended conducting one group targeting Hispanic residents of the county. The specific purpose of these focus groups was to gather information about health and healthcare services in Bradford County.

Methodology

Two trained focus group facilitators conducted six focus groups during the months of September and October 2007. One focus group was conducted in each of the following regions of the county: Starke, Hampton, Brooker, Lawtey, and Theresa. One additional focus group was comprised of Hispanic residents. Focus group protocols and questions were developed by the facilitators with input from WellFlorida Council, Inc. and the Committee (Appendix C).

Participants for these groups were recruited by newspaper advertisement; recruitment advertisements posted at local shopping centers, churches and neighborhood bulletin boards; and through word-of-mouth recruiting. A \$10.00 gift card from Wal-Mart was offered as a participation incentive and was issued to participants at the conclusion of each meeting. Participant recruitment began approximately two weeks prior to the first group meeting and continued throughout the month of October.

All interested participants were encouraged to call a designated telephone line at the Bradford County Health Department to register. Potential participants took part in a brief screening to determine eligibility based on location of residence or ethnicity.

A location was carefully selected in each of the targeted regions. Additionally, a special location was carefully selected to increase the likelihood of Hispanic residents to attend. The group meeting sites included the local city halls, community centers, schools and restaurants. Meeting times were varied and included early afternoon and evening, based on the likelihood of the target population attending. To the extent possible, meeting rooms were well lit, well ventilated and stocked with tables, chairs, snacks and drinks to ensure a comfortable environment for participants. Meeting length was 1 ½ hours each.

One facilitator acted as discussion moderator and the other as recorder. The meetings were audio tape recorded with the permission of all participants. After introduction and explanation of meeting format, 13 questions were sequentially presented to participants for discussion. At the end of each focus group meeting, the recorder gave a summary of the discussion to participants to ensure that the notes taken accurately reflected the discussion.

There were a total of 34 Bradford County residents that participated in the focus groups. Participants ages ranged from 20 years to 81 years. The majority of the participants were female (68 percent). 85 percent identified themselves as white and 20.6 percent identified themselves as being of Hispanic ethnicity. The length of residency in Bradford County varied among participants from less than one year to their entire lives.

Focus Group Question and Answer Summaries

Q1. Let's suppose I am new to the community and needed some health information, where would you suggest I go?

Brief Summary

The most frequently heard responses to this question from the group participants were: local county and state agencies, hospitals, physician's offices, and health clinics including the health department. Participants also mentioned having to go outside of the county to receive needed health information, particularly to Gainesville and Jacksonville. Word-of-mouth and obtaining advice or information from other community members were also mentioned several times as resources. A few participants across groups discussed using the internet to find health information.

Notable Quotes

- “Most local people, I would say, go to Gainesville.”
- “Most information comes from word-of-mouth. Somebody knows somebody who has the same diagnosis.”
- “My doctor is who I would call.”

Q2. Where would you suggest I not go (to get health information)?

Brief Summary

There was not consensus across groups regarding where they would not recommend getting information. Participants discussed the difficulty in finding information and health-related resources. Some mentioned that information was often difficult to obtain from the Department of Children and Families. Others mentioned that the phone book and other resource directories were not helpful. Participants also discussed the need to go outside of the county for any needed specialty health information as well as services.

Participants also expressed frustration with using Shands Starke hospital and emergency department. Some participants shared issues with an inability to provide services due to limited specialty providers and the potential long waiting times in the emergency department.

Notable Quotes

- “Children and Families, they don't tell me to go places. They don't tell me to do anything.”
- “If you're not bleeding to death or dying, the doctors (Shands Starke) will tell you that you don't belong there.”
- “Finding the numbers is hard to do.”

Q3. Considering your own experiences, what is your general perspective on healthcare in Bradford County?

Brief Summary

In general, participants commented that Bradford County has a sufficient amount of general practice and primary healthcare services, but residents have to travel out of the county for specialty care. Participants also mentioned that there is a need for more specialized services in the county including dental care, obstetrician services, and eye services. Participants also stressed that there were a limited number of health resources available to the low-income and uninsured population in Bradford County, making it difficult for the indigent to access the health-related services that they need. Participants discussed that there was a lack of knowledge of existing health-related resources in the community by providers and community members and the often unwillingness of community members to seek the services they need.

In some of the groups, participants mentioned specific health-related diseases that tend to be prevalent in the community including cancer, heart disease and diabetes.

Notable Quotes

- “The rural areas have perception problems, you rely on family only. You don’t rely on strangers.”
- “Bradford County is a poor county and a lot of people do go to the health department. Bradford County does rely on the health department for care.”
- “People don’t know about the programs that are available. They are not marketing them right.”
- “There is a lot of sick people and a lot of people don’t have the money and they don’t get the care that they need.”

Q4. What has helped you or your family to improve or maintain your health?

Brief Summary

Participants in multiple groups identified programs in the community that have been helpful including the ACORN clinic, Shands at Starke and the local health department. Participants noted programs for diabetes, bereavement and cancer. But the participants also recognized that these programs are limited and are often difficult to qualify for. Participants also mentioned that activities such as screenings, health fairs, and educational programs have been beneficial.

Prescription assistance programs including the Wal-Mart \$4 program and the ACORN clinic prescription assistance program were identified as helpful across the region.

Participants in the Lawtey focus group shared that the expansion of the emergency medical services to their local area was extremely helpful. Participants noted a decrease in response time.

Participants also shared that they rely on family and friends for needed health information and support.

Notable Quotes

- “We now have an EMT service in Lawtey. Response times have been cut down for the whole north end of the county.”
- “We have ACORN clinic, it is cheaper and based on your income.”
- “The Bradford County Health Department just started diabetes education programs.”
- “I have to rely on my family and friends because we just moved here and we don’t know anything.”

Q5. What are the problems or barriers you see in maintaining or improving your or your family’s health?

Brief Summary

Access to Care

- Limited healthcare services, i.e., dental services, vision care, and mental health
- Limited local specialists, i.e., gerontologist, obstetricians
- Limited healthcare providers due to insurance coverage
- Transportation barriers
- Limited opportunity for flexible appointments, i.e., flexible schedules for working people
- Long waiting time for accessing needed services

Cost of Care

- Lack of affordable health insurance
- Lack of affordable healthcare, i.e., walk-in clinics
- Cost of prescription medications
- Limited eligibility for assistance programs, i.e., Medicaid, disability
- Limited knowledge on current insurance provider coverage and benefits

Lack of Health Information

- Limited knowledge of how to access needed health information
- Information is not readily available
- Limited knowledge of where to go for healthcare services

Translation and Language Services

- Limited services and information available in Spanish
- Limited translation services available
- Lack of resources for Spanish speaking individuals in the county

Notable Quotes (Access to Care and Cost of Care)

- “Cost is the number one issue. It is outrageous. Even just plain Tylenol.”
- “There are several dentists in Keystone and Starke, but they are so expensive.”
- “There is nothing, there is nothing for the Hispanic people.”
- “Yes, there is a lack of resources, this is a poor town.”
- “If you don’t qualify for any programs, you are stuck.”
- “I need a referral for podiatry care. I can’t seem to get one. The health department was working with a doctor at the hospital, but for some reason they are not working with him anymore.”
- “It sounds to me, if you have good insurance you are pretty much taken care of. If you don’t there is nothing here. Especially in communities like Bradford County, which is really indigent so you can’t go and get the services that you need.”
- “If you are having a baby you don’t go to the hospital here because they don’t do that.”
- “There are a lack of Medicaid providers.”
- “I can’t get dental, same thing with eye examinations. You can’t get one that takes Medicaid. I don’t even know one in Gainesville that takes Medicaid.”
- “There is no 24 hour urgent care, there is an urgent care but it is only open 8 to 5. It has a long wait, over an hour or more.”

Notable Quotes (Lack of Health Information and Translation Services)

- “I think language is a big issue. They (health department) don’t have enough staff to speak Spanish.”
- “There is nothing here for Hispanic people. There isn’t even a place to go get basic information, but people don’t even know where to go.”
- “People are not knowledgeable about what is going on here.”

Q6. We often hear that transportation is an issue that impacts accessing needed healthcare. Is this something that impacts you?

Brief Summary

Transportation was identified as an issue in each of the groups, except the Starke group. There were only two participants in the Starke group; therefore, generalizations should not be made.

In general, all other groups identified transportation as a significant issue, particularly for seniors. All identified the providers that are available in the county including Communities in Schools (CIS) and Jones Transportation. Participants commented that even though this transportation service is available it is often inconvenient, resulting in very long wait times. Participants also discussed how reservations for transportation were required 24 hours in advance and how oftentimes this was not an option when you get sick and need immediate access to healthcare services. There were also questions about the eligibility requirements to use the transportation services.

Participants discussed the lack of public transportation as a major barrier to healthcare for Bradford County residents. One participant shared that in some smaller counties cab services are available for medical appointments, but this is not an option in Bradford County because there are no taxicab services available.

When asked how participants usually get to and from their healthcare appointments, many mentioned often having to rely on family and friends to take them to appointments. If family or friends were not available, this would result in missing the appointment and rescheduling to when they could arrange transportation.

Notable Quotes

- “Transportation is a big issue here.”
- “They have a med-van that comes out. Whenever I have an appointment I try to arrange transportation and they can never come on that day. So I have to reschedule my doctor’s appointment. Even when I have had an appointment, the van did not show up.”
- “A lot of people don’t have family to take care of them. If you don’t have someone who lives in Lawtey, I don’t know what you are going to do.”
- “There is no public transportation. There are some small counties, that you can call a cab and they will take you for free.”
- “They have a medivan, but it is only for people on Medicaid.”
- “If you don’t have private transportation you are going to have to walk.”

Q7. Do you or members of your family go outside of the county to receive health care?

Brief Summary

Consensus was reached across groups that it is necessary to go outside of the county to receive healthcare. This was especially true when needing to access specialty care. Some participants reported staying in the county for their primary care and going outside the county for specialty care; others reported going outside the county for all healthcare services. Participants noted particular difficulty with trying to access Medicaid providers in the county.

The Hispanic group discussed that more resources are available for them in Gainesville including churches, opportunities for recreation and health resources with Spanish-speaking staff.

Notable Quotes

- “Gainesville for everything.”
- “Gainesville does a better job because they have services for Hispanic people, they have churches. They help them and tell them where to go.”
- “If you have to go to a specialist, just about everyone is in Gainesville, particularly if you are on Medicaid or Medipass.”
- “I can’t find a primary care physician in Starke that takes Medicaid.”
- “You are leaving the county for specialists.”

Q8. In order to improve your family's health, what do you need?

Brief Summary

Each group discussed a variety of services that would help to improve their family's health and healthcare. Financial assistance including insurance and prescription drug assistance was mentioned most frequently. Participants with insurance commented on the difficulty in finding providers who take their insurance coverage, including both private insurance and Medicaid. Group participants also discussed the need for more specialist providers, providers who take Medicaid, additional health clinics based on income (i.e., ACORN Rural Health Clinic), and mobile health units to provide local health services in hard to reach locations. Participants identified a need for mental health and substance abuse treatment providers as well as dental services.

Across groups, participants stressed that information about the availability of health services and resources would be very beneficial. Participants commented on the lack of knowledge of community members about the resources and services available to them.

Participants also suggested that health education programs, such as nutrition and diabetes education, as well as health screenings would be helpful. One participant suggested that education programs on health insurance and prescription assistance programs would be beneficial.

The Hispanic group said that increasing the services available to Spanish-speaking residents of the county would be helpful. This would include the identification of existing resources as well as the creation and marketing of new services.

Notable Quotes

- "I would like to see the health bus come out to the small little areas in the county. There are a lot of people in this area who can't afford to see the doctor."
- "There is no such thing as cheap dental services in Bradford County. The only thing you have in Bradford County that resembles cheap dental care is the ACORN Clinic. They have the mobile unit for the kids, but you have to have Medicaid."
- "Providers should take everybody's insurance."
- "It would be helpful if there was a place you could go and learn about Medicare and prescription drug plans."
- "People need basic health education."
- "Health insurance, if I had health insurance I would go to the doctor."

Q9. What do you think are the most serious or pressing healthcare needs in Bradford County?

Each group shared what they felt were the most serious health needs in Bradford County. The following lists highlights what each group discussed:

Starke Group

- Lack of healthcare services, i.e., dental, urgent care centers
- Teenage pregnancy

Lawtey Group

- Lack of local specialist providers
- Lack of Medicaid providers and specialists
- Lack of affordable healthcare
- Transportation
- Substance abuse
- Health education and prevention

Brooker Group

- Lack of Medicaid providers

Hampton Group

- Lack of health insurance
- Substance abuse

Theresa Group

- Substance abuse
- Cost of healthcare
- Lack of knowledge about available resources
- Health education
- Prescription drug assistance

Hispanic

- Lack of insurance
- Cost of healthcare
- Lack of knowledge about available resources
- Language and communication barriers

Brief Summary

To determine the most important healthcare needs in Bradford County across groups, a sum of the number of times the issues were identified was computed. The need for affordable healthcare and health insurance was mentioned most frequently across groups, including prescription drug assistance and limited access to Medicaid providers. Substance abuse was the second most frequently mentioned issue across groups. Access to information about programs and services, lack of health education and prevention programs and transportation rounded out the top five.

Q10. What do you think could be done to address these healthcare needs?

Brief Summary

Participants were asked to share some suggestions about what could be done to address the healthcare needs identified above. Some suggestions included using the newspaper to advertise programs and services, partnering with local churches for health education programs, developing a list or brochure of all available services and resources in the county, conducting local health fairs and screenings, consolidating services to liquidate resources and developing a centralized location for health information and resources.

Notable Quotes

- “Small counties need to work together and consolidate services and create a network of support services. Consolidating services can set more money free.”
- “Have local health fairs and health screenings.”
- “Have someone list all the services, print up a brochure. Have the health department distribute that. Maybe they could get it paid for by advertisers.”

Q11. Do you think the use of tobacco (smoking and smokeless) is a problem in Bradford County? Do you think it is higher or lower than in other parts of the state? Why? Do you have any suggestions about what can be done to reduce the number of people who use tobacco in Bradford County?

Brief Summary

Overwhelmingly, participants viewed tobacco use (smoking and smokeless) as a problem, though many felt that it was not any greater than anywhere else. Participants also mentioned that there was a general acceptance of tobacco use in the county. Some participants said that smokeless tobacco was a bigger problem than smoking tobacco, and that it was more accepted. Participants shared mixed views about the enforcement of tobacco policies in the schools. But most agreed that tobacco was easy for youth to get, either through older friends, parents, or purchasing it at the store. Members of the Hispanic group noted that the use of tobacco products is very accepted in the Hispanic community.

Participants did note that there were opportunities available for smoking cessation including the health department and hospital.

Focus group participants also suggested that prevention and education activities were the key to reducing the use of tobacco products in the county. They also suggested creating a list of resources for smoking cessation and distributing it throughout the community.

Notable Quotes

- “You see a lot of people chewing and dipping, especially the kids.”

- “You need more programs in the schools for prevention. The kids don’t take it seriously.”
- “Kids, especially in middle school, get off school and light up. Nobody will stop them and tell them they can’t do it.”
- “I think the kids get it from their parents. I think they are available.”
- “They need to put out pamphlets and stuff about where to go for resources.”
- “In the rural area, your biggest advantage is going to be the education part. You have to steer clear of the law enforcement and government portion. Because you got the mind set that I don’t want the government telling me what I can do with my body.”

Q12. What is your perspective on how the community members feel about the Bradford County Health Department?

Brief Summary

Participants expressed mixed views on the health department. A consistent theme discussed across groups was that the health department services are not well advertised to the public. Therefore the community members are not informed about the available services and program eligibility requirements so they can utilize health department services. Community members also discussed the limited scope of services provided at the health department and having to access health department services in neighboring counties, like Alachua. Focus group participants also discussed the issue of physician recruitment and retention. Participants commented that the Bradford County Health Department has difficulty getting and keeping physicians on staff. Participants discussed that community members do not utilize the health department to its full capacity because people are unaware of the services or have a negative attitude about going to the health department. Community members also noted a perception that exists in the community that the health department services are only for the indigent and children.

The following services were identified by participants as being offered by the health department:

- Prenatal care and annual physicals for women
- Flu shots
- Health documents, i.e., birth certificates
- Clinical services, i.e., doctors appointments and sports or employment physicals
- Immunizations
- HIV testing

Notable Quotes

- “You only go to the Bradford County Health Department for flu shots, child physicals, shots and pregnancy.”
- “Most of the community believes that only the poor people go there.”
- “I think the health department is handling the best they can. They are busy from the time they get there until the time they leave.”
- “You have to be patient with the health department.”

- “The people at the health department need to be knowledgeable about the services that are available.”
- “The health department just switched doctors and still the doctor only comes 1-2 times per week and the nurses don’t provide any services or tests.”
- “The health department is not viewed as a resource. To me it is viewed as indigent care. You have to be the bottom of the bottom to go to the health department. People don’t realize that the health department is there for anybody.”

Q13. What is your perspective on the role community members, like yourselves, play in improving the overall health of Bradford County?

Brief Summary

Participants across groups said that community members play an important role in improving the overall health of the county. Participants said that they play an active role in getting the word out and helping other community members in need. They also discussed the importance of getting out and supporting local programs and activities.

Notable Quotes

- “It is my responsibility to take care of others.”
- “People should be more involved. Many are afraid to voice their opinions.”
- “I wish more people would show up for events like this.”
- “If they tell me they need someone to go into the health department and speak Spanish, I would go, but they don’t ask.”
- “Educate yourself, learn and get knowledgeable. If people need help, educate them.”

Facilitator Observations

Focus groups were conducted as a qualitative data input to the 2007 Bradford County Community Health Needs Assessment. The 2007 Community Health Needs Assessment solicited responses from the five regions in Bradford County (Brooker, Hampton, Lawtey, Starke, and Theresa) and Hispanic resident populations. Inclusion of focus group input in the 2007 Community Health Needs Assessment will provide decision-makers and the public with an expanded vision of our community’s perception of healthcare in Bradford County. In summary:

- The general perception of Bradford County healthcare services is that they are limited. There are primary care providers available in the county, but for specialty services residents must travel outside the county.
- According to participants, there is a need for more affordable healthcare and health insurance in the county (based on income), i.e., walk-in clinics. The cost of prescription medications was a significant barrier for participants as well as the difficulty participants faced when trying to determine program or insurance eligibility and requirements. Participants also noted significant barriers in accessing healthcare providers based on their insurance, particularly Medicaid providers.

- Participants identified substance abuse as a significant health issue for the county. Limited access to appropriate rehabilitation and therapies were noted by participants.
- Transportation was an identified barrier for receiving healthcare services for all residents, particularly the elderly.
- Participants stressed the need for local health education programs in the community as well as health screenings. Community members suggested programs for nutrition, diabetes, bereavement and cancer.
- Based on participant response, there appears to be a need for a more centralized marketing strategy/campaign of available healthcare services and programs. There were many comments emanating from the groups that highlighted the lack of participant awareness in programs that already exist and how to access those programs.
- Participants recognized tobacco use (smoking and smokeless) as an issue in Bradford County. There were mixed comments on the enforcement of tobacco policies on school grounds. Of additional concern is the acceptance of tobacco products, particularly smokeless tobacco, by Bradford County residents.
- Bradford County residents communicated that they live in a strong, tight knit community in which the community members rely heavily upon each other. Therefore, utilizing existing community-based groups and/or community members for health education and outreach opportunities is vital.

Though there were key themes that were visible across groups, there were also differences between groups in this study that were very apparent. The description below highlights some of the issues that were isolated to each location or population group.

Brooker Group

Please note that only three participants attended this group; therefore, generalizations should not be made. The Brooker group noted significant difficulty with accessing healthcare services because of the limited number of Medicaid providers, particularly specialists. They also noted significant delays in emergency medical services response time.

Hampton Group

The primary issue identified by this group was the need for health insurance and affordable healthcare. Participants reported working, but not being able to afford health insurance premiums and not qualifying for public support programs. Participants with insurance commented on the difficulty they face in finding providers who will accept their insurance coverage. This has resulted in individuals going outside of the county to receive medical care. Participants stated that they often used the emergency department for routine care due to limited affordable healthcare opportunities in the county. ACORN Clinic was identified numerous times as helpful by this group.

Lawtey Group

The participants in this group recognized a potential for increased incidence of disease including cancer, diabetes and heart problems. One member speculated that the increased cancer rate could be due to worksite-related health issues. They commented on the expansion of emergency medical services to this area of the county. The addition of this service has resulted in a decrease in response time. In regards to barriers to care, the lack of healthcare providers and transportation were discussed in most detail in this group. Specific services that were discussed include: dental care, mental health, prenatal care and cardiology. This group also discussed a need for support groups.

Starke Group

Please note that only two participants attended this group; therefore, generalizations should not be made. Participants in this group discussed the lack of services available in the county, particularly for substance abuse, mental health and dental care. They also addressed the wait time when accessing services at the health department as well as the emergency room. Participants also discussed the limited opportunities for recreation in the county.

Theresa Group

The participants in this group emphasized the lack of information and awareness about existing health-related resources in the county. They discussed the difficulty in accessing needed resources because of not knowing who to call or contact for information. They discussed the need for education programs and the development of a health resource guide. Participants in this group also discussed the cost of healthcare, including prescription medication, as a primary barrier to their health.

Hispanic Group

The participants of the Hispanic group identified the lack of health insurance as their primary barrier to accessing needed healthcare services. Participants also discussed the limited number of services available to Hispanic residents in the county and the lack of knowledge about where to go to obtain information or resources. They identified language as a key issue that many Hispanic residents of the county face. Participants reported a lack of translation support services throughout the county. Participants suggested developing materials in Spanish as a key step in helping them to access health services. They also suggested training current employees in basic Spanish.

Summary of Key Findings

The following are the key observations derived from an analysis of the comments and insights gathered during the community input phase of the needs assessment:

- Overall, the community leaders feel positive about the county's healthcare system given the size and limited resources available and recognize the benefits of being within an hour of high quality healthcare systems in neighboring counties. Community members reported that healthcare services in the county are limited. There are primary care providers available in the county, but for specialty services residents must travel outside the county.
- Both key community leaders and focus group participants expressed a general lack of awareness by community members on the services and resources available in the community.
- Community members and key leaders identified services that were limited or non-existent in Bradford County. The healthcare services identified most frequently included: dental services, mental health and substance abuse services, prenatal care and obstetrics, orthopedics, neurology, dermatology, oncology, podiatry and cardiology.
- The issue of indigent care and the lack of health insurance were the most noted as a major concern for the county by community members. The limited resources for the uninsured and the underinsured continue to be high among respondents' concerns, and the need for services for other vulnerable populations, especially transportation for the elderly, was stressed.
- General health education and prevention programs were also identified as needed. Participants expressed a low level of basic health literacy in the county, which results in the delay of preventative healthcare and/or inappropriate use of healthcare facilities in the county.
- Community members and key leaders shared the concern that community members do not utilize the services available due to lack of awareness and the common misconception that the services available are only for low-income residents.

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Appendix A

Total Hospitalizations by Population Group for Bradford County, 2004-2006

Source:

State of Florida, Agency for Health Care Administration, Detailed Discharge Data, 2004-2006.

Table A- 1. Leading causes of hospitalization for Bradford County all races resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	222	6.0	224	6.4	232	6.8	678	6.4
Vaginal Delivery without complicating diagnosis (373)	148	4.0	167	4.8	188	5.5	503	4.7
Heart Failure and Shock (127)	139	3.7	121	3.5	93	2.7	353	3.3
Chronic Obstructive Pulmonary Disease (088)	106	2.9	110	3.1	114	3.3	330	3.1
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	98	2.6	74	2.1	83	2.4	255	2.4
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	78	2.1	81	2.3	77	2.3	236	2.2
Cesarean Section without CC (371)	76	2.0	76	2.2	74	2.2	226	2.1
Psychoses (430)	49	1.3	74	2.1	46	1.3	169	1.6
Chest Pain (143)	89	2.4	49	1.4	29	0.8	167	1.6
Neonate with other significant problems (390)	45	1.2	58	1.7	51	1.5	154	1.4
Septicemia, Age > 17 (416)	61	1.6	54	1.5	35	1.0	150	1.4
Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without AMI (527)	64	1.7	65	1.9	0	0.0	129	1.2
Renal Failure (316)	33	0.9	49	1.4	43	1.3	125	1.2
GI Hemorrhage with CC (174)	43	1.2	38	1.1	35	1.0	116	1.1
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	45	1.2	44	1.3	25	0.7	114	1.1
All Others	2,414	65.1	2,211	63.3	2,296	67.1	6,921	65.1
Total	3,710	100.0	3,495	100.0	3,421	100.0	10,626	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 2. Leading causes of hospitalization for Bradford County female resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Vaginal Delivery without complicating diagnosis (373)	148	6.6	167	8.1	188	9.4	503	8.0
Normal Newborn (391)	109	4.9	110	5.3	112	5.6	331	5.2
Cesarean Section without CC (371)	76	3.4	76	3.7	74	3.7	226	3.6
Chronic Obstructive Pulmonary Disease (088)	69	3.1	71	3.4	70	3.5	210	3.3
Heart Failure and Shock (127)	83	3.7	64	3.1	52	2.6	199	3.2
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	68	3.0	52	2.5	57	2.8	177	2.8
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	51	2.3	43	2.1	50	2.5	144	2.3
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	45	2.0	44	2.1	25	1.2	114	1.8
Chest Pain (143)	59	2.6	27	1.3	18	0.9	104	1.6
Psychoses (430)	28	1.3	52	2.5	24	1.2	104	1.6
Vaginal Delivery with Complicating Diagnoses (372)	30	1.3	30	1.4	35	1.7	95	1.5
Septicemia, Age > 17 (416)	42	1.9	30	1.4	22	1.1	94	1.5
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	45	2.0	29	1.4	0	0.0	74	1.2
Nutritional and Miscellaneous Metabolic Disorders, Age > 17 with CC (296)	25	1.1	22	1.1	26	1.3	73	1.2
Kidney and Urinary Tract Infections, Age > 17 with CC (320)	24	1.1	26	1.3	22	1.1	72	1.1
All Others	1,329	59.6	1,226	59.3	1,230	61.3	3,785	60.0
Total	2,231	100.0	2,069	100.0	2,005	100.0	6,305	100.0

Numbers in parentheses() are the DRG code.
Source: AHCA Detailed Discharge Data, 2004-2006.
Prepared by: WellFlorida Council Inc., 2007.

Table A- 3. Leading causes of hospitalization for Bradford County male resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	113	7.6	114	8.0	120	8.5	347	8.0
Heart Failure and Shock (127)	56	3.8	57	4.0	41	2.9	154	3.6
Chronic Obstructive Pulmonary Disease (088)	37	2.5	39	2.7	44	3.1	120	2.8
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	27	1.8	38	2.7	26	1.8	91	2.1
Neonate with other significant problems (390)	22	1.5	38	2.7	31	2.2	91	2.1
Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without AMI (527)	40	2.7	42	2.9	0	0.0	82	1.9
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	30	2.0	22	1.5	26	1.8	78	1.8
Circulatory Disorders Except Acute Myocardial Infarction with Cardiac Catheterization and Complex Diagnosis (124)	24	1.6	22	1.5	20	1.4	66	1.5
Psychoses (430)	21	1.4	22	1.5	22	1.6	65	1.5
Chest Pain (143)	30	2.0	22	1.5	11	0.8	63	1.5
GI Hemorrhage with CC (174)	21	1.4	22	1.5	19	1.3	62	1.4
Renal Failure (316)	16	1.1	21	1.5	21	1.5	58	1.3
Septicemia, Age > 17 (416)	19	1.3	24	1.7	13	0.9	56	1.3
Intracranial Hemorrhage or Cerebral Infarction (014)	12	0.8	20	1.4	17	1.2	49	1.1
Back and Neck Procedures Except Spinal Fusion without CC (500)	18	1.2	16	1.1	15	1.1	49	1.1
All Others	993	67.1	907	63.6	989	69.9	2,889	66.9
Total	1,479	100.0	1,426	100.0	1,415	100.0	4,320	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 4. Leading causes of hospitalization for Bradford County black resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	44	7.1	31	5.3	40	6.9	115	6.4
Vaginal Delivery without complicating diagnosis (373)	24	3.9	27	4.6	31	5.3	82	4.6
Heart Failure and Shock (127)	19	3.1	27	4.6	21	3.6	67	3.7
Renal Failure (316)	13	2.1	20	3.4	11	1.9	44	2.5
Chest Pain (143)	24	3.9	12	2.0	7	1.2	43	2.4
Cesarean Section without CC (371)	12	1.9	9	1.5	20	3.4	41	2.3
Neonate with other significant problems (390)	14	2.3	12	2.0	15	2.6	41	2.3
Psychoses (430)	6	1.0	23	3.9	7	1.2	36	2.0
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	13	2.1	12	2.0	10	1.7	35	2.0
Red Blood Cell Disorders, Age 0-17 (396)	14	2.3	16	2.7	5	0.9	35	2.0
Chronic Obstructive Pulmonary Disease (088)	12	1.9	8	1.4	12	2.1	32	1.8
Intracranial Hemorrhage or Cerebral Infarction (014)	10	1.6	9	1.5	9	1.5	28	1.6
Septicemia, Age > 17 (416)	12	1.9	11	1.9	5	0.9	28	1.6
GI Hemorrhage with CC (174)	12	1.9	7	1.2	7	1.2	26	1.5
Red Blood Cell Disorders, Age > 17 (395)	7	1.1	6	1.0	11	1.9	24	1.3
All Others	385	62.0	358	60.9	372	63.8	1,115	62.2
Total	621	100.0	588	100.0	583	100.0	1,792	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 5. Leading causes of hospitalization for Bradford County white resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	175	5.7	191	6.6	189	6.7	555	6.3
Vaginal Delivery without complicating diagnosis (373)	123	4.0	138	4.8	154	5.5	415	4.7
Chronic Obstructive Pulmonary Disease (088)	94	3.1	102	3.5	102	3.6	298	3.4
Heart Failure and Shock (127)	119	3.9	94	3.3	72	2.6	285	3.3
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	85	2.8	61	2.1	73	2.6	219	2.5
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	67	2.2	74	2.6	71	2.5	212	2.4
Cesarean Section without CC (371)	63	2.1	66	2.3	53	1.9	182	2.1
Psychoses (430)	43	1.4	51	1.8	39	1.4	133	1.5
Chest Pain (143)	64	2.1	37	1.3	22	0.8	123	1.4
Septicemia, Age > 17 (416)	49	1.6	43	1.5	30	1.1	122	1.4
Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without AMI (527)	58	1.9	58	2.0	0	0.0	116	1.3
Neonate with other significant problems (390)	30	1.0	45	1.6	35	1.2	110	1.3
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	40	1.3	38	1.3	20	0.7	98	1.1
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	62	2.0	35	1.2	0	0.0	97	1.1
Circulatory Disorders Except Acute Myocardial Infarction with Cardiac Catheterization and Complex Diagnosis (124)	38	1.2	33	1.1	24	0.9	95	1.1
All Others	1,949	63.7	1,810	62.9	1,929	68.6	5,688	65.0
Total	3,059	100.0	2,876	100.0	2,813	100.0	8,748	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 6. Leading causes of hospitalization for Bradford County all other resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	3	10.0	2	6.5	3	12.0	8	9.3
Vaginal Delivery without complicating diagnosis (373)	1	3.3	2	6.5	3	12.0	6	7.0
Major Small and Large Bowel Procedures with CC (148)	2	6.7	2	6.5	0	0.0	4	4.7
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	2	6.7	1	3.2	0	0.0	3	3.5
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	1	3.3	1	3.2	1	4.0	3	3.5
Cesarean Section without CC (371)	1	3.3	1	3.2	1	4.0	3	3.5
Neonate with other significant problems (390)	1	3.3	1	3.2	1	4.0	3	3.5
Respiratory Signs and Symptoms without CC (100)	0	0.0	2	6.5	0	0.0	2	2.3
Other Cardiothoracic Procedures (108)	0	0.0	1	3.2	1	4.0	2	2.3
Uterine and Adnexa Procedures for Nonmalignancy with CC (358)	1	3.3	0	0.0	1	4.0	2	2.3
Vaginal Delivery with Complicating Diagnoses (372)	0	0.0	1	3.2	1	4.0	2	2.3
Prematurity with Major Problems (387)	1	3.3	1	3.2	0	0.0	2	2.3
All Others	17	56.7	16	51.6	13	52.0	46	53.5
Total	30	100.0	31	100.0	25	100.0	86	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 6. Leading causes of hospitalization for Bradford County Hispanic resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Vaginal Delivery without complicating diagnosis (373)	4	16.0	3	8.3	3	12.0	10	11.6
Normal Newborn (391)	3	12.0	2	5.6	4	16.0	9	10.5
Neonate with other significant problems (390)	2	8.0	4	11.1	0	0.0	6	7.0
Cesarean Section without CC (371)	3	12.0	1	2.8	1	4.0	5	5.8
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	0	0.0	0	0.0	3	12.0	3	3.5
Renal Failure (316)	0	0.0	0	0.0	2	8.0	2	2.3
Heart Failure and Shock (127)	0	0.0	2	5.6	0	0.0	2	2.3
Other Circulatory System Diagnoses with CC (144)	1	4.0	1	2.8	0	0.0	2	2.3
Kidney, Ureter and Major Bladder Procedures for Neoplasm (303)	2	8.0	0	0.0	0	0.0	2	2.3
Kidney, Ureter and Major Bladder Procedures for Non-neoplams without CC (305)	1	4.0	0	0.0	1	4.0	2	2.3
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	1	4.0	1	2.8	0	0.0	2	2.3
Full Term Neonate with Major Problems (389)	1	4.0	1	2.8	0	0.0	2	2.3
Psychoses (430)	0	0.0	1	2.8	1	4.0	2	2.3
All Others	7	28.0	20	55.6	10	40.0	37	43.0
Total	25	100.0	36	100.0	25	100.0	86	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 7. Leading causes of hospitalization for Bradford County non-Hispanic resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	219	5.9	222	6.4	228	6.7	669	6.3
Vaginal Delivery without complicating diagnosis (373)	144	3.9	164	4.7	185	5.4	493	4.7
Heart Failure and Shock (127)	139	3.8	119	3.4	93	2.7	351	3.3
Chronic Obstructive Pulmonary Disease (088)	106	2.9	110	3.2	114	3.4	330	3.1
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	98	2.7	74	2.1	83	2.4	255	2.4
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	78	2.1	81	2.3	74	2.2	233	2.2
Cesarean Section without CC (371)	73	2.0	75	2.2	73	2.1	221	2.1
Psychoses (430)	49	1.3	73	2.1	45	1.3	167	1.6
Chest Pain (143)	89	2.4	48	1.4	29	0.9	166	1.6
Septicemia, Age > 17 (416)	61	1.7	54	1.6	35	1.0	150	1.4
Neonate with other significant problems (390)	43	1.2	54	1.6	51	1.5	148	1.4
Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without AMI (527)	64	1.7	65	1.9	0	0.0	129	1.2
Renal Failure (316)	33	0.9	49	1.4	41	1.2	123	1.2
GI Hemorrhage with CC (174)	43	1.2	38	1.1	35	1.0	116	1.1
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	44	1.2	43	1.2	25	0.7	112	1.1
All Others	2,402	65.2	2,190	63.3	2,285	67.3	6,877	65.2
Total	3,685	100.0	3,459	100.0	3,396	100.0	10,540	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 8. Leading causes of hospitalization for Bradford County children 0-17 resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Normal Newborn (391)	222	41.1	224	40.6	232	42.9	678	41.5
Neonate with other significant problems (390)	45	8.3	58	10.5	51	9.4	154	9.4
Bronchitis and Asthma (098)	31	5.7	21	3.8	6	1.1	58	3.6
Prematurity without Major Problems (388)	20	3.7	10	1.8	23	4.3	53	3.2
Full Term Neonate with Major Problems (389)	14	2.6	11	2.0	16	3.0	41	2.5
Depressive Neuroses (426)	8	1.5	20	3.6	12	2.2	40	2.4
Red Blood Cell Disorders, Age 0-17 (396)	16	3.0	16	2.9	5	0.9	37	2.3
Vaginal Delivery without complicating diagnosis (373)	8	1.5	13	2.4	11	2.0	32	2.0
Extreme Immaturity or Respiratory Distress Syndrome of Neonate (386)	10	1.9	9	1.6	10	1.8	29	1.8
Neonates, Died or Transferred to Another Acute Care Facility (385)	10	1.9	7	1.3	10	1.8	27	1.7
Prematurity with Major Problems (387)	6	1.1	9	1.6	9	1.7	24	1.5
Simple Pneumonia and Pleurisy, Age 0-17 (091)	7	1.3	8	1.4	7	1.3	22	1.3
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age 0-17 (184)	9	1.7	4	0.7	9	1.7	22	1.3
Otitis Media and URI, Age 0-17 (070)	6	1.1	11	2.0	4	0.7	21	1.3
Craniotomy, Age 0-17 (003)	4	0.7	2	0.4	11	2.0	17	1.0
Kidney and Urinary Tract Infections, Age 0-17 (322)	5	0.9	4	0.7	8	1.5	17	1.0
All Others	119	22.0	125	22.6	117	21.6	361	22.1
Total	540	100.0	552	100.0	541	100.0	1,633	100.0

Numbers in parentheses () are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 9. Leading causes of hospitalization for Bradford County adults 18-64 resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Vaginal Delivery without complicating diagnosis (373)	140	7.4	154	8.7	177	10.4	471	8.8
Cesarean Section without CC (371)	72	3.8	75	4.2	69	4.0	216	4.0
Psychoses (430)	36	1.9	63	3.6	38	2.2	137	2.5
Chronic Obstructive Pulmonary Disease (088)	36	1.9	48	2.7	40	2.3	124	2.3
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	39	2.0	34	1.9	51	3.0	124	2.3
Chest Pain (143)	64	3.4	31	1.8	20	1.2	115	2.1
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	43	2.3	43	2.4	24	1.4	110	2.0
Heart Failure and Shock (127)	42	2.2	32	1.8	34	2.0	108	2.0
Vaginal Delivery with Complicating Diagnoses (372)	27	1.4	28	1.6	33	1.9	88	1.6
Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without AMI (527)	39	2.0	42	2.4	0	0.0	81	1.5
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	28	1.5	26	1.5	16	0.9	70	1.3
Circulatory Disorders Except Acute Myocardial Infarction with Cardiac Catheterization without Complex Diagnosis (125)	28	1.5	19	1.1	19	1.1	66	1.2
Back and Neck Procedures Except Spinal Fusion without CC (500)	27	1.4	21	1.2	18	1.1	66	1.2
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 without CC (183)	33	1.7	13	0.7	18	1.1	64	1.2
Cellulitis, Age > 17 with CC (277)	24	1.3	19	1.1	17	1.0	60	1.1
All Others	1,225	64.4	1,120	63.3	1,134	66.4	3,479	64.7
Total	1,903	100.0	1,768	100.0	1,708	100.0	5,379	100.0

Numbers in parentheses() are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Table A- 10. Leading causes of hospitalization for Bradford County senior 65 and older resident populations, 2004-2006.

DRG	2004		2005		2006		2004-2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Heart Failure and Shock (127)	97	7.7	88	7.5	59	5.0	244	6.8
Chronic Obstructive Pulmonary Disease (088)	70	5.5	62	5.3	74	6.3	206	5.7
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	50	3.9	55	4.7	61	5.2	166	4.6
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 with CC (182)	59	4.7	40	3.4	32	2.7	131	3.6
Septicemia, Age > 17 (416)	47	3.7	31	2.6	25	2.1	103	2.9
GI Hemorrhage with CC (174)	34	2.7	23	2.0	22	1.9	79	2.2
Intracranial Hemorrhage or Cerebral Infarction (014)	22	1.7	25	2.1	30	2.6	77	2.1
Renal Failure (316)	19	1.5	31	2.6	25	2.1	75	2.1
Cardiac Arrhythmia and Conduction Disorders with CC (138)	35	2.8	18	1.5	21	1.8	74	2.0
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	41	3.2	30	2.6	0	0.0	71	2.0
Nutritional and Miscellaneous Metabolic Disorders, Age > 17 with CC (296)	18	1.4	19	1.6	33	2.8	70	1.9
Kidney and Urinary Tract Infections, Age> 17 with CC (320)	12	0.9	24	2.0	25	2.1	61	1.7
Respiratory Infections and Inflammations, Age> 17 with CC(079)	21	1.7	12	1.0	18	1.5	51	1.4
Circulatory Disorders Except Acute Myocardial Infarction with Cardiac Catheterization and Complex Diagnosis (124)	21	1.7	17	1.4	13	1.1	51	1.4
Chest Pain (143)	25	2.0	17	1.4	9	0.8	51	1.4
All Others	696	54.9	683	58.1	725	61.9	2,104	58.2
Total	1,267	100.0	1,175	100.0	1,172	100.0	3,614	100.0

Numbers in parentheses () are the DRG code.
 Source: AHCA Detailed Discharge Data, 2004-2006.
 Prepared by: WellFlorida Council Inc., 2007.

Appendix B

Bradford County Community Leaders Interview Guide

Bradford County Health Needs Assessment Key Informant Interview Guide

The Bradford County Health Department is conducting a county-wide health needs assessment. The goal of this assessment is to identify the most pressing health needs of residents of Bradford County including issues like access to health care, barriers to receiving healthcare, and the most pressing health issues of residents. As a part of this study, we are conducting a series of interviews with key individuals throughout the county who have knowledge of the health needs of individuals in Bradford County. You have been identified by the project team as a key informant based on your knowledge of the health-related issues for Bradford County residents. This interview will take approximately 30 minutes. Do you have 30 minutes now or can we schedule a time to talk in the near future?

1. Could you briefly describe your position and how long have lived and/or worked in Bradford County?
2. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services?
3. Please comment on your overall perspective on healthcare in Bradford County, the services available to meet health care needs and the health of Bradford County residents?
4. Where do you think the residents of Bradford County go to get needed health information?
5. What do you think are the most pressing health care needs in Bradford County?
6. Do you think the use of tobacco (smoking and smokeless) is a problem in Bradford County? Do you think it is higher or lower than other parts of the state? Why? Do you have any suggestions about what can be done to reduce the number of people who use tobacco in Bradford County?
7. What do you think are the most important health issues that affect Bradford County residents? (Prompt: you may want to consider separate issues for children, adolescents, and adults and other groups.)
8. What residents of Bradford County have more difficulties with healthcare than others? What are these difficulties? Why do you believe these folks have more difficulties with health care?
9. What do you think are the essential components of a quality healthcare system for a community like Bradford County? (Prompt: What kinds of services/programs/facilities do you think are necessary for a good system of health care for county residents?) Are we meeting these essential components in Bradford County?
10. Please share anything you know about how the following services are available to all persons in Bradford County and whether there are any obstacles to receiving these types of services:
 - a. Primary care (the basic and routine services that most people use most often)
 - b. Mental health
11. Are there other types of services that individuals in Bradford County have difficulty accessing? (Prompt: dental care, specialty care, pharmaceuticals/prescription)

12. Of all the issues and services we have discussed, which do you think is the most important healthcare issue in Bradford County?
13. What actions are necessary to address this issue?
14. Who should take responsibility for addressing this issue (or what are the responsibilities of different parties [individuals, providers, government, business] in addressing this issue)?
15. What is your perspective on how the community members feel about the Bradford County Health Department? (Prompt: Do they utilize the services available? Do they know what types of services exist?)
16. What is your perspective on the role of community members, what role do they play in improving the overall health of Bradford County?
17. Do you have any additional comments you would like to share about health care in Bradford County?

That completes the interview. I would like to thank you very much for your time. Your input is valued by the project team. The Bradford County Needs Assessment is scheduled to be completed in mid-November. Additionally, Bradford County Health Department will be engaging members of the community in a county-wide strategic planning activity, through the MAPP (Mobilizing for Action through Planning and Partnerships) process to improve the health of the residents of Bradford County. Community participation is essential to the success of this endeavor. As a key community partner we wanted to inform you of this opportunity and encourage your participation. More information will be coming in the near future. Thank you very much for your time.

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Appendix C

Bradford County Resident Focus Group Moderators Guide

Bradford County Health Needs Assessment Focus Group Moderators Guide

Hello and welcome to our focus group. A focus group is a discussion among people who have something in common. Each of you is here today as a resident of Bradford County and have unique perspectives on the health of your community. I'd like to thank you for agreeing to join our discussion group today where we will be talking about the health needs of individuals in our community.

My name is _____ and assisting me with this discussion is _____. We are both representing The Bradford County Health Department Needs Assessment Committee. This committee is working on a Health Needs Assessment Report to help our local policy makers and health care providers focus on health needs that you feel are important.

We are conducting 6 focus groups in Bradford County. The purpose is to understand what you think are the most pressing health care needs of your community and the factors that influence an individual's health and health care. Health and health care needs are anything that would help you achieve an acceptable quality of life. Your input into this process is extremely important.

To help manage our discussion, I am going to review some guidelines:

- I will be asking you all some questions over the next hour and a half. I encourage each of you to share as much as you feel comfortable. All of your opinions are important to us and this project. Feel free to say what ever you like; there are no right or wrong answers to our questions.
- We ask you to respect what other people in the group say and for you avoid negative comments about other peoples' thoughts or opinions.
- We ask that only one person talk at a time, we do not want to miss anything that anyone says, so it is important we do not talk over one another or break into separate conversations. If you think you might forget your ideas, please write them down. Then you can share them at the next opportunity in our conversation.
- Most importantly, what you say in here today will remain between us. We will not be using your name when we report the results of this study. We also ask that you not share what we talk about today in the group with others outside the group. It is important that we trust each other and that you are comfortable sharing your thoughts.
- We are taping today's meeting. The tape will only be used by our staff to make sure that our written reports are accurate. We do not want to miss any of your comments. Once those reports are complete, we will destroy the tapes.
- As you walked in we handed you a brief questionnaire. This will be used to help describe the discussion group. Please take a minute and complete these questions before we start. We will not be using this information to identify you in anyway.
- If you have a cell phone, please turn them off or put them on vibrate. If you must answer the phone, please do so outside and return as quickly as you can.
- You will be receiving your incentive for participating at the end of the session.

Our session will last about 90 minutes, and we will not be taking a formal break. If you must use the restroom, they are located _____.

Are there any questions about what we're doing today? If there are no additional questions, we'll begin.

QUESTIONS

As a way of getting started and getting to know each other, I would like around the room one at a time. Please tell us your name and how long you have lived in Bradford County?

Now that we have heard from each of you, I would like to ask some questions for anyone to answer. Please, I ask you to remember to talk one at a time because each one of you have important things to

say and we want to make sure that we hear what you have to say. There are not right or wrong answers; we only want to get your input.

1. Let's suppose I am new to the community, and I need some health information, where would you suggest I go?
2. Where would you suggest I not go?
3. Considering your own experiences, what is your general perspective on healthcare in Bradford County? (**Prompt:** *Perspective on the services available in the county and the health of the residents of the county.*)
4. Considering your own experiences, what are some things that have helped improve or maintain the health of you or your family? (**Prompt:** *types of programs*)
5. What are problems or barriers you see in maintaining or improving you or your family's health? (**Prompt:** *barriers to care including insurance, cost, access to care primary care/mental health/dental*)
 - a. We often hear that transportation is an issue that impacts accessing needed health care. Is this something that impacts you? (**Prompt:** *How do you get to and from your appointments?*)
6. Do you or members of your family go outside of the county to receive healthcare? (**Prompt:** *Where do you go to receive care? What type of care do you receive?*)
7. In order to improve your family's health, what do you need? (**Prompt:** *Identification of services and resources that could help to improve health.*)
8. What do you think are the most pressing or most serious healthcare needs in Bradford County? Overall, what would you say is the most important health need we have just come up with? If each of you will tell what you think is most important, we will put a check mark by it.
9. What do you think can be done to address these healthcare needs? (**Prompt:** *What community groups can work together?*)
10. Do you think the use of tobacco (smoking and smokeless) is a problem in Bradford County? Do you think it is higher or lower than other parts of the state? Why?
 - a. Do you have any suggestions about what can be done to reduce the number of people who use tobacco in Bradford County?
11. What is your perspective on how the community members feel about the Bradford County Health Department? (**Prompt:** *What do people use their services for? Do community members use the HD services available? Do they know what types of services exist? Why?*)
12. What is your perspective on the role of community members, like yourselves, what role do you play in improving the overall health of Bradford County?
13. Do you have any additional comments you would like to share about health care in Bradford County?

I would like to take a few minutes and briefly summarize what we talked about today. **[Provide summary of notes for each question]** Our discussion today was to help us understand how the community feels on the health needs in Bradford County. Have we missed anything?

Now, if there are no further comments, we would like to thank you all for your participation in this very important project, and please remember to keep everything you have heard today inside this room and among us.

We are now going to come around the room and distribute your incentive for participation.

Again, thank you for participating in this discussion with us. We really appreciate your thoughts and comments.