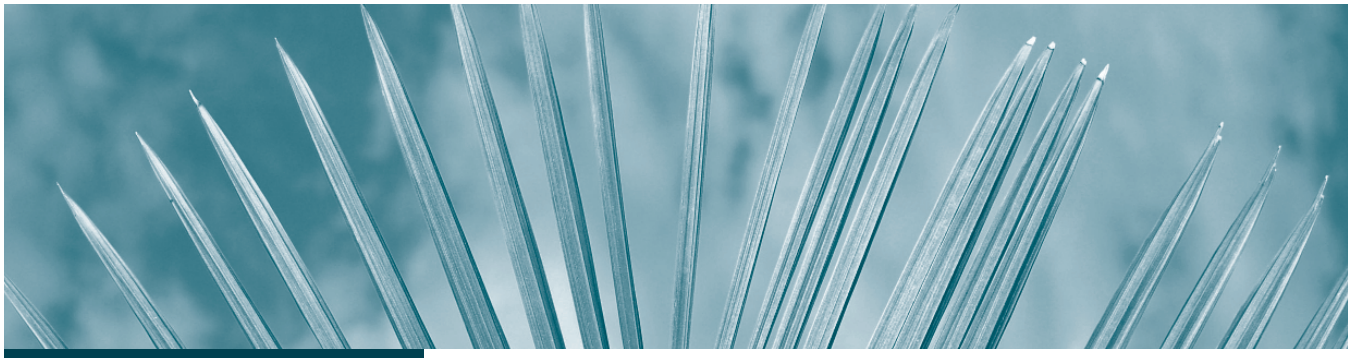

2012

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

Hamilton County

WellFlorida Council

Working Together for Healthy Communities

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Community Health Status Assessment

Introduction

The following report summarizes key findings from the *Hamilton Community Health Status Assessment Technical Report*. Data for the assessment 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.

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 Hamilton 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
- County health rankings and life expectancy

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Hamilton County to the state of Florida as a whole. It is advisable to interpret these rates with caution and consideration especially when the number of new cases (incidence) is relatively low. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see 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 in some cases to anticipate future health needs. The *Hamilton Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by county zip code. It also provides estimates on future population growth. Also included are measures of education, employment, income, and poverty status. Noted below are some of the key findings from the Hamilton County demographic and socioeconomic profile. Poverty is one of the strongest predictors of health in a community. It effects populations through a variety of mechanisms including material deprivation and psychosocial stress. Indicators such as education, employment, and income are included in this report because they are the strongest predictors of poverty status.

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.

- 2009 estimates place the population of Hamilton County at 14,783 residents. This represents an increase of 10.9 percent since the 2000 Census (13,327 in 2000). By 2015, estimated growth will put the population at 15,118 residents. By 2020, Hamilton County is projected to have a population of 15,549, representing a 16.7 percent increase since 2000 (Technical Appendix Report Table 1).
- Hamilton County mirrors the state of Florida as a whole regarding the percentage of residents 0-17 years of age (3,225 residents; 21.9 percent of Hamilton County residents). Hamilton County has a slightly higher percentage of residents 18-64 years of age (66.3 percent in Hamilton County; 60.5 percent in Florida) (Technical Appendix Report Table 3).
- The city of Jasper has the most residents in Hamilton County at 1,780 residents which is 14.3 percent of Hamilton County (Technical Appendix Report Table 2).
- The residents who self-identify as White constitute 58.5 percent of the population in Hamilton County which is 21.5 percent less than the Florida percentage of 74.6 (Technical Appendix Report Table 4).
- 36.5 percent of Hamilton County residents self-identify as Black which is 138 percent than the percentage of Florida residents who self-identify as Black (15.3 percent of Florida residents self-identify as Black) (Technical Appendix Report Table 4).
- Hamilton County has a much lower percentage of residents who identify as Asian/Pacific Islander as compared to the state of Florida (.3 percent in Hamilton County compared to 2.3 percent in Florida) (Technical Appendix Report Table 4).
- Males represent 58.7 percent of the Hamilton County population while women represent only 41.3 percent (Technical Appendix Report Table 6).

Economic Characteristics

- Overall, it is estimated that 28.5 percent of Hamilton County's population lives at or below the poverty threshold, which is almost double the rate for the state of Florida as a whole (15 percent).
- Residents under the age of 18 living in Hamilton County are disproportionately affected, with 37.6 percent living in poverty compared to 21.5 percent in Florida as a whole (Technical Appendix Report Table 10).
- Hamilton County has median, average, and per capita incomes of $29,782, $37,740, and $15,117 respectively, which is 40-42 percent lower than the Florida averages (Technical Appendix Report Table 19).
- Employment rates in Hamilton County tend to track with Florida, although unemployment at the County level tends to be slightly higher than the state in any given year from 2005 to 2010. Hamilton County's average unemployment rate for 2010 was 12.2 percent in comparison to 11.9 percent for Florida (Technical Appendix Report Table 20).
- 66.6 percent of nongovernmental businesses in Hamilton County are retail trade or services according to the U.S. Census Bureau (Technical Appendix Report Table 24).
- In Hamilton County, 24.6 percent of businesses have less than 20 employees, 16.7 percent have 20-99 employees, and 58.7 percent have 100 or more employees (Technical Appendix Report Table 22).

Educational Attainment

- 37.1 percent of Hamilton County residents do not have high school diplomas, which is 84 percent higher than the percentage of Florida residents without high school diplomas (Technical Appendix Report Table 25).
- 51.1 percent of adults aged 25 years and older have completed high school which is more than the Florida percentage of 50.5 (Technical Appendix Report Table 25).
- Only 11.7 percent of Hamilton County residents have completed a college degree which is 188 percent less than the percentage in Florida (29.4 percent) (Technical Appendix Report Table 25).

Mortality and Morbidity

Perhaps the most direct measures of the health and well-being in a community are the rates of disease and death. In Hamilton 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. Noted below are some key facts and trends of the mortality and morbidity rates in Hamilton County.

- The top five leading causes of death in Hamilton County are: 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Infections (CLRD), 4) Stroke and 5) Diabetes. These rankings are similar to the state of Florida where the rankings are as follows: 1) Heart Disease, 2) Cancer, 3) Chronic Lower Respiratory Infections (CLRD), 4) Unintentional Injuries and 5) Stroke (Technical Appendix Report Table 31).
- The overall age-adjusted mortality rate for Hamilton County for 2007-2009 is higher than the state at 785 per 100,000 compared to 666.7 per 100,000 in Florida (Technical Appendix Report Table 35).
- In every case except unintentional injuries and suicide, the age-adjusted death rate for residents of Hamilton County is higher than the state of Florida (Technical Appendix Report Table 35).

Racial and Ethnic Disparity

In Hamilton County, individuals who self-identify as Black are disproportionately affected by several of the leading causes of death. Some noteworthy observations include:

- The overall age-adjusted death rate for Black residents in Hamilton County is 929.5 per 100,000 persons in comparison to 753.9 for Whites (Technical Appendix Report Table 35). In other words, the overall age-adjusted death rate for Black Hamilton County residents is 23 percent higher than their White counterparts.
- The age-adjusted death rates for Blacks are higher than Whites for Cancer, Heart Disease, Stroke and Diabetes (Technical Appendix Report Tables 33 and 34).
- Hypertension and Homicide rank among the top ten causes of death in Blacks, while hypertension and homicide are not in the top ten causes of death in White residents (Technical Appendix Report Tables 33 and 34)

Hispanic residents in Hamilton County are also disproportionately affected by several leading causes of death. Some noteworthy observations include:

- Hispanics have higher overall age-adjusted death rates than Whites (791.4 per 100,000 for Hispanics compared to 753.9 per 100,000 for Whites) (Technical Appendix Report Tables 33 and 35).

- Hispanics have higher age-adjusted death rates when compared to Whites in Strokes, Alzheimer's disease, and Septicemia (Technical Appendix Report Table 35).
- Hispanics have higher age-adjusted death res when compared to Blacks in Unintentional Injuries, Alzheimer 's disease, and Septicemia (Technical Appendix Report Table 35).

White residents in Hamilton County are disproportionately affected by several leading causes of death including the following (Technical Appendix Report Table 35):

- Whites have higher age-adjusted death rates than Black and Hispanic Hamilton County residents in the following: Chronic Lower Respiratory Diseases, Unintentional Injuries, Influenza and Pneumonia, and Suicide.

Birth Indicators

Between 2000 and 2009 there were 1,764 births in Hamilton County. During that same period of time there were 24 infant deaths. While there are disparities in birth outcomes between Blacks and Whites as indicated by the standardized rates, some care should be taken with interpretation because the actual numbers in any given year are small. A few key findings with regard to birth outcomes include:

- Total birth rates per 1,000 have been higher in Hamilton County than the state since 2007; however, Black birth rates in Florida are higher than Black birth rates in Hamilton County. White Hamilton County birth rates are higher than the Florida White birth rates since 2000 (Technical Appendix Report Table 54).
- The percentage of "all races" low birthweight babies from 2005 to 2009 in Hamilton County was higher than in Florida (10.8 percent in Hamilton County compared to 8.7 percent in Florida (Technical Appendix Report Table 61).
- Furthermore from 2005-2009, Black residents in Hamilton County have the highest percentage of low birthweight babies at 16.1 percent compared to their White counterparts at 7.9 percent (Technical Appendix Report Table 61).
- In any given year, the percentage of low birthweight Black infants is approximately double that of Whites. This pattern is similar to the pattern observed in Florida (Technical Appendix Report Table 60).
- Fewer women receive prenatal care in Hamilton County. For instance, in 2009 only 51.7 received care during the first trimester in comparison to 78.3 percent in Florida (Technical Appendix Report Table 63).
- The teen birth rate (births to mothers aged 15-17) is more than 2.5 times higher in Hamilton County than in Florida. In 2009, Hamilton County had a teen birth rate of 46.3 per 1,000 teen females in comparison to 17.8 per 1,000 teen females in Florida (Technical Appendix Report Table 68).

Mental Health

Reviewing hospital discharge data is one way to gauge 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 disorders such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

- The rate of hospitalizations per 1,000 for mental health reasons for all ages has been below the state rate since 2005 according to the Agency for Health Care Administration Detailed Discharge Data (Technical Appendix Report Table 48).

- The rate of hospitalizations per 1,000 for mental health reasons for ages 0-17 and 18 plus has also been the Florida rate since 2005 (Technical Appendix Report Table 48).
- The rate for of emergency department visits per 1,000 for mental health reasons for all ages has been increasing since 2005; from 29 per 1,000 in 2005 to 49.6 in 2009 (Technical Appendix Report Table 49).

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 Lake County is for 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 76).

- New measures on disability rates in Hamilton County were added as part of BRFSS indicators in 2007. Available data for 2010 show that the percentage of Hamilton County residents who are limited in any way because of physical, mental or emotional problems has increased since 2007. Currently, Hamilton County compares unfavorably to Florida measures; 25.3 percent and 24.3 percent respectively.
- New measures on diabetes were also added to BRFSS indicators. Historically, Hamilton County trends above Florida averages. In 2010, a higher relative proportion of Hamilton County residents were diagnosed with diabetes than the state as a whole (11.1 percent and 10.4 percent respectively); however, new data show that the onset of the diagnosis has delayed from 2007 measures, and that the average age at which Hamilton County residents are diagnosed with diabetes is 48.4 years of age, compared to 46.5 in 2007.
- Hamilton County historically compares unfavorably to the state measures with respect to the percentage of current smokers. In fact, the relative population of current smokers in Hamilton County has increased since 2007. According to 2010 measures, Hamilton County compares unfavorably to the state (33.1 percent and 17.1 percent, respectively). That represents a 93 percent difference between the county and state measures.
- Cancer screenings have decreased significantly in Hamilton County within the past 3 years. Women's health (mammograms, Pap tests, and breast exams) have seen the biggest decrease in utilization since 2007 measures from. For example, the percentage of women 40 years of age and older who received a mammogram in the past year decreased from 66.8 percent in 2002 to 49.3 percent in 2010.
- Improvements have been made in Hamilton County with respect to HIV testing. In 2010, 52.2 percent of adults (under the age of 65) have been tested for HIV compared to 48.4 percent of the state of Florida.
- 67.4 percent of adult residents in Hamilton County report they have some form of health insurance which is less than the percentage of Florida residents with health insurance (83 percent).
- 20.5 percent of Hamilton County adults reported that they could not see a doctor during the previous 12 months because of cost is slightly higher than the state percentage of 17.3
- Hamilton County compares unfavorably to the state with respect to the percentage of obese adults (BMI greater than 30). Approximately 44.8 percent of adults are obese in Hamilton County.

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 *Hamilton 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 have some health coverage through Medicare. According to the 2004 FHIS, 22.4 percent of the Hamilton County (non-elderly) population was uninsured, which is little more than the percentage of uninsured Floridians of 19.2 (Technical Appendix Report Table 28).
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2009 estimates, 28.8 percent of the Hamilton County population was uninsured compared to 24.9 percent in the state of Florida (Technical Appendix Report Table 28).
- SAHIE released 2007 estimates of health insurance coverage by age, sex, and income categories at the county-level (Technical Appendix Report Table 30). Hamilton County fares slightly better than the state for different age groups. It is notable that 23.4 percent of 18-64 year olds were uninsured, 17.5 percent of 40-64 year olds were uninsured, and 12.6 percent of population under 19 years of age was uninsured.
- In 2009, 1,833 or approximately 22.7 percent of the population in Hamilton County were Medicaid enrollees compared to Florida's 14.2 percent. The total number of Medicaid enrollees in Hamilton County increased by 8 percent between 2005 and 2009—from 18.2% in 2005 to 22.7% in 2009 (Technical Appendix Report Table 84).
- Total Medicaid expenditures in Hamilton County for the period of July 2007–April 2008 equaled $18,950,918.94. 68.3 percent of clients in Hamilton County requested HMO-Physicians Health Plan, nearly 59 percent of clients requested Outpatient Hospital medical assistance, 46 percent requested physician care, and a little over 36 percent requested prescribed drugs (Technical Appendix Report Table 86).
- The largest share of Medicaid dollars during the same period went to Skilled Nursing Facility (SNF), 72.3 percent (Technical Appendix Report Table 86).
- The rates of physicians per 100,000 are lower in Hamilton County than in Florida. Overall, the rates for 2009-2010 are 13.5 per 100,000 in Hamilton County and 300.6 per 100,000 in Florida. In other words, the rate of physicians per 100,000 are 95 percent less in Hamilton County than in the state of Florida as a whole (Technical Appendix Report Table 89).
- The rate of licensed dentists in Hamilton County is 20.3 in comparison to 61.9 for the state (Technical Appendix Report Table 90).
- In 2009, there were a total of 1,613 hospital discharges in Hamilton County. 39.1 percent of those hospitalizations were paid by Medicare, followed by Medicaid at 29.4 percent, and private insurance at 19.7 percent. For the state of Florida as a whole, Medicare is also the most substantial payor for hospital services, private insurance ranks second, followed by Medicaid (Technical Appendix Report Table 93).
- The most frequent reason of hospitalization was associated with normal newborns and deliveries. Other reasons for hospitalization include esophagitis and other miscellaneous

digestive disorder, neonate with significant problems, and psychosis (Technical Appendix Report Table 94).

- The rate of avoidable hospitalization for the period 2007–2009 in Hamilton County was 21.2 per 1,000 non elderly as compared to 13.8 for Florida (Technical Appendix Report Table 95).
- In 2009, the largest payor source for avoidable hospitalizations in Hamilton County was Medicaid at 34.9 percent, followed by private insurance at 24.3 percent, and Medicare at 21.9 percent (Technical Appendix Report Table 96).

The 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 the year 2010. In the year 2010, Hamilton County ranked 66th for health factors and 60th for health outcomes. It is notable that Hamilton County fares significantly worse than the state on poor physical health days, low birthweight, adult obesity, motor vehicle crash death rate, teen birth rate, preventable hospital stays, mammography screening, and children in poverty. These poor rankings are illustrated in the table below:

Table 1-1: Key Observations from Hamilton County Health Rankings, 2011.

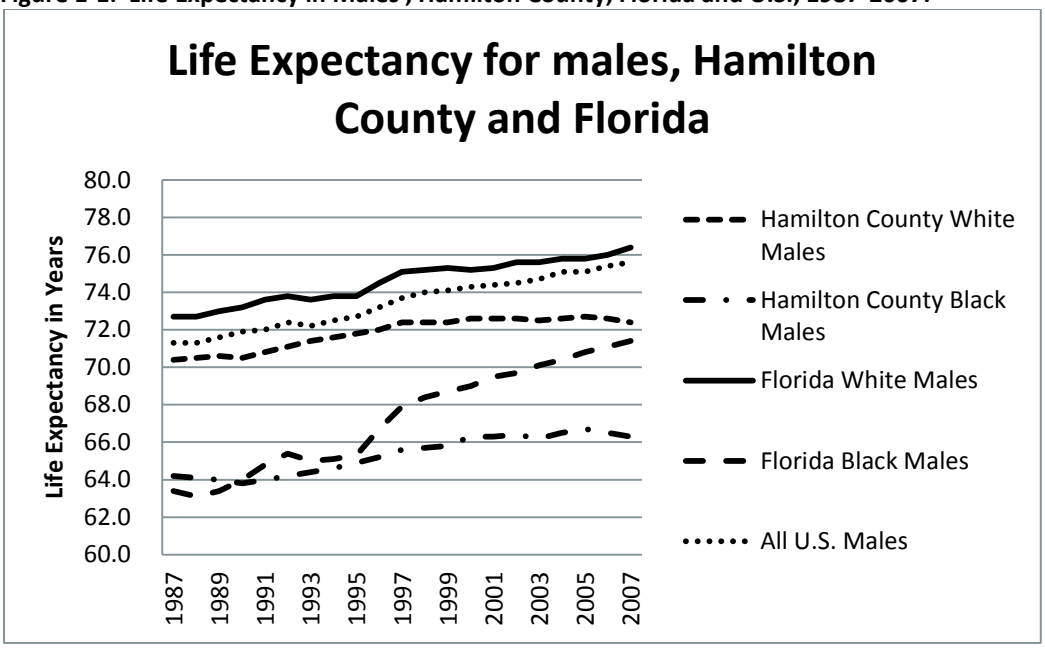
Measure	Hamilton County	State	National benchmark (90th percentile)
Poor physical health days: Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.1	3.5	2.6
Low birthweight: percent of live births with low birthweight (<2500 gms)	10.6%	8.5%	6.0%
Adult obesity: Percent of adults that report a body mass index (BMI) greater than or equal to 30	32%	24%	25%
Motor vehicle crash death rate: motor vehicle crash deaths per 100,000	36	19	12
Teen birth rate per 100 females in ages 15-19 years	87	45	22
Preventable hospital stays: hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	138	65	52
Mammography screening: percent of female Medicare enrollees that receive mammography screening	43%	67%	74%
Children in poverty: percent of children under age 18 in poverty	34%	18%	11%

Source: University of Wisconsin Population Health Institute, September 2011

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 Hamilton County residents in comparison with their state counterparts as well as all US males and females from 1987-2007. As seen below, White men in Hamilton County lived nearly six years longer than their Black counterparts. The life expectancy for White males in the county is below the national and state averages (Technical Appendix Report Table 105).

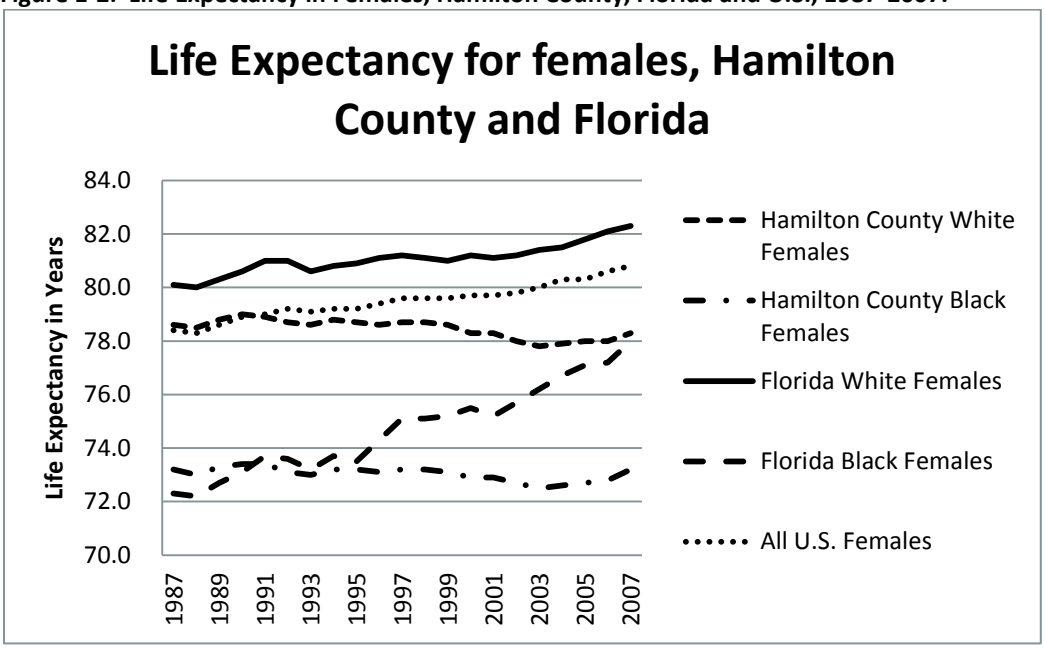
Figure 1-1: Life Expectancy in Males , Hamilton County, Florida and U.S., 1987-2007.



Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

White women in Hamilton County tend to live five years longer than their Black counterparts. The overall life expectancy for females in Hamilton County is less than the overall life expectancy for females in Florida and in the nation (Technical Appendix Report Table 105).

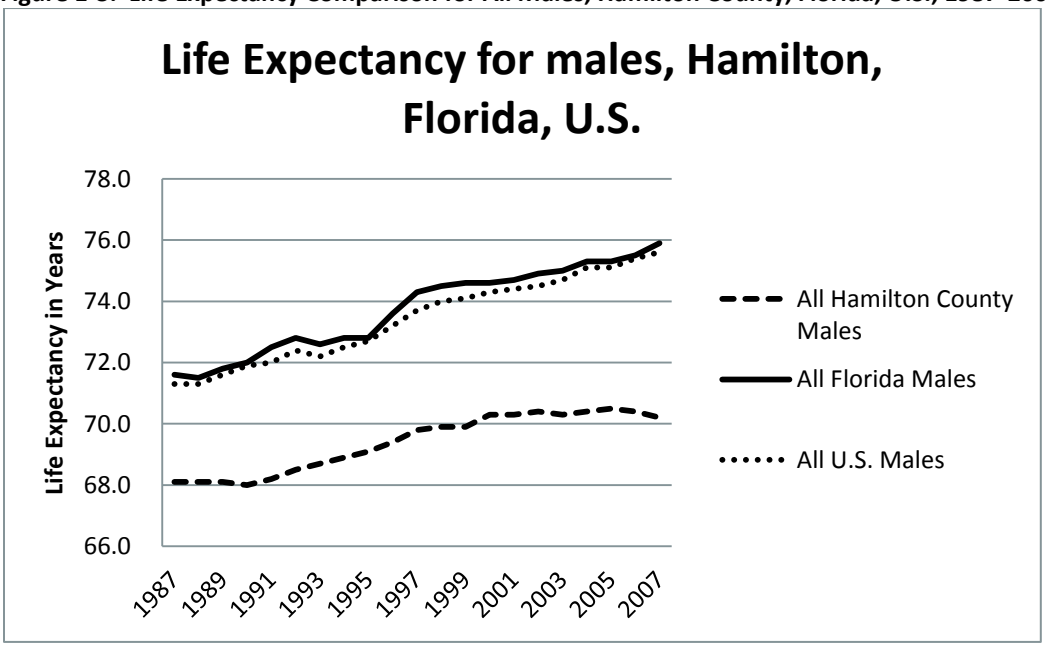
Figure 1-2: Life Expectancy in Females, Hamilton County, Florida and U.S., 1987-2007.



Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

The life expectancy for males in Hamilton County, regardless of race/ethnicity is less than the life expectancy for males in Florida and the U.S as a whole. Males in Hamilton County live nearly six years less than their Florida and U.S. counterparts.

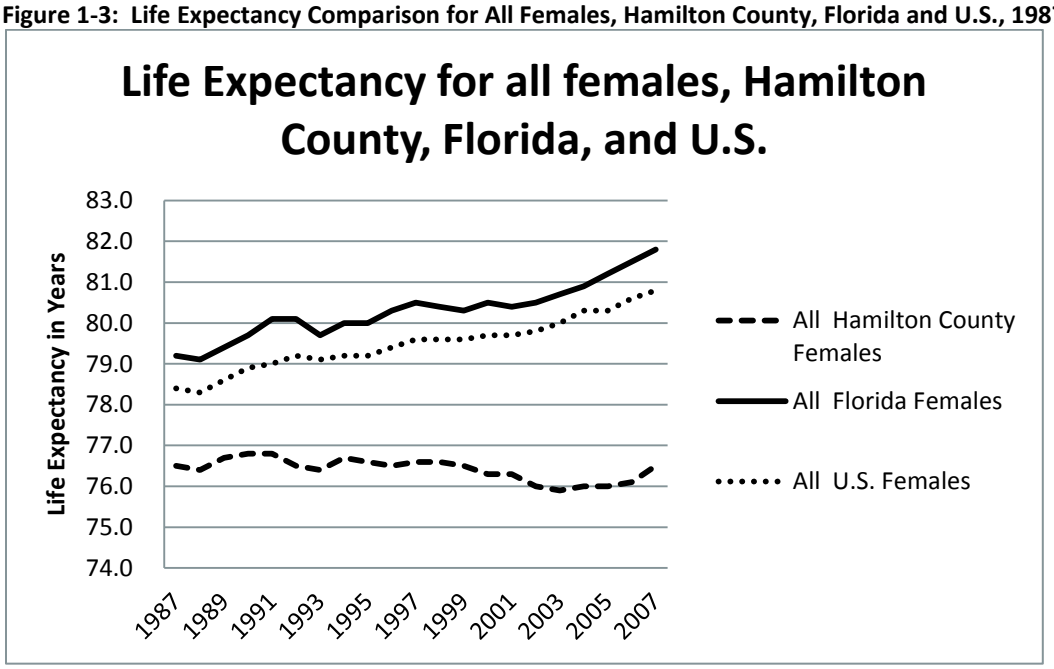
Figure 1-3: Life Expectancy Comparison for All Males, Hamilton County, Florida, U.S., 1987-2007.



Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

The life expectancy for females in Hamilton County, regardless of race/ethnicity is less than the life expectancy for females in Florida and the U.S. as a whole. Hamilton County females live approximately five years less than their Florida counterparts, and nearly 4 years less than their U.S. counterparts.

Figure 1-3: Life Expectancy Comparison for All Females, Hamilton County, Florida and U.S., 1987-2007.



Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

Introduction

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents feel are important by answering 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?"

By including Community Themes and Strengths in the Mobilizing for Action through Planning and Partnerships assessment process, two benefits are gained. First, community members become more vested in the process when they have a sense of ownership and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process. Second, the themes and issues identified here offer insight into the information uncovered during the other assessments.

WellFlorida Council worked with the Hamilton County Strategic Healthcare Planning Committee to complete the CTSA. The assessments were conducted through online surveying of members and key informants as well as a utilizing a focus group process that incorporated Hamilton County Heatlhcare Strategic Planning Committee meetings as focus groups. The focus groups were where most of the discussion and insight sharing occurred.

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 four focus groups in multiple locations in Hamilton 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, by involving community residents and listening to their concerns, every participant feels like 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

The CTSA process began by the development of the structured survey/focus group questions. WellFlorida Council compiled a list of questions derived from the MAPP technical support materials found on the National Association of City and County Health Officials’ (NACCHO) website (www.naccho.org). Questions were first emailed to Hamilton County Strategic Healthcare Planning Committee members and other key informants. Responses to the questions were returned to WellFlorida. A focus group, utilizing one of the Committee meetings, was then convened to discuss these questions as a group. The following questions comprised the survey/focus group questions:

1. What do you believe are the 2-3 most important characteristics of a healthy community?
2. What makes you most proud of your community?
3. What are some specific examples of people or groups working together to improve the health and quality of life in your community?
4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in your community?
5. What do you believe is keeping your community from doing what needs to be done to improve health and quality of life?
6. What actions, policy, or funding priorities would you support to build a healthier community?
7. What would excite you enough to become involved (or more involved) in improving your community?

Below is the list of individual and group responses recorded in brainstorm response fashion. Please note that none of these responses have been investigated or correct for accuracy. The presentation of the responses in brainstorm format is designed to allow the reader to draw her or his own conclusions regarding the themes running through the responses.

Focus Group Question and Answer Summaries

***Q1.* What do you believe are the 2-3 most important characteristics of a healthy community?**

Responses:

- It is a place where people value health.
- There is ample access to care.
- Strong families.
- Access to quality medical and dental care.
- People have livable incomes.
- Good education levels.
- Value system of health and education.
- Awareness of programs and resources.
- Sense of people being responsible for themselves.
- Compliant patients.
- People helping themselves.
- Recreation.
- Revenue.
- Education.
- Healthy citizens of all ages.
- Low infant mortality.
- Safe drinking water.
- Strong families.
- High morals of society.
- Good, balanced economy.
- Providing access to basic healthcare services including preventive services.
- Safety.

- Facility and/or areas designated for healthy activities.
- Responsible, productive citizens.
- Parental support an involvement in local schools.
- Lifelong interest and economic progress and support of local businesses.
- Youth involvement.

Q2. What makes you most proud of your community?

Responses:

- Willingness to pull together during times of great/real need.
- County officers working hard to get good access to care.
- Beautiful community and wonderful natural resources.
- Most people still treat each other like family.
- People who are here want to be here.
- Strong sense of spirituality.
- Churches really engage youth.
- A group like the Strategic Healthcare Planning Committee actually exists and has had an impact in the community.
- Beautiful natural resources and walking trails.
- Close-knit community – people care for one another.
- Agencies work together.
- Strong family ties.
- Many who practice Christian faith helping one another.
- Majority are law abiding and respect the laws that protect us.
- The willingness to work together to provide the tools to build a stronger/healthier community.
- Community agencies working together to help all people across the county in all areas of health, education and support.
- Because this is where I was born and reared!

Q3. What are some specific examples of people or groups working together to improve the health and quality of life in your community?

Responses:

- Churches, especially African American churches.
- Board of County Commissioners investigating how to get better access to primary care and mental health care.
- Alcohol and Drug Coalition works together well.
- Tobacco Free Partnership.
- Veterinarians have rabies clinic in each town.
- Bicycle safety events.
- ARC for the developmentally disabled.
- Women's Club.
- Newly formed Humane Society chapter.
- SHINE – working to improve conditions for the elderly.
- Healthcare Workforce Network – working to facilitate FSU Medical Students to practice in the Health Department.
- Active community members.

- Jasper Women's Club supports health incentives and awareness.
- Hamilton County Alcohol, Tobacco and Other Drug Coalition.
- County Emergency Operations Center trains citizens in preparedness.
- Hamilton County Strategic Healthcare Planning Committee.
- Churches providing food pantries and clothes closet for those in need.
- If a family suffers an extraordinary loss, friends will rally to raise funds and assist that family.
- Funding through municipalities, large employers and other board.
- Relay for Life event.
- Health fairs.
- Church outreach programs.
- Cooperative contracts between DOH and the schools.
- Our local Health Department.

Q4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in your community?

Responses:

- Get the walking trails a little more user-friendly and more promoted.
- Enhance the school exercise program.
- Sports fields for youth.
- Farmers' markets – bring in more fresh fruits and vegetables.
- Need a health leader.
- More leadership.
- Rural health clinic.
- Community gardens.
- Community apathy.
- Communication improvement so that we can work together and share resources to improve the community.
- Obesity is a major issue – need to increase the awareness of no/low cost physical activity opportunities.
- Encourage locally-grown, fresh-from-the-farm products and community garden opportunities.
- We have to join together to combat the plague of drugs, tobacco and alcohol.
- Many suffer health-related illnesses that are associated with drug, tobacco and alcohol behavior.
- Need to address working together to find a way to improve the economic conditions of our community so that more people can be self-supporting.
- We need to encourage people to find a church home and begin practicing the precepts of their faith.
- Type of services needed.
- Funding.
- Adult education and job training and employment opportunities.
- Parent education in the home and in groups.
- Continued quality child care an pre-schools.
- More employment.
- Transportation.
- Unity in the community.

Q5. What do you believe is keeping your community from doing what needs to be done to improve health and quality of life?

Responses:

- Lack of a key leader or a widely known leadership group.
- Community follow-through.
- Lack of individual responsibility and personal commitment.
- Low education levels.
- Apathy.
- Lack of revenue.
- Barriers in transportation, technology and education.
- A large percentage of unemployable citizens.
- Historic culture of non-healthy lifestyles.
- Lack of ownership by the community to change.
- Lack of individual motivation.
- Lack of resources.
- Lack of safe exercise alternatives.
- High levels of alcohol, tobacco and other drug use.
- Too lax attitude toward sexual behavior.
- Poor parenting or lack of parenting.
- Low funding to assist those truly in need.
- Lack of unity to work together unless it is a hot issue that they are working against.
- Staying focused on steps that will ensure the vision of providing access to routine as well as major health care needs.
- Poverty and all the effects and behaviors associated with long-term dependency on public assistance.
- Unity between the school system, our local governments and the community.

Q6. What actions, policy, or funding priorities would you support to build a healthier community?

Responses:

- Walking trails.
- Make things more available or make people aware of what is available.
- Linear park.
- Rural health clinic – support it as need is great.
- Use hospital board funds.
- Educate communities on key issues.
- Assisting in building a framework for becoming a “recruitable” community that welcomes new organizations to assist in mitigating the plight of Hamilton County.
- Working to establish a 6-county approach to competing for resources (Economic Development Councils, Workforce Board, Community College, Healthcare Workforce Network, Healthy Communities, DOH, etc.)
- Raise community awareness of no cost opportunities for family exercise.
- Support monthly farmers market activity.
- Evaluate and enhance community playgrounds.
- Partner with Extension Office to promote community gardens.

- United effort of all sectors to truly combat the abuse of drugs, tobacco and alcohol.
- United efforts to address our shortage of healthcare and get something done rather than just planning and talking. I know it takes time but how long is it going to take?
- United effort to get parents and all adults on board to combat teen pregnancy and get commitment from churches, government, businesses, etc. to strongly support and encourage marital fidelity so that our youth can see positive examples of appropriate sexual behavior.
- A community awakening to help our community realize that we need to change our society and get back to the basics of good moral character.
- Placing urgent care facility in the community.
- Funding for all areas of public health and social services.
- Job training programs for local businesses.
- I would love to be a part of whatever actions there is to better my and help build our community to be a healthier and happier place to live.

Q7. What would excite you enough to become involved (or more involved) in improving your community?

Responses:

- Development of rural health clinic such that public health can get back to core functions.
- Linear park.
- Consolidation of elementary schools – young parents understand the lack of quality due to the dispersion of resources.
- Lack of community influencers on health issues.
- The shared vision of more residents finding a rewarding career.
- Having the community leaders demonstrate their support of change to enhance the local community by attending the Strategic Healthcare Planning Committee meetings.
- If I saw that we really did have the commitment and actual involvement and the decision makers and leaders of our community. So go the leaders, so goes society.
- A vision shared by all stakeholders to provide solutions addressing the community needs and a true commitment of those stakeholders.
- Economic growth would generate more productive, invested community.
- I am excited just to know that someone is concerned! I would love to be a part!

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 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.

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)

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

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

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

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

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

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	89
2	Diagnose And Investigate Health Problems and Health Hazards	95
3	**Inform, Educate, And Empower People about Health Issues**	**54**
4	**Mobilize Community Partnerships to Identify and Solve Health Problems**	**53**
5	Develop Policies and Plans that Support Individual and Community Health Efforts	65
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	64
8	**Assure a Competent Public and Personal Health Care Workforce**	**39**
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	72
10	**Research for New Insights and Innovative Solutions to Health Problems**	**34**
Overall Performance Score		64

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

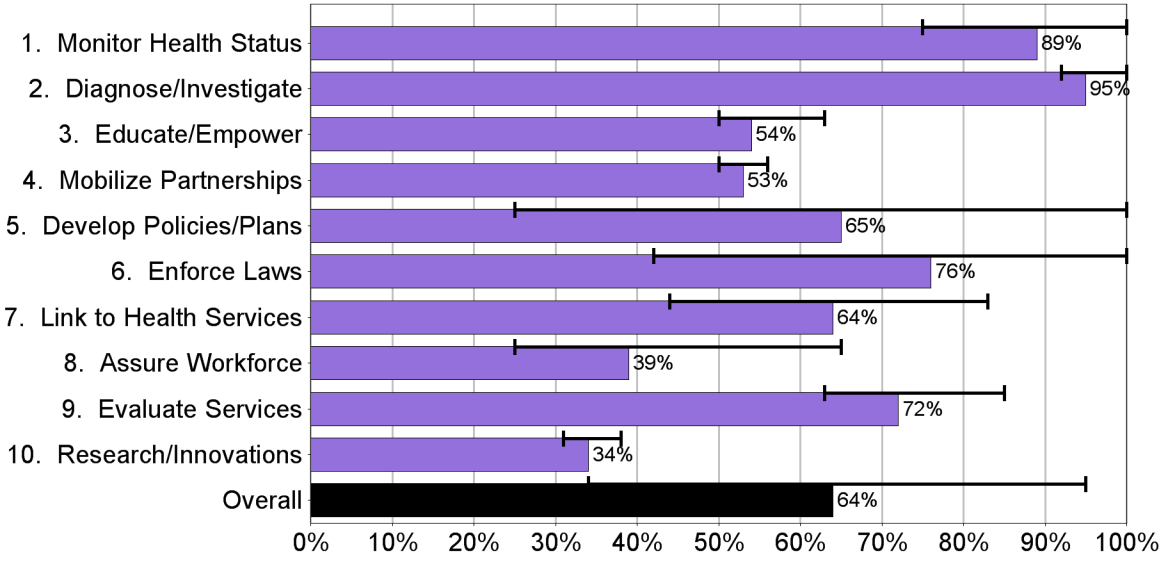


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 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 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. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

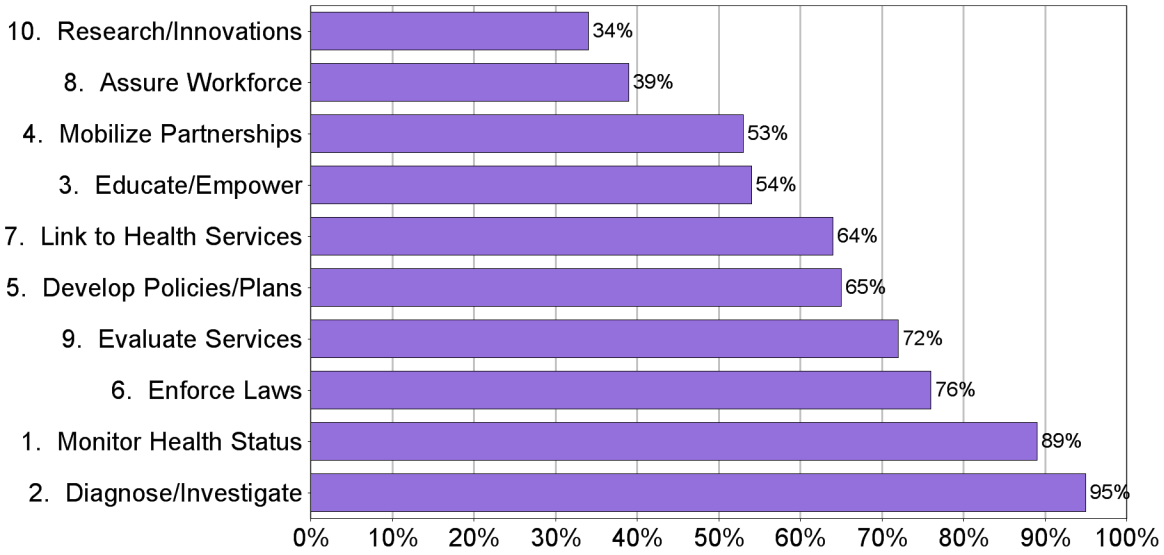


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

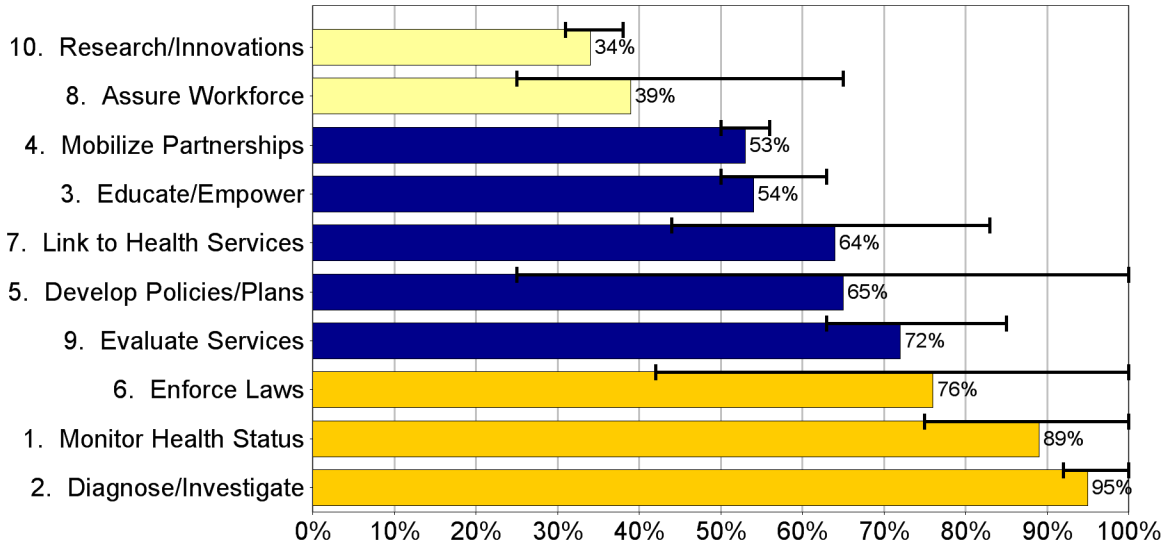


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 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.

Introduction

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 *Hamilton 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.

Process and Results

The Hamilton County Healthcare Strategic Planning Committee, a voluntary group of key leaders in the community, was asked to participate in the Forces of Change Assessment. The Committee has been in existence for more than 10 years and has worked on key health issues affecting Hamilton County and its residents.

WellFlorida Council was invited to facilitate the development of the FCA for Hamilton County. WellFlorida used two approaches to obtain Forces of Change insights from members of the Committee. For its first approach, WellFlorida employed SurveyMonkey to ask Committee members to provide insights on forces of change in Hamilton County via an online survey process. The second approach entailed utilizing regular meetings of the Committee as structured focus groups facilitated by WellFlorida.

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. In order to complement the 2012-2015 Hamilton County Community Health Improvement Plan, the Hamilton County Healthcare Strategic Planning Committee provided insights as community members.

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, by involving community residents and listening to their concerns, every participant feels like an integral part of the process.

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

Table 4-1: Hamilton 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 substance abuse issues	Opportunities for wholistic approaches to 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	Grant opportunities. Health reform changes in provider use-shift

Table 4-1: Hamilton County Forces of Change

Forces	Threats	Opportunities
	Lack of supply Increase need due to economy	to ancillary providers

Source: Hamilton County Healthcare Strategic Planning Committee, 2012.

Background

On November 17, 2011, Jeff Feller of WellFlorida Council presented the recently completed results of the Hamilton County Local Public Health System Assessment (LPHSA) and the highlights of the Hamilton County Community Health Status Assessment (CHSA) to members of the Hamilton County Healthcare Strategic Planning Committee. This presentation was designed to provide the impetus to the first phase of development of a strategic healthcare plan or community health improvement plan which will ultimately become the focus of the Hamilton County Healthcare Strategic Planning Committee for the next 2-3 years.

Mr. Feller's presentation followed the following outline:

I. Overview of Key Issues from CHSA
II. Presentation of the Results of the LPHSA
III. Summary of Results of Member Prioritization of 10 Essential Services and 30 Standards from the LPHSA
IV. Selection of Potential Focus Areas for Strategic or Community Health Improvement Plan

In his overview of the CHSA, Mr. Feller reviewed a variety ofo key observations in Hamiton County's socioeconomic and demographic data; morbidity and mortality data; and healthcare access and utilization data. He also provided summary results of the LPHSA for Hamilton County.

Figure 5-1 shows the rank order performance scores for each of the 10 Essential Services of the Hamilton County Public Health System. The scores can range from 0-100 with a lower score indicating poorer performance of that service compared to the national standards established for that service by the Centers for Disease Control (CDC) and the National Association of County and City Health Officials (NACCHO).

Members of the Committee also completed a prioritization survey prior to the November 17 meeting. This survey utilized 30 questions to establish a priority level (on a scale of 1-10 with 1 being lowest priority and 10 being highest) for each of the 10 Essential Services within Hamilton County. As seen in Table 1, the top three highest priority Essential Services, based on the survey responses of the Committee were (average priority score in parentheses):

1. Inform, educate and empower people about health issues (8.17).
2. Mobilize community partnerships and solve health problems (8.08).
3. Diagnose and investigate health problems and health hazards (8.05).

Figure 5-1: Rank ordered performance scores for each Essential Service.

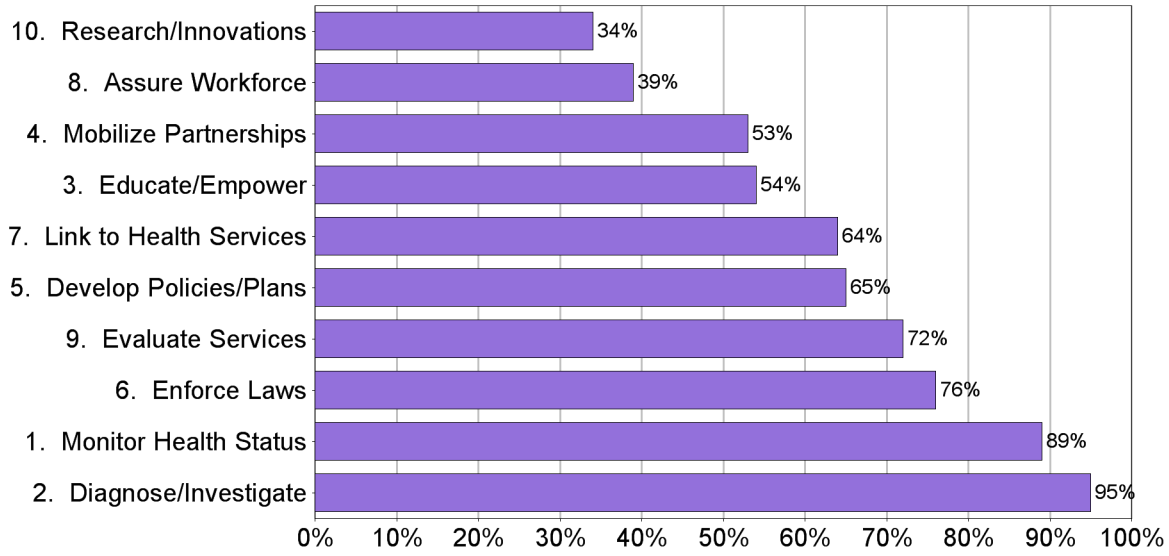


Table 5-1: Priority rankings for each Essential Service.

Essential Service	Average Priority Score
3. Inform, educate and empower people about health issues	8.17
4. Mobilize community partnerships to identify and solve health problems	8.08
2.Diagnose and investigate health problems and health hazards	8.05
7.Link people to needed personal health services and assure the provision of health care when otherwise available	7.71
9.Evaluate effectiveness, accessibility, and quality of population-based and personal health services	7.61
10.Research for new insights and innovative solutions to health problems	7.61
5.Develop policies and plans that support individual and community health efforts	7.35
8.Assure a competent public health and personal health care workforce	7.00
1.Monitor health status to identify health problems	6.82
6.Enforce laws and regulations that protect health and ensure safety	6.49

Mr. Feller then informed members that based on CDC/NACCHO suggestions for strategic and community health improvement planning, where areas of low performance intersect areas of high priority of the community, strategic or community health improvement planning initiatives are warranted. After a brief discussion, members identified two key areas, based on a combination of low performance scores and high priority. These two areas were:

- Inform, educate and empower people about health issues.
- Mobilize community partnerships to identify and solve health issues.

Discussion of Key Priority Areas

Mr. Feller led Committee members through a brainstorming session on these two key areas. Members identified critical facets of each of the two key issue areas; facets that could comprise elements of strategic goals and objectives and actions for a strategic health vision or community health improvement plan for Hamilton County.

The following represents and unfiltered bullet by bullet presentation of ideas generated by Committee members for each of the two priority areas.

Inform, Educate and Empower about Health Issues

- Language/cultural barriers
- Transportation/location of services
- Population begins or needs to begin to understand the need for education on healthcare and the ramifications of poor health decisions or practices
- Employment as a barrier to participation in healthcare (you may not have the luxury of taking off for an appointment when needed if you want to preserve your employment)
- Focus on the highest need areas and issues
- Stress and strain of current environment of uncertainty on health-related decisions
- Must take the education and information to them and not expect that they will come and get it
- Apathy until affected by health issue (due to lack of understanding of mounting impact of doing nothing)
- How to work within the financial constraints of this community and its residents knowing that this aspect will not change anytime soon
- Efforts must truly be a community effort
- Focus on community to recognize need for change
- Incentivization
- Train the young (and perhaps incentivize the older)
- Healthcare Academies in the school system
- How are other communities approaching things successfully like community weight loss?
- Partnerships
- School system
- Focus on youth and connecting with young adults and their families
- Dental bus – how did or does it work?
- Children reflect adult behaviors so we have to work on children and parents
- Reduced obesity
- Reduced avoidable hospitalization and emergency room visits
- Appropriate utilization of resources
- Take advantage of self-interest through incentivization

- Educate policymakers and local officials
- Utilize school programs and resources
- Take more advantage of our natural surroundings
- Include post-secondary institutions
- What is community's perspective of need? Does it need to be influenced or changed?
- Try to turn the sentiment among young adults that those that can leave the community will do so

Mobilize Community Partnerships

- Utilize the Healthcare Strategic Planning Committee
- Healthcare Strategic Planning Committee needs clear and focused goals and objectives
- Stabilize private healthcare
- Walk-in clinic or free-standing emergency room
- Solutions need to be more than just government-based though government can be a partner
- Everyone and every agency/entity has a role
- More involvement of key constituents and target populations
- Need lists of who the partners currently are and who they could be

Next Steps

Members discussed some very preliminary potential goal areas as follows:

1. Enhance Hamilton County Healthcare Strategic Planning Committee.
2. Develop specific goals, objectives and action plan for the Hamilton County Healthcare Strategic Planning Committee.
3. Unify and integrate other partners into the Healthcare Strategic Planning Committee.
4. Mobilize partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning.

Members agreed by consensus to re-convene on December 13, 2011 at the Hamilton County Health Department to formulate a strategic plan with measurable goals and objectives for the Hamilton County Healthcare Strategic Planning Committee.