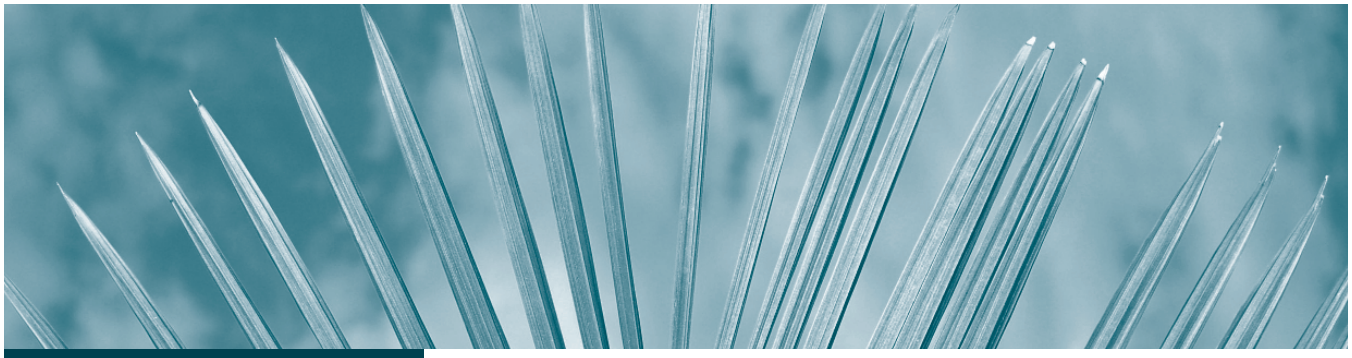

2012

Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment

Dixie County

WellFlorida Council

Working Together for Healthy Communities

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Dixie County Mobilizing through Action for Planning and Partnerships

Overview

Community health needs assessment activities for Dixie County in 2011 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTAS allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Due to prioritization of limited resources, the 2011 MAPP assessment for Dixie County focused on the CHSA, the LPHSA and the CTSA. However, a Forces of Change Assessment (FCA) was conducted as part of the 2012-13 Community Health Improvement efforts and is included in the CTAS section as additional material. This document provides a brief summary of key activities in each of these areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

The following is a brief bulleted list of key issues for each of the main three assessments that comprise this report.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Dixie County both on an individual and county-wide basis.

- Dixie County continues to exceed the state death rates for most of the ten leading causes of death in Florida with the overall death rate in Dixie County being nearly 33% higher than the state.
- While there are disparities in death rates among white and black residents in Dixie County, black residents of Dixie County fare better than their counterparts at the state level for overall mortality.
- Dixie County is slightly worse than the state for many of the leading birth indicators.
- Overall, poor health behaviors are on the rise in Dixie County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Dixie County's rate of avoidable hospitalizations is nearly 50% higher than the state rate.
- The most recent estimates for the uninsured put the uninsured rate of Dixie County non-elderly residents between 18-21% though most of the best estimates are available for the period immediately prior to the precipitous economic downturn.
- Dixie County is near the bottom 10% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Dixie County are lower than state and national averages.

Local Public Health System Assessment

Based on the self-assessed scores of how Dixie County stacks up in each of the 10 Essential Public Health Services, these scores indicate that there may be opportunities in Dixie County to better mobilize community partnerships to identify and solve health problems and to enforce laws and regulations that protect health and ensure safety. These were the areas were Dixie County scored lowest, based on self-assessment.

Community Themes and Strengths Assessment

Through focus group discussions, community members highlighted these key themes in Dixie County:

- Economic barriers
  - Lack of jobs
  - Lack of health insurance
- Service needs and barriers
  - Public transportation
  - Dental services
  - After-hours care
- Potential resources available
  - School system
  - Health Department
  - Faith-based services

Forces of Change Assessment

Forces of change discussions were held after the original community health assessment process in conjunction with ongoing community health improvement activities. Key themes in the forces of change discussion included:

- Economic barriers
  - Lack of jobs
  - Lack of health insurance
- Service needs and barriers
  - Public transportation
  - Dental services
  - After-hours care
- Potential resources available
  - School system
  - Health Department
  - Faith-based services

Next Steps

The MAPP process is designed to provide an input to ongoing strategic health planning or community health improvement processes. The following next steps may be warranted in order to utilize the results of the MAPP needs assessment process effectively:

- Conduct the fourth and final of the four core MAPP assessments (the Forces of Change Assessment). COMPLETED IN 2012-13 AS PART OF THE CHIP PROCESS
- Formation of a key group of community leaders to address and advise the community on local public health system improvement activities. ONGOING
- Utilize results of four MAPP assessments to drive a process of developing community-identified strategic priorities with goal statements and strategies. ONGOING
- Utilize results of the four MAPP assessments to create a community health improvement plan (CHIP). ONGOING
- Utilize results of the four MAPP assessments to create a local public health system improvement plan. ONGOING

Community Health Status Assessment Technical Report Summary

Introduction

The *Dixie County Community Health Status Assessment Technical Report Summary* highlights key findings from the *Dixie County Community Health Status Assessment Technical Appendix* (included as separate document due to length). The assessment data were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). Other sources not listed in the technical report, such as the Population Health Institute (University of Wisconsin) and the Robert Wood Johnson Foundation also aided in the analyses.

A health needs assessment is the process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs and emerging needs.

Data from this report can be used to explore and understand the health needs of Dixie County and its various communities and sub-populations, plan interventions, and apply for continuing and new program funding. The following summary is broken down into several components:

- Demographics and socioeconomics
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Dixie County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary includes references to specific tables in the Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and anticipate future health needs. The *Dixie Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by political region (county zip code). It also provides estimates on future population growth in addition to statistics on education, employment, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the Dixie County demographic and socioeconomic profile.

Population

Population growth can fuel the demand for health care services and can magnify successes and failures a community has in terms of health behaviors and health outcomes.

- Estimates in 2009 place the population of Dixie County at 16,221 residents. This represents a 17.3 percent increase (13,827 in 2000, 16,221 in 2009) since the 2000 Census which is the same population increase the state as a whole experienced. By 2015, growth projections estimate the population at 17,500 residents a 26.6 increase since 2000 (Table 1).
- Dixie County has a substantially higher percentage (88.8 percent) of residents who self-identify as White compared to Florida as a whole (75.0 percent). Commensurately, those individuals who self-identify as Black or African American represent 8.4 percent, which is a 47.5 percent difference than the state average of 16.0 percent (Table 3).
- 3.1 percent of residents in Dixie County are Hispanic or Latino which is a 87 percent difference than the Florida average of 22.5 percent (Table 4).
- Individuals who are over the age of 65 represent 19.3 percent of the Dixie County population, which is slightly higher than the state average of 17.3 percent (Table 5).
- Males outnumber females in Dixie County by approximately seven percent (Table 5).

Economic Characteristics

- In 2010, 26.6 percent of Dixie County's population was estimated to live at or below the poverty threshold, which is 61 percent more than the state of Florida as a whole (16.5 percent). Furthermore, Dixie County has a greater percentage (37.1 percent) of its children living at or below the poverty level than the state (23.6 percent) (Table 14).
- The Horseshoe Beach Zip Code Tabulation Areas of 32648 is the poorest area of the county with 29.8 percent of adults and 37.8 percent of children living at or below the poverty threshold (Table 16).
- According to 2000 data, 17.5 percent of White and 44.9 percent of Black Dixie County residents live at or below the poverty threshold compared to the Florida averages of 17.5 percent (White) and 25.9 percent (Black) (Table 21).
- Furthermore, 70.9 percent of Dixie County Hispanics live at or below the poverty threshold, compared to 18 percent of Florida Hispanics. This represents a 293 percent difference between Dixie County and Florida (Table 22).
- For year 2010, Dixie County's per capita income ($16,778) was 34.8 percent lower than the state of Florida ($25,768) per capita income. In Dixie County, the average household income was $40,623 compared to the state of Florida's average household income of $64,516. The median household income in Dixie County was $31,173, which compared to the state of Florida's median household income of $49,910 is 37.5 percent lower (Table 26).
- Employment rates in Dixie County tend to track with Florida, although unemployment at the county level exceeds the state in any given year. Dixie County's unemployment rate for 2010 was 12.6 percent in comparison to 11.5 percent for the state (Table 27).
- Dixie County has a significantly higher percentage (38.8 percent) of small businesses (fewer than 20 employees) than the state as a whole (18.9). In Dixie County, 58.8 percent of private business establishments are retail trade and service sector employers (Table 29).

Educational Attainment

- Estimates in the year 2010 suggest 34.1 percent of the adult population in Dixie County has less than a high school diploma, 55.9 percent has completed high school, and only 10.0 percent has completed a college degree. In Florida, 20.1 percent of the adult population has less than a high school diploma, 50.5 percent has completed high school, and 29.4 percent have completed a college degree. It is notable that when compared to the state, Dixie County has nearly 70 percent more adults with less than a high school diploma and 66 percent less college graduates (Table 33).

Mortality and Morbidity

Perhaps the most direct measures of health and well-being in a community are the rates of disease and death. In Dixie County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As noted above, certain demographic and socioeconomic indicators can shed some light on how and why, and to what extent certain chronic health problems affect communities. While Dixie County compares similarly to Florida averages on some demographic and socioeconomic indicators, in other areas disparities exist. Noted below are some key facts/trends on the mortality and morbidity rates in Dixie County.

- The top five leading causes of death in Dixie County are: 1) Heart Disease, 2) Cancer, 3) Chronic Lower Respiratory Diseases (CLRD), 4) Unintentional Injuries, including motor vehicle accidents, and 5) Diabetes. This is very similar to the top 5 deaths for Florida as a whole, with the exception of the fifth leading cause of death being diabetes in Dixie County instead of stroke as in the state as a whole. The majority of deaths that occurred in Dixie County in 2009 were attributable to chronic disease (Table 40).
- Dixie County has a significantly high overall age-adjusted mortality rate when compared to the state (866.0 per 100,000 compared to 666.7 per 100,000). Notable differences in age-adjusted mortality rates where Dixie County fares worse than the state are seen in Heart Disease (234.1 per 100,000 compared to 149.8 per 100,000), CLRD (111.9 per 100,000 compared to 37.5 per 100,000), Unintentional Injuries (70.3 per 100,000 compared to 42.6 per 100,000) and Diabetes (25.9 per 100,000 compared to 19.1 per 100,000). Dixie County fares better than the state in Stroke (26.6 per 100,000 compared to 30.3 per 100,000) (Table 40).

Racial and Ethnic Disparity

- Cancer and Unintentional Injuries were in the top four causes of death for Black, White, and Hispanic residents; but Heart Disease was in the top five for Black and White residents. Diabetes as a top four leading cause of death was unique to Black residents and Stroke and Homicide were leading causes of death unique to Hispanic residents in Dixie County.
- In 2009, the age-adjusted mortality rates in Dixie County do not mirror the rates of Florida. The age-adjusted mortality rate for White Dixie County residents was 868.7 per 100,000 compared to 638.9 per 100,000 in Florida. The age-adjusted mortality rate for Black Dixie County residents was 667.5 per 100,000, which is better when compared to 787.1 per 100,000 in Florida. The age-adjusted mortality rate for Hispanic Dixie County residents was much higher than the rates for Florida as a whole (958 per 100,000 compared to 549.8 in Florida) respectively (Table 41, 42 and 43).
- Diabetes and Heart Disease disproportionately affect Black residents in Dixie County. During 2007, Blacks had age-adjusted death rates for Diabetes at 253 percent greater than Whites and

age-adjusted death rates for Heart Disease at 44 percent greater than Whites (Tables 41 and 42).

- Hispanic residents in Dixie County are disproportionately affected by unintentional injuries. During 2008, the age-adjusted death rates for Unintentional Injuries in Hispanics were 1,100 per 100,000 compared to 81.8 per 100,000 in Whites and 83.7 per 100,000 in Blacks. The difference in the Hispanic rate and White rate was over 1214 percent (Tables 41, 42, and 43).

Birth Indicators

In 2009, there were 197 births in Dixie County (Table 73). During that same year, there were no infant deaths (Table 75). While there may be notable discrepancies in standardized rates between state and county figures (especially in defining racial disparities and teen births), it is important to note that the actual numbers in any given year are small. Key findings with regard to birth outcomes include:

- Birth rates (rate per 1,000 residents) in Dixie County trend near Florida as a whole. In 2009, Dixie County had 12.3 births per 1,000 residents compared to Florida's rate of 11.8. The 2009 birth rates by race/ethnicity are as follows: Black (10.1), White (12.4), and Hispanic (26.0). Hispanic birth rates are much higher than Black and Whites rates (Table 74).
- Overall, early access to prenatal care (received care in first trimester) has been more difficult in Dixie County than the state since 2000. In 2009, 71.9 percent of total births in Dixie County received care in the first trimester, compared to 78.3 percent for the state. The percentage of Hispanic mothers in Dixie County that received care in the first trimester in 2009 was 85.7, which is more than the Florida average of 76.9. In fact, Hispanic mothers in Dixie County were more likely to receive first trimester care than their White and Black counterparts (Table 80).
- Since 2006, the percentage of low birthweight babies has decreased from 9.8 percent in 2006 to 4.1 percent in 2009. In 2009, the percentage of low birthweight babies in Dixie County was less than the state as a whole (4.1 percent and 8.7 percent respectively) (Table 78).
- Over the past 10 years, teen births (births to mothers aged 15-17) in Dixie County have fluctuated between 6 and 12 births per year (Table 83). In comparison to the state (17.8 births per 1,000 teen females), Dixie County rates are significantly higher (32.3 births per 1,000 teen females) (Table 84).

Mental Health

Reviewing hospital discharge data is one method of gauging the health status of a community. The National Institute of Mental Health estimates that approximately 26.2 percent of the adult population in the United States suffers from a diagnosable mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

- Dixie County has a rate of nearly 37 percent lower hospitalizations for mental health reasons compared to the state, 4.8 per 1,000 and 7.6 per 1,000 respectively (Table 68).
- Mental Health related emergency department (ED) visits, on the other hand, are higher in Dixie County than the state. In fact, these rates increased 38 percent between 2006 (49.8) and 2010 (68.9). This increase is higher than the Florida increase of 30 percent between 2006 and 2010 (Table 69).
- For 2009, the rate of Baker Act (involuntary exam) initiations was lower in Dixie County than in Florida, 416.7 and 724.6 respectively (Table 70).
- This may all help to explain why domestic violence offense rates for Dixie County have been trending down for the past 3 years. Dixie County has a lower rate per 100,000 than the state as a

whole, 320.9 and 603.4 respectively (Table 71).

Behavioral Risk Factors

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Dixie County is for 2010. Below are some highlights from the BRFSS data.

- In 2007, 36.8 percent of Dixie County residents met moderate physical activity recommendations and 26.4 percent met vigorous physical activity recommendations. Further, the percentage of adults who are inactive at work increased from 40.7 in 2002 to 50.9% in 2007—an increase of 25 percent.
- It is also notable that percentage of adults who consume at least five servings of fruits and vegetables a day decreased from 29.7 percent in 2002 to 22.5 percent in 2007—a decrease of more than 24 percent.
- In 2010, 71.8 percent of adults reported having any type of health insurance coverage as compared to 83% in the state of Florida. For the same year however, the percentage of adults who could not see a doctor at least once in the past year due to cost was more than 52.6 percent greater in Dixie County as compared to the state of Florida (26.4 percent in Dixie County vs. 17.3 percent in Florida).
- In 2007, 24.9 percent of Dixie County adults reported that they could not see a dentist in the past year due to cost.
- Compared to the state, Dixie County had over 21 less percentage of adults who had received the flu shot in the past year (28.7% for Dixie County vs. 36.5% for Florida).
- In 2010, a higher relative proportion of Dixie County residents were diagnosed with diabetes than the state as a whole (11.1 percent and 10.4 percent respectively); however, new data shows that the onset of the diagnosis has delayed from 2007 measures, and that the average age at which Dixie County residents are diagnosed with diabetes is 51.6 years, compared to 40.3 years in 2007.
- The percentage of adults who engage in heavy drinking has decreased significantly from 2007 to 2010. Dixie County compares favorably to the state in this measure; 10.9 percent and 15.0 percent, respectively.
- From 2002 to 2007, Dixie County made improvements in reducing the percentage of current adult smokers, however, between 2007 and 2010, the percentage of current smokers increased from 19.5 to 36.9 (Table 96). In fact, the percentage of current smokers in Dixie County is double that of the state.
- The percentage of Dixie County female residents who received Pap tests decreased from 73.3 percent in 2002 to 50.6 percent in 2010. This represents a 31 percent decrease in pap tests and puts Dixie County below the state average of 57.1 percent.
- In 2010, 45.5 percent of adults in Dixie County were diagnosed with hypertension (an increase of 12 points since 2007). Furthermore, this indicator is significantly higher than the percentage for Florida (34.3 percent).
- In Dixie County, obesity rates continue to rise slightly above Florida's rates. The percentage of adults who are overweight or obese (Body Mass Index greater than 25) constitute 70.3 percent of the county's population. The rate for Florida as a whole is 65.0 percent.

- New measures for disability rates in Dixie County were added to indicators in 2007. Available data for 2010 shows the percentage of Dixie County residents who are limited in any way because of physical, mental or emotional problems has increased significantly since 2007. Currently, Dixie County compares unfavorably to Florida measures; (45.4 percent and 24.3 percent respectively). In other words, Dixie County has 86 percentage more disabled residents than Florida as a whole.

Health Care Access and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long term management resources can help to maintain a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *Dixie Community Health Status Assessment Technical Report* includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

- The Florida Health Insurance Study (FHIS) initiated by the Florida legislature provides reliable estimates of the percentage and number of Floridians without health insurance. It focuses on Floridians under age 65: since virtually all Americans age 65 or older has some health coverage through Medicare. According to the 2004 Florida Health Insurance Study (FHIS), 20.1 percent of the population was uninsured, which is slightly higher than the state as a whole.
- The Census Bureau Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for all states and counties. According to the 2007 estimates, 17.8 percent of the population was uninsured (Table 37). Dixie County compares favorably to the state measures in this study as the uninsured rate for Florida is 24.2 percent.
- The total number of individuals eligible to receive Medicaid in Dixie County for 2010 was 3,641 or approximately 23.1 percent of the population. In comparison, the Medicaid enrollment percentage for the state was 15.6 percent (Table 104).
- Total Medicaid expenditures in Dixie County for the period of July 2007-April 2008 equals $5,824,788 (Table 106).
- The rate of total physicians per 100,000 residents (fiscal year 2010) is substantially lower in Dixie County than in Florida. The rates are 12.4 and 300.6, respectively (Table 109).
- The rate of licensed dentists per 100,000 for the fiscal year 2009-2010 is also substantially lower in Dixie County, 6.2 in comparison to 61.9 for the state (Table 111).
- In 2009, there were a total of 2,340 hospital discharges in Dixie County (Table 112).
- In the same year, the percentage of hospital discharges by payor source was as follows for Dixie County: Medicare at 46.4 percent, Medicaid at 25.1 percent and private insurance at 14.9 percent (Table 113).
- The most frequent cause of hospitalization was associated with normal newborns. Other major reasons for hospitalizations were: cellulitis, circulatory diseases and esophagitis (Table 114).
- Dixie County has an avoidable discharge rate (rate per 1,000 residents) of 21.1, which is conclusively above the Florida rate of 14.2 (Table 115). The top five reasons for avoidable hospitalizations include: 1) Cellulitis; 2) Dehydration/volume depletion; 3) Chronic Obstructive Pulmonary Disease; 4) Asthma; 5) Kidney/Urinary Infection (Table 117).
- In 2009, the largest payor source for avoidable hospitalizations in Dixie County was Medicaid at 33.8 percent. Avoidable discharges have increased since 2007 with a rising percentage resulting from Medicaid (Table 116).
- In conjunction with the avoidable hospitalizations, avoidable emergency department visits have

significantly increased among Medicaid participants. In 2010 (the most current data), an additional 124 Medicaid patients were unnecessarily seen in emergency departments from the previous year. Medicaid is the largest payor source for avoidable emergency room visits in Dixie County. In the last 3 years of data, avoidable ED visits have increased significantly with a rising percentage resulting from Medicaid (32.3 percent) (Table 118).

County Health Rankings

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Health is viewed as a multi-factorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
II. Health Factors--rankings are based on weighted scores of four types of factors:
   a. Health behaviors (6 measures)
   b. Clinical care (5 measures)
   c. Social and economic (7 measures)
   d. Physical environment (4 measures)

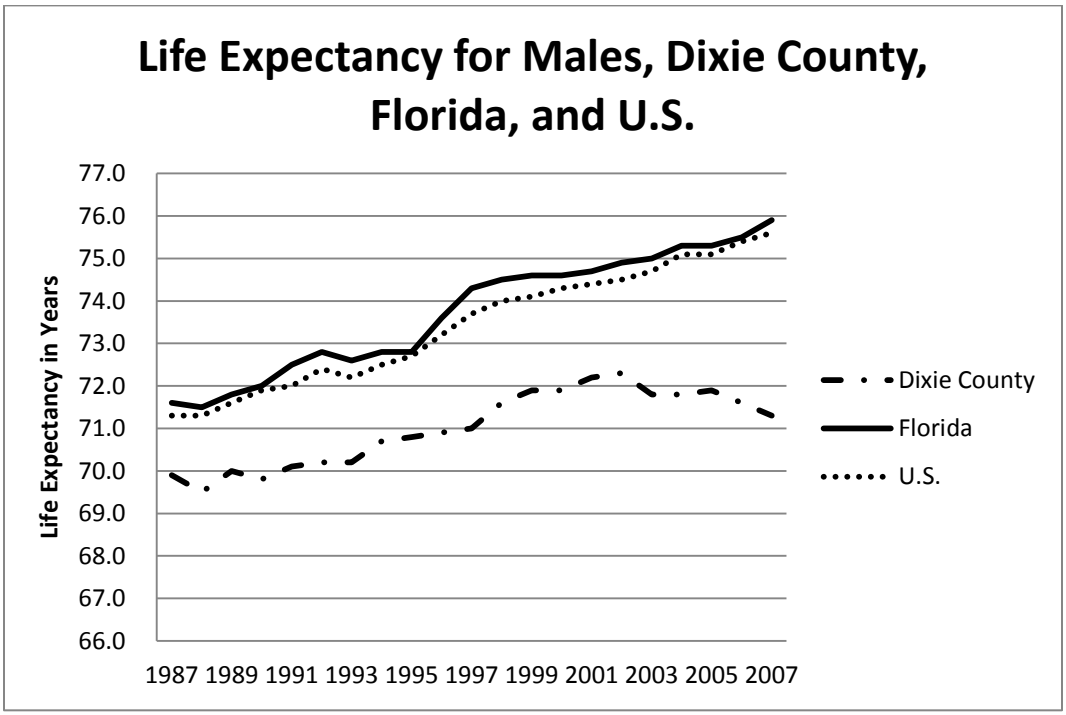
The Rankings are available for 2011. In the year 2011, Dixie County ranked 58th for health factors and 61st for health outcomes. Dixie County fares worse than the state of Florida as a whole on premature death, poor or fair health, poor physical health days, adult obesity, adult smoking, motor vehicle crash deaths, teen births, uninsured adults, preventable hospital stays and children in poverty as seen in the table below:

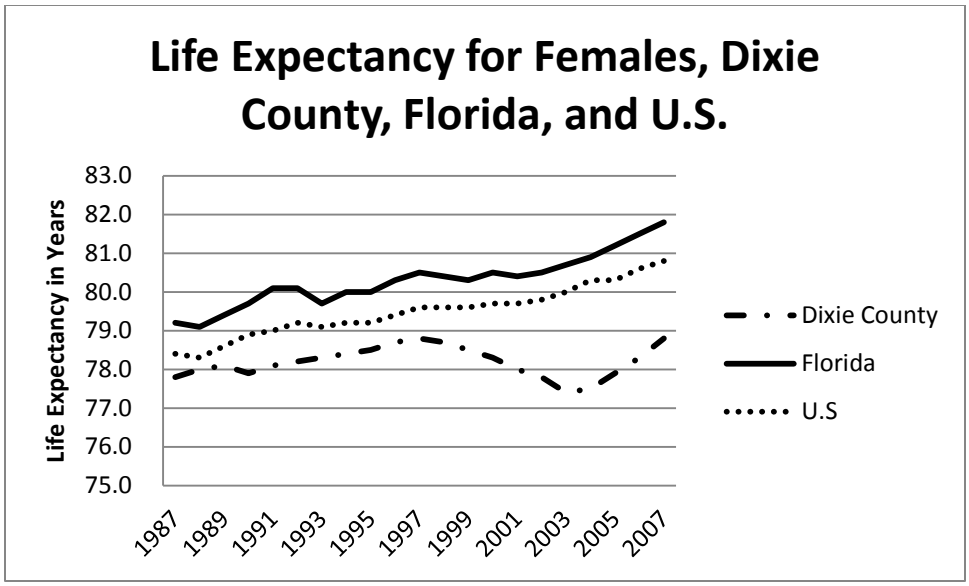
Measure	Dixie County	Florida	National Benchmark (90th percentile)
Premature death (years of potential life lost before age 75)	12,272	7,896	65
Poor or fair health (percent of adults report poor or fair health)	24%	16%	
Poor physical health days (average number of physically unhealthy days reported in past 30 days)	5.0	3.5	
Adult obesity (percent of adults that report a BMI > or = 30)	31%	24%	
Motor vehicle crash death rate: motor vehicle crash deaths per 100,000	48	19	
Teen birth rate per 1,000 females in ages 15-19	81	45	
Uninsured adults (percent of population under age 65 without health insurance)	21%	27%	
Preventable hospital stays (Hospitaliation rate for	80	65	

ambulatory-care sensitive conditions per 1,000 Medicare enrollees)		
Children in poverty (percent of children under 18 in poverty)	34%	18%

Life Expectancy

In June 2011, a study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington released a complete time series for life expectancy for all US counties from 1987 to 2007 for each sex, for all races combined, for Whites, and for Blacks. Nationally, life expectancy increased 4.3 years for men and 2.4 years for women between 1987 and 2007. Given below are graphical illustrations of overall life expectancy rates for Dixie County residents in comparison with their state counterparts as well as all US males and females from 1987-2007 (table 123). As seen below, men in Dixie County lived nearly five years shorter than their Florida and U.S counterparts. The life expectancy for females in the county is nearly three years less than the state average and two years less than the U.S average.




Life Expectancy for Females, Dixie County, Florida, and U.S.
Life Expectancy in Years
83.0
82.0
81.0
80.0
79.0
78.0
77.0
76.0
75.0
1987
1989
1991
1993
1995
1997
1999
2001
2003
2005
2007
Dixie County
Florida
U.S

Community Themes and Strengths Assessment

The purpose of a focus group is to listen and gather information from community members. It is a way to better understand how people feel or think about an issue, product or service. As part of the 2011 MAPP Community Needs Assessment process to identify community themes and strengths, individuals were recruited to participate in a focus group in Dixie County.

Listening to and communicating with the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues and highlight possible solutions. More importantly, involving community residents provides every participant with an opportunity to be an integral part of the process. The Community Themes and Strengths Assessment answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

Methodology

One trained focus group facilitator conducted the focus group during the month of September 2011. The focus group was held at the Dixie County Health Department. Five key leaders in the community agreed to participate in the focus group.

Participants for these groups were recruited by the Dixie County Health Department. A $20.00 stipend was offered as a participation incentive at the conclusion of each meeting. Participant recruitment began approximately two weeks prior to the focus group meeting. Participant registration was undertaken through a designated telephone line at the WellFlorida Council.

One facilitator acted as discussion moderator and note-taker. The focus group meeting was audio recorded with the permission of all participants. After introduction and explanation of meeting format, eleven questions were sequentially presented to participants for discussion. Focus group protocols and questions were developed by the WellFlorida Council using the national Mobilizing for Action through Planning and Partnerships (MAPP) guidelines for the Community Themes and Strengths Assessment.

Focus Group Questions and Answer Summaries

Q1. What does a "Healthy Community" mean to you?

Brief Summary

Participants described a healthy community as a community in which people, neighbors, and community help each other. It was also stated that a program should be available to offer anyone access to care regardless of their ability to pay.

Notable Quotes

"A place where everyone has access to quality medical care."

"A community that is focused on prevention and health maintenance."

Q2. What are the most important factors for creating a healthy community?

Brief Summary

Participants described the most important factors for a healthy community as a community where people care and have a desire to help their neighbors, education, and hospital facilities.

Notable Quotes

"People helping each other, affordable medical care, and places for those without insurance to go."

"A hospital, urgent care, and enough primary care and specialty places to serve everyone's needs."

Q3. In general, how would you rate the health and quality of life in Dixie County?

Brief Summary

Participants agreed that overall the health and quality of life in Dixie is good. When asked to elaborate by scoring the county on a 1 to 10 Likert scale, with 1 being bad and 10 being great, the participants' responses averaged a 7 overall.

Notable Quotes

"Our community cares for one another and we try to look out for each other."

"The quality of life is good here, but we still have a community that doesn't necessarily practice healthy behaviors."

Q4. What are the pressing health related problems in our community?

Brief Summary

There was consensus among the group that the most pressing health issues in the county were dental treatment, diabetes, smoking cessation, and transportation.

Q5. Why do you think we have these problems in our community?

Brief Summary

All of the focus group participants mentioned the lack of jobs, lack of available health services, and lack of health insurance as reasons for occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Dixie County.

Notable Quotes

"The health department has done a good job with prevention messages and services."

"There is still a lack of services in the area and many still go to Gainesville to doctors."

Q6. Are there people or groups of people in Dixie County whose health or quality of life may not be as good as others?

Brief Summary

The low-income and uninsured, children, and Hispanic males were mentioned by the focus group as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decreases their access to needed services.

Q7. What strengths and resources do you have in our community to address these problems?

Brief Summary

The focus group participants mentioned churches, EMS, and the school system as the strengths of the community. The Dixie County Health Department was also mentioned often, as a resource.

Notable Quotes

> *"EMS does a great job and they are very fast."*
>
> *"The schools do a good job of keeping the community involved in activities."*

Q8. What barriers, if any, exist to improving health and quality of life in Dixie County?

Brief Summary

There was consensus among all of the participants that transportation is the leading barrier to accessing health care in the county. The group also mentioned the economy, lack of jobs, and lack of insurance as barriers to improving health and quality of life.

Notable Quotes

> *"A lot of people have to travel to Gainesville for many specialty services. The lack of reliable and affordable public transportation is the biggest barrier, followed by lack of insurance"*

Q9. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?

Brief Summary

Majority of the focus group participants cited that there were enough primary care facilities to offer services currently, but others felt there should be more options, especially for urgent and after-hour care.

Notable Quotes

> *"Many people work and there just isn't any options for people after 5:00 P.M. so a lot of people have to go to Gainesville or just do without care."*

Q10. Which health care services do you think are missing in your community?

Brief Summary

The consensus among all participants cited dental care as the primary service missing in their community. Even though most participants did state there were limited services at the health department, but there were not enough dentists to serve the county's needs.

Q11. What needs to be done to address these issues?

Brief Summary

Answers varied considerably across the focus group. The common themes among the group were:

- Reliable, affordable public transportation.
- Community transportation, especially for health care services.

- Affordable insurance and more services for the uninsured.
- Better options for nutritional and preventive services.

Key Issues

- Economy
  - Lack of jobs
  - Lack of health insurance
- Services
  - Public transportation
  - Dental services
  - After-hours care
- Resources
  - School system
  - Health Department
  - Faith-based services

Forces of Change

One of the main elements of the of the Mobilization for Action through Planning and Partnerships (MAPP) planning process for the development of a community wide strategic plan for community health improvement includes a Forces of Change Assessment (FCA). The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The *Dixie County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The FCA was not part of the original community health status assessment process due to time constraints among key community partners. FCA discussions were held as part of community health improvement planning activity during 2012-13.

The following table summarizes the forces of change identified by the Committee for Dixie County and possible opportunities and/or threats that may need to be considered in the strategic planning process.

Table 1: Dixie County Forces of Change

Forces	Threats	Opportunities
Uncertainty over national election and Affordable Care Act	Federal mandates overriding state and local control	Additional resources through increased federal subsidy of Medicaid
Florida's lack of willingness to participate in Affordable Care Act	Thousands of Florida residents will go without care compared to residents of other states	Other state-centered reform efforts
Doctor and nursing shortages	Hard to staff clinics/hospitals	Growth of ancillary staff and provider extenders
Unemployment rate; loss of income and still generally poor economy (locally especially)	Loss of jobs; loss of health insurance; leads to deteriorating health	Workforce development
Decline in take home pay not keeping up with cost of living	Inability to afford care even among insured who may find co-pays and co-insurance increasingly unaffordable; leads to deteriorating health	Workforce development; economic development
Technological enhancements in electronic health records	Security fears; less access to broadband resources in rural communities	System-wide records sharing allows for system-wide management of patients
School population has dropped	Shrinking population base; remaining population typically older and sicker	Fewer resources needed to educational system; freed up resources can be diverted to community health
Appears to be more migrant residents and children	Many are uninsured and are difficult to get into the formal healthcare system	Fulfills lower cost labor needs; grants focused on addressing migrant issues
Many are moving out of county and choosing to live elsewhere due to lack of jobs	Population is less diverse and generally lower income	Rural quality of life preserved
Rural nature of community makes it difficult to attract specialized services (especially in healthcare) that require high volume to be economically feasible	Residents must continually seek specialized healthcare services outside of the county	Potential partnerships to bring part-time specialty clinics to community
Poor academics of students	More difficult to get health messages to populations with lower educational attainment and literacy levels	Alternative education approaches and opportunities
Increase of people without insurance coverage	Those without coverage typically demonstrate deteriorating health	New partnerships to address community-wide issue
Family bonds/structures are weakening	Difficult to rely on families to spread message of community health improvement when they are fractured	Programs to strengthen families will strengthen the ability to spread the community health improvement message
Change in local officials has sparked greater interest in health care issues in the county over the past two years	The lack of resources may actually overcome interest by local officials to address community health	"Where there is a will, there is a way"
Drug use trends increasing	Makes it difficult to address other health issues among people with mental health and	Opportunities for wholistic approaches to

Table 1: Dixie County Forces of Change

Forces	Threats	Opportunities
	substance abuse issues	providing healthcare
High divorce rate and single parent households	Difficult to rely on families to spread message of community health improvement when they are fractured	Programs to strengthen families will strengthen the ability to spread the community health improvement message
Decrease in percentage who actually practice their faith (religion)	Churches have typically been good forums for community health initiatives but as participation decreases, this is less so	Increasing church participation strengthens one of the best venues for spreading messages on community health
Lack of mental health and substance abuse providers	Poor reimbursement Medicaid HMOs Lack of supply Increase need due to economy	Grant opportunities. Health reform changes in provider use-shift to ancillary providers

Source: Dixie County CHIP Discussions, 2012-13.

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model

standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the

assessment instruments.
Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance

standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

HOW WELL DOES THE SYSTEM PERFORM THE TEN ESSENTIAL PUBLIC HEALTH SERVIC*ES (EPHS)*

Table 4-1 shows the composite performance score for each of the ten Essential Public Health Services. Four of the ten scored 82 or below (**bold** in the table below). Typically, Essential Public Health Services 8 and 10 are relatively more out of control of the local public health system as they are dictated by geographical dynamics or macroceconomic trends and circumstances. However, the low scores for EPHS 4 and 6 may indicate that there are opportunities in Dixie County to better mobilize community partnerships to identify and solve health problems and to enforce laws and regulations that protect health and ensure safety.

Table 4-1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	94
2	Diagnose And Investigate Health Problems and Health Hazards	94
3	Inform, Educate, And Empower People about Health Issues	88
4	**Mobilize Community Partnerships to Identify and Solve Health Problems**	**81**
5	Develop Policies and Plans that Support Individual and Community Health Efforts	87
6	**Enforce Laws and Regulations that Protect Health and Ensure Safety**	**76**
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	94
8	**Assure a Competent Public and Personal Health Care Workforce**	**82**
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	98
10	**Research for New Insights and Innovative Solutions to Health Problems**	**64**
Overall Performance Score		86

Figure 4-1: Summary of EPHS performance scores and overall score (with range)

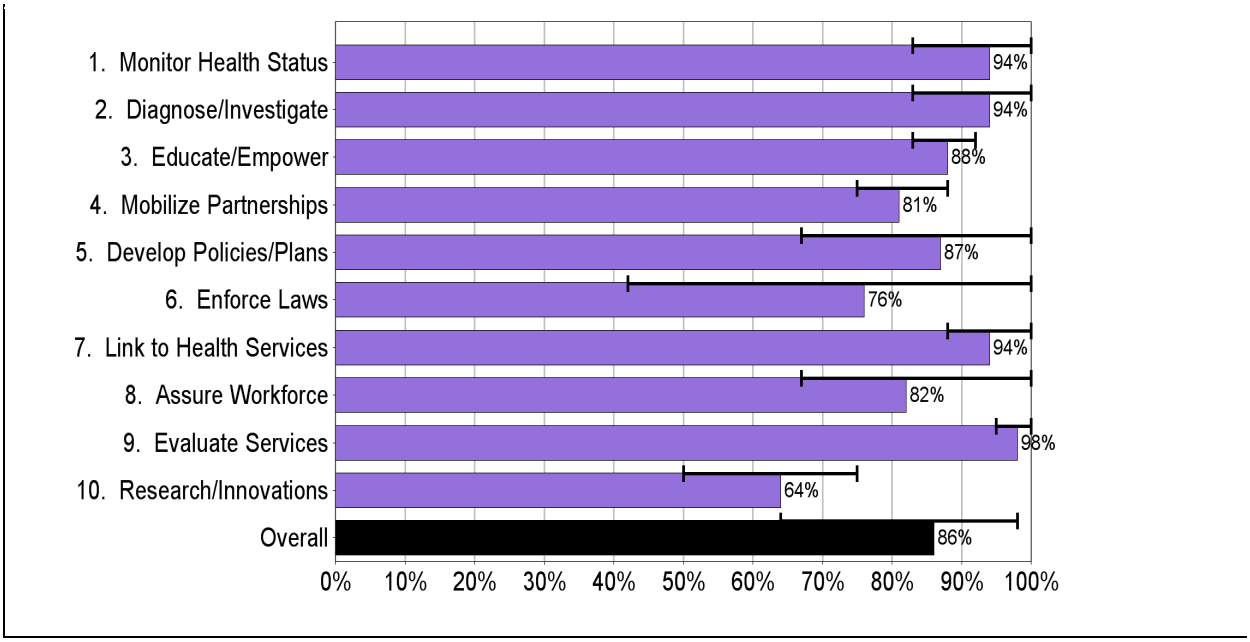


Table 4-1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 4-1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services.

Figure 4-2: Rank ordered performance scores for each Essential Service

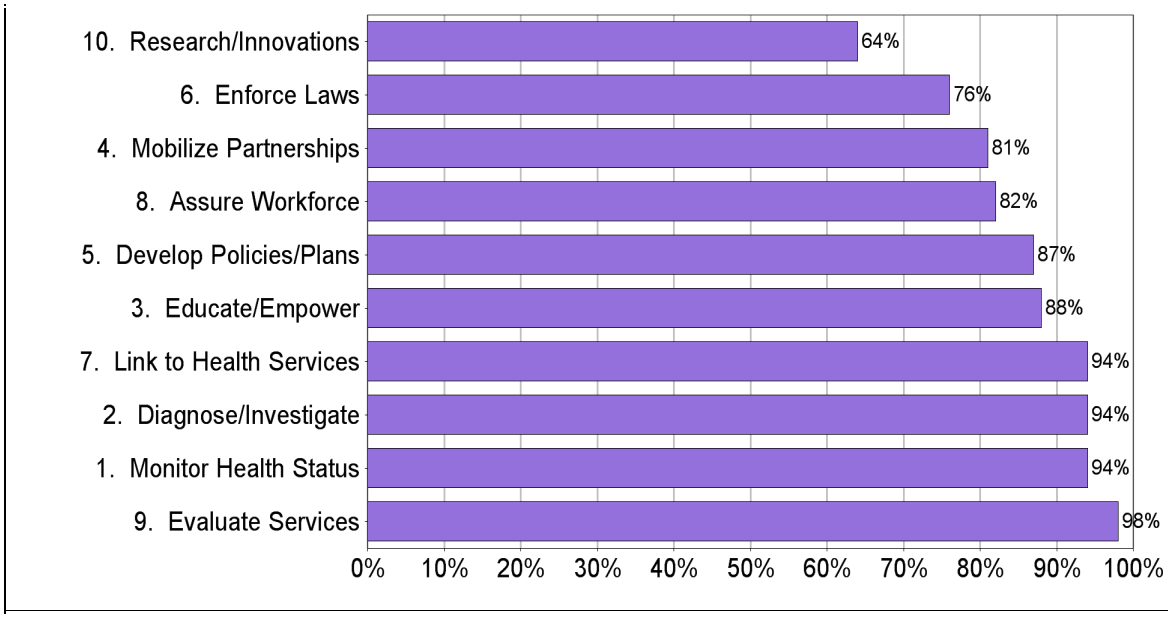


Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity

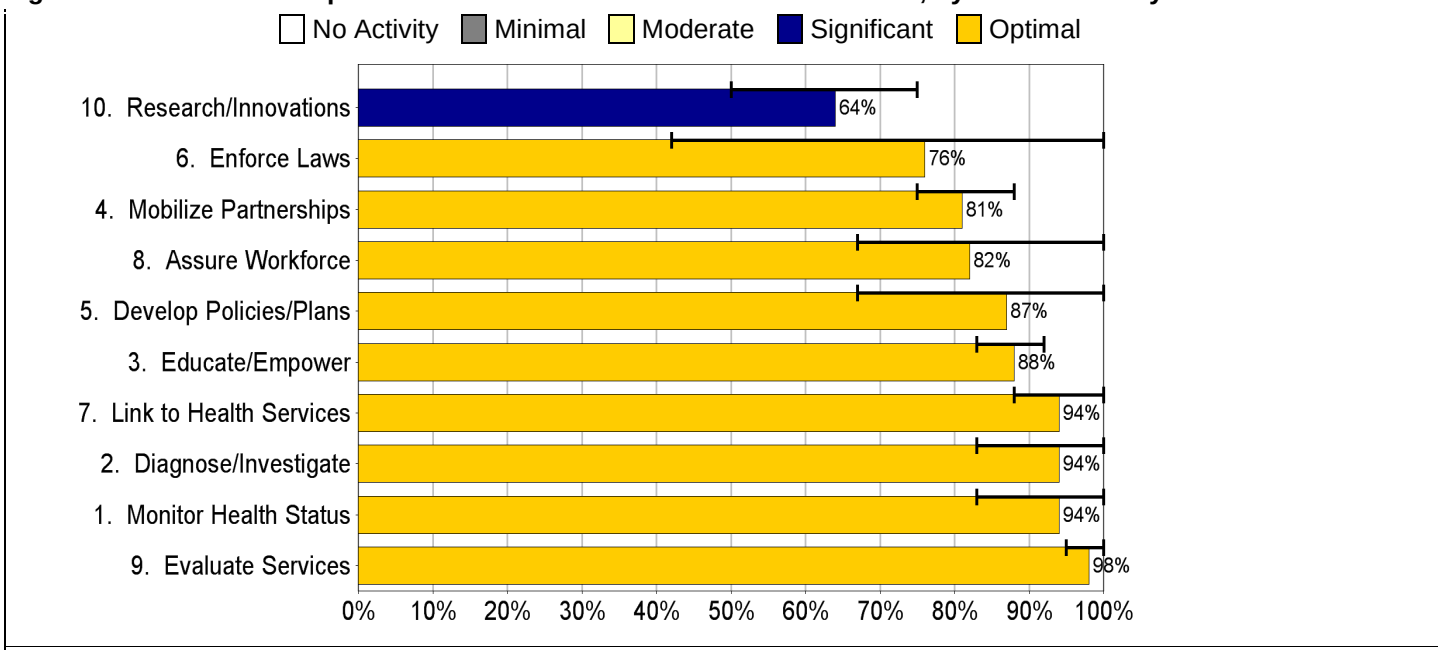


Figure 4-2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 4-3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.