

2013

**JACKSON COUNTY
COMMUNITY HEALTH
ASSESSMENT REPORT**





Contributors

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PREPARED BY



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Disclaimer

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

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

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INTRODUCTION

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



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

The Jackson County Community Health Assessment serves to inform the community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

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

Four broad focus areas were used in the CHA process:

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

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DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

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

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

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

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

Florida Cancer Registry

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

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

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

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

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

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

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

Florida Youth Tobacco Survey (FYTS)

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

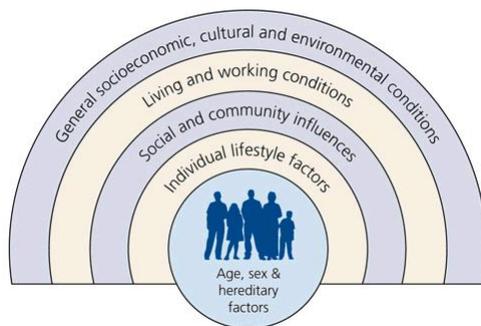
The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

United States Census Bureau <http://quickfacts.census.gov/qfd/states/12000.html>
The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

METHODS

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

Social Determinants of Health Framework



It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Jackson County, represented by the data within this report, live and

work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Jackson County community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Process and Engagement of Community Health Partners

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

Individual members are identified throughout this report. The Forces of Change and Community Themes and Strengths workshop was held in 2013, with 25 community health partners and residents participating.

Quantitative Data

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

Qualitative Data

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

Limitations

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

Self-report data, such as BRFSS, should be interpreted with caution. While the Florida

Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

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

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MARCH 2013

Jackson County Community Health Profile

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

Jackson County Community Health Improvement Project – County Health Profile

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Geography and Governance

Jackson County is in northwest Florida and is bordered by Holmes, Jackson, Calhoun, Gadsden, and Bay counties, as well as the states of Georgia and Alabama. The county's total area is approximately 954.58 square miles, with 915.64 square miles of land and 38.94 square miles of water. The county governance is located in Marianna, Florida.



Image from Enterprise Florida, <http://www.eflorida.com>

The county was established from Escambia County in 1822. There are eleven municipalities in Jackson County; Marianna is the county seat. The population and specific area mileage is provided in the Table 1 on the following page. The largest cities in Jackson County are Marianna, Malone, and Graceville.



Source: <http://www.jacksoncounty.com/Recreation/>

Table 1: Jackson County Municipalities, Population, Square Miles

Area	Population	Land Area (square miles)
Alford	489	1.28
Bascom	121	0.24
Campbellton	230	0.89
Cottondale	933	1.52
Graceville	2,278	4.30
Grand Ridge	892	2.17
Greenwood	686	4.80
Jacob City	250	3.10
Malone	2,088	3.13
Marianna	6,102	8.03
Sneads	1,849	4.42
Unincorporated	33,828	---
Jackson County Total	49,746	915.64

Source: Data from 2010 US Census and www.city-data.com

Demographic/Population Profile

Jackson County is the 42nd most populous county in Florida, accounting for 0.3% of the state’s population. The 2010 U.S. Census survey determined there were 49,746 residents in Jackson County, which represented a 6.4% increase from the 2000 Census survey. The U.S. Census projects a population increase to 50,799 (2% change) by 2020. Table 2 displays the Jackson County population based on the U.S. Census data.

Based on 2010 estimates of *IRS Statistics of Income*, 1,894 people migrated into Jackson County, and 1,959 people left the county, yielding a net migration rate of negative 65. A little over two thirds (67%) of the population in Jackson County was identified as White according to the 2010 U.S. Census. Slightly over a quarter (26%) of the population was Black or African American, while 4% were Hispanic. Table 3 below displays overall racial composition in Jackson County.

Table 3: Jackson County Race and Ethnicity

	Population	Percent
White, Not Hispanic	33,111	66.6%
Black or African American, Not Hispanic	13,106	26.3%
Hispanic	2,143	4.3%
Two or more races, Not Hispanic	779	1.6%
American Indian and Alaska Native, Not Hispanic	305	0.6%
Asian, Not Hispanic	227	0.5%
Native Hawaiian and Other Pacific Islander, Not Hispanic	25	0.1%
Other, Not Hispanic	50	0.1%
Total	49,746	100%

Source: 2010 U.S. Census Data

Table 2: Jackson County Population

Jackson County Population		
Census	Pop.	% ±
1920	31,224	—
1930	31,969	2.4%
1940	34,428	7.7%
1950	34,645	0.6%
1960	36,208	4.5%
1970	34,434	-4.9%
1980	39,154	13.7%
1990	41,375	5.7%
2000	46,755	13.0%
2010	49,746	6.4%
2020*	50,799	2.1%

* U.S. Census projection

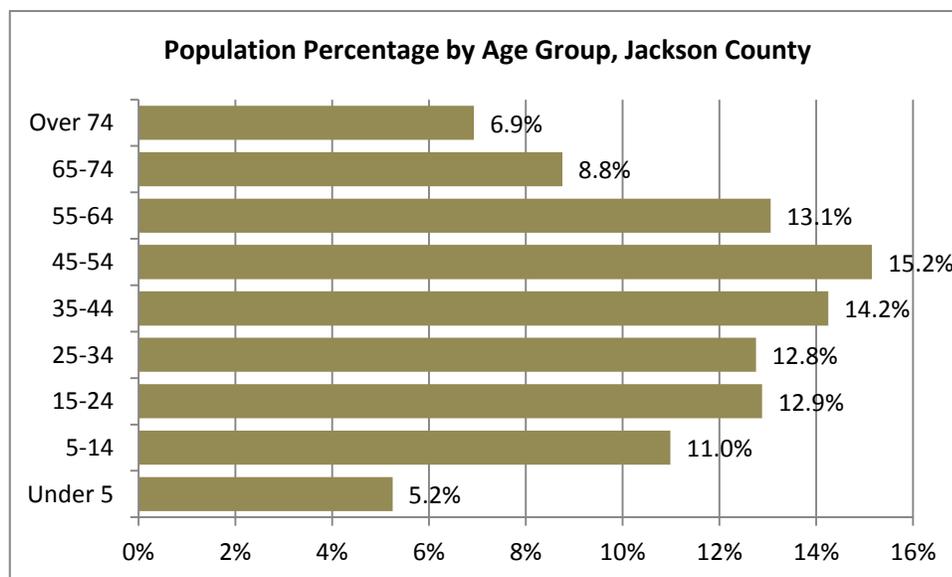
Source: 2010 U.S. Census data



Source: Florida Department of Health in Jackson County

The Jackson County population was fairly well-distributed across age groups with 80% over the age of 18. Overall, 45.2% of the Jackson County population was female and 54.8% were male. The 2010 U.S. Census data indicates the overall median age in Jackson County was 40.5 years, the median age for males was 39.1 years, and the median age for females was 43.1 years. Figure 1 displays the population percentage of Jackson County by age group.

Figure 1: Jackson County Population Percentage by Age Group



Source: 2010 U.S. Census

Household Characteristics

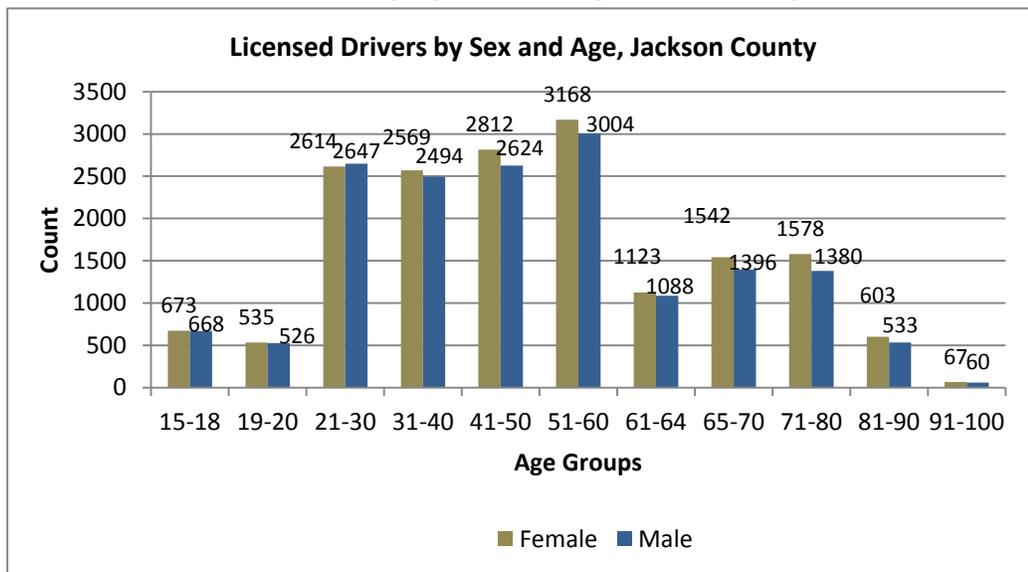
The 2010 U.S. Census report indicates there were 17,417 households* in Jackson County, with an average household size of 2.40 persons and average family size of 2.92. In Jackson County households, there were approximately:

- 46% husband-wife families
- 33% non-families
- 29% of all households made up of individuals
- 16% with a female householder with no husband present
- 31% with children under the age of 18 living with them
- 32% with someone who was 65 years of age or older

*According to Census definitions, a household includes all of the people who occupy a housing unit, including a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters. A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

According to the Florida Department of Motor Vehicles, as of January 1, 2013, Jackson County had 33,704 licensed drivers, who represented 68% of the 2010 population. Figure 2 summarizes the data by sex and by age. The drivers were fairly evenly divided between males (17,614) and females (18,492). Over one-third (34%) were aged 41-60; 31% were aged 21-40.

Figure 2: Licensed Drivers in Jackson County by Sex and Age as of January 1, 2013



Source: HSMV Motorist Services, Bureau of Statistics and Web Services

In 2010, the Office of Economic and Demographic Research found that 16% of the Jackson County population resided in group quarters as shown in Table 4 below. Of that population, most (96.5%) were institutionalized in correctional facilities for adults, state prisons, local jails, or correctional residential facilities. Most of those residing in group quarters were male (89.8%), with a median age of 38 years.

Table 4: Group Quarters Population by Age by Group Quarters Type

	Total	18 to 64	65 & Over
Total:	7,994	7,336	530
Institutionalized population:	7,719	7,071	521
Correctional facilities for adults	7,066	6,968	96
State prisons	5,362	5,290	72
Local jails and other municipal confinement facilities	227	225	0
Correctional residential facilities	0	0	0
Juvenile facilities:	169	44	0
Residential treatment centers for juveniles (non-correctional)	0	0	0
Correctional facilities intended for juveniles	169	44	0
Nursing facilities/Skilled-nursing facilities	475	59	416
Non-institutionalized population:	275	265	9
College/University student housing	246	245	0
Military quarters:	0	0	0
Other non-institutional facilities:	29	20	9
Emergency and transitional shelters (with sleeping facilities) for people experiencing homelessness	0	0	0
Group homes intended for adults	18	11	7
Residential treatment centers, adults	7	7	0
Other non-institutional facilities	4	2	2

Source: 2010 Census Summary - Profile prepared by the Florida Legislative Office of Economic and Demographic Research

Socioeconomic Profile

The March 2013 *Office of Economic and Demographic Research Report* indicated the average annual wage for Jackson County residents was \$31,563 in 2011 compared to the state's average annual wage of \$41,570 (see <http://edr.state.fl.us>). According to the Florida Labor Market Statistics Center, the average weekly wage for Jackson County in the third quarter of 2012 was \$588, which is equivalent to \$14.70 per hour or \$30,576 per year, assuming a 40-hour week worked year-round. Income and labor force information for Jackson County is displayed in Table 5 below.

Table 5: Jackson County Employment by Industry, Existing Employment, and Average Annual Wage by Industry

EMPLOYMENT BY INDUSTRY			EXISTING EMPLOYMENT	
<i>N/D = No Data</i> (2010)	Jackson	Florida	Major Private Sector Employers	
Average Annual Employment	14,414	7,109,630		
Natural Resources & Mining	1.30%	1.20%	Family Dollar Distribution Center Business Line: Distribution Services Number of Employees..... 500	
Construction	5.10%	5.00%	Walmart Business Line: Retail Number of Employees..... 410	
Manufacturing	4.10%	4.30%	Rex Lumber Company Business Line: Wood Products Production Number of Employees..... 145	
Trade, Transportation and Utilities	20.60%	21.20%	Anderson Columbia, Inc. Business Line: Highway Contracts Number of Employees..... 140	
Information	1.00%	1.90%	Mowery Elevator Company, Inc. Business Line: Elevator Manufacturing & Servicing Number of Employees..... 125	
Financial Activities	3.40%	6.60%	Spanish Trail Lumber Business Line: Wood Products Production Number of Employees..... 120	
Professional & Business Services	3.30%	14.80%	Green Circle Bio Energy Business Line: Renewable Energy Number of Employees..... 72	
Education & Health Services	0.20%	22.00%	Tri-States Automotive Business Line: Auto Parts Distribution Number of Employees..... 65	
Leisure & Hospitality	8.20%	13.20%	Baxter's Asphalt and Concrete Business Line: Asphalt/Concrete Distributor Number of Employees..... 50	
Other Services	1.70%	3.30%	David Melvin Engineering Business Line: Civil Engineering Services Number of Employees..... 36	
Public administration	20.00%	6.60%		

Average Annual Wage (2010)

All Industries	\$31,064
Construction	\$33,573
Education & Health Services	\$81,865
Financial Activities	\$30,989
Information	\$42,206
Leisure & Hospitality	\$12,223
Manufacturing	\$37,640
Natural Resources & Mining	\$29,611
Other Services	\$23,180
Professional & Business Services	\$33,883
Public administration	\$37,130
Trade, Transportation and Utilities	\$26,922
Unclassified	N/D



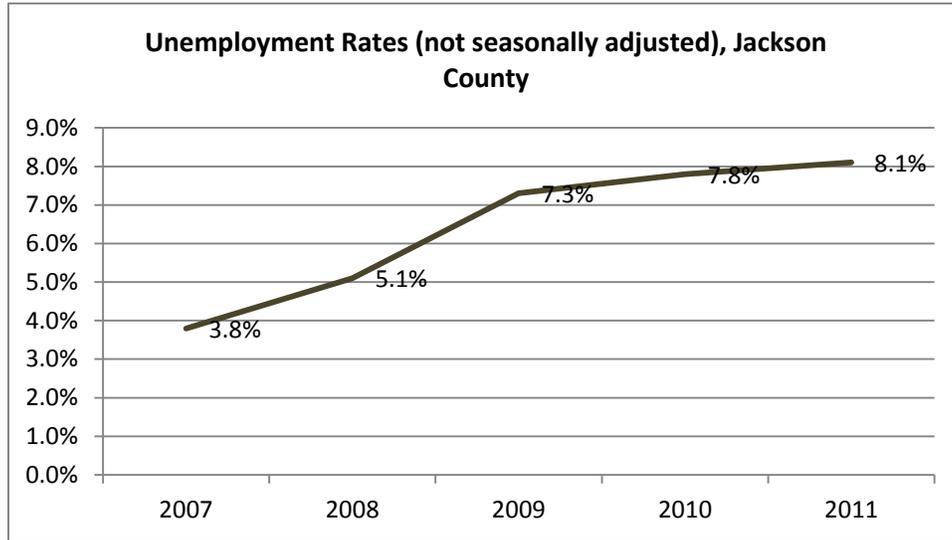
Source: <http://www.cityofmarianna.com/>

Source: Office of Economic and Demographic Research, March 2013

Twenty one percent (21%) of Jackson County employment was in the *Trade, Transportation and Utilities* industry and 20% of employment was in the *Public Administration* industry. However, the average annual wage of those employed by these two industry sectors were the lowest, with \$26,922 for those employed by the *Trade, Transportation and Utilities* and \$37,130 for those employed by the *Public Administration* sector.

According to the U.S. Bureau of Labor Statistics March 2012 data, the total civilian labor force in Jackson County was 22,097 or 44% of the total population according to the 2010 Census. The unemployment rate was 7.2%.

Figure 3: Jackson County Unemployment Rate – Not Seasonally Adjusted



Source: U.S. Bureau of Labor Statistics

Poverty

The rate of all persons living below poverty level in Jackson County increased from 2000 to 2010. In 2010 the poverty rate was 19.7% compared to the state poverty rate of 13.8%. Of those individuals, 17.8% were under the age of 18 and 20.8% were over the age of 65.

Table 6: Jackson County versus Florida Percent in Poverty

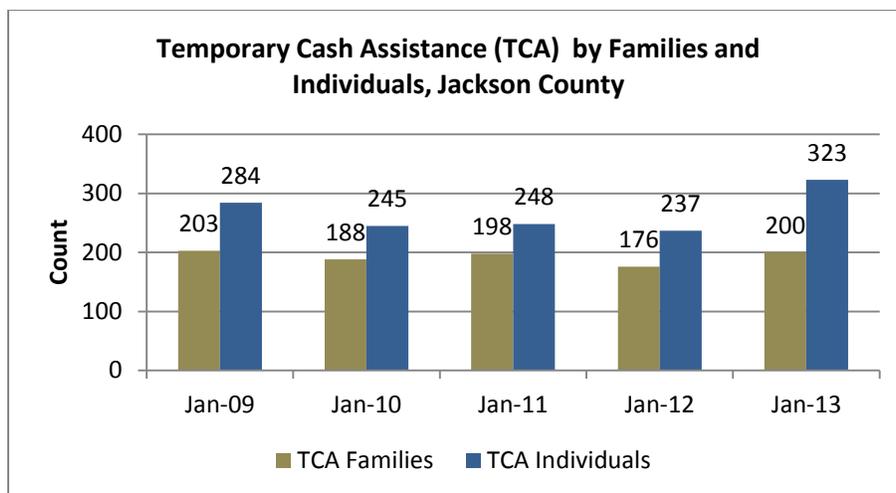
Percentage of individuals below poverty level, Single Year Rates		
	Jackson	Florida
Year	Rate (%)	Rate (%)
2010	19.7	13.8
2000	17.2	12.5
1990	22.6	12.7

Source: US Census Bureau

Public Assistance

Figure 4 below represents the number of families and individuals who received public assistance from January 2009 through January 2013. There was an increase in both families and individuals receiving public assistance from 2012 to 2013.

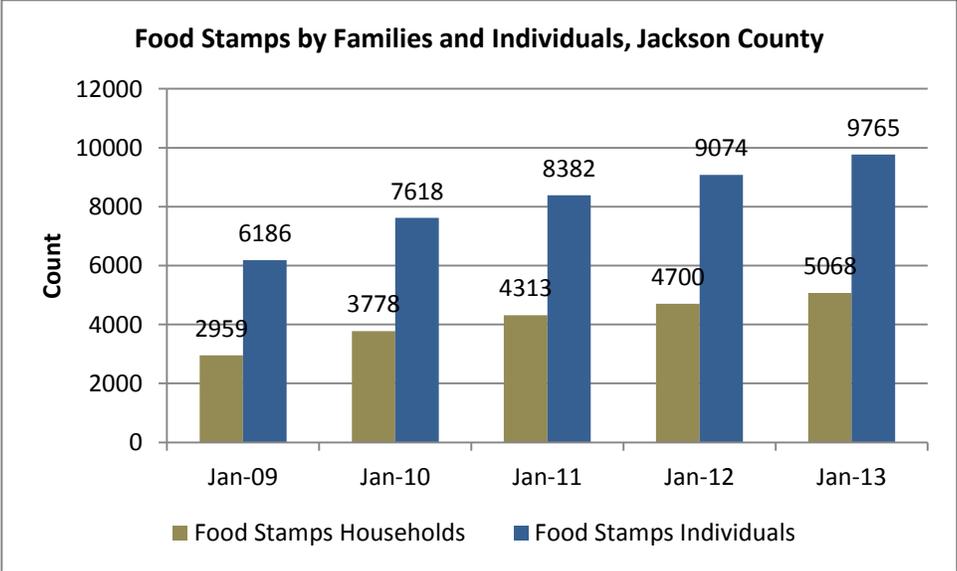
Figure 4: Jackson County Temporary Cash Assistance for Needy Families by Families and Individuals



Source: Northwest Region Department of Children and Families (* TANF – Temporary Cash Assistance for Needy Families)

There was a marked increase of Jackson County households and individuals receiving aid from the Supplemental Nutrition Assistance Program (SNAP), or food stamps from January 2009 to January 2013. This information is displayed in Figure 5. Households receiving food stamps increased 71.3% from 2009 to 2013, while individuals receiving food stamps increased 57.9%.

Figure 5: Jackson County Food Stamp Households and Individuals



Source: Northwest Region Department of Children and Families

Housing

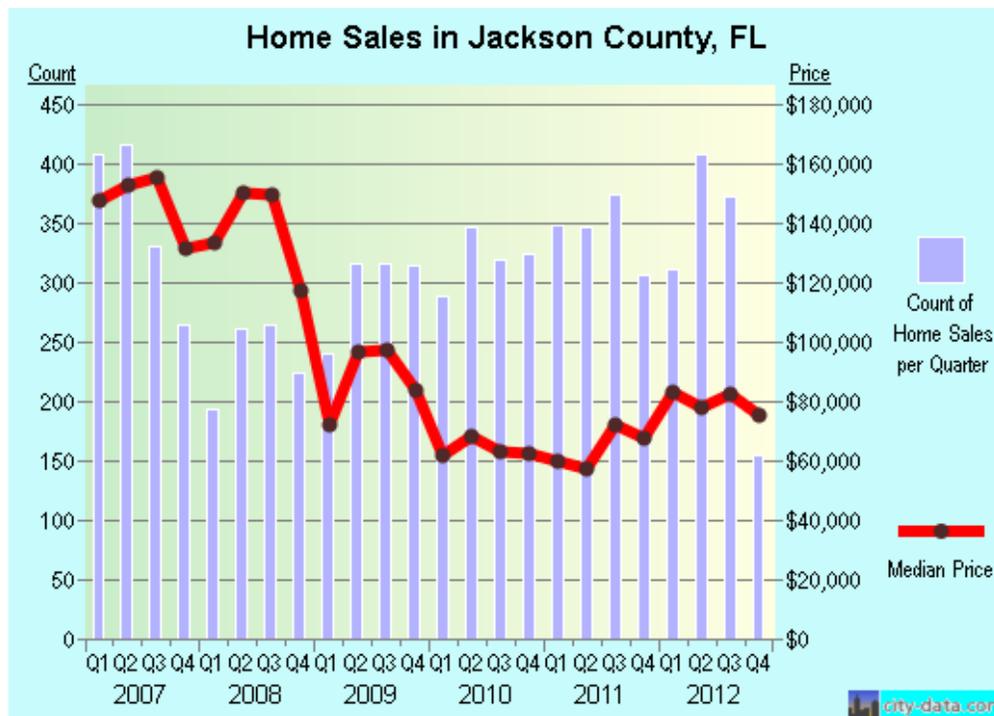
The median sales price for single family homes in Jackson County dropped 31% from 2007 to 2012. Table 7 below shows the decline in sales prices for homes. The overall home sales for 2007 to 2012 are displayed in Figure 6. There was a sharp downward trend from the third quarter of 2008 to the first quarter of 2009, with another drop in the third quarter of 2009 to the first quarter of 2010. Home sales continued a slow decline until the second quarter of 2011, where it experienced a slow increase through the fourth quarter of 2012 (the most current data available).

Table 7: Median Sales Price for Single Family Homes and Condominiums, Jackson County

Place	Housing Type	2007	2008	2009	2010	2011	2012
Jackson County	Single Family Homes	\$139,294	\$131,481	\$117,554	\$101,229	\$91,451	\$96,150

Source: County property appraiser tax rolls, compiled by Shimberg Center - Florida Housing Data Clearinghouse

Figure 6: Home Sales in Jackson County, 2007-2012



Source: City data.com

Education

There are 17 public schools within the Jackson School District with a total enrollment of 6,832. During the 2010-2011 school year, over half (57.1%) of students were eligible for the free/reduced lunch program according to the Florida Department of Education.



Source: <http://www.jacksoncounty.com/Education/>

During the 2010-2011 school years, the Jackson School District had six elementary schools, two middle schools, five high schools, three K-12 schools, and one primary school.

The average drop-out rate during the 2011-2012 school years for 9th-12th grade was 1.4% in Jackson County.

The Florida Department of Education calculates the National Governor's Association (NGA) Compact graduation rate. This rate includes both standard and special diploma recipients as graduates but excludes GEDs as graduates, both regular and adult. In addition, students who transfer to adult education are not included in the NGA rate. Jackson County had a NGA rate of 74.0% in academic year 2010-2011. Of those graduates, 78.7% were White and 66.4% were Black/African American. Table 8 below displays the number of students receiving high school diplomas or certificates of completion.

Table 8: 2010-2011 High School Diplomas and Completion

High School Standard Diplomas	355
High School Special Diplomas	15
High School Standard Certificates of Completion	27
High School Special Certificate of Completion	0
Total High School Completers	397

Source: Florida Department of Education

According to the Florida Department of Health, 22.6% of Jackson County adults over age 25 did not have a high school diploma or its equivalent, as compared to 14.7% for Florida in 2010 (the most current data available).

The Florida Department of Juvenile Justice reported the number of school-related referrals during fiscal year 2010 to 2011 in *Delinquency in Florida's Schools: A Seven-Year Study*

(FY 2004-05 through FY 2010-11). Jackson County had an average of 17 school-related delinquency referrals to the Department of Juvenile Justice for every 1,000 students.

Table 9: Delinquency Referrals by Type - Jackson County (Fiscal Year 2010-2011)

School-Related	Not School-Related	Total	% School-Related
59	118	177	33%

Source: Florida Department of Education, 2010-2011

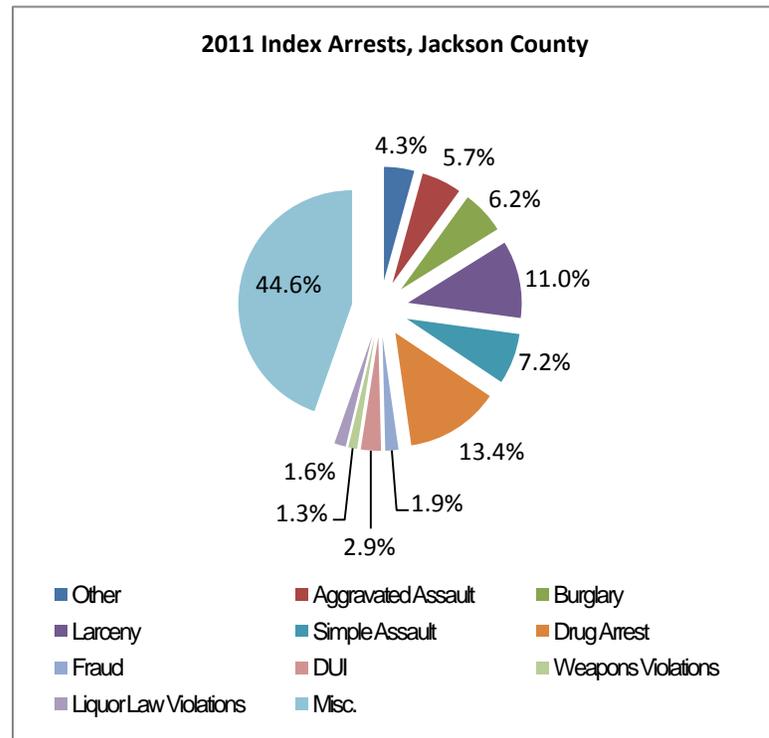


Source: <http://www.jacksoncounty.com/Education/>

Law Enforcement

The Florida Department of Law Enforcement (FDLE) reported that crime in Jackson County decreased 15.8% from 2010 to 2011. In 2010, Jackson County ranked 37 out of 67 counties for violent crimes in Florida. The arrest rate for Jackson County in 2011 was 4,615.3 per 100,000. Table 10 on the following page summarizes the arrest rates per Jackson County jurisdiction for 2011.

Figure 7: Jackson County Index Arrests, 2011



Source: Florida Department of Law Enforcement

Jackson County Sheriff's Office arrests accounted for 56% of the total arrests in Jackson County; arrests by the Marianna Police Department represented 30% of the total arrests. Total adult arrests in 2011 accounted for 95% of all arrests. Males represented nearly three-quarters (73%) of the total arrests in Jackson County for 2011. The top three most frequently reported crimes occurred in the FDLE categories of *Miscellaneous*, *Drug Arrest*, and *Larceny*. Figure 7 above shows the index arrests for 2011.

The Florida Department of Highway Safety and Motor Vehicles reported that there were 1,176 seatbelt and child restraint citations for 2012 in Jackson County. Of these citations, 6% involved child restraint violations. The five-year (2007-2011) traffic fatality history for Jackson County showed a decrease from 18 to 10 traffic fatality deaths from

2007 to 2011 (the most current data available). The Florida Department of Highway Safety and Motor Vehicles' *Traffic Safety Facts October 2011* reported on the 2011 traffic fatalities for Florida and each county. This report defined a traffic fatality as “the death of a person as a direct result of a traffic crash within thirty days of the crash occurrence.”

Table 10: Arrest Totals by Jurisdiction, 2011

Agency/County	Total Arrests	Arrest Rate per 100,000	Total Adult Arrests	Total Juvenile Arrests
Jackson County-TOTALS	2,306	4,615.3	2,186	120
Jackson County Sheriffs Office	1,295	3,330.3	1,201	94
Marianna Police Department	695	11,567.9	675	20
Cottondale Police Department				
Graceville Police Department	52	2,282.7	51	1
Sneads Police Department	12	644.5	12	0
Jackson DOC Inspector General	1		1	0
Jackson-DEP Div of Law Enforce	3		3	0
DABT - Jackson	42		41	1
Jackson-Florida Game Comm	78		76	2
FHP - Marianna	128		126	2

Source: Florida Department of Law Enforcement
 Note: Cells without data indicates no data available.

County Government Expenditures

The Florida Legislature's Office of Economic and Demographic Research reported on the fiscal year 2009-2011 Jackson County government expenditures in comparison to the Florida state government. Over one-quarter (29.03%) of Jackson County government expenditures were in the area of *Transportation*, which included the area of Road and Street Facilities.



Source: <http://www.jacksoncounty.com/>

Jackson County government spent more on *Public Safety*, *Transportation*, and *Other Uses & Non-Operating Expenditures* than did the State of Florida. Table 11 below displays the government expenditures.

Table 11: Fiscal Year 2009-2011 Government Expenditures, Jackson County and State of Florida

Expenditure Account Name	% of Total	
	Jackson County	Florida
General Government Services	14.90%	18.07%
Public Safety	22.68%	22.38%
Physical Environment	2.62%	11.43%
Transportation	29.03%	12.22%
Economic Environment	1.85%	3.71%
Human Services	1.66%	9.35%
Culture/Recreation	2.32%	4.51%
Other Uses & Non-Operating	22.52%	15.84%
Court-Related Expenditures	2.43%	2.49%
Total Expenditures	\$58,198,985.00	\$35,470,256,531.00

Source: Office of Economic and Demographic Research

HEALTH STATUS

County Health Rankings

Jackson County ranked 52 out of 67 Florida counties according to the 2012 *County Health Rankings* as reported by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Jackson County's 2010 ranking was 46. The *County Health Rankings* report is a snapshot of the health of residents, and is generated by comparing the overall health and the factors that influence health with other counties in the state. Using a three-tiered model of population health improvement, the *County Health Rankings* establishes health outcome measures that describe the current health status of a county. Four types of health factors, with weighted scores established by experts and literature review, are used to measure behavioral, clinical, social and economic, and environmental influences.

Jackson County ranked highest in the *Social and Economic* health factor (19th) and lowest in the *Physical Environment* health factor (59th) in 2012. Table 12 below summarizes the *County Health Rankings* for 2010 through 2012.

Table 12: Jackson County Health Rankings

County Health Rankings (Rankings based on 67 counties)	2010	2011	2012
Health Outcomes (How healthy a county is)	46	51	52
Health Factors Overall (What influences the health of county)	37	36	36
Health Behaviors (Smoking, diet, exercise, alcohol use)	43	47	42
Clinical Care (Access to care, quality of care)	22	33	35
Social and Economic (Education, employment, income, safety)	29	19	19
Physical Environment (Air quality, built environment)	54	64	59

Source: 2013 County Health Rankings

HEALTH RISK FACTORS

Mortality

Mortality or death rates are key indicators of the health of a community. The Florida Bureau of Vital Statistics provides data to the Florida Department of Health on a number of mortality rates. The *Florida Community Health Assessment Resource Tool Set (CHARTS)* is an online data system which provides three-year, age-adjusted death rates by cause of death for the state and each of the 67 counties.

Medical and public health research indicate that the rate of death from specific diseases varies among racial/ethnic groups, and that both biological and cultural norms contribute to these differences. The 2009-2011 *CHARTS* data presented here represent the most current information available.

Overall, the top seven leading causes of death in Jackson County in 2011 were 1) Heart Disease, 2) Cancer, 3) Stroke, 4) Chronic Lower Respiratory Disease, 5) Unintentional Injuries, 6) Alzheimer's Disease, and 7) Diabetes Mellitus. Table 13 on the following page displays these totals.

Table 13: 2011 Major Causes of Death in Jackson County

Cause of Death	Deaths	Percent of Total Deaths	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000
ALL CAUSES	577	100	938	884.1
HEART DISEASE	151	26.2	238.2	224
CANCER	120	20.8	189.9	192.9
STROKE	31	5.4	49.6	49.7
CHRONIC LOWER RESPIRATORY DISEASE	29	5	48.5	49
UNINTENTIONAL INJURIES	29	5	53.1	49.5
ALZHEIMER'S DISEASE	25	4.3	41.4	41.1
DIABETES MELLITUS	23	4.0	36.2	24.3

Source: Florida Department of Health, Bureau of Vital Statistics

When adjusted for age and race/ethnicity, the major causes of death shift slightly. Table 14 displays the three-year, age-adjusted death rates for 2009-2011. In general, Jackson County White residents died from heart disease, cancer, chronic lower respiratory disease, unintentional injuries, and Alzheimer's disease more frequently than Black or African American residents. However, Black or African American Jackson County residents had an increased death rate from stroke and diabetes.

Table 14: 2009-2011 Major Causes of Death by Race, Three-year, Age-adjusted

	White	Black
All Causes	901.0	882.4
Heart Disease	228.7	212.3
Cancer	197.9	195.3
Stroke	47.5	60.9
Chronic Lower Respiratory Disease	54.4	29.8
Unintentional Injuries	55.1	34.6
Alzheimer's Disease	43.9	33.1
Diabetes Mellitus	18.1	52.0

Source: Florida Department of Health, Bureau of Vital Statistics

Heart Disease

Heart disease is the leading cause of death in the United States. The CDC reported that heart disease accounted for one in four deaths in 2009. The *American Heart Association 2011 Heart Disease and Stroke Statistics* report indicated that annually about 785,000 Americans have their first coronary attack. Over 470,000 Americans who have already had one or more coronary attacks have another attack.

Jackson County's heart disease mortality rates were much higher than the state rates. The mortality and hospitalizations for Coronary Heart Disease, Stroke, and Heart Failure are listed in Table 15 below.

Table 15: Heart Disease: Mortality and Hospitalizations

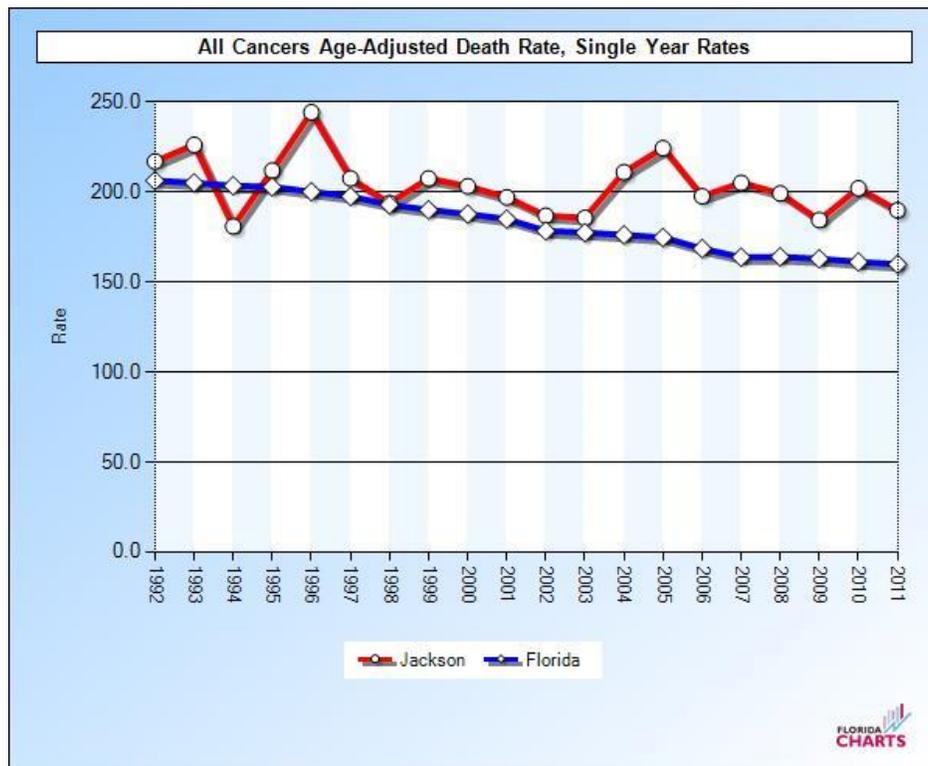
	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Coronary Heart Disease					
Deaths	2009-11	96	148.2	105.8	100.8
Hospitalizations	2009-11	139	222.7	375.3	
Stroke					
Deaths	2009-11	32	49.7	31.4	33.8
Hospitalizations	2009-11	135	211.4	266.6	
Heart Failure					
Deaths	2009-11	15	23.2	8.4	
Hospitalizations from congestive heart failure	2009-11	116	185.7	131.5	

Source: Florida Department of Health, Bureau of Vital Statistics

Cancer

The Centers for Disease Control and Prevention (CDC) lists cancer as second only to heart disease as the leading cause of death in the United States. Cancer is a broad group of diseases characterized by abnormal cells that grow and spread throughout the body. The cause of cancer is complex; many things are known to increase the risk of cancer, including tobacco use, certain infections, radiation, lack of physical activity, obesity, and environmental pollutants. Total deaths from cancer have declined in Florida, while Jackson County has seen a decrease in deaths since 2010 (see Figure 9).

Figure 9: Total Age-Adjusted Death Rates from Cancer, Per 100,000 People



Source: Florida Department of Health, Bureau of Vital Statistics

Prostate Cancer

Prostate cancer was the most common form of cancer among Jackson County residents. According to the Centers for Disease Control and Prevention (CDC), prostate cancer is the most common cancer in men. Jackson County's prostate cancer mortality rate is higher than the U.S. Healthy People 2020 goal.

Table 16: Prostate Cancer Mortality and Incidence

	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Prostate Cancer					
Deaths	2009-11	7	27.3	18	21.2
Incidence	2007-09	32	114.5	130.1	

Source: Florida Department of Health, Bureau of Vital Statistics

Breast Cancer

Breast cancer was the second most common form of cancer among Jackson County residents. According to the Centers for Disease Control and Prevention (CDC), breast cancer is the most common cancer among American women second to skin cancer. Jackson County's breast cancer mortality rate is slightly lower than the U.S. Healthy People 2020 goal.

Table 17: Breast Cancer Mortality and Incidence

	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Breast Cancer					
Deaths	2009-11	7	19.4	20.9	20.6
Incidence	2007-09	27	90.2	113.9	

Source: Florida Department of Health, Bureau of Vital Statistics

Lung Cancer

Lung cancer is the third most common form of cancer among Jackson County residents. According to the Centers for Disease Control and Prevention (CDC), more people die from lung cancer than any other type of cancer. Jackson County's lung cancer mortality rate and percent of adult smokers are higher than the U.S. Healthy People 2020 goal.

Table 18: Lung Cancer Mortality and Incidence

	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Lung Cancer					
Deaths	2009-11	37	57.6	46.1	45.5
Incidence	2007-09	43	70.9	66.1	
Percentage of adults who are current smokers	2010		20.20%	17.10%	12%

Source: Florida Department of Health, Bureau of Vital Statistics

Stroke

The Centers for Disease Control and Prevention (CDC) lists stroke as the fourth leading cause of death in the United States estimating almost 130,000 deaths from stroke each year. Jackson County's stroke mortality rate was higher than the state rate and the U.S. Healthy People 2020 goal; however, the Jackson County hospitalization rate was lower than the state rate.

Table 19: Stroke Mortality and Hospitalizations

	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Lung Cancer					
Deaths	2009-11	32	49.7	31.4	33.8
Hospitalizations	2009-11	135	211.4	266.6	

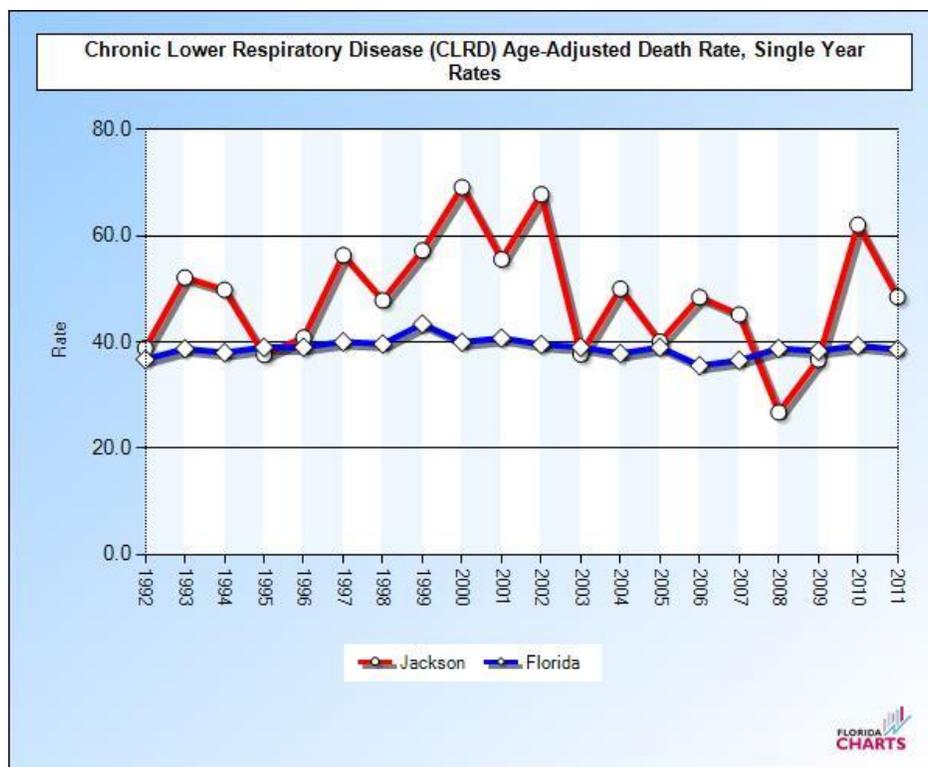
Source: Florida Department of Health, Bureau of Vital Statistics

Chronic Lower Respiratory Disease (CLRD)

Chronic Lower Respiratory Disease (CLRD), or chronic obstructive pulmonary disease (COPD), mortality rates have risen and have surpassed stroke as the third leading cause of death in the United States according to the CDC. Smoking is estimated to be responsible for at least 75% of COPD deaths. Figure 10 below shows the trend for CLRD from 1992 to 2011 (the most current data available).

The mortality rates for CLRD in Jackson County increased from 2008 to 2010 but rates decreased in 2011. CLRD was the fourth leading cause of death among Jackson County residents in 2011.

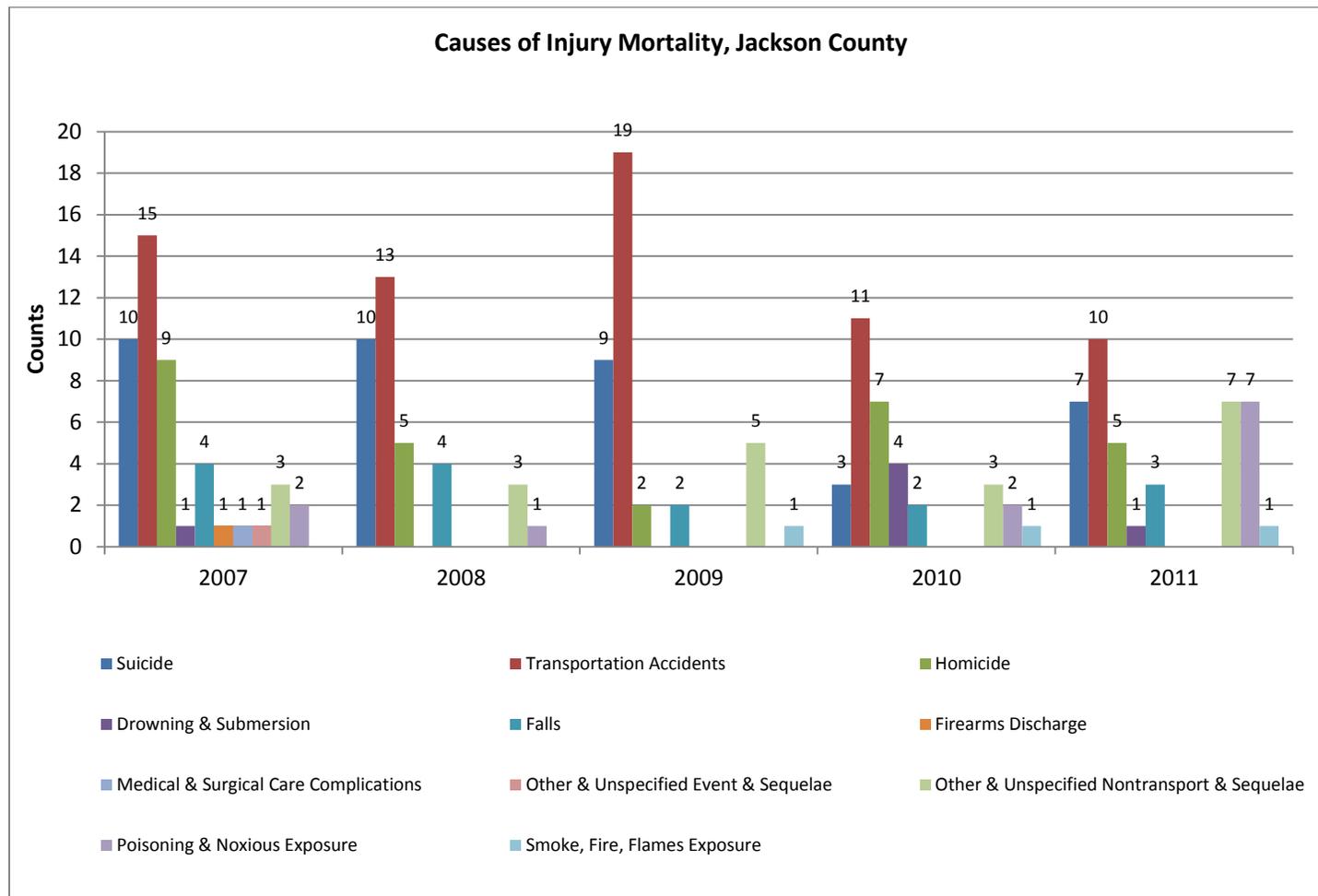
Figure 10: CLRD Age-Adjusted Death Rates, Per 100,000 People



Injuries

The Florida Department of Health’s Bureau of Vital Statistics has tracked mortality rates due to injuries since 2001. Transportation Accidents accounted for 35% of all deaths from injury from 2007-2011 among Jackson County residents. Suicide (20%) and homicide (14%) were the next most frequent causes of death. Figure 11 below displays all causes of injury mortality in Jackson County for 2007 to 2011.

Figure 11: Causes of Injury Mortality

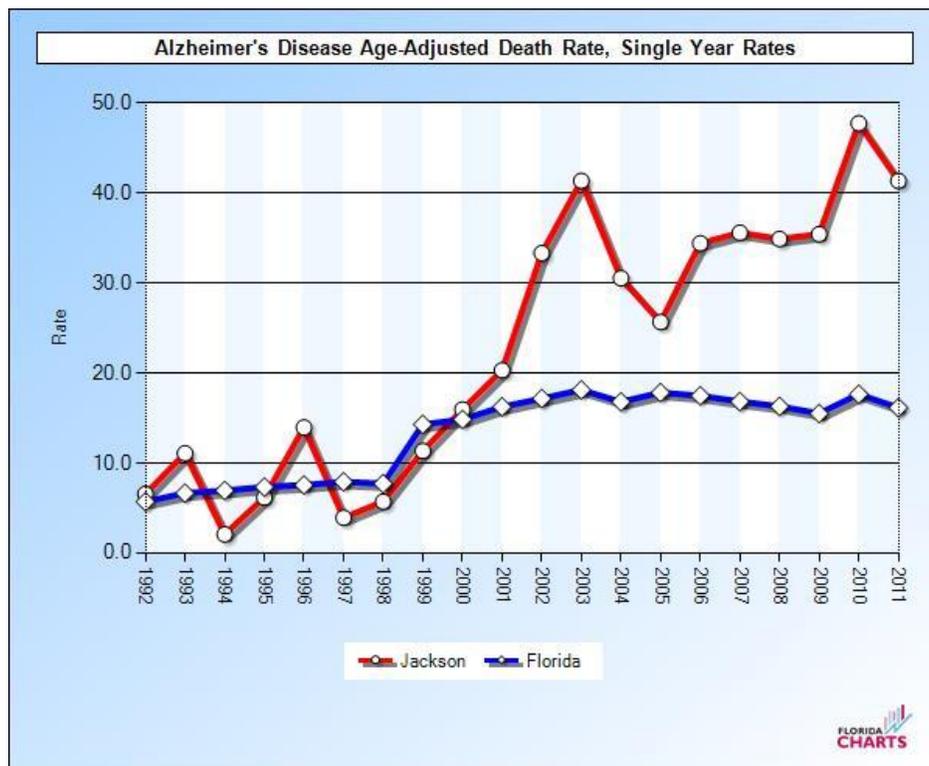


Source: Florida Department of Health, Bureau of Vital Statistics

Alzheimer's disease

Alzheimer's disease is the most common form of dementia among older adults. The Centers for Disease Control and Prevention (CDC) lists Alzheimer's disease as the sixth leading cause of death among American adults, and the fifth leading cause of death for adults aged 65 years and older. Notably, mortality rates for Alzheimer's disease are on the rise, unlike heart disease and cancer death rates which are continuing to decline. The Jackson County Alzheimer's death rate has been consistently higher than the state rate since 2000; in 2011, the Jackson County rate was over twice the state rate (see Figure 12).

Figure 12: Alzheimer's Mortality, Per 100,000 People



Source: Florida Department of Health, Bureau of Vital Statistics

Diabetes

Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin resistance, or both. Diabetes can be associated with serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

Diabetes was the seventh leading cause of death in Jackson County for 2011. Table 20 displays the number of deaths and hospitalizations for 2009 to 2011. The diabetes mortality rates for Black Jackson County residents have been consistently higher than for White residents from 2003 to 2011.

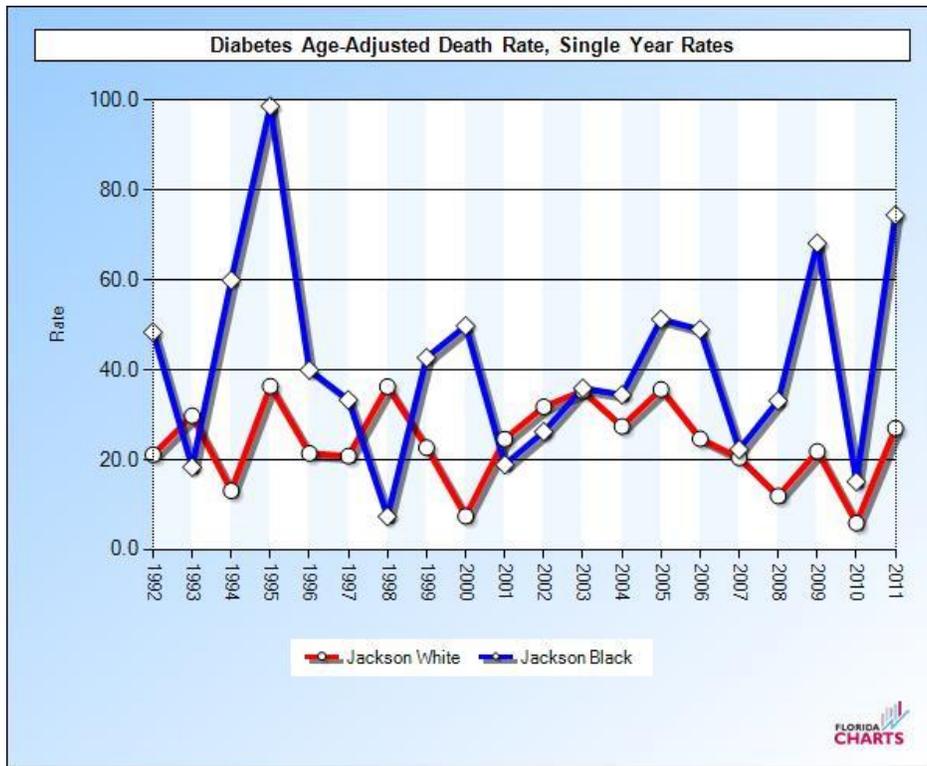
Table 20: Diabetes Mortality and Hospitalizations

	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Diabetes					
Deaths	2009-11	16	24.3	19.5	65.8
Hospitalizations	2009-11	1,129	1,836.5	2,260.3	
Percentage of adults with diagnosed diabetes	2010		11.8%	10.4%	

Source: Florida Department of Health, Bureau of Vital Statistics

Figure 13 below presents the comparison of diabetes mortality rates by race. Diabetes mortality rates of Black Jackson County residents have been higher than White residents. In 2011, mortality rates for Black resident were over three times higher than White residents.

Figure 13: Diabetes Mortality by Race, Per 100,000 People



Source: Florida Department of Health, Bureau of Vital Statistics

Communicable Diseases

Communicable diseases are defined as any infectious disease that is transmissible (as from person to person) by direct contact with an infected individual or by indirect means (as by a vector). Communicable disease surveillance is an important public health role in Florida. Florida Statutes states that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health" - Section 381.0031(1,2). The Jackson County Health Department works with area health care providers in reporting all communicable diseases in Jackson County.

Influenza and Pneumonia

Influenza is a contagious virus causing respiratory illness that can be mild to severe, and may cause death. Older people, young children, and people who are immunocompromised are at greatest risk for serious influenza complications.

Pneumonia is a bacterial or viral infection of the lungs.

Both influenza and pneumonia can be prevented through vaccination and are treatable. Together, they were the ninth leading cause of death in the United States in 2010 according to the Centers for Disease Control and Prevention.

Deaths caused by influenza and pneumonia remained the same from 2010 to 2011 at six deaths each year. With the exception of 2004, 2006, and 2010, pneumonia constituted most deaths 2002–2011. Table 21 on the following page presents the total deaths from 2002 to 2011 from influenza and pneumonia in Jackson County.

Table 21: Mortality for Influenza and Pneumonia

Cause of Death	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Influenza & Pneumonia (combined)	3	7	6	7	5	5	7	5	6	6
Pneumonia	3	7	5	7	4	5	7	5	5	6
Influenza	0	0	1	0	1	0	0	0	1	0

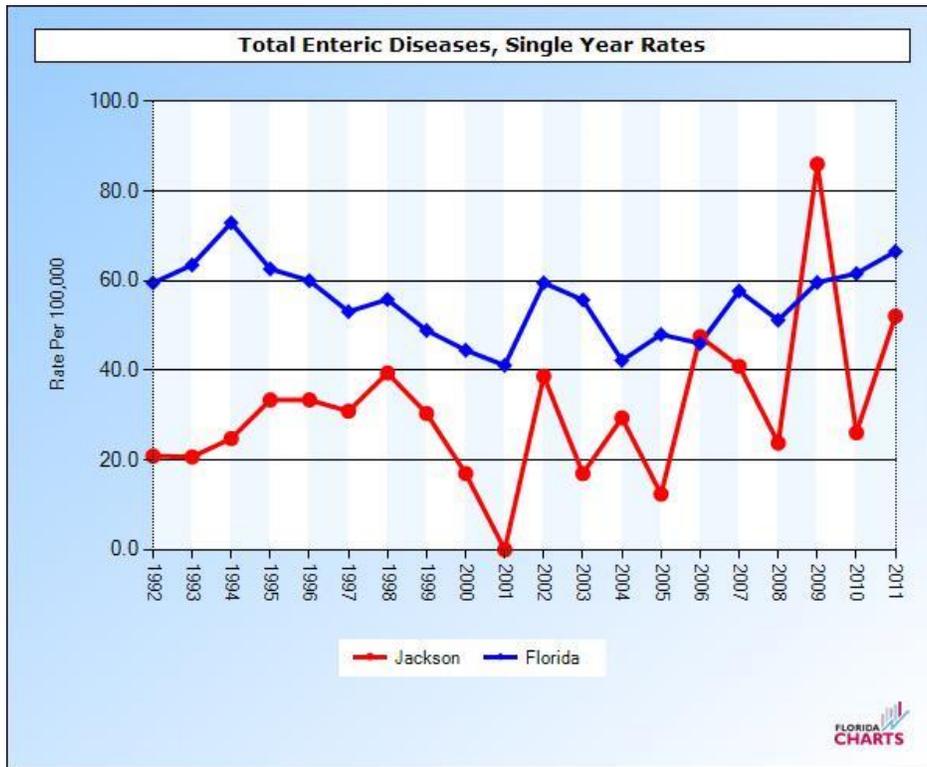
Source: Florida Department of Health, Bureau of Vital Statistics

Enteric Disease

The National Institutes of Health (NIH) has determined that bacterial and viral infections of the gastrointestinal tract account for a greatly underappreciated burden of morbidity and mortality in the United States. Enteric pathogens cause disease symptoms ranging from mild gastroenteritis to life-threatening systemic infections and severe dehydrating diarrhea. The Florida Department of Health’s Bureau of Epidemiology tracks the rate of enteric diseases, which includes Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, E. Coli Shiga toxin (not serogrouped and serogrouped non-O157), Giardiasis, Hepatitis A, Salmonellosis, Shigellosis, and Typhoid Fever.

With the exception of peaks in 2006 and 2009, enteric disease rates in Jackson County have been historically lower than state rates for almost two decades (see Figure 14).

Figure 14: Enteric Disease Cases, Per 100,000 People

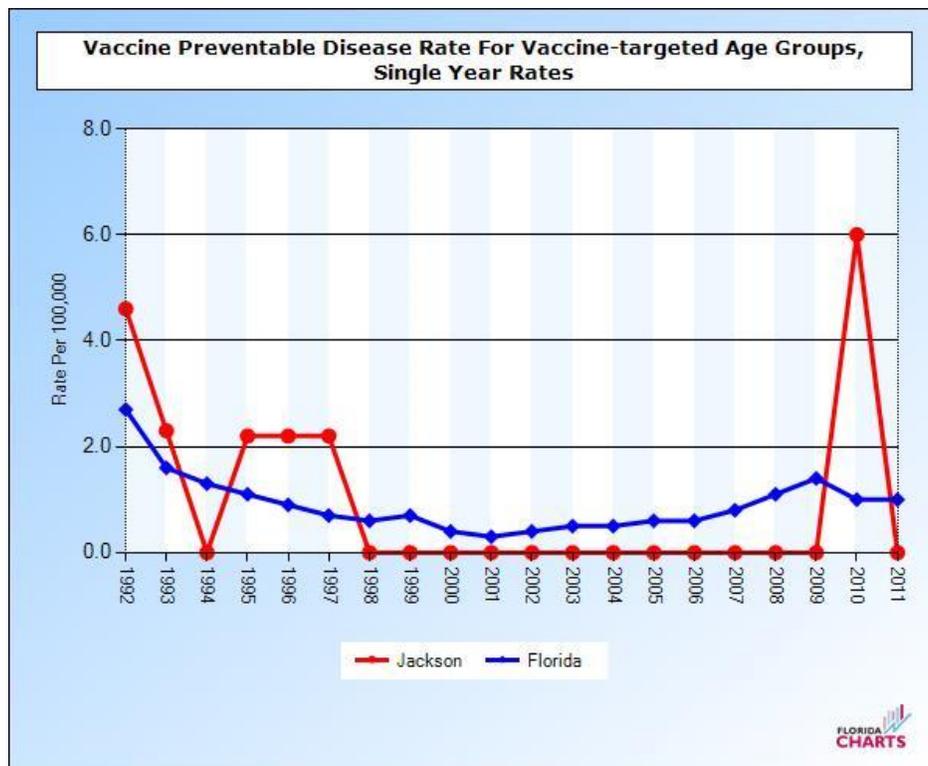


Source: Florida Department of Health, Bureau of Epidemiology

Vaccine Preventable Diseases

Vaccine preventable diseases include Diphtheria, Haemophilus Influenzae B (HiB), Hepatitis A and B, Measles, Mumps, Meningitis, Pneumonia, Polio, Pertussis, Rotavirus, Rubella, Tetanus, and Varicella. Despite a notable peak in 2010, Jackson County has been below the state rate for vaccine preventable diseases for vaccine-targeted age groups since 1998 (see Figure 15).

Figure 15: Vaccine Preventable Disease Rate For Vaccine-targeted Age Groups, Per 100,000 People



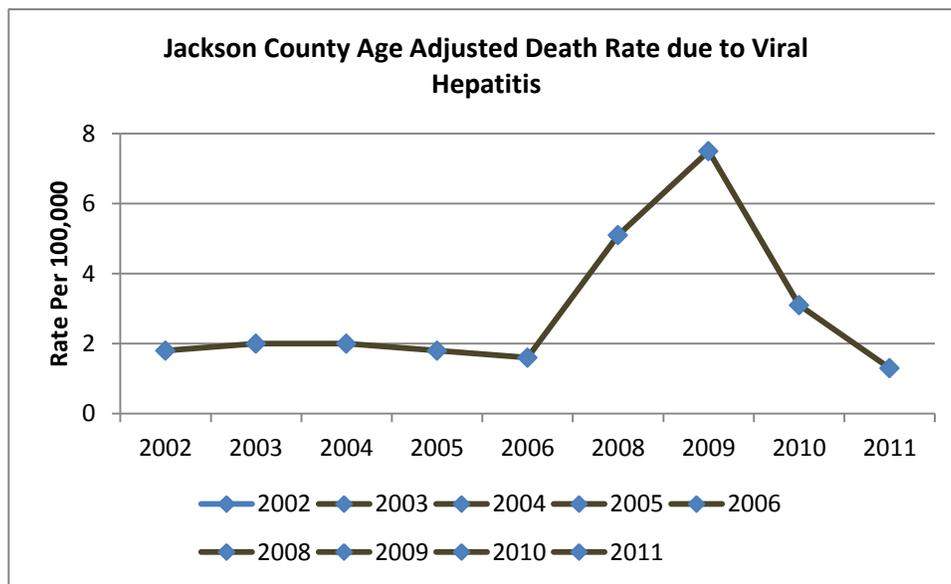
Source: Florida Department of Health, Bureau of Epidemiology

Includes Diphtheria, HiB < 5, Hepatitis B < 19, Measles < 19, Mumps, Rubella, Polio, Tetanus and Pertussis

Hepatitis

Hepatitis is a group of viral infections that result in the inflammation of the liver. Hepatitis A, Hepatitis B, and Hepatitis C are the most common types. In Jackson County, the number of deaths due to viral hepatitis showed a sharp increase from 2008 to 2009, but then experienced a steady decline to 2011 (the most current data available). This trend is displayed in Figure 16 below.

Figure 16: Mortality Rates for Viral Hepatitis



Source: Florida Department of Health, Bureau of Vital Statistics

Sexually Transmitted Diseases

The CDC reports that sexually transmitted diseases (STDs) are among the most common communicable diseases in the United States. In 2011, there were more than 20 identified and reportable STDs that affected more than 13 million Americans.

Compared to state rates, Jackson County had higher Chlamydia and Bacterial STD (women 15-34) rates and lower infectious Syphilis rates for years 2007-2011. Jackson County's Gonorrhea rates were higher than the state rate for years 2007-2010 and lower than the state rate in 2011. Table 22 below summarizes the rates for 2007 to 2011.

Table 22: Sexually Transmitted Diseases, Jackson County/Florida

Sexually Transmitted Diseases	Jackson County Rate Per 100,000					Florida Rate Per 100,000				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Chlamydia Cases	476.9	406.8	506.1	474.3	552.6	312	379.5	389.7	397	401.3
Gonorrhea Cases	241.5	224.2	202	128.6	88.1	126.3	124.7	111.6	107.1	104
Infectious Syphilis Cases	4.1	4	0	2	2	4.9	5.6	5.6	6.3	6.6
Bacterial STDs (Women 15-34)	4401.9	3924.5	4549.8	3911.4	4441	2245.4	2652.2	2607.1	2600.1	2602.7

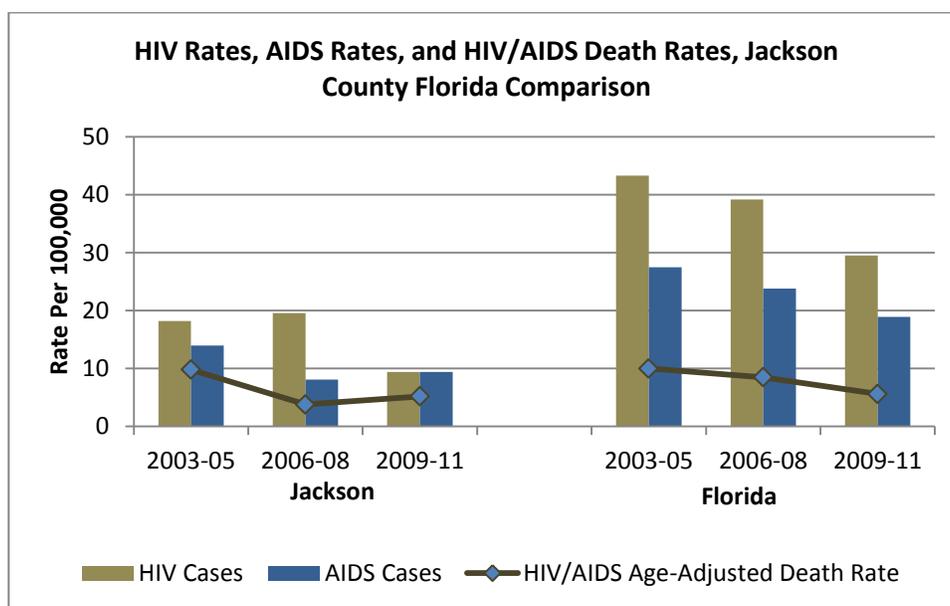
Source: Florida Department of Health, Bureau of STD Prevention & Control

HIV/AIDS

Florida has one of the largest publicly funded HIV testing programs in the U.S.; it provided over 400,000 HIV tests in 2010. The Centers for Disease Control and Prevention estimates there are an additional 56,300 new infections each year nationwide. This epidemic remains a public health challenge in Florida. As the number of persons infected each year continues to grow, the state must find the resources to provide ongoing systems of care to meet the needs of persons living with HIV/AIDS.

Jackson County's HIV/AIDSs three-year death rate is less than half Florida's rate for the reporting periods of 2006 to 2008. Jackson County's death rate was 3.8 (per 100,000 people) compared to Florida's rate of 8.5. Jackson County's three-year HIV and AIDS case rates were notably less than Florida's rates for all reporting periods. Figure 17 displays the Jackson County/Florida comparison.

Figure 17: HIV/AIDSs Health Status Indicators, Jackson County/Florida Comparison



Source: Florida Department of Health, Bureau of HIV/AIDS

Maternal and Child Health

The Title V Maternal and Child Health Program is the oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.

Female Population of Childbearing Age

The Florida Department of Health tracks fertility (childbearing) rates of female residents between the ages of 15 and 44. Jackson County has consistently had a higher rate than the state rate for number of live births per 1,000 female population 15-44 from 2003 to 2011.

Table 23: Fertility Rates (Women of Childbearing Age), Discrete 3-Year Rates for All Races

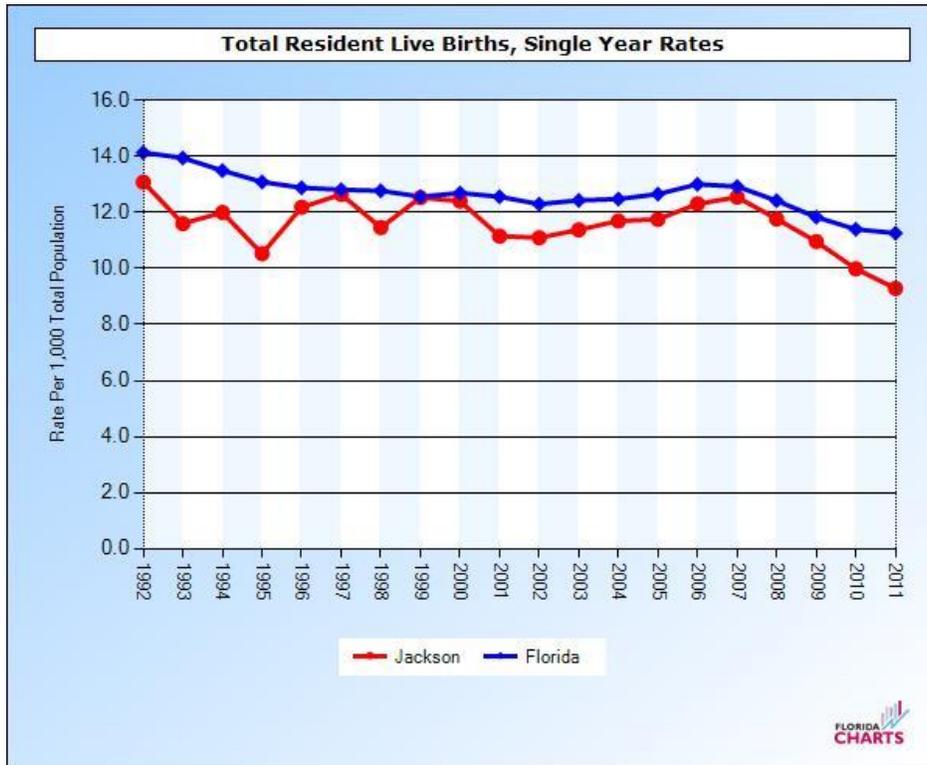
	2003-05	2006-08	2009-11
State Total	63.9	66.8	61.2
Jackson	65.3	74.5	64.4

Source: Florida Department of Health, Bureau of Vital Statistics

Birth Rates

Jackson County's total live birth rates have been declining since 2007 and have historically been lower than Florida's total live birth rates (Figure 18).

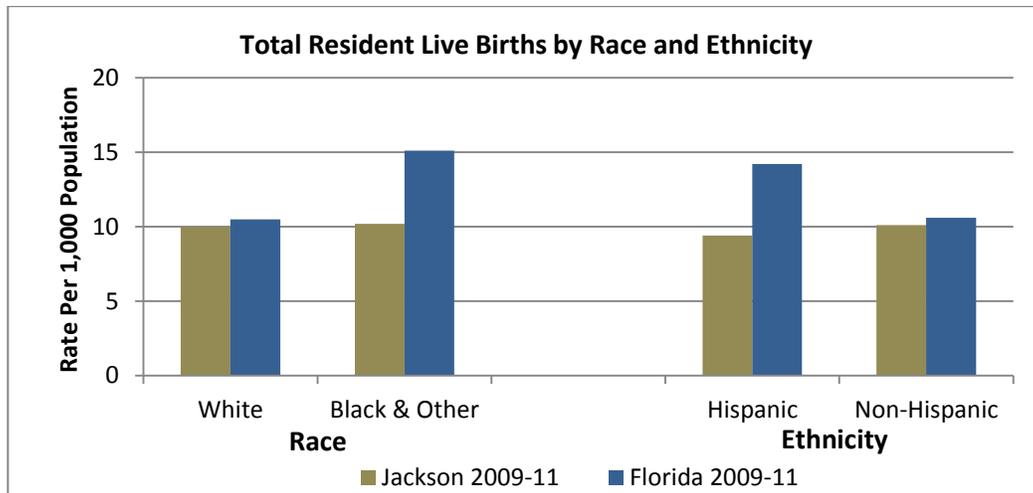
Figure 18: Total Live Births, Per 1,000 Total Population



Source: Florida Department of Health, Bureau of Vital Statistics

Differences were seen among race and ethnicity groups for total live birth rates in Florida; however, total live birth rates were comparable across race and ethnicity groups in Jackson County.

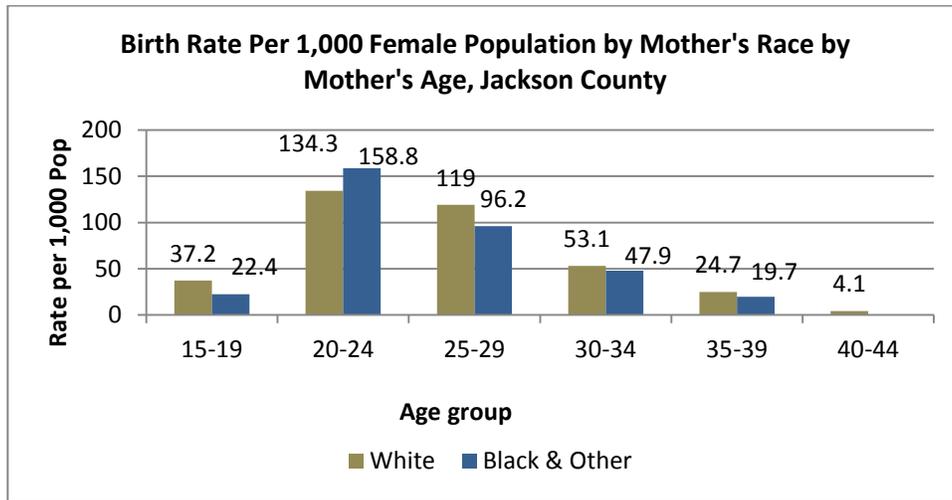
Figure 19: Total Live Birth Rates by Race and Ethnicity, Jackson County/State Comparison, 2009-2011



Source: Florida Department of Health, Bureau of Vital Statistics

The majority of births in Jackson County occur in the 20-29 age groups. In the 20-24 age group, Jackson County’s birth rate is highest among those females associated with the “Black & Other” race category. Birth rates for White females are higher in all other age groups. Figure 20 on the following page compares 2011 birth rates by race and age (the most current data available).

Figure 20: 2011 Birth Rate per 1,000 Females by Race by Age

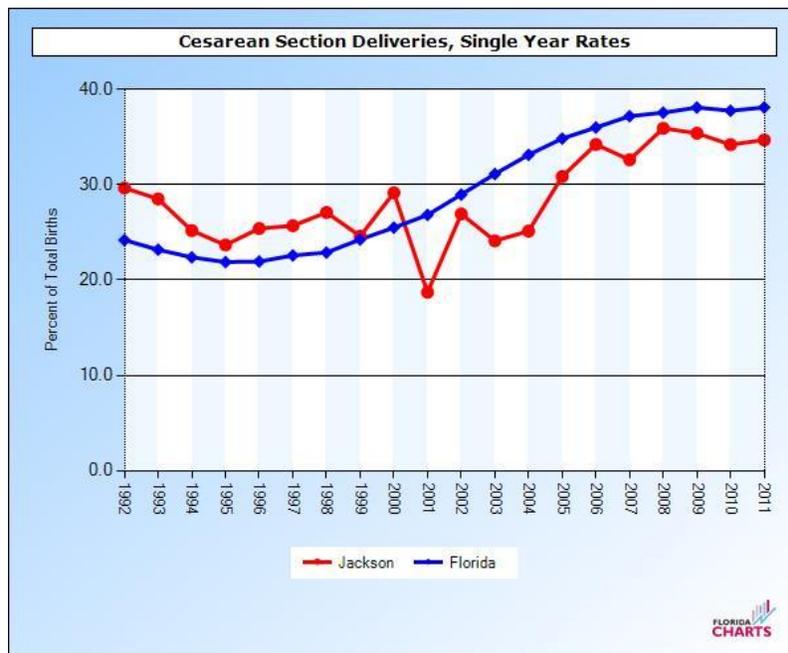


Source: Florida Department of Health, Bureau of Vital Statistics

Cesarean Rates

The proportion of cesarean section deliveries in Jackson County has been lower than statewide proportions since 2001. Figure 21 displays percentages of cesarean section deliveries for Jackson County and Florida.

Figure 21: Cesarean Section Deliveries, Percent of Total Births, Jackson County/Florida Comparison

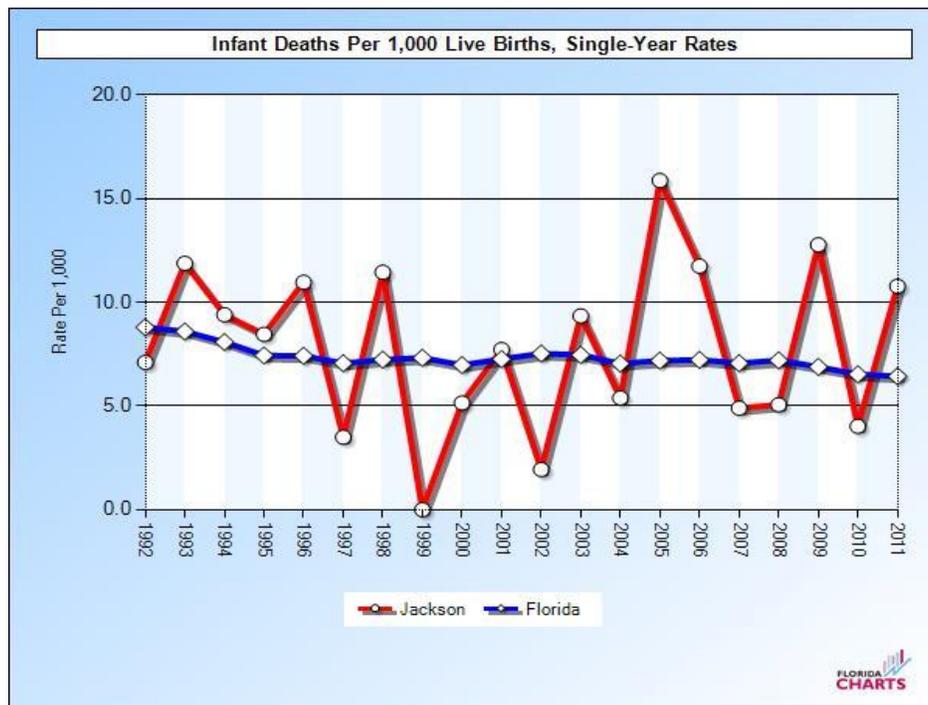


Source: Florida Department of Health, Bureau of Vital Statistics

Infant Mortality

The Florida Department of Health defines the infant mortality rate as the number of babies who die before their first birthday (ages 0-364 days). According to the U.S. Department of Health and Human Services, infant mortality is one of the key indicators of the nation's health, and is impacted by maternal health, quality and access to health care, socioeconomic conditions, and public health practices. While the state rate for infant mortality has remained stable, the Jackson County infant mortality rate has been unstable, wavering above and below statewide rates over time.

Figure 22: Infant Death Rates, Per 1,000 Live Births, Jackson County/Florida Comparison



Source: Florida Department of Health, Bureau of Vital Statistics

The infant death rate from sudden unexpected infant death (SUID) in Jackson County was three times the state rate for 2009 to 2011 as reported by the Florida Department of Health. The SUID rate for Jackson County was 2.7 per 1,000 live births compared to 0.9 for Florida. Table 24 on the following page displays the infant death rate by cause of death for 2009 to 2011.

Table 24: Infant Death Count by Cause of Death, Jackson County

Cause of Death	2009	2010	2011
Prematurity/LBW	1	0	1
Other Perinatal Conditions	0	0	1
Congenital Anomalies	3	1	1
Sudden Unexpected Infant Deaths	3	1	0
Infections	0	0	1
Injuries	0	0	1
Other Causes	0	0	0
NOT APPLICABLE	0	0	0
Total	7	2	5

Source: Florida Department of Health, Bureau of Vital Statistics

Infant and Child Injuries

The overall unintentional injury rate and hospitalizations for all non-fatal unintentional injuries for Jackson County children under the age of five was lower than the Florida rate for the reporting period of 2008 to 2010 (the most current data available). The rate for hospital or emergency room treatment of non-fatal unintentional poisonings was higher than the state rate. Table 25 provides information on Jackson County infant and child injuries in comparison to Florida.

Table 25: Infant and Child Injuries and Death from Injury Rates, Jackson County/Florida Comparison (per 100,000 people), 2008-2010

Measure	Jackson County	Florida
Unintentional injury deaths (TOTAL)	12.3	11.1
Hospitalizations for all non-fatal unintentional injuries (TOTAL)	182.1	230.2
- Near Drowning	0.0	16.5
- Traumatic brain injuries	36.4	43.3
Hospital/ER treated non-fatal unintentional poisonings	449.3	402.8
Unintentional falls	4225.9	4329.4
Motor vehicle related injuries	303.6	407.3
Child passengers injured or killed in motor vehicle crashes	376.4	323.4

Source: Florida Department of Health, Bureau of Vital Statistics

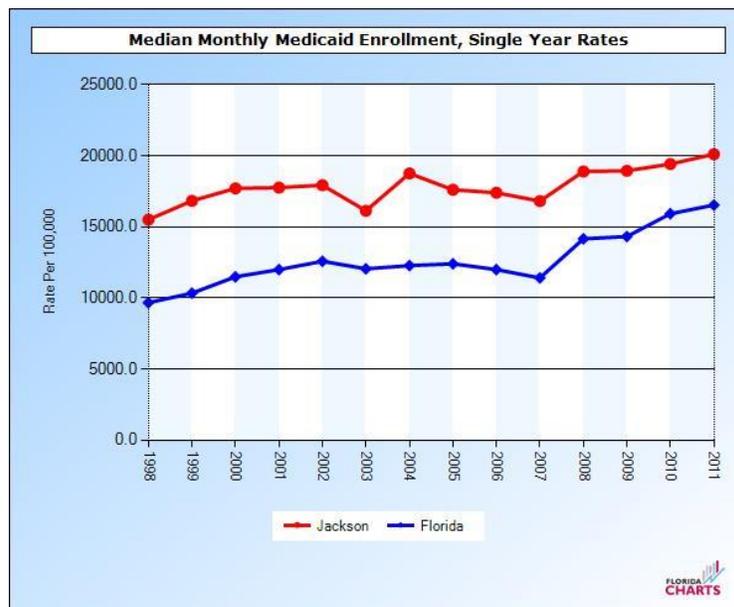
HEALTH RESOURCE AVAILABILITY

The Jackson County Health Department provides services and programs to the community in the following areas: Breast and Cervical Cancer, Diabetes, Clinical/Medical Services, Dental, Environmental Health, Family Planning, Healthy Start, Immunizations, Medicine Assistance, School Health, Social Service, Tobacco Prevention, Tuberculosis Services, Vital Statistics, and WIC.

Health Access

The *Florida KidCare Act of 1997* created health care coverage for children from birth to five years of age through the *Healthy Kids Program* and *MediKids*. Approximately 2.0% of children under the age of five in Jackson County received *KidCare* or *MediKids* in 2009-2011. There were 10,039 Jackson County residents enrolled in Medicaid in 2011 (the most current data available), which represented an all-time high since 1998. Jackson County also has had a higher rate of Medicaid enrollment than Florida's rate from 1998 to 2011.

Figure 23: Median Monthly Medicaid Enrollment, Jackson County/Florida Comparison



Source: Agency for Health Care Administration

The Florida Department of Health, Division of Medical Quality Assurance reported that there were 13 dentists in Jackson County for fiscal year 2010-2011. 38.9% of low-income residents in Jackson County had access to dental care in 2010 compared to 36.4% of low-income people in Florida overall.

Jackson County had a total of 43 licensed physicians for fiscal year 2010-2011 which is comparable to previous years.

Table 26: Jackson County Licensed Physicians by Type

Physician	FY 2008-2009	FY 2009-2010	FY 2010-2011
TOTAL	41	44	43
Licensed Family Practice	8	6	5
Licensed Internists	7	7	8
Licensed Obstetrics/Gynecology	1	4	4
Pediatrics	2	2	3

Source: Florida Department of Health

In 2011, there were 2,661 visits to ambulatory (outpatient) surgery centers and 3,818 hospitalizations in Jackson County as reported by the Florida Agency for Health Care Administration (See Table 27).

Table 27: Total Visits and Hospitalizations to Medical Facilities, 2011

Facility	Totals
Statewide Total Ambulatory Visits	2,898,826
Jackson Hospital Total Ambulatory Visits	2,661
Statewide Total Hospitalizations	2,576,471
Campbellton-Graceville Hospital Total Hospitalizations	176
Jackson Hospital Total Hospitalizations	3,642

Source: Florida Agency for Health Care Administration (ACHA)

Health Resources

According to the Florida Agency for Healthcare Administration, there are two hospitals with an approximate capacity of 125 beds and four nursing homes with an estimated capacity of 540 beds in 2013. Table 28 below displays the hospital and nursing homes in Jackson County.

Table 28: Jackson County Hospitals and Nursing Homes, Bed Capacity

Hospitals	Nursing Homes
1. Campbellton-Graceville Hospital – Bed Capacity 25	1. Marianna Health and Rehabilitation Center – Bed Capacity 180
2. Jackson Hospital – Bed Capacity 100	2. Nursing Pavilion at Chipola Retirement Center – Bed Capacity 60
	3. Signature Healthcare at the Courtyard – Bed Capacity 120
	4. Signature Healthcare of North Florida – Bed Capacity 180

Source: Florida Agency For Health Care Administration

In addition, there were 14 facilities that had clinical laboratory capacity. There were no ambulatory surgery centers. Table 29 displays information for Jackson County health care agencies and service providers in Home Healthcare and Developmentally Disabled facilities.

Table 29: Health Care Agencies and Service Providers

Home Health Agency	Intermediate Care Facility for the Developmentally Disabled
1. Amedisys Home Health	1. Sunland Center Marianna Facility I - V
2. Gentiva Health Services	
3. Interim Healthcare of Northwest Florida Inc.	
4. NHC Homecare	

Source: Florida Agency For Health Care Administration

Additional health resources in Jackson County include:

- County Parks and Recreation Infrastructure
- Chipola Healthy Start
- FDOH in Jackson County Healthy Start
- Chipola Adolescent Pregnancy Prevention Task Force (CAPP) Initiative
- Jackson County School District Teenage Pregnancy Program (TAPP)
- Faith-based health education infrastructure
- Local Media

QUALITY OF LIFE AND PERCEPTIONS OF HEALTH RELEVANT TO THE COMMUNITY

Behavioral Risk Factor Surveillance System

The Florida Department of Health collects and reports on health behavior with the collaboration of state, county, and local health partners. Florida residents aged 18 and older are surveyed regarding personal health behaviors, selected medical conditions, and the prevalence of preventive health practices. The Florida Behavioral Risk Factor Surveillance System (BRFSS) 2010 county data report represents county-specific; population-based estimates of the prevalence of various health and health risk behaviors.

Jackson County had 531 adults respond to the county-level BFRSS telephone survey in 2010. The full report can be obtained from the Florida Department of Health’s Bureau of Epidemiology (see http://www.doh.state.fl.us/Disease_ctrl/epi/BRFSS_Reports/2010/JACKSON.pdf). This report compared Jackson County to statewide results and the county-level findings obtained in 2007.

Key findings from the BRFSS report revealed:

- Prostate Exams**
 - 62% of men 50 years of age and older received a PSA test in the past two years.
 - 47% of men 50 years of age and older received a digital rectal exam in the past year.

- Breast Exams**
 - 51% of women 40 years of age and older received a mammogram in the past year.
 - 52% of women 18 years of age and older had a clinical breast exam in the past year.

- Heart Disease**
 - 15% of adults have had a heart attack, angina, or coronary heart disease, which is a statistically significant increase from 2007.
- High Cholesterol**
 - Slightly less than one-third (32%) of all adults had been diagnosed with high blood cholesterol, which is down from the 2007 BRFSS county measure.
- Hypertension**
 - Over one-third (39%) of adults were diagnosed with hypertension, representing an increase (29% change) from 2007.
- Diabetes**
 - The percentage of adults diagnosed with diabetes was the same as the 2007 BRFSS county measure (12%) and the average age at which diabetes was diagnosed increased from 49.9 in 2007 to 53.5.
- Limited Physical Activity**
 - The percentage of adults who reported they were limited in activities because of physical, mental, or emotional problems increased from the 2007 BRFSS measure of 19% to 26% in 2010.
- Overweight/Obese**
 - 72% of adults are overweight or obese.
- HIV/AIDS**
 - 48% of adults less than 65 years of age had been tested for HIV; 25% of adults less than 65 years of age thought they could get the AIDS virus from mosquitos.
- Immunizations**
 - Over one-third (32%) of adults received a flu shot in the past year, representing an increase (4% change) from 2007.
- Tobacco Use**
 - The percentage of adults who are current smokers decreased (32% change) from 2007 (29.7%) to 2010 (20.2%).

The BRFSS also evaluated health care access and coverage for adults, oral health, and quality of life. There was a 4.9% decrease in the percentage of adults who had a medical checkup in the past year. However, Jackson County adults reported improvements in other areas. These findings are displayed in Table 30 on the following page.

Table 30: Selected Behavioral Risk Factor Surveillance System Findings, 2010

Factor (Percentage of adults. . . .)	2010 BRFSS County Measure	2007 BFRSS County Measure
Health Care Access & Coverage		
. . . with any type of health insurance coverage	81.4	79.2
. . . who have a personal doctor	85.7	76.5
. . . who could not see a doctor at least once in the past year due to cost	17.8	19.7
. . . who had a medical checkup in the past year	67.7	71.2
Oral Health		
. . . who visited a dentist or dental clinic in the past year	57.2	NA
. . . who had a permanent tooth removed because of tooth decay or gum disease	59.5	NA
. . . who had their teeth cleaned in the past year	50.3	NA
Quality of Life		
. . . who always or usually receive the social and emotional support they need	81.1	73.4
. . . who are “very satisfied” or “satisfied” with their lives	94.4	95.8
. . . with good physical health	88.1	88.4
. . . with good mental health	87.9	87.4

Source: Florida Department of Health, Bureau of Epidemiology



Source: <http://www.jacksoncounty.com/>

Quality of Life

Behavioral risk factors such as excessive alcohol use, tobacco use, poor nutrition, and lack of physical activity are related to chronic diseases and conditions including some cancers, diabetes, heart disease and stroke, and arthritis. Additionally, other risk factors such as being overweight or obese are also largely associated with these poor health outcomes.

Table 31. Selected Health Status Indicators, Sex by Race/Ethnicity, Jackson County and Florida, 2010.

Percentage of Adults* who . . .	Jackson County		Florida	
	White Males	White Females	White Males	White Females
Are "very satisfied" or "satisfied" with their lives.	96.2	95.6	92.5	93.4
Said they had good physical health.	93.2	81.7	87.8	86.2
Reported good to excellent overall health.	81.0	75.7	84.4	84.1
Reported fair or poor overall health.	19.0	24.3	15.6	15.9
Average number of unhealthy physical days in the past 30 days	2.7	5.4	4	4.5

Source: FDOH, BRFSS

* Black/African American and Hispanic/Latino data not available.

Nearly all of the Jackson County respondents reported they were very satisfied or satisfied with their lives. According to the *2010 Behavioral Risk Factor Surveillance System (BRFSS)* survey, most of the Jackson County residents who responded said they had good physical health, with White males having a higher percentage than associated state value. In addition, most Jackson County White male and female residents reported their overall health as good to excellent. Data for Black and Hispanic

Jackson County residents was not available.

In addition, nearly all of the Jackson County White male and female who responded to the 2010 BRFSS survey reported they always or usually receive the social and emotional support they need. White male respondents were the only group who had higher percentages on this health indicator than the state.

Overall, 12.1% of Jackson County residents experienced 14 or more days of poor mental health during the past 30 days, and 11.9% experienced 14 or more days of poor physical health during the past 30 days.

Table 32. Selected Quality of Life Indicators, Jackson County and State, Sex by Race/Ethnicity, 2010.

Percentage of Adults* who. . .	Jackson County		Florida	
	White Males	White Females	White Males	White Females
Always or usually receive the social and emotional support they need.	87.4	79.8	81.1	84.1
Are "very satisfied" or "satisfied" with their lives.	96.2	95.6	92.5	93.4
Reported good mental health.	88.3	85.7	89.7	87.4
Reported poor mental health on 14 or more of the past 30 days.	11.7	14.3	10.3	12.6
Reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	11.2	20.0	16.5	15.2
Average number of unhealthy mental days in the past 30 days	3.9	4.4	3.4	4

Source: FDOH, BRFSS

*Black/African American and Hispanic/Latino data not available.

While nearly all of the Jackson County residents reported good mental health, the percentages for White female residents were below the associated state percentages. In addition, the percentages of White male and female Jackson County residents who reported having poor mental health on 14 or more of the past 30 days were higher than the state percentages.

The percentage of BFRSS White female respondents who reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days were higher than the state percentages.

Nutrition and Physical Activity

The BRFSS survey also collects detailed information about the frequency of consuming fruits and vegetables. The most current data is from the BRFSS administered in 2007. Because this data is five years old, some caution should be exercised in applying it to current Jackson County residents.

The percentage of Jackson County White males and females who indicated they were inactive at work was lower than the state percentage. The percentages of Jackson County White males and females were higher than the state percentages on self-reports related to being sedentary.

Table 33. Selected Nutrition and Physical Activity Indicators, Sex by Race/Ethnicity, Jackson County and State, 2007.

Percentage of Adults* who. . .	Jackson County		Florida	
	White Males	White Females	White Males	White Females
Are inactive at work.	46.7	67.0	61.7	73.9
Are sedentary.	30.4	27.7	18.3	24.1
Meet moderate physical activity recommendations.	26.9	38.5	35.6	38.6
Meet vigorous physical activity recommendations.	28.5	19.7	30.7	23.4
Consumed two or more servings of fruit per day.	21.4	32.4	30.4	38.2
Consumed three or more servings of vegetables per day.	29.5	40.5	26.9	36

Data Source: Florida BRFSS

* Black/African American and Hispanic/Latino data not available.

The percentages of Jackson County residents who reported meeting moderate physical activity recommendations were below the state percentages for White males. When asked about nutrition, Jackson County residents who responded to the 2007 BRFSS survey were below the state percentages for consumption of two or more servings of fruit per day, but were higher than the state percentages for consumption of three or more servings of vegetables per day.

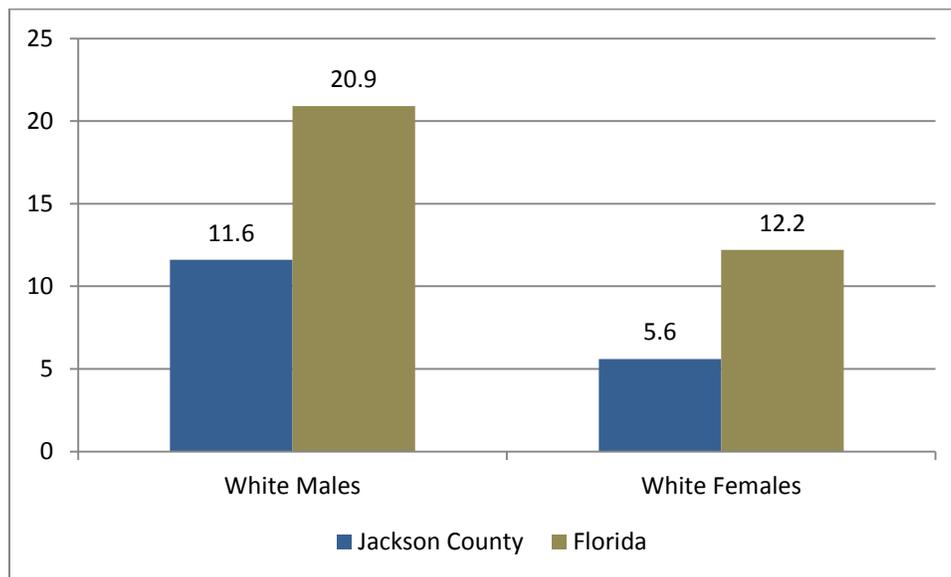
Substance Abuse

Alcohol Use

The BRFSS survey collects information about alcohol consumption. Binge drinking is defined as five or more drinks within a few hours for men and four or more drinks for women. Heavy drinking is defined as one or more drinks per day for women and two or more drinks per day for men.

On the 2010 BRFSS survey, the percentage of Jackson County White males and females who reported engaging in heavy or binge drinking was lower than the associated statewide population.

Figure 24.. Percentage of Adults* who Engage in Heavy or Dinge Drinking, Sex by Race/Ethnicity, Jackson County and State, 2010.



Data Source: Florida BRFSS

* Black/African American and Hispanic/Latino data not available.

Tobacco Use

For adults, current smoking is defined as having smoked at least 100 cigarettes and having smoked within the last 30 days. For youth, current smoking is just defined as smoking within the last 30 days.

Over half of the White male and female Jackson County respondents indicated they had never smoked on the 2010 BRFSS survey. More Jackson County White males reported being a current smoker than the same population statewide.

Table 34. Selected Tobacco Use Activity Indicators, Sex by Race/Ethnicity, Jackson County and State, 2010

Percentage of Adults* who. . .	Jackson County		Florida	
	White Males	White Females	White Males	White Females
Have never smoked.	51.4	53.2	45.4	49.5
Are former smokers.	26.1	27.5	36.7	31.6
Are current smokers.	29.3	17.4	17.9	18.9
Percentage of Non-smoking adults who were exposed to secondhand smoke in the past seven days (BRFSS 2007).	30.1	19.1	17.6	12.4

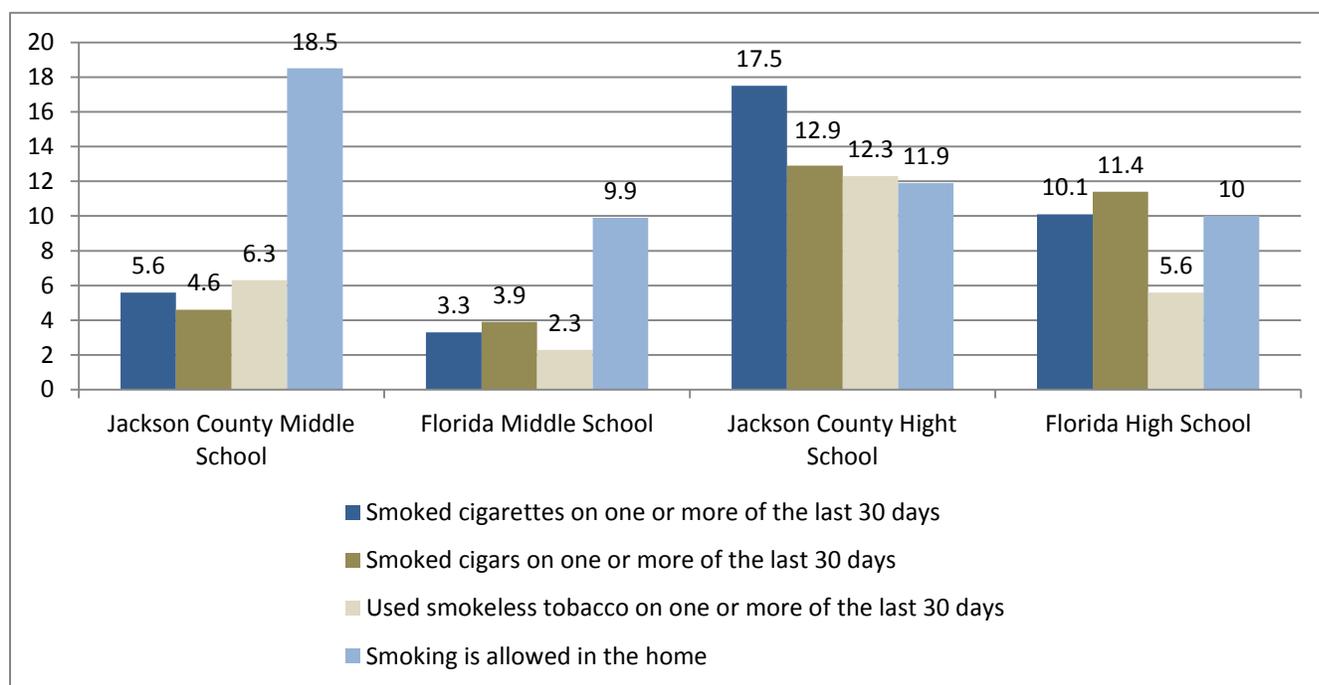
Data Source: Florida BRFSS

* Black/African American and Hispanic/Latino data not available.

Among Jackson County Middle and High School students, the percentage of students who engaged in smoking cigarettes was higher than for students statewide. As compared to statewide percentages, over twice as many Jackson County Middle School students used smokeless tobacco on one or more of the last 30 days. The percentage of Jackson County High School students who smoked cigarettes on one or more of the last 30 days and/or used smokeless tobacco was nearly double than the associated state percentages.

When asked whether smoking was allowed in the home, more than 80% of Jackson County Middle and High School students indicated it was not. However, the percentages of Middle and High School students who reported smoking was allowed in the home were higher than the statewide percentages.

Figure 25. Percentage of Middle and High School Students who Engage in Smoking Behaviors, Jackson County and State, 2012.



Source: 2012 Florida Youth Tobacco Survey

Social and Mental Health

Foster Care

During 2009 to 2011, Jackson County had a higher incidence of infants and children ages 12-17 in foster care compared to Florida. The rate for children ages 12-17 in foster care was 4.6 (per 1,000 children ages 12-17), while the state rate was 4.5. The rate for children ages 1-5 and ages 5-11 in foster care was lower compared to Florida. The rate of infants in foster care was 11.7 (per 1,000 aged <1), while the state rate was 10.7. The rate for children ages 1-5 in foster care was 5.3 (per 1,000 children ages 1-5), while the state rate was 5.7. The rate of children ages 5-11 in foster care was 2.1 (per 1,000 children ages 5-11), while the state rate was 3.5

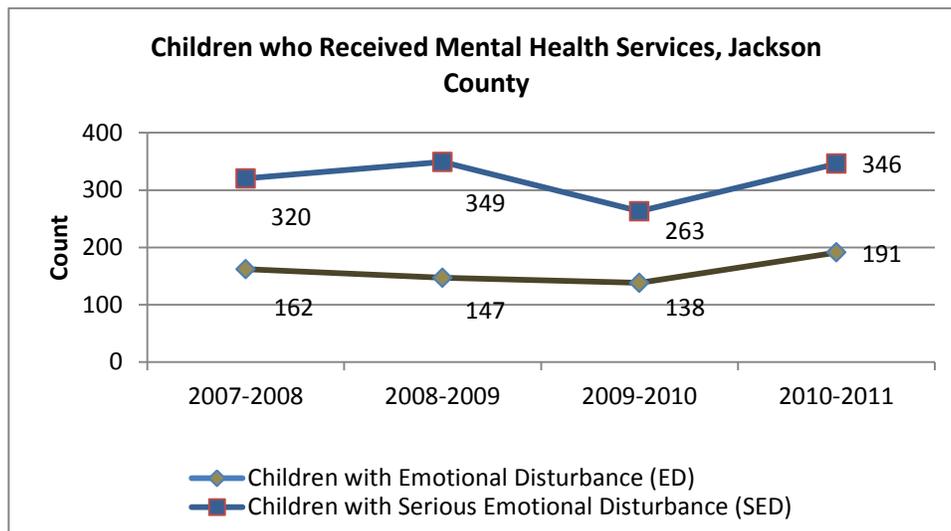


Source: <http://www.jacksoncounty.com/>

Mental Health Treatment

Children ages 1-5 receiving mental health treatment services in Jackson County was 9.1 (per 1,000 children ages 1-5) compared to Florida's rate of 11.0. Figure 24 displays the five-year trend for children with Emotional Disturbance (ED) and children with Serious Emotional Disturbance (SED) who received mental health services from the Department of Children and Families (DCF) for the fiscal years 2007 to 2008 through 2010 to 2011 (the most current data available). An upwards trend for the 2010 to 2011 fiscal year was observed for both the number of children with ED and the number of children with SED who received mental health services.

Figure 26: Jackson County Children who Received Mental Health Services

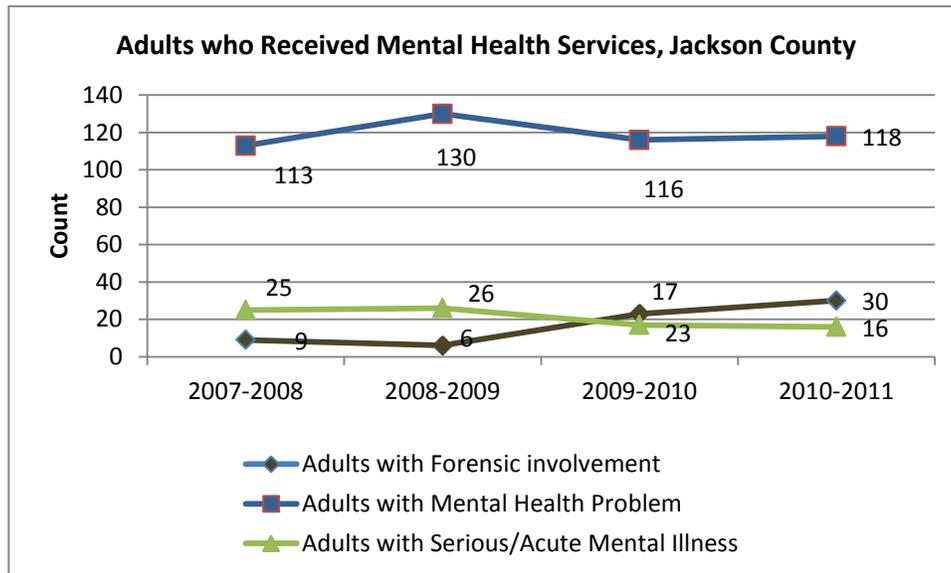


Source: Department of Children & Families, Substance Abuse & Mental Health Program, Northwest Region Circuits 2 and 14

See Appendix 1 for the definitions for children receiving mental health services from the Department of Children and Families (DCF).

Figure 25 displays data for Jackson County adults who received mental health services from DCF for fiscal years 2007 to 2008 through 2010 to 2011. The number of adults with forensic involvement (defined by DCF as dependency/criminal status) who received mental health services from DCF exhibited an upward trend from fiscal years 2009-2010 to 2010-2011. There was a slight increase for adults with mental health problems receiving mental health services in fiscal year 2008-2009 but the trend decreased again in subsequent years. Adults with serious/acute mental illness receiving mental health services from DCF demonstrated a slight downward trend in fiscal year 2009-10 and 2010-2011.

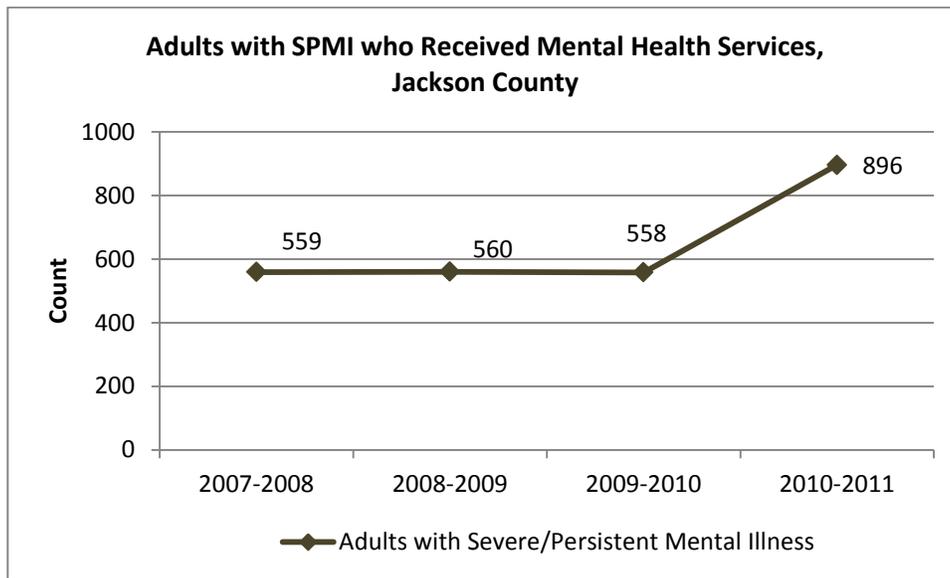
Figure 27: Jackson County Adults who Received Mental Health Services



Source: Department of Children & Families, Substance Abuse & Mental Health Program, Northwest Region Circuits 2 and 14
 See Appendix 1 for the definitions for adults receiving mental health services from the Department of Children and Families.

The number of Jackson County adults with severe or persistent mental illness (SPMI) who received mental health services from DCF is displayed in Figure 26. There was a notable increase in fiscal year 2010-2011 for the number of Jackson County adults with SPMI who have received services from DCF.

Figure 28: Jackson County Adults with SPMI who Received Mental Health Services



Source: Department of Children & Families, Substance Abuse & Mental Health Program, Northwest Region Circuits 2 and 14. See Appendix 1 for the definitions for adults receiving mental health services from the Department of Children and Families.

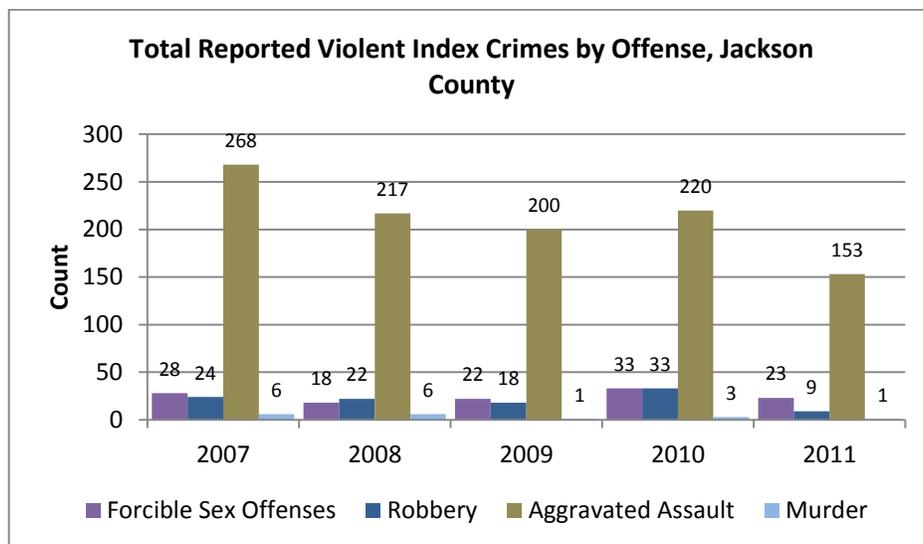
Disabilities

During 2006 to 2008 (most current data available), the rate of Jackson County children ages 3-5 with disabilities receiving pre-kindergarten services was lower than the state rate. Jackson County's rate was 19.5 (per 1,000 children ages 3-5), with Florida's rate at 30.3. Data for adults with disability data was not available. Data was not available for the number of children and adults who receive disability services in Jackson County through the Medicaid Waiver Program.

Crime

Almost three-quarters (74%) of the domestic violence offenses in 2011 were associated with simple assaults as reported by the Florida Department of Law Enforcement. There were a total of 209 reported domestic violence offenses in 2011 (the most current data available). The total reported murders in Jackson County has decreased from six in 2007 to one in 2011, while the total reported robberies and aggravated assaults has declined during the same time period. Aggravated assaults accounted for 82% of the total reported violent crimes in 2011. Figure 27 displays the total reported violent crimes for 2007 to 2011.

Figure 29: Total Reported Violent Index Crimes

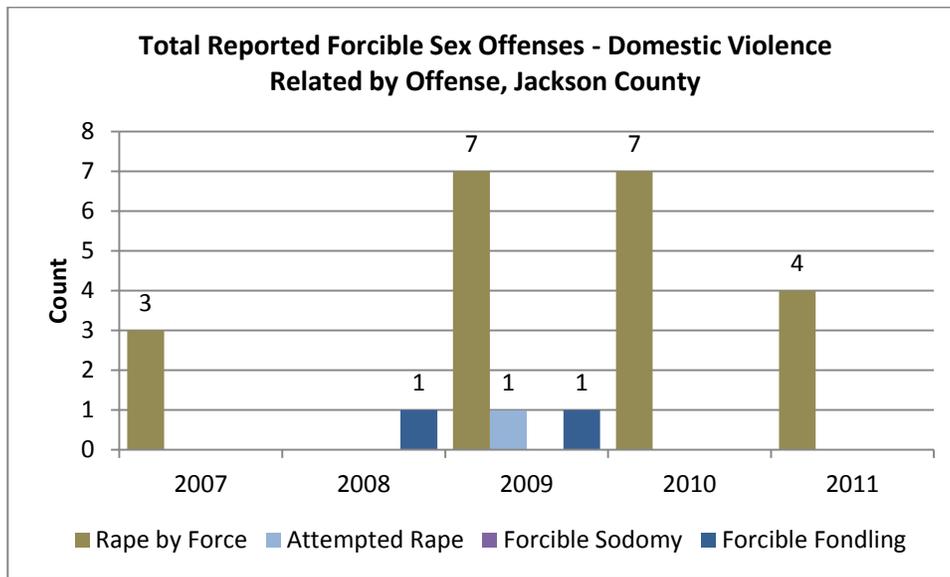


Source: Florida Department of Law Enforcement

The total reported domestic violence related forcible sex offenses in Jackson County

peaked in 2009 at nine total offenses and have shown a downward trend since with four total offenses in 2011. Rape by force offenses contributed to this peak with seven offenses in 2009, decreasing to four offenses in 2011. No attempted rape, forcible sodomy or forcible fondling offenses were reported in 2011. Figure 28 displays the reported domestic violence related forcible sex offenses from 2007 to 2011.

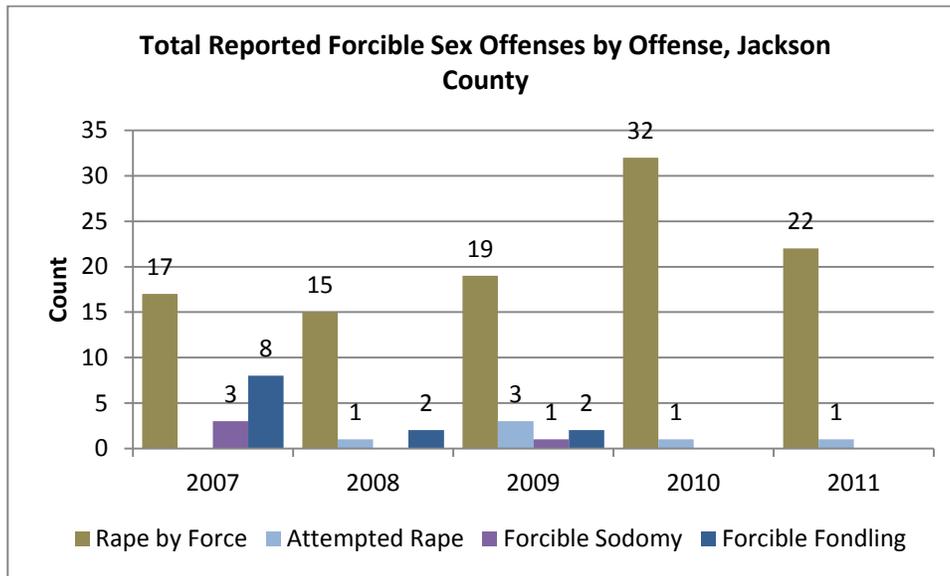
Figure 30: Total Reported Forcible Sex Offenses - Domestic Violence Related



Source: Florida Department of Law Enforcement

A slight increase in total reported forcible sex offenses was observed in 2010 at 33 offenses; the number of offenses has since decreased to 23 offenses in 2011. 96% of total forcible sex offenses in 2011 were rape by force. No forcible sodomy or forcible fondling offenses have been reported since 2009. Figure 29 on the following page displays the total reported forcible sex offenses from 2007 to 2011.

Figure 31: Total Reported Forcible Sex Offenses



Source: Florida Department of Law Enforcement

Overall, property crimes have increased from 2007 to 2011, with larceny accounting for nearly three-quarters (73%) of the total property crimes in 2011. Burglary and motor vehicle thefts have had a downward trend through 2011 (the most current data available). Table 31 below summarizes the property crimes by offense for 2007 to 2011.

Table 35: Total Reported Property Index Crimes by Offense

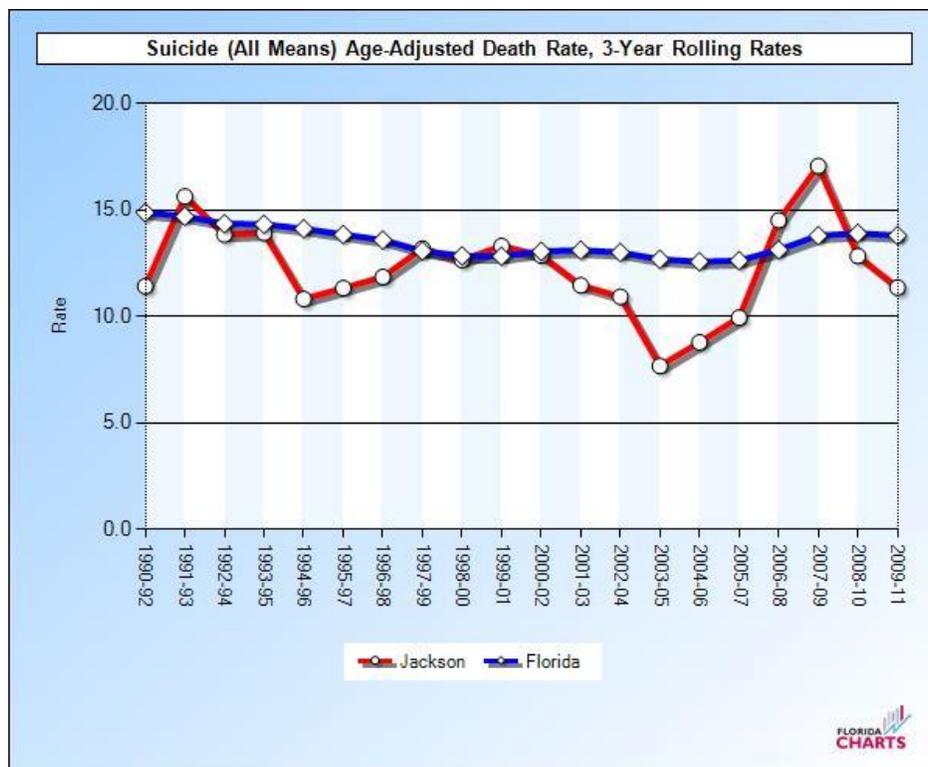
Year	Burglary	Larceny	Motor Vehicle Theft	Total Property Index Crime
2007	332	643	64	1,039
2008	311	583	61	955
2009	313	554	49	916
2010	289	900	48	1,237
2011	266	802	31	1,099

Source: Florida Department of Law Enforcement

Suicide

Jackson County's suicide rate has been lower than the Florida rate from 2008 to 2011. In 2009 to 2011 there were 19 suicides in Jackson County for a rate of 11.4 per 100,000 people compared to a state rate of 13.8. Over three quarters (79%) of the total suicides were the result of firearm discharge in 2009 to 2011. Males accounted for 87% of the suicides by firearm discharge. Figure 31 below illustrates the comparison of Jackson County/Florida suicide rates for 1990 to 2011.

Figure 32: Suicide Age-Adjusted Death Rates



Source: Florida Department of Health, Bureau of Vital Statistics

JACKSON COUNTY HEALTH PROFILE 2013 - NEXT STEPS

The data from this report will be reviewed by the Jackson County community health partners, along with Community Health Needs Assessment Report and the Forces of Change Report, during the Community Health Improvement Plan workshops. These three documents will be used to prioritize health issues, identify Jackson County strengths, weaknesses, opportunities, and threats (SWOT), and develop an action plan that addresses the top health issues and provides guidance for measuring impact.

The Jackson County Health Profile provides a “snapshot in time” of the demographics, employment, health status, and health resource availability of Jackson County, Florida and supports a proactive approach for protecting public health. By emphasizing community partnerships to impact health outcomes, the information in this report can be used to build a collaborative effort towards those health issues which impact Jackson County residents. The Jackson County community health partners are committed to achieving greater health impact by forming critical partnerships and alliances, and eliminating health disparities.

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MARCH 2013

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

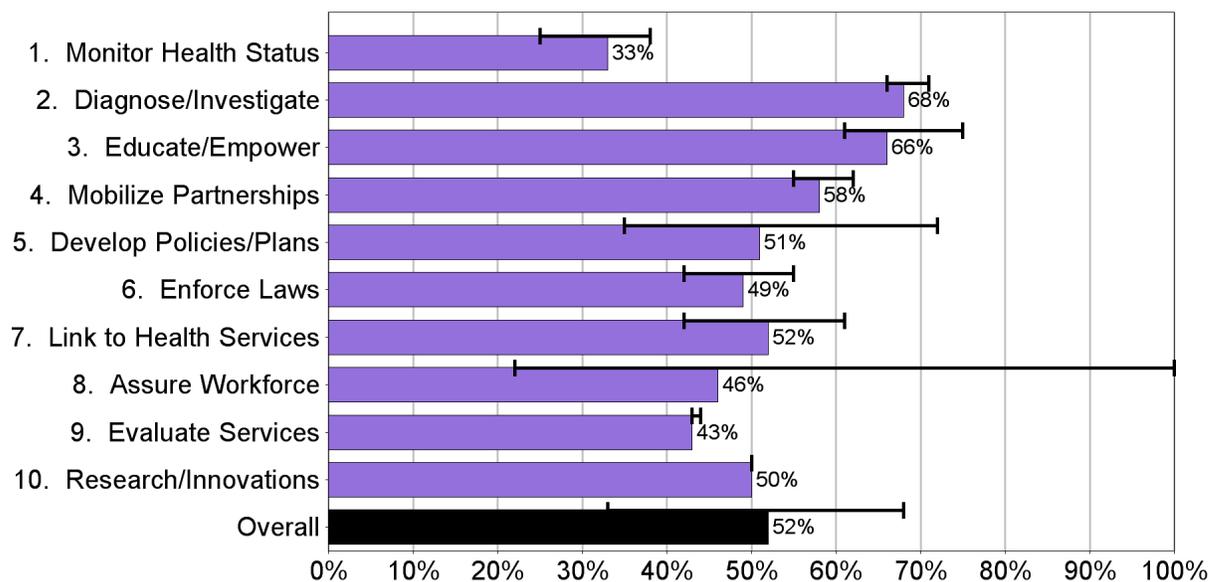
The National Public Health Performance Standards Program local instrument was conducted in the September of 2012. The NPHPSP is a partnership effort with community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a state or local community. The *10 Essential Public Health Services* provides the framework for the NPHPSP instrument, and is divided into ten sections (one for each Essential Service). The *10 Essential Public Health Services* are:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a component of public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

The scoring methodology for the LPHPSP is based on a quartile scoring system for each area. The NPHPSP assessment instruments guide local jurisdictions in evaluating their current performance against a set of nationally established standards.

The 2012 LPHPSP report indicated the Jackson County community health programs and services contributed to the provision of the *10 Essential Public Health Services*, with an overall performance score of 52%. This score represents the average performance level across all *10 Essential Public Health Services*, and indicates that there is significant activity in these areas. The Essential Service area that had the lowest performance score was *Monitor Health Status* (33%) and the highest performance score was in the area of *Diagnose/Investigate* (68%). The graph below summarizes the 2012 LPHPSP scores for Jackson County across the *10 Essential Public Health Services*.

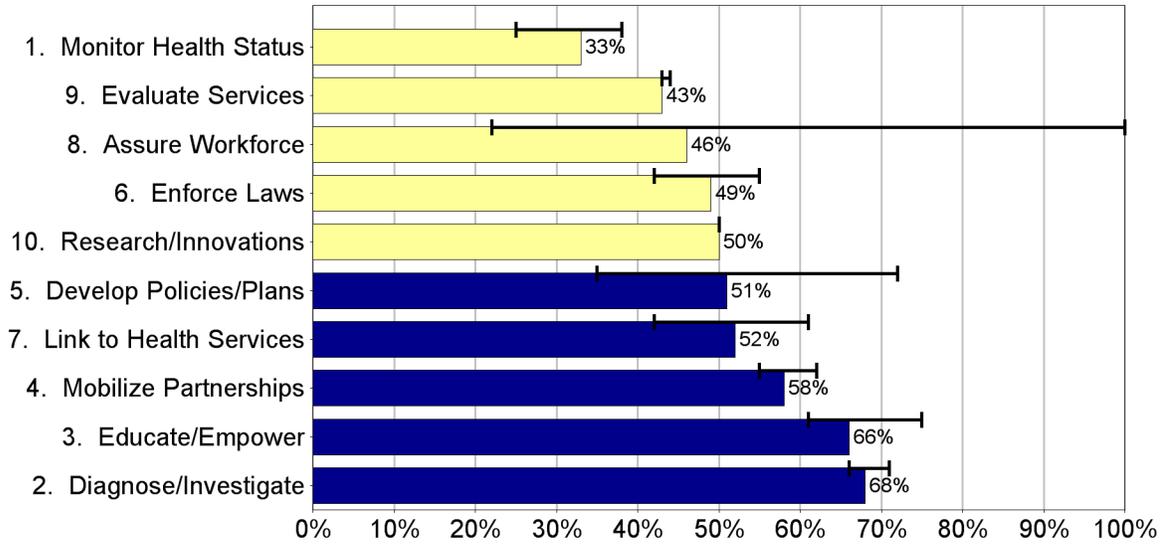
Summary of 2012 LPHPSP Performance and Overall Scores



Source: 2012 Jackson County NPHPSP Report

The graph on the following page provides a composite picture of Local Public Health Assessment for Jackson County. The range lines show the range of responses within an Essential Service. The color coded bars identify which of the Essential Services fall in the five categories of performance activity (i.e., no activity, minimal activity, moderate activity, significant activity, and optimal activity). Jackson County had five Essential Service area which had Moderate activity (yellow bars), and five Essential Service areas

with *Significant* activity (blue bars). There were no areas within the 10 Essential Services that had *No Activity*, *Minimal Activity*, or achieved *Optimal* activity.



Source: 2012 Jackson County NPHPSP Report

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APRIL 2013

FORCES OF CHANGE

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

BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Jackson County, Quad R, LLC was contracted by the Jackson County Health Department to facilitate the Forces of Change Assessment workshop on April 3, 2013.

The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

A total of 24 individuals attended. Individuals were representative of various social service agencies, law enforcement, city/county government, community residents/businesses, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Jackson County. The list of participants can be found in Appendix 2.



METHODS

Nearly three weeks prior to the scheduled Forces of Change workshop, potential workshop participants were contacted by e-mail from the Jackson County Health Department regarding the date, time, purpose of the workshop. The agenda with the Forces of Change Brainstorming worksheet were included in the email. The email, agenda, and worksheet are located in Appendix 2. Phone calls by the Jackson County Health Department Administrator were also made to community health partners encouraging their participation in the workshop.

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

Participants were asked to re-assign themselves to a new group of participants. This



was done so as to enhance the sharing of information, prevent Group Think, and allow for networking across agencies and organizations. Participants were instructed to identify the *Strengths* within the Jackson County community which could be used to impact each of the six Forces. The facilitator asked the participants to identify people and/or community groups, policies, laws, and/or regulations, and physical resources and

assets which could be mobilized to impact the specific Force. In addition, workgroups were asked to include regional, state, and national *Strengths*. In their workgroups, participants reviewed each of the six Forces and added additional *Strengths* as needed.

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

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

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

IDENTIFICATION OF FORCES

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

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

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

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Jackson County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Economic			
<ul style="list-style-type: none"> • Median income • High deductible health plans • Dozier closure • ↓in Medicare rates • ↓in Medicaid rates • Above average Medicaid population • Lack of large industry • Tax base erosion • Perception of state, federal, and local leadership/elected officials • ↑in uninsured population • ↑poverty levels • High fuel prices/lack of transportation • Language barriers • Food cost – fast food vs. fresh and healthy • Interest in financial gain vs. health as a priority • Unemployment rate increasing • Single parent homes 	<ul style="list-style-type: none"> • Jim Dean (city manager) • Farming • Institution (Sunland, Florida State Hospital (FSH), and Corrections) • Social Services • Workforce potential • Education system – Steve Benton • Low cost of living • Environment resources/recreational • Small town contacts • Chamber of Commerce • Pilot Club • Jackson County Tourist Development Council (JC TDC) • Chipola College • Meals on Wheels • First Presbyterian and Catholic Church – Food Closet • Kenny Griffin • One Step (Employment center) • Optimist Club • Chipola Baptist Ministry 	<ul style="list-style-type: none"> • Lack of foresight • Fear of job loss • Re–election fears • Attitude of alcohol use in restaurants (prohibits franchise entry into market) • Little support for entrepreneurs • Government funding to all federal, state, county, city agencies • School closures • Fear of change and growth • Fear of prison closures • Loss of healthcare facilities due to ↓ in funding/reimbursement 	<ul style="list-style-type: none"> • More quality jobs • Financially accessible degrees and vocational programs (continued expansion of Chipola College) • I–10 industrial park expansion • Physician recruitment – make Jackson Hospital regional destination for healthcare • ↓out migration of healthcare/hospital stays (over ½ of people from Jackson county that have a hospital stay, do so at a facility outside of the county) • Apply for grants • Bus tours for agri-tourism (increase program recently started) • Funding • Education

Jackson County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Environmental			
<ul style="list-style-type: none"> • Weather (floods, storm etc...) • Water safety/water pollution debate • Limited healthy foods • Increase in fast foods • Limited public transportation • Motor vehicle death rate • Natural/man- made disasters • Tobacco-free campus & multi-unit housing • Rabies education • Mosquito issue • Age of water/wastewater infrastructure • Road maintenance • High percentage of unpaved roads 	<ul style="list-style-type: none"> • Jackson County Growers Association • Hospitals • First Responders • County Health Department • Emergency Operations (EOC) • Availability of federal/state funding & grants • Jackson County Extension Office • Special Needs Shelters • Florida Department of Agriculture – Commissioner Adam Putman • Organizations – provide food • Red Cross • Emergency Management • Car seat program • Centralized location • Agriculture resources • Farm Service Agency (FSA) • Future Farmers’ of America (FFA) • Soil and water conservation • Parks and recreation – Chuck Hatcher • Chipola river 	<ul style="list-style-type: none"> • Lack of cooperation by citizens • Accessibility to our strengths • Changing pollution standards effects on agriculture • USDA – tight regulations on small farms • Lack of funding • Lack of education • Decisions of leadership • Adverse weather conditions • Railroad 	<ul style="list-style-type: none"> • Funding • Education • Lifting/easing of restrictions • Partner with other counties for public transportation ideas and opportunities • New management of Jackson County Growers Association and Farmers Market • Jackson County Extension Service – Master Gardener, plant sale, annual event • Farm Service Agency • Jackson County Recycling program • Partner with local growers to provide healthy foods in school system meals: Satsuma’s, tomatoes, watermelon, peanuts, greens, turnips, mustard • Ask local fast food providers to offer “healthy” choice first at cash register (Hardees, Burger King, McDonald’s, Taco Bell, Sonic, Captain D’s, Zaxby, KFC)

Jackson County Forces of Change

FORCES	STRENGTHS	THREATS	OPPORTUNITIES
Health			
<ul style="list-style-type: none"> • Electronic Medical Record (EMR) • Tele–health • Value based purchases • Parks for exercise • Physical inactivity • Aging population • Poor diet • Smoking • Teen pregnancy • Local access to healthcare • Obesity • Dental care/dentist • Lack of health insurance • Cost increase for insurer and ↓for healthcare agency • Limited mental service • Primary care physician ratio • Abuse of drugs • Legal/illegal • Lack of specialized care for un/underinsured population • Heart disease/stroke • Cancer screenings • Sexually Transmitted Infection rate (STI) • Teen repeat pregnancy • Infant death rate • Low birth rate • Neonatal death rate • Post – natal death rate 	<ul style="list-style-type: none"> • Breast cancer • Parkinson’s Support Group • Diabetes • Better Breathers • Smoking cessation • Childbirth classes • Cancer Closet • Arts in Medicine • Mary Beth Gurganus • Jackson County Association Retarded Citizens (JCARC) • FSU/ UF PA/Medical school affiliation • William Long • Pink Ladies • Council on Aging • Jackson County Senior Center • Chemical Addictions Recovery Rffort(CARE) • Chipola Adolescent Pregnancy Prevention (CAPP) task force • Parks - State and County • Department of Health (DOH) • Hospice • Hospitals • Home Health • Jackson Hospital 	<ul style="list-style-type: none"> • Aging population • Decrease in providers due to reimbursement • Funding • Knowledge • Non– compliance • Willingness to participate • Closure of hospital because of funding/payment changes ↑ depending on Medicaid/Medicare reimbursement • Federal Qualified Health Center (FQHA) entry into hospital market: not enough volume/margin for both • ↑ Drug abuse • Close proximity to neighboring states – using resources/ nursing homes, retirements, Sunland 	<ul style="list-style-type: none"> • Breast Cancer Symposium • WIC and Food Stamp reform by State Surgeon General • Grants for teen pregnancy • Prevention for communities • Grants for childhood obesity – families • Life Expo 2014 • Funding education/programs available • Local Farmers Markets • Urgent Care Center through Jackson Hospital CGH • Expanded role and scope of nurse practitioners • Health Careers Summer Camp

Jackson County Forces of Change

FORCES	STRENGTHS	THREATS	OPPORTUNITIES
Health (Continued)			
<ul style="list-style-type: none"> • Premature birth • HIV death rate 	<ul style="list-style-type: none"> • Campbelton/Graceville Hospital • Jackson County (JC) • Chipola College • Faith Clinic • Chipola Christian Ministry • Free quit smoking program • Extension agents • Emergency Operation Center(EOC) • School health immunizations to 21 years • Smiles on Wheels/mobile and land base • Women Infants and Children/supplemental nutrition program (WIC) • Summer Farmer's Market program for WIC • Jackson County Extension Agency 4 H day • Automated External Defibrillator (AED)/ CPR training to community 		

Jackson County Forces of Change

FORCES	STRENGTHS	THREATS	OPPORTUNITIES
Political			
<ul style="list-style-type: none"> • Economics • Leadership – directs funding & mistrust in government, local, state, and federal • Media driving force in beliefs • Educational goals/values • Budgetary cuts due to new government • Outsourcing/privatizations • Changes in retirement/benefits • Mistrust in government (money talks) see #2 • Access to healthcare • Lack of promotion for new industries 	<ul style="list-style-type: none"> • Pro-active and positive attitude • Staff at County Health Department • Central facility • Leadership – County Health Department - William Long • Small town contacts/friendships • Education in grants (where to find & how to write) • Marti Coley and Don Gaetz • Chamber • County Administration/ Board of Commissioners • City Council/ Mayor • Media/news/radio 	<ul style="list-style-type: none"> • Good “ole” boy network • Chamber collapse • Misinformed by media • Lack of correct knowledge of issues • Resistance to change • Lack of funding • Mistrust • Misinformed legislative leaders • Legislate every solution (can’t not) 	<ul style="list-style-type: none"> • New government • Promote positive news in media • Low income pool council – Medicaid • Senate and House leadership are local representatives • Vote • Education • Lack of sharing between cities/jurisdictions

Jackson County Forces of Change

FORCES	STRENGTHS	THREATS	OPPORTUNITIES
Social			
<ul style="list-style-type: none"> • Low physical activity • Early marriage • Early pregnancy • Risky behavior at early age • ↓ High school graduation rate • Obesity and low physical activity • Low expectations • Violent crime rate • Limited mental health services • Low income • Drug abuse • Single parents • Aging population • Increase of migrate workers • Lack of believe/trust in healthcare • Smoking rate • Graduation rate • College attendance • Breakdown of family structure • Unemployment rate • Lack of youth programs • Social diversities in community 	<ul style="list-style-type: none"> • Mere Sports programs (Dixie Youth) • Chipola College • Local schools • Extension Education programs • Wright Foundation • McLane Center after school/summer programs • Character First program • Better Breathers • Parkinson's Support • Teen outreach • Diabetes education program • Faith-based programs • Good work ethic • Fire Department • Education programs • Breast Cancer Support/Symposium • Relay for Life • Jackson County Health Department • Evangel Worship Center • Community support 	<ul style="list-style-type: none"> • Lack of funding (youth programs) • Lack of education (youth programs) • Lack of motivation/desire • Increased drug abuse in all social walks • Moral values • Peer pressure • Lack of family structure/values • Social media • Closure of college • Unintended consequences of social programs 	<ul style="list-style-type: none"> • Education for building family relationships • Group retreats • More education for youth to decrease/deter risky behaviors • Increase in faith-based efforts • Partnering of area churches • Health fairs - local and partnering • Mentoring programs • Improved morale values • World's Greatest Baby Shower • Main Street activities • Paint 'N Pork • Sheriff's Night Out • Concert in park • Scottish Festival • Dental bus visits +Tallahassee • Christmas Parade • St Patty's Day in Park • 4th of July fireworks

Jackson County Forces of Change

FORCES	STRENGTHS	THREATS	OPPORTUNITIES
Technological			
<ul style="list-style-type: none"> • Mandated electronic medical record • Fast-based technological changes • Lack of interfaced computer software • Diverse technological populations/age • Negative impact to teen physical activity and education • Lack of parental involvement • Lack of access due to low income (online apps for needed services) • Tele-health • Patient portals • Lack of high speed internet access in rural areas • Lack of cell phone use in all areas • Lack of educational opportunity for seniors • Fears of technology • Lack of communication skills 	<ul style="list-style-type: none"> • Federal rural broadband grant • Chipola College – Nakeya Lovett • Libraries • Fitness centers • 4 – H Ben Knowles • Jackson County Hospital • MRI at Jackson hospital and interfacing mental technology • Care Stream • Direct secure messaging • Tele-health • Inscribe Program • Jackson County School Board – Elizabeth Walden • Jackson Vocational Tech – Clay Wells • Recreation program 	<ul style="list-style-type: none"> • Money loss • Lack of educational opportunity • Resistance to change • Bully • Lack of support system for all • Social media • Facebook, Twitter, Topix • Lack of political support to rural broadband grant 	<ul style="list-style-type: none"> • Increasing education and access at libraries, schools or other public buildings to technology • Grants • Promote private companies to provide services and education

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SUMMARY/KEY FINDINGS

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

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Jackson County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership



with more non-traditional partners. The *Economic and Technological Forces* will continue to be impacted in Jackson County by these conditions.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs.

Jackson County is a rural community, and as such, challenges to both access to healthcare and the transportation infrastructure result. Changing demographics within Jackson County and the state of Florida also present the need to address language and cultural barriers. *Health* forces which impact the health of Jackson County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy

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

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

COMMUNITY HEALTH FORCES OF CHANGE

2013 - NEXT STEPS

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



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

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

This model utilizes six distinct phases:

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

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



APRIL 2013

COMMUNITY THEMES & STRENGTHS

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

BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Jackson County, Quad R, LLC was contracted by the Jackson County Health Department to facilitate the **Community Themes & Strengths** during the **Forces of Change** workshop on April 24, 2013. The purpose of this workshop was to identify health priorities which are impacting Jackson County residents. A total of 25 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Jackson County. The list of participants can be found in Appendix 2.

METHODS

Approximately three weeks prior to the scheduled workshop, community health partners were contacted by e-mail from the Jackson County Health Department regarding the date, time, and purpose of the workshop. At this time, community health partners were provided the agenda. The email and agenda are located in Appendix 2.



The participants were welcomed to the workshop by the Jackson County Health Administrator, William Long. Workshop participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for Jackson County. This data included:

- Florida Department of Health CHARTS – Jackson County Health Status Summary (accessed April 15, 2013)
- 2013 County Health Rankings (Florida Big Bend, Florida Public Health Institute)

- Florida Legislature, Office of Economic and Demographic Research – Jackson County Summary (accessed April 15, 2013)
- Jackson CHARTS Pregnancy & Young Child Profile (accessed April 15, 2013)
- Jackson CHARTS School-aged Child & Adolescent Profile (accessed April 15, 2013)
- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report
- Florida Department of Law Enforcement January-December 2011 Crime in Jackson County Summary
- Jackson County Quick Facts, US Census Report (accessed April 15, 2013)
- Florida Youth Tobacco Survey (FYTS) 2012 – Jackson County at a Glance
- Jackson County: Specialty and Flavored Tobacco Trends Among Youths (Ages 11-17) from the Florida Youth Tobacco Survey (Florida Department of Health)

Participants reviewed the data individually and identified key health issues and/or needs for Jackson County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public health system operate within Jackson County.

Participants were then divided randomly into five groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each group worked collaboratively to cluster their issues and identify a label for the theme or category.

Workshop participants were re-assigned to one of three breakout groups. One group reviewed all the themes and categories and re-assembled them into a master list of community health issues. One group worked independently to create a list of the *Strengths* (Resources) available in Jackson County to address community health issues and concerns. One group separately identified the *Opportunities for Improvement*

(Barriers/Challenges) to impacting community health issues and concerns in Jackson County.

The groups working on the *Strengths and Opportunities for Improvement* were reminded to include people/agencies, process/laws, and place/location/events. In addition, the groups were to list local, county, regional, state, and federal items for each list. The two groups were also instructed to include attitudes, behaviors, and cultural items which served as either a *Strengths* or *Opportunities for Improvement*. The groups were reminded that an item could appear in both lists. The groups switched places and reviewed each other's work and added additional *Strengths* or *Opportunities for Improvement*.

Ten health issues were identified:

- Birth Outcomes
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Mental Health
- Poverty and Education
- Screenings
- Teen Pregnancy

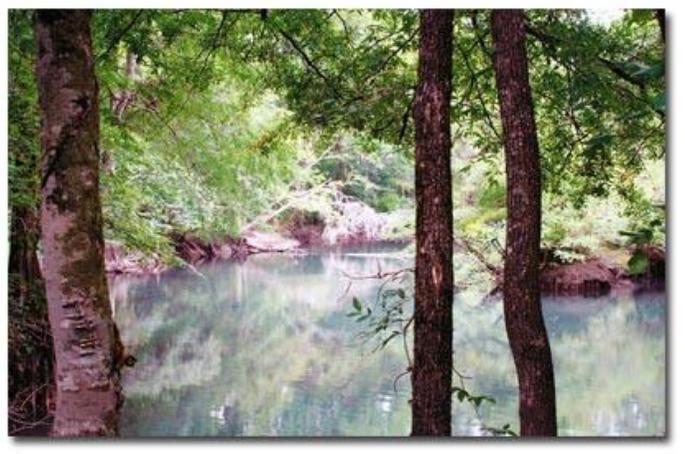


The table on the following page displays the Community Themes, Strengths, and Opportunities for Improvement.

THEMES	STRENGTHS(RESOURCES)	OPPORTUNITIES FOR IMPROVEMENT (BARRIERS/CHALLENGES)
<ul style="list-style-type: none"> ▪ Birth Outcomes ▪ Chronic Disease ▪ Communicable Disease ▪ Healthcare Access ▪ Injury and Safety ▪ Mental Health ▪ Poverty and Education ▪ Screenings ▪ Teen Pregnancy ▪ Tobacco 	<ul style="list-style-type: none"> ▪ Chipola Healthy Start ▪ Chipola Adolescent ▪ One Step ▪ Jackson Hospital ▪ United Way ▪ CARE ▪ Community resources of NFL ▪ A Women’s Pregnancy Center ▪ Goodwill ▪ JCARC ▪ Meals on Wheels ▪ Pilot Club ▪ Rotary ▪ Pregnancy Prevention Task Force ▪ Optimist Club ▪ Kiwanis’s Club ▪ Chipola Civic Club ▪ Progressive 12 ▪ Emergency Manager ▪ Red Cross ▪ Salvation Army ▪ Delta’s ▪ Churches ▪ McClan Center ▪ Food banks – churches ▪ Florida Department of Agriculture ▪ County libraries ▪ Kid Care ▪ Wright Foundation ▪ Jackson County Health Department ▪ Early Childhood Services ▪ City of Marianna Parks and Recreation ▪ Dental bus ▪ Chipola College ▪ Jackson County School Board ▪ Big Bend Area Health Education Center and Free Quit Tobacco program ▪ Life Management Center ▪ Jackson Transportation 	<ul style="list-style-type: none"> ▪ Unemployment ▪ ↓ Health insurance d/t cost ▪ Income levels ▪ Education - ↓high school gradations ▪ Resistance to change ▪ Limited transportation ▪ Cultural diversity ▪ Parental accountability/responsibility ▪ Lack of family units ▪ ↑ Medicaid rate <ul style="list-style-type: none"> • Limited Medicaid/ Medicare benefits • Lack of youth activities ▪ Limited industry + employment opportunities ▪ Accessible physical activities for all age groups ▪ Safe + affordable housing ▪ Lack of fresh foods ▪ After school program (lack of) ▪ Rules and regulations (State/Federal) ▪ Lack of funding for programs ▪ Government <ul style="list-style-type: none"> • Limited providers/ access to technology

	<ul style="list-style-type: none">▪ Marianna Police Department▪ Jackson County Sheriff's Department▪ Jackson County Senior Citizens Center▪ Jackson County Fire and Rescue▪ Marianna Fire Rescue▪ Teenage pregnancy program▪ Media▪ Critical Care Center▪ Extension Office▪ Dialysis Center▪ Habitat for Humanity▪ Altrusa Club▪ March of Dimes	
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JUNE 2013

COMMUNITY HEALTH STRATEGIC PLANNING

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

SUMMARY FROM MAPP ASSESSMENTS

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

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

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<p>Community Health Status Profile</p> <ul style="list-style-type: none"> ○ Jackson County has less ethnic diversity than either Florida or the United States, as a whole. ○ 80% of the population is over the age of 18, with the overall median age in Jackson County as 40.5 years. ○ In 2010 the poverty rate was 19.7%, with 17.8% of those in poverty under the age of 18 and 20.8% were over the age of 65. ○ 57.1% of children are eligible for free and reduced lunches. ○ Jackson County ranked 52 out of 67 Florida counties according to the <i>2012 County Health Rankings</i>. ○ In 2011, the leading causes of death were: 1) Heart Disease, 2) Cancer, 3) Stroke, 4) Chronic Lower Respiratory Disease, 5) Unintentional Injuries. ○ Jackson County had higher Chlamydia and Bacterial STD (women 15-34) rates as compared to the state. ○ There were 10,039 Jackson County residents enrolled in Medicaid in 2011. ○ Among Jackson County Middle and High School students, the percentage of students who engaged in smoking cigarettes or using smokeless tobacco was higher than for students statewide. ○ Jackson County had a higher incidence of infants and children ages 12-17 in foster care compared to Florida. 	<p>Community Themes & Strengths Assessment</p> <ul style="list-style-type: none"> ○ Birth Outcomes ○ Chronic Disease ○ Communicable Disease ○ Healthcare Access ○ Injury and Safety ○ Mental Health ○ Poverty and Education ○ Screenings ○ Teen Pregnancy
<p>Local Public Health System Assessment</p> <ul style="list-style-type: none"> ○ ES #1: Monitor health status to identify community health problems. ○ WS #9: Evaluate effectiveness, accessibility and quality of personal and population-based health services. ○ ES #8: Assure a component of public and personal health care workforce ○ ES #6: Enforce laws and regulations that protect health and ensure safety. ○ ES #10: Research for new insights and innovative solutions to health problems. 	<p>Forces of Change Assessment</p> <ul style="list-style-type: none"> ○ Economic ○ Environmental ○ Health ○ Political ○ Social ○ Technological

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

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

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

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

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

Source: Florida Department of Health, Office of Minority Health

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

only exists on health disparities for White and Black-African American and Male and Female populations within Jackson County.

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

STRATEGIC ISSUES

- Birth Outcomes/Teen Pregnancy
- Chronic Disease
- Communicable Disease
- Healthcare Access/Screenings
- Poverty and Education

STRATEGIC ISSUE 1: BIRTH OUTCOMES/TEEN PREGNANCY

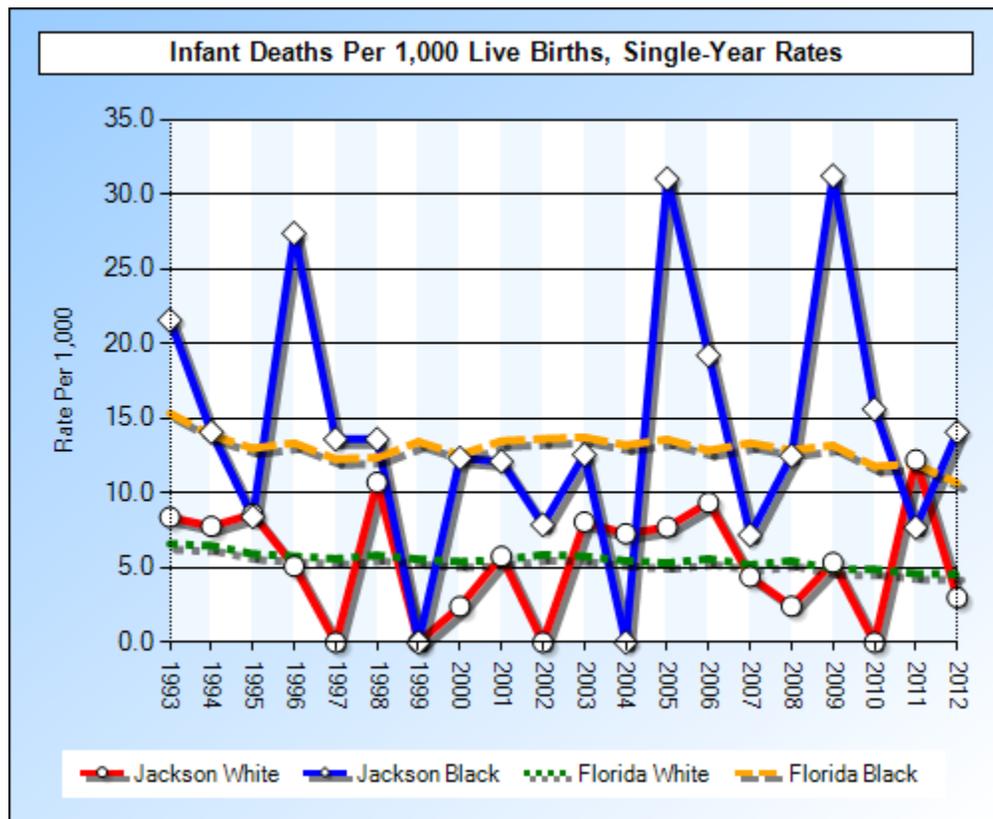
Births to Jackson County women ages 15-19 was a health issue identified by community health partners. Of the 501 births in 2012, 10.9% were to women ages 15-19, with births to white teenage women at a rate of 19.2 compared to a state rate of 11.5. The birth rate for black teenage women in Jackson County (20.5) doubled from the previous year (10.4) and was comparable to the state rate of 20.4 for 2012.

Of the total births to women ages 15-19, 100% were to Black unwed mothers and 84% were to unwed White mothers. The trend for repeat births to teenage mothers in Jackson County is downward from 2010 to 2012 for both White and Black mothers. The table on the following page summarizes this data.

Jackson County Mothers, ages 15-19	2010		2011		2012	
	White	Black	White	Black	White	Black
Births by Mothers, Single Year Counts	43	14	37	19	38	17
Repeat Births to Mothers, Single Year Counts	10	4	8	5	4	3
Births to Unwed Mothers, Single Year Rates	35	13	31	9	32	17

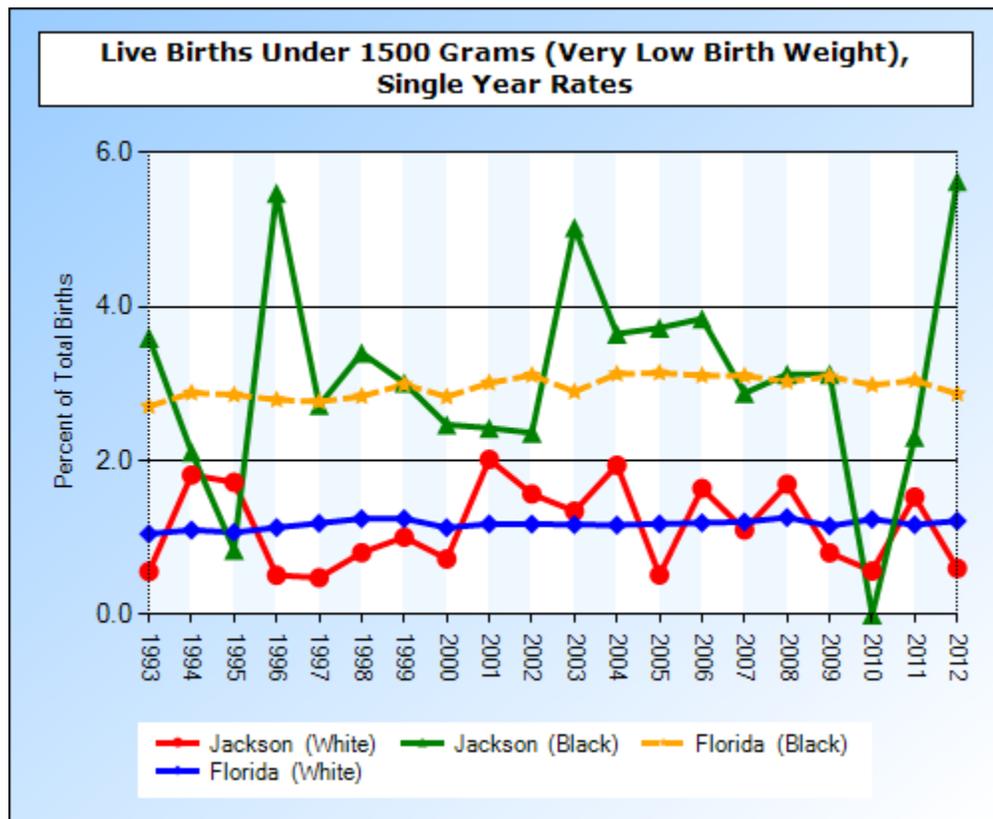
Source: Florida CHARTS

Deaths among infants, ages 0 to 365 days, have been higher for Black infants than White infants in Jackson County. Black infant death rates were 14.1 in 2012, as compared to 3.0 for White infant deaths. The graph below displays this disparity as compared to the state single year rates.



Source: Florida CHARTS

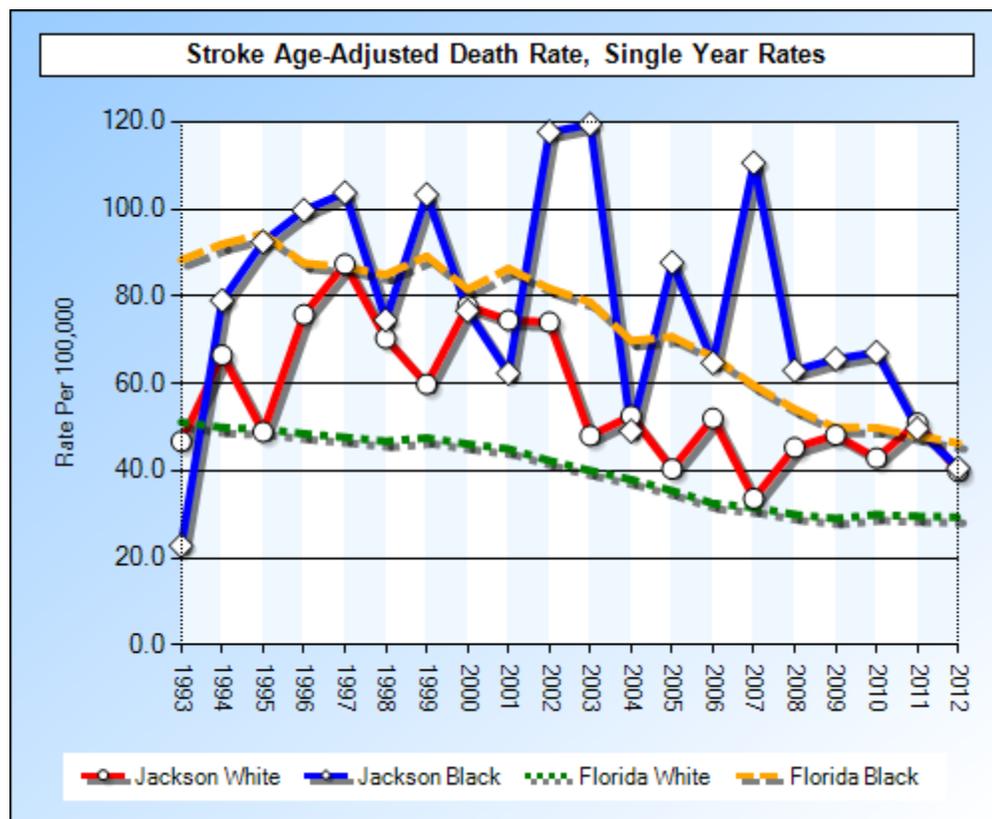
Low birth weights is also an issue impacting the health of Jackson County residents. *Very Low Birth Weight* or births under 1500 grams is trending upward for Black infants and trending downward for White infants, according to the latest data available from the Florida Department of Health. The rate for Black infants at *Very Low Birth Weight* was double the state rate (5.6 versus 2.9) and half the state rate for White infants (0.6 versus 1.2). The graph below displays this information from 1993 to 2012.



Source: Florida CHARTS

STRATEGIC ISSUE 2: CHRONIC DISEASE

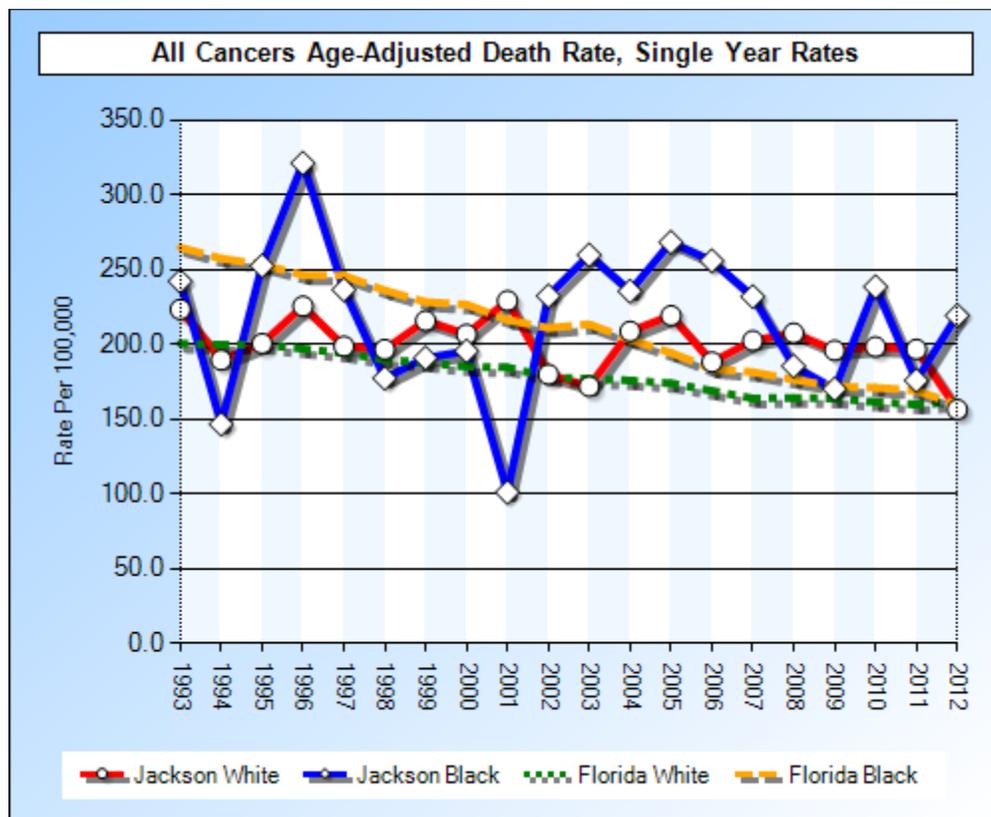
Heart disease was the number cause of mortality among Jackson County residents in 2012. While deaths for cardiovascular disease were trending downward for White and Black residents, the death rate for stroke is trending upward for White Jackson County residents as displayed in the graph below. The death rate for stroke among Men is higher than the associated state rate (47.1 versus 30.4) and slightly higher for Women (34.6 versus 31.3).



Source: Florida CHARTS

In addition, the age-adjusted death rate for Acute Myocardial Infarction (Heart Attack) in 2012 among White residents was higher than the rate for Black residents (57.6 versus 43.5). Women had a higher death rate for Heart Attacks as compared to Men (33.6 versus 27.7).

Deaths from cancer highlight a disparity among White and Black Jackson County residents. While the cancer death rate for Whites is trending downward, the cancer death rate for Blacks is trending upward. In 2012, Jackson County Black residents have a higher death rate for all types of cancers (219.4) than White residents (156.6) or as compared to state population (159.7). This information is displayed in the graph below.

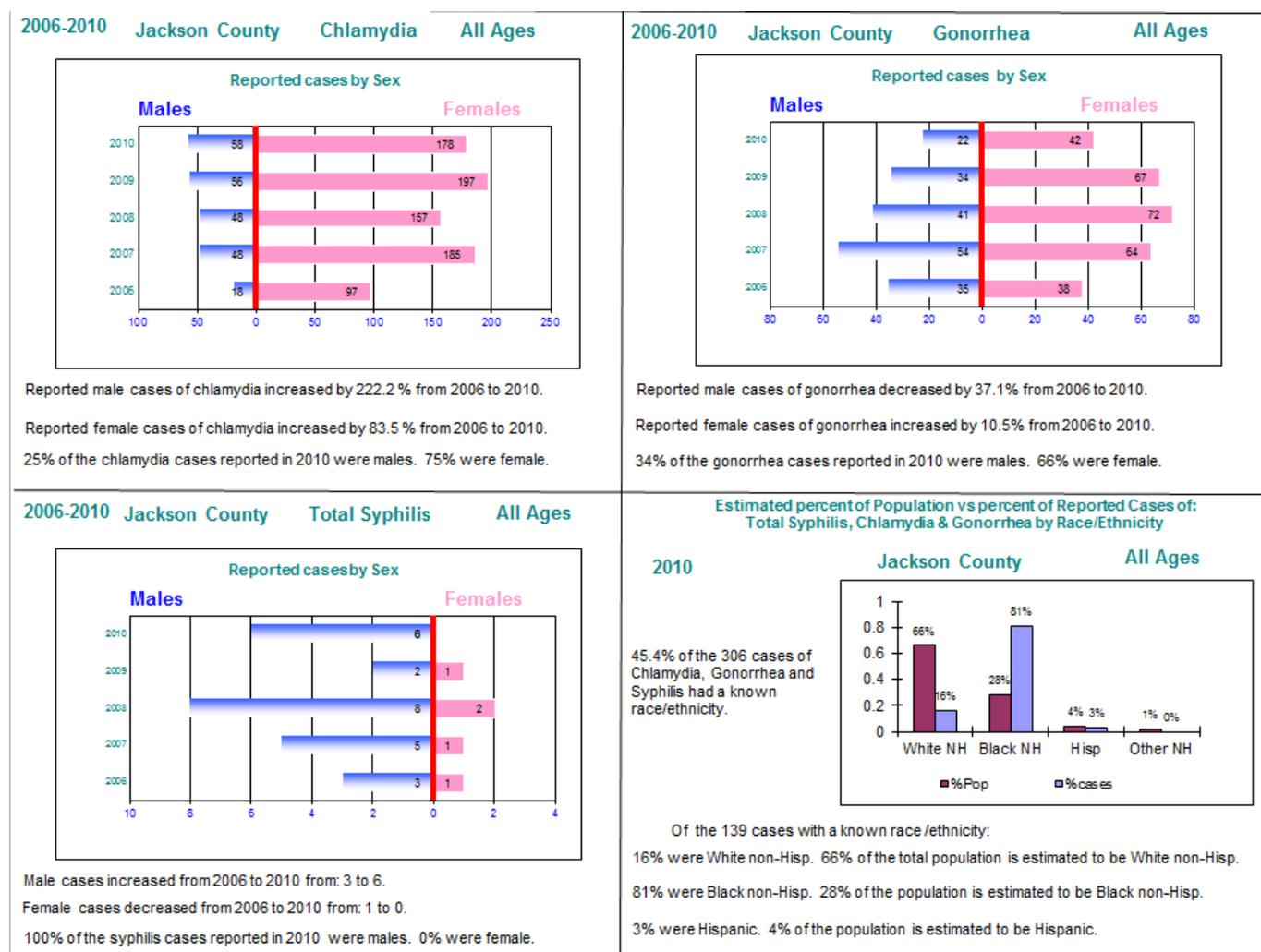


Source: Florida CHARTS

In addition, Jackson County Males had a higher death rate from cancer than did Women in 2012 (187.4 versus 151.3). However, the death rate for Jackson County Women was higher than the rate for Women in Florida (151.3 versus 134.5).

STRATEGIC ISSUE 3: COMMUNICABLE DISEASE

Reported cases of Sexually Transmitted Diseases (STDs) increased 59.4% from 2006 to 2010 according to the Florida Department of Health's Bureau of Sexually Transmitted Disease Prevention and Control. In 2010, 100% of all reported cases of Syphilis occurred in Male Jackson County residents. Nearly all (81%) of the reported Syphilis, Gonorrhea and Chlamydia cases in 2010 were among Black residents. This data is presented in the charts below.



Source: FDOH, Bureau of Sexually Transmitted Diseases Prevention and Control

STRATEGIC ISSUE 4: HEALTHCARE ACCESS/SCREENINGS

The 2010 BFRSS provided insight into the disparities for Health Access and Screenings. In general, Women reported having had a medical checkup in the past year more frequently than Men (72.7% versus 63.4%). White Women reported having had a medical checkup in the past year (73.6%) more frequently than White Men (61%) or Black Women (66%). The table below summarizes this data.

Percentage of adults who had a medical checkup in the past year								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	67.7	61.5	73.9	69.7	68.5	71.0	71.2
SEX	Men	63.4	53.4	73.5	66.5	64.5	68.5	65.2
	Women	72.7	66.4	79.0	72.8	71.3	74.3	78.4
RACE/ETHNICITY	Non-Hisp. White	66.6	59.3	73.8	71.6	70.4	72.9	72.3
	Non-Hisp. Black	75.5	62.4	88.5	71.9	67.5	76.2	77.6
	Hispanic				59.4	54.8	64.1	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	61.0	49.3	72.6	68.4	66.4	70.4	66.5
	Non-Hisp. White Women	73.6	67.0	80.1	74.7	73.3	76.1	79.0
	Non-Hisp. Black Men				64.6	57.1	72.1	73.5
	Non-Hisp. Black Women	66.0	46.9	85.2	77.4	72.5	82.2	81.0
	Hispanic Men				56.6	49.1	64.1	
	Hispanic Women				62.2	56.7	67.7	
AGE GROUP	18-44	58.5	47.3	69.8	53.8	51.3	56.2	62.2
	45-64	73.2	65.9	80.5	72.3	70.5	74.1	73.1
	65 & Older	80.7	73.9	87.5	90.3*	89.4	91.2	90.1
EDUCATION LEVEL	<High School	53.6	35.1	72.2	59.9	55.1	64.6	54.0
	H.S. / GED	69.9	58.9	80.8	67.3	64.9	69.6	77.2
	>High School	68.8	60.9	76.7	71.9	70.4	73.4	71.4
ANNUAL INCOME	<\$25,000	63.6	53.2	74.0	63.0	60.4	65.7	64.8
	\$25,000-\$49,999	86.1	78.8	93.4	70.5*	68.0	73.0	80.2
	\$50,000 or More	61.1	49.6	72.7	73.5	71.6	75.4	65.0
MARITAL STATUS	Married/Couple	65.7	58.2	73.2	72.0	70.5	73.5	78.8
	Not Married/Couple	70.5	59.9	81.1	65.6	63.4	67.8	58.8

Black Jackson County residents less than 65 years of age reported being tested for HIV more frequently than White residents (74.9% versus 40.5%). Black Women less than 65 years of age reported being tested for HIV (58.4%) more often than White Women (44.2%) or White Men (37.9%). Data for Black Men was not available on the 2010 BFRSS. This data is summarized on the following page.

HIV/AIDS

Percentage of adults less than 65 years of age who have ever been tested for HIV

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	48.0	40.1	55.8	48.4	46.8	50.0	48.2
SEX	Men	46.8	34.6	58.9	45.3	42.7	47.8	41.2
	Women	49.6	41.1	58.1	51.5	49.5	53.5	57.0
RACE/ETHNICITY	Non-Hisp. White	40.5	31.6	49.3	42.4	40.7	44.1	44.5
	Non-Hisp. Black	74.9	61.2	88.6	67.0	61.9	72.0	67.7
	Hispanic				56.2	51.0	61.4	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	37.9	24.4	51.4	40.6	37.9	43.2	39.8
	Non-Hisp. White Women	44.2	34.6	53.7	44.4	42.2	46.5	50.7
	Non-Hisp. Black Men				58.6	49.7	67.5	
	Non-Hisp. Black Women	58.4	36.8	80.0	73.7	68.4	78.9	64.5
	Hispanic Men				52.4	44.0	60.8	
	Hispanic Women				59.9	53.7	66.1	
AGE GROUP	18-44	53.7	42.1	65.3	57.0	54.5	59.6	56.4
	45-64	38.7	30.4	47.1	40.6	38.5	42.7	36.1
EDUCATION LEVEL	<High School				47.7	41.5	54.0	31.1
	H.S. / GED	55.9	43.0	68.8	43.8	40.7	46.9	50.9
	>High School	43.7	33.6	53.8	50.3	48.3	52.3	52.3
ANNUAL INCOME	<\$25,000	42.4	29.7	55.1	54.7	51.3	58.1	43.0
	\$25,000-\$49,999	43.8	27.5	60.2	51.5	48.0	55.1	61.8
	\$50,000 or More	57.6	45.4	69.8	46.1	43.7	48.5	38.0
MARITAL STATUS	Married/Couple	44.8	35.7	53.9	46.9	44.9	48.9	51.2
	Not Married/Couple	52.5	38.6	66.5	51.3	48.5	54.2	43.0

Jackson County Men ages 65 and older were more likely to report having received a PSA test in the past two years as compared to Men ages 45 to 64. Data for White Men and Black Men was not available on the 2010 BRFSS.

Cancer Screening/Prostate

Percentage of men 50 years of age and older who received a PSA test in the past two years

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
SEX	Men	61.8	51.2	72.4	72.6	70.2	75.0	69.1
RACE/ETHNICITY	Non-Hisp. White	63.7	52.3	75.1	74.7	72.4	77.0	71.8
	Non-Hisp. Black				67.0	57.1	77.0	
	Hispanic				60.7	48.0	73.3	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	63.7	52.3	75.1	74.7	72.4	77.0	71.8
	Non-Hisp. Black Men				67.0	57.1	77.0	
	Hispanic Men				60.7	48.0	73.3	
AGE GROUP	45-64	58.9	44.1	73.8	63.9	60.2	67.5	62.0
	65 & Older	66.4	52.3	80.5	84.5*	82.3	86.7	80.9
EDUCATION LEVEL	<High School				52.9	40.8	65.0	
	H.S. / GED	51.4	34.6	68.2	68.4	63.6	73.3	59.4
	>High School	69.2	54.1	84.3	75.9	73.2	78.7	77.7
ANNUAL INCOME	<\$25,000	50.0	32.5	67.4	60.7	55.2	66.1	66.9
	\$25,000-\$49,999				75.4	71.5	79.3	76.6
	\$50,000 or More	70.2	51.1	89.4	77.3	73.8	80.8	68.8
MARITAL STATUS	Married/Couple	65.2	52.6	77.9	74.2	71.3	77.2	66.5
	Not Married/Couple	50.3	32.7	67.8	67.4	63.3	71.4	76.3

Among Jackson County Women, White Women 18 years of age and older reported having had a clinical breast exam in the past year more frequently than Black Women (53.9% versus 46.8%). Black Women, 40 years of age and older, reported having received a mammogram in the past year more frequently than White Women (58.5% versus 50.8%). This data is summarized in the two tables below.

Percentage of women 18 years of age and older who had a clinical breast exam in the past year

		2010 County			2010 State			2007 County Measure
		Measure	95% CI		Measure	95% CI		
SEX	Women	52.1	45.3	59.0	61.5 *	59.9	63.0	63.5
RACE/ETHNICITY	Non-Hisp. White	53.9	46.3	61.4	62.3	60.7	63.8	64.9
	Non-Hisp. Black	46.8	28.6	65.0	63.9	58.5	69.3	62.1
	Hispanic				59.5	54.0	65.0	
SEX BY RACE/ETHNICITY	Non-Hisp. White Women	53.9	46.3	61.4	62.3	60.7	63.8	64.9
	Non-Hisp. Black Women	46.8	28.6	65.0	63.9	58.5	69.3	62.1
	Hispanic Women				59.5	54.0	65.0	
AGE GROUP	18-44	52.2	39.1	65.2	56.6	53.6	59.6	57.9
	45-64	56.0	46.5	65.6	66.4	64.0	68.8	67.0
	65 & Older	46.6	35.8	57.3	59.9 *	57.9	62.0	68.4
EDUCATION LEVEL	<High School	34.8	17.1	52.5	41.3	35.4	47.2	56.0
	H.S. / GED	52.2	41.1	63.3	55.2	52.3	58.1	64.5
	>High School	54.6	45.0	64.2	66.4 *	64.5	68.2	65.0
ANNUAL INCOME	<\$25,000	49.7	38.1	61.3	48.2	45.2	51.2	52.6
	\$25,000-\$49,999	54.5	41.6	67.5	60.1	56.8	63.3	61.9
	\$50,000 or More	58.0	44.7	71.3	72.1	69.8	74.5	76.3
MARITAL STATUS	Married/Couple	56.5	47.9	65.2	64.8	62.8	66.7	68.3
	Not Married/Couple	46.1	35.2	57.0	56.1	53.7	58.6	56.3

2010 Florida BRFSS Data Report

Jackson

Cancer Screening/Women's Health

Percentage of women 40 years of age and older who received a mammogram in the past year

		2010 County			2010 State			2007 County Measure
		Measure	95% CI		Measure	95% CI		
SEX	Women	51.4	44.5	58.2	61.9 *	60.2	63.5	68.2 *
RACE/ETHNICITY	Non-Hisp. White	50.8	43.2	58.4	61.8 *	60.1	63.4	68.7 *
	Non-Hisp. Black	58.5	39.1	78.0	66.6	60.2	72.9	73.2
	Hispanic				59.8	53.1	66.5	
SEX BY RACE/ETHNICITY	Non-Hisp. White Women	50.8	43.2	58.4	61.8 *	60.1	63.4	68.7 *
	Non-Hisp. Black Women	58.5	39.1	78.0	66.6	60.2	72.9	73.2
	Hispanic Women				59.8	53.1	66.5	
AGE GROUP	18-44				47.1	41.7	52.5	
	45-64	52.4	42.9	61.9	61.5	59.1	64.0	65.0
	65 & Older	57.7	47.4	68.1	68.8	66.9	70.7	79.3 *
EDUCATION LEVEL	<High School	40.6	22.0	59.3	53.9	47.4	60.3	59.3
	H.S. / GED	59.6	49.0	70.1	60.3	57.3	63.3	64.0
	>High School	47.4	37.4	57.3	63.6 *	61.6	65.7	75.9 *
ANNUAL INCOME	<\$25,000	46.9	35.6	58.2	51.3	48.1	54.6	56.6
	\$25,000-\$49,999	56.6	43.2	70.0	60.2	56.6	63.9	68.5
	\$50,000 or More	51.9	36.8	67.0	67.7	65.0	70.4	69.2
MARITAL STATUS	Married/Couple	51.8	42.4	61.2	64.1 *	62.0	66.3	70.1
	Not Married/Couple	50.6	41.2	60.0	58.3	55.8	60.7	64.8

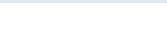
The percentage of Black residents over the age of 50 who received a colonoscopy in the past five years was higher than White residents (62.6% versus 52.6%). White Women had a higher percentage on this indicator (54.3%) than White Men (50.7%) and Black Women (53.6%). Data for Black Men was not available. The table below presents the percentages for the 2010 BFRSS on this *Screening* indicator.

Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years

		2010 County			2010 State			2007 County Measure
		Measure	95% CI		Measure	95% CI		
ALL	Overall	53.2	46.9	59.5	56.4	54.9	57.9	46.8
SEX	Men	53.5	42.8	64.1	57.3	54.9	59.7	39.7
	Women	53.0	45.7	60.3	55.6	53.7	57.4	53.7
RACE/ETHNICITY	Non-Hisp. White	52.6	45.6	59.6	57.6	56.1	59.0	51.5
	Non-Hisp. Black	62.6	46.5	78.6	57.3	51.0	63.6	43.5
	Hispanic				48.8	41.9	55.7	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	50.7	38.9	62.4	58.8	56.4	61.2	43.0
	Non-Hisp. White Women	54.3	46.2	62.4	56.5	54.7	58.3	59.6
	Non-Hisp. Black Men				54.4	43.7	65.2	
	Non-Hisp. Black Women	53.6	33.8	73.5	59.1	51.4	66.9	39.1
	Hispanic Men				52.8	40.9	64.7	
	Hispanic Women				45.7	37.6	53.8	
AGE GROUP	45-64	52.5	43.5	61.5	49.3	47.1	51.6	37.7
	65 & Older	54.1	45.6	62.7	65.3*	63.7	67.0	58.2
EDUCATION LEVEL	<High School	52.2	34.1	70.4	45.4	39.3	51.5	59.7
	H.S. / GED	51.8	42.1	61.6	51.5	48.7	54.4	38.5
	>High School	54.6	45.5	63.8	59.7	57.9	61.5	50.6
ANNUAL INCOME	<\$25,000	48.3	38.1	58.5	46.4	43.6	49.3	40.7
	\$25,000-\$49,999	58.7	46.7	70.8	55.8	53.0	58.6	51.0
	\$50,000 or More	57.9	45.1	70.6	61.7	59.2	64.2	44.3
MARITAL STATUS	Married/Couple	54.6	46.3	63.0	59.0	57.1	60.9	44.2
	Not Married/Couple	50.3	41.6	59.1	51.6	49.3	53.8	51.5

STRATEGIC ISSUE 5: POVERTY AND EDUCATION

The Florida Public Health Institute summarized the data from the *County Health Rankings* where Jackson County ranked 25th of 67 Florida counties in the area of *Social & Economic Factors*. This data showed that Jackson County was trending downward from 2010 to 2013 in High School graduation and trending upward in children in poverty, inadequate social support, and single-parent households. This data is presented in the table below.

Social & Economic Factors (30%)					
High school graduation (5%)	72%	70%	82%	65%	
Some college (5%)		43%	42%	46%	
Unemployment (10%)	5.0%	7.4%	8.2%	8.1%	
Children in poverty (10%)	23%	23%	27%	29%	
Inadequate social support (2.5%)	23%	23%	22%	23%	
Single-parent households (2.5%)	11%	34%	35%	34%	
Violent crime rate (5%)	569	574	572	545	

Source: Florida Public Health Institute, 2013

The Florida Legislature's Office of Economic and Demographic Research reported Jackson County's High School educational attainment among residents 25 years or older was 79.1% as compared to the state 85.5%. Jackson County has 13.6% of residents with a Bachelor's degree or higher as compared to 26% of state residents.

The U.S. Census American Community Survey (ACS 2006-2010) reported Jackson County White residents' median income of \$42,028 was higher than Black residents \$25,186 or Hispanic residents \$26,739. In addition, the Male median individual worker income of \$25,632 was higher than the comparable Female income \$21,174 (ACS 2006-2010).

HEALTH ASSETS AND RESOURCES

Health Insurance Coverage

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

Responses from Jackson County residents in the 2010 county-level BRFSS indicate that 81.4% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was not considered to be a statistically significant difference from the state average. Additionally, 79.2% of men reported having health insurance, compared to 83.9% of women was not statistically significant. There were some specific differences in coverage noted among specific groups. For example, 87.0% of persons who had attended additional schooling beyond obtaining a high school degree reported having coverage, compared to only 80.6% of persons with no formal education beyond high school. Similarly, 92.8% of persons making \$50,000 or more per year had insurance, compared to only 64.2% among persons making less than \$25,000.

Data reported by the U.S. Census Bureau from the 2010 Small Area Health Insurance Estimates indicate that as many as 18.6% of Jackson County residents were uninsured at that time among all races, age groups, and genders. Additional data obtained and reported by the Florida Hospital Association (FHA) indicates that during 2011, at least 21.4% of Jackson County residents between ages 18 and 64 were uninsured; with an

additional 12.2% of minors under the age of 18 also being uninsured. Among seniors, the FHA reports 0.0% of residents over the age of 65 were without health insurance.

Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many of these figures are available on their website at:

<http://ahca.myflorida.com/Medicaid/index.shtml>.

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

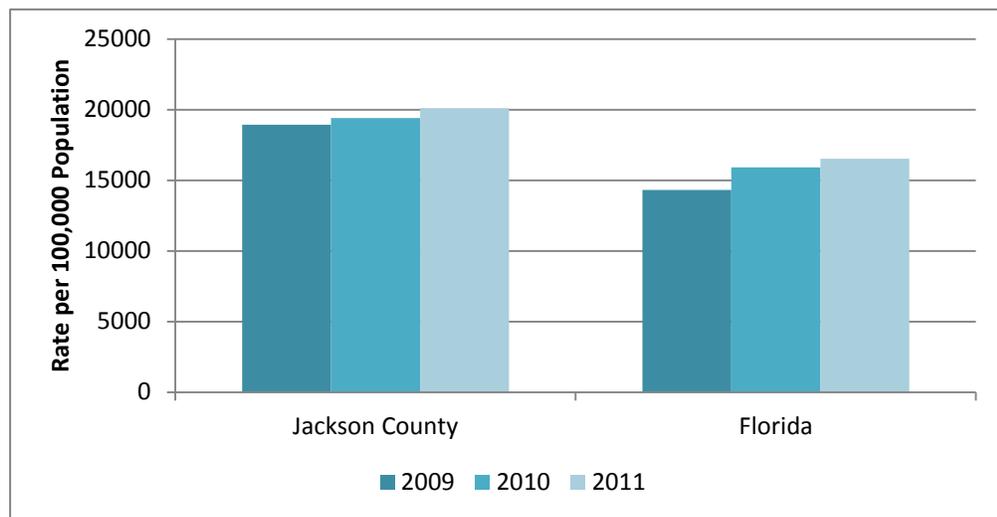
Hospital Discharges by Principal Payer, Florida, 2011

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

A comparison of health insurance coverage was not available solely for Jackson County.

The median monthly Medicaid enrollment has increased in Jackson County and in Florida during recent years. This trend is displayed below.

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



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

Coverage for Children

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

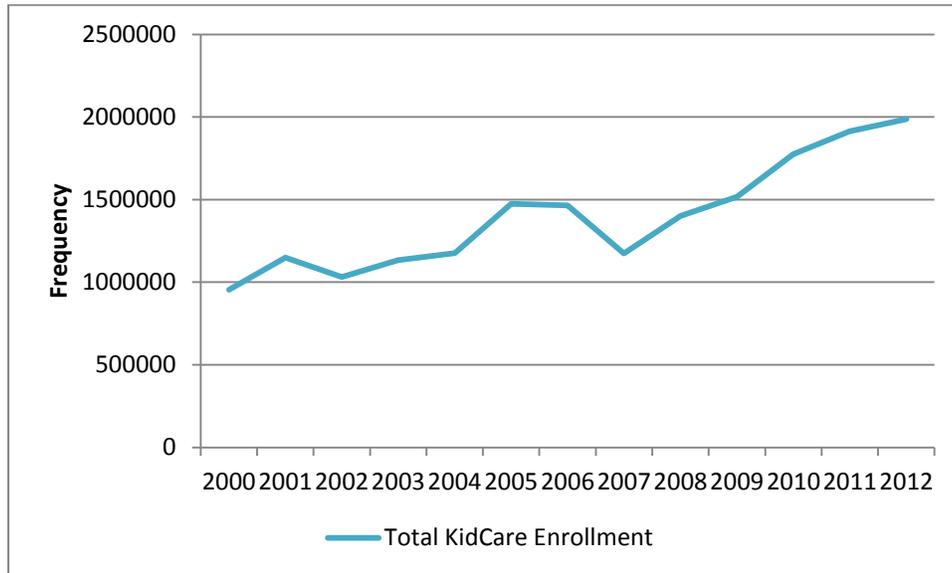
1. Medicaid covers children birth through 18 years, and eligibility is based on the age of child and household income. For example, children under age 1 are covered if the household income is below 200% of FPL; children aged 1-5 are covered if household income is less than 133% of FPL; and children aged 6 through

18 are covered if household income is below 100% of FPL.

2. MediKids covers children age 1 –5 whose income is between 133-200% of the federal poverty level.
3. The Healthy Kids program provides medical coverage for children ages 5 up to 19 in households whose income is between 100 – 200% of the federal poverty level (FPL).
4. Children’s Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

The total Florida KidCare enrollment in January from 2000 through 2012 is shown in the figure below.

Total KidCare Enrollment (MediKids + Medicaid), Florida, January 2000 – January 2012



Source: Florida Agency for Healthcare Administration, 5/31/2013

Primary Care

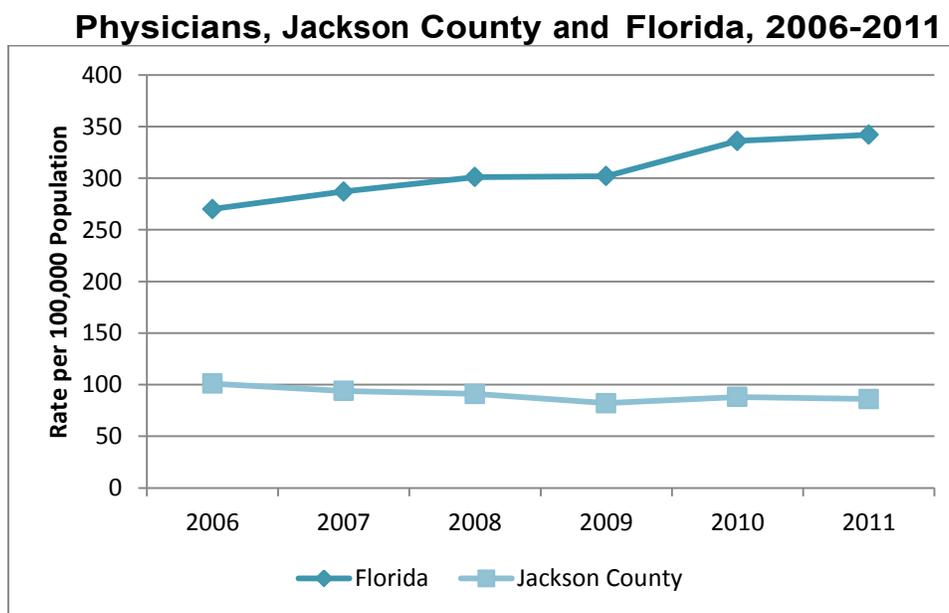
Primary Care Providers (PCP's) offer routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care providers often serve as “gatekeepers” for the health care system, as they are intended to be the entry point into the health care system for non-emergent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

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

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

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

Overall, Jackson County has a significantly lower rate (86.1 per 100,000 population) of licensed physicians when compared to the state (342.0 per 100,000 population) in 2011. Recently, the gap between Jackson County and the state average has been increasing.



Source: Florida Department of Health

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

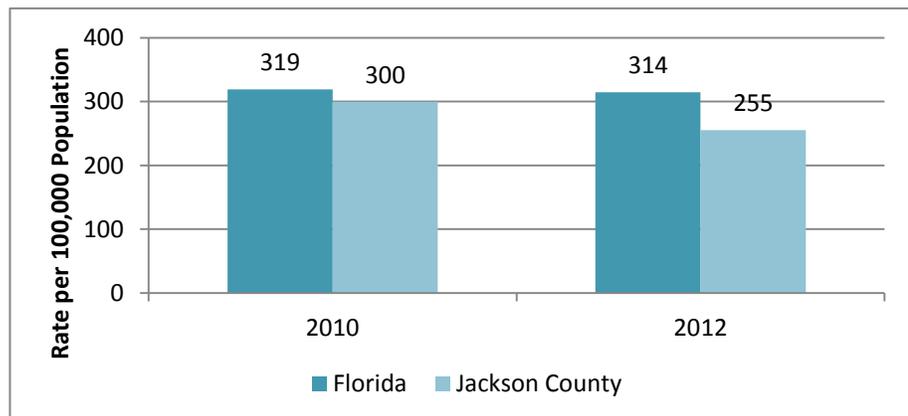
Health Care Facilities

Acute Care

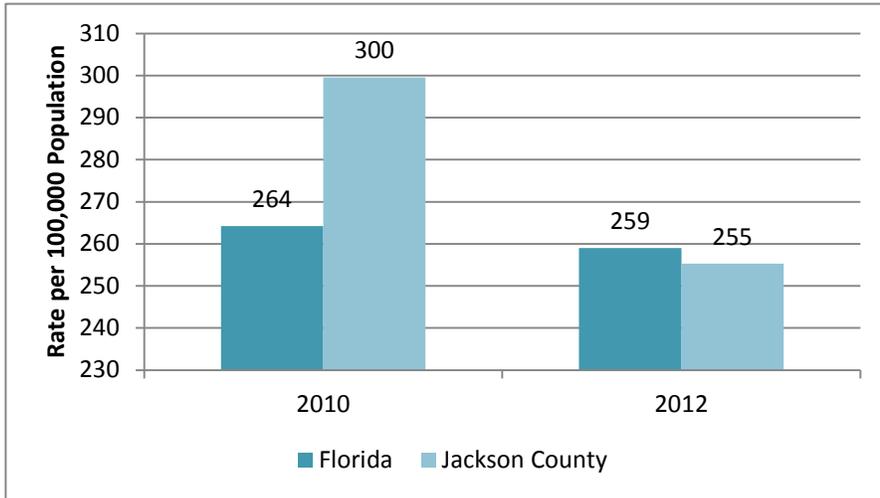
Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services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

Overall, Jackson County has a lower rate of available hospital beds when compared to Florida. This is especially true for acute care beds and neonatal intensive care unit hospital beds when compared to the rest of the state in 2012. Between 2010 and 2012, Jackson County lost 24 acute care beds at Cambellton-Graceville Hospital.

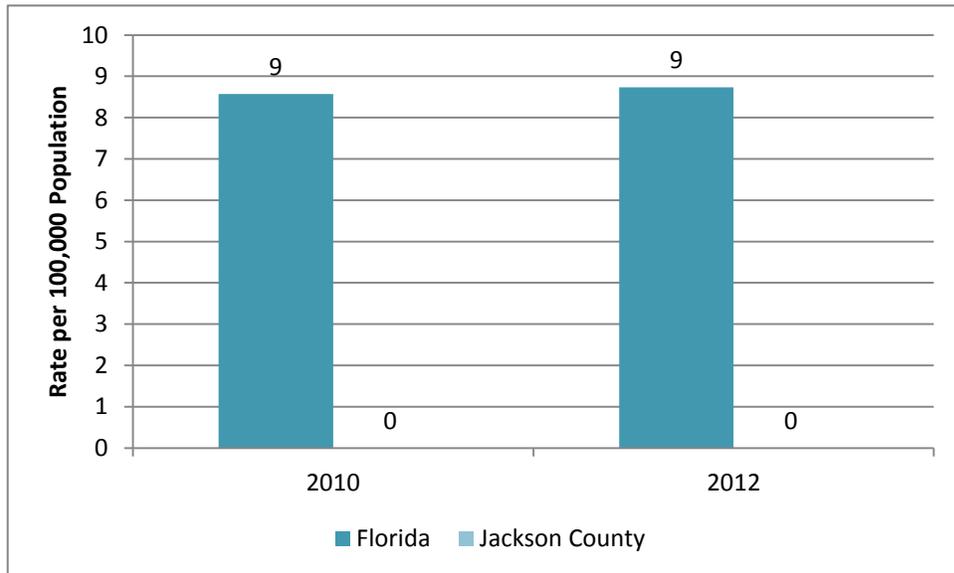
Total Hospital Beds (All Facilities), Jackson County and Florida, 2010 & 2012



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



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



Jackson Hospital is the primary hospital for Jackson County, and provides Anesthesia, Colon & Rectal Surgery, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Obstetrics, Orthopedics, Pulmonary Medicine, Radiology, Urology services; however, the hospital is not a Baker Act receiving facility. From October 2011 through September 2012, there were 3,515

admits with an average length of stay of 3.9 days costing on average US\$11,843 at Jackson Hospital.

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

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

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

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

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

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services within an area. Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting.

Emergency department admission data was not available solely for Jackson County or a Jackson County Facility-specific Emergency Department.

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

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

Injury Mechanism	Jackson County		Florida
	N	County Age Adjusted Rate per 100,000 Population	Florida Age Adjusted Rate per 100,000 Population
Firearm	30	61	2374
Suffocation	13	27	1313
Pedalcyclist, Other	22	51	812
Motor Vehicle - Pedalcyclist	78	156	783
Fall	0	0	640
Drowning, Submersion	500	1,058	435
Other Spec & NEC	195	416	404
Overexertion	608	1,288	320
Cut, Pierce	273	591	209
Motor Vehicle - Pedestrian	2	4	100

Long-Term Care

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

Signature Healthcare is a long term care hospital located in Marianna that offers skilled services such as post-surgical care, IV therapy, wound care, pain

management, tracheostomy care, and diabetes management. Admission information was not available for this facility.

Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for more than half (74.5%) of all nursing home days in Jackson County. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

There are four free standing skilled nursing facilities in Jackson County. The rate of available nursing home beds (1,081 per 100,000 population) is higher than the state average (435 per 100,000 population). The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Jackson County's free standing nursing home.

Skilled Nursing Home Information, Jackson County and Florida, 2011

	Jackson County	Florida
Community Bed Days (per 100,000)	394,484	153,055
Community Patient Days (per 100,000)	352,922	133,892
Medicaid Patient Days (per 100,000)	262,983	82,196
Occupancy Rate	89.5%	87.5%
Percent Medicaid	74.5%	61.7%

Source: Florida Department for Elder Affairs

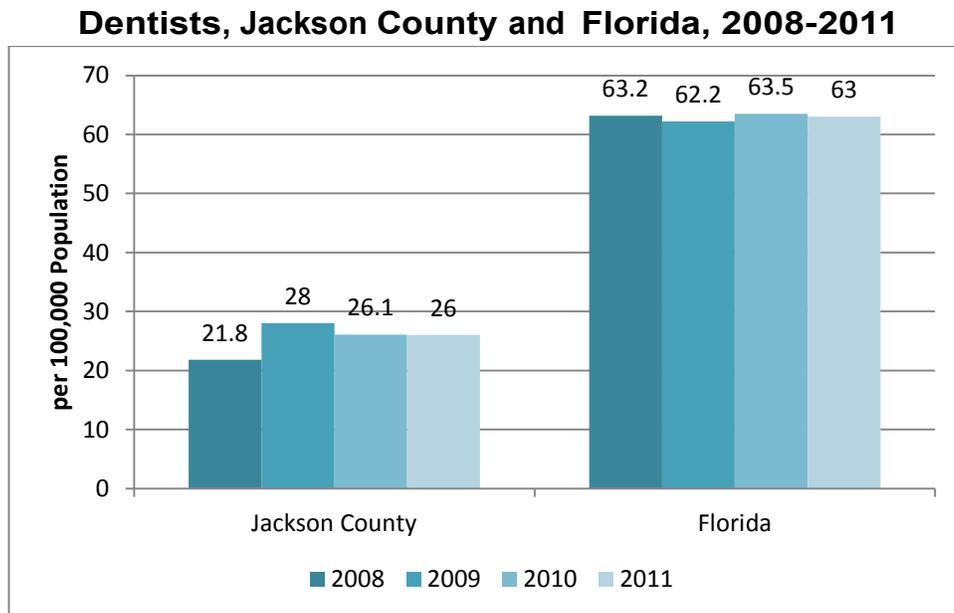
Mental Health and Substance Abuse

Jackson County has no adult psychiatric hospital beds.

Life Management Center of Northwest Florida in Marianna offers emergency screening, crisis stabilization, mobile crisis counseling, detoxification, rehabilitation and support, case management, group home, Florida assertive community treatment (fact), skills acquisition training, supported employment services, and friendship center (drop-in center) for adults. Services for children include individual, group & family therapy, crisis intervention & support services, home-based counseling, substance abuse counseling, psychiatric care, pharmacy services, services to delinquent youth, sexual abuse therapy, emergency screening, crisis stabilization, mobile crisis counseling, foster parent support services, therapeutic foster care, adoption services, family empowerment, healthy families/positive parenting, single point of access for child assessment and referral, and supported visitation services.

Dental Care

The number of dentists in Jackson County has changed from 2008 to 2011. The most current data available showed there were 28.5 dentists per 100,000 population as compared to the Florida rate of 63 dentists per 100,000 population. The graph below displays this trend.



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

JACKSON COUNTY PHYSICAL ASSETS

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

<p>Parks</p> <ul style="list-style-type: none"> Upper Chipola River Water Management Area Three Rivers State Park Econfina Creek Water Management Area Florida Caverns State Park 	<p>Recreational Bodies of Water</p> <ul style="list-style-type: none"> Lake Seminole Ocheeese Pond Chipola River Blue Springs Recreational Area
<p>Walking Trails</p> <ul style="list-style-type: none"> Upper Chipola River Water Management Area Three Rivers State Park Econfina Creek Water Management Area Florida Caverns State Park 	<p>Recreation Center</p> <ul style="list-style-type: none"> Chipola Fitness Center Blue Springs Baptist Conference Guy's Gymnastics & Cheer Center
<p>Schools</p> <ul style="list-style-type: none"> Baptist College of Florida Graceville High School Baptist Bible Institute Frank M. Golson Elementary School Jackson County Sunland School Marianna Adult Center School Riverside Elementary School Marianna Middle School Marianna High School Challenge for Success Cottdale Elementary Cottdale High School Family Service Center Graceville Elementary Graceville Vocational Youth Center Grand Ridge High School Hope School Jackson Academy Malone High School 	<p>Athletic Field</p> <ul style="list-style-type: none"> None listed beyond schools <p>Public Libraries</p> <ul style="list-style-type: none"> Graceville Library Malone Branch Library Jackson Public Library Panhandle Library Cooperative

Medical Care Centers

Graceville Family Medicine Inc
Campbellton Graceville Hospital
Dr. Daniel E. Fulmer, MD
Marianna Health & Wellness
Jackson Hospital
Marianna Dialysis Center

Rehab Centers

Jackson Hospital Therapy Center
Graceville Physical Therapy
Signature HealthCARE of North Florida
Patients 1st Physical Therapy
Signature Health Care
Chemical Addictions Recovery
Rehab Care

Dental

Dr. Terry E. Nichols
Saunders Ben DDS
Heather K Burch Dental
Dudley J Alexander DDS
Payne & Payne Dentistry
Dr Larry Cook DMD PA

Long-Term Care Facilities

Signature HealthCARE of North Florida
Magnolia Manor
Chipola Nursing Pavillion
Interim HealthCare

Pharmacy

Sneads Pharmacy
Cook Discount Drugs
Service Drug Store
Paramore's Pharmacy
Kelson Drug
Waco Drugs & Gift

Mental Health Services

Quit Smoking Now
VA Marianna Clinic
Cornerstone Mental Health
Spires Behavioral Health Care
Florida Therapy Services
Life Management Center of North Florida

HEALTH POLICIES

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

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

Health Risk Factors	Florida Law	Description
Unintentional injuries	FS 385.103	Chronic Disease Community Intervention Programs
	FAC 64B-7.001	Pain Management Clinic Registration Requirements
	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program
	FS Title XXIX, Chapter 397	Substance Abuse Services
	FS 316.613	Child restraint requirements
	FS 316.614	Safety belt usage
	FS 316.1936	Possession of open containers of alcoholic beverages in vehicles prohibited; penalties.
	FS 327.35	Boating under the influence; penalties; "designated drivers"
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Programs
Communicable Diseases		
Arboviral Diseases	FS 388	Control of Arthropods in Florida
Tuberculosis	FS 392	Tuberculosis Control.
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD (e.g., Hepatitis A)
	FS 381.0072	Food Service Protection
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case (Novel Strain Or Pediatric Death) /Cluster/Outbreak

Health Risk Factors	Florida Law	Description
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities For The Care Of Mildly-Ill Children Requirements For Compulsory Immunizations For Admittance And Attendance
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools, Including Exemptions
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FS Title XXIX, Chapter 384	STIs: Department Requirements
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-200(2, 3, 4, 6)	Outlines With Respect To HIV The Definitions, Confidentiality, Testing Requirements, And Registration Of HIV Testing Programs
	FS 381.004	HIV Testing

Health Risk Factors	Florida Law	Description
Maternal & Child Health		
Birth Rates	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Infant Mortality	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Teen Pregnancy	FAC 64F-23.001	Informed Consent - Abortion
	FS 63.053 and 63.054	Unmarried Father Registry
	FS Title XXIX, Chapter 390	Termination Of Pregnancies
	Florida Constitution, Article X, Section 22	Parental Notice Of Termination Of A Minor's Pregnancy
	FS Title XXIX, Chapter 384.31	STI: Testing Of Pregnant Women; Duty Of The Attendant
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services

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

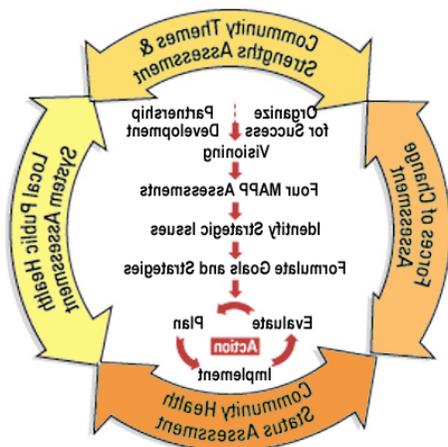
Health Risk Factors	Florida Law	Description
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability
Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations

Health Risk Factors	Florida Law	Description
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

NEXT STEPS

The next step in the Jackson County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed by community health partners. By understanding that the

Jackson County community's health is affected by where its residents live, work, and play, a comprehensive action plan can be developed.



This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP

provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The MAPP model utilizes six distinct phases:

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

It is recommended that the data sources in this report serve as the “measures of success” for the Community Health Improvement Action Plan. Many of the health indicators can be used as baseline and post-implementation evaluation measures for

impact. In addition, other county and state successful Health Improvement initiatives can act as “Best Practices” and provide a foundation for the Community Health Improvement Plan’s activities.



APPENDICES

APPENDIX 1: MENTAL HEALTH DEFINITIONS

Excerpted from: Chapter 5 MH Performance Outcome Measures Data Set (pages 2-3) Version 10.2 5 - 3 Effective August 1, 2011

A copy of this chapter can be found on the Department web site at the following URL:
http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

A client who is SED (Population Code, 12) must:

Be 17 years old or less and meet **ONE or ALL** of the following criteria:

- Have a Mental Health Diagnosis ICD9 Code beginning with 295, 296, 298, or 301

OR

- Receive income due to psychiatric disability, SSI, SSDI, etc.

OR

- CGAS is less than 51 AND the first digits of the client's Primary ICD9 code **DO NOT START WITH** any of the following: 291, 292, 295, 296, 298, 301, 303, 304, 305, 317, 318, 319, 888, 999 or V

A client who is ED (Population Code, 13) must:

- Not be SED
- Be 17 years old or less
- Have a Primary ICD9 code that **DOES NOT START WITH** 291, 292, 295, 296, 298, 301, 303, 304, 305, 317, 318, 319, 888, 999 or V

The following Mental Health populations are for Adults and require the client's age be 18 or greater PLUS the population specific criteria.

A client who is FORENSIC (06) must:

- Have a Dependency/Criminal Status= 16 through 19 or 21 through 26

A client who is counted as Adult with Serious & Acute Episodes of Mental Illness (17):

Not qualify as Forensic or SPMI **AND**

The person meets the criteria for a Baker Act receiving facility

A client who is counted as an Adult with Mental Health Problems (18):

Not qualify as Forensic, SPMI or Serious & Acute Episodes of Mental Illness **AND**

MH Problem = 1, 2 or 3 indicating the client shows evidence of stress and Mental Health Problems **OR**

MH Diagnosis begins with = V

A client who is counted as Severe/Persistent Mental Illness (07):

Not qualify as Forensic **AND**

One of the following conditions is true:

1. Have the first 3 digits of their **Mental Health diagnosis** ICD9 code be between 295 and 299

OR

2. The first 3 digits of the client's **Mental Health diagnosis** ICD9 code **do not start** with 291, 292, 295, 296, 297, 298, 299, 303, 304, 305, 317, 318, 319, 888, 999, or V **and** one of the following is true:

- a. **Prognosis = 1** indicating that the person has or will need to receive services for the current MH problem for at least 12 months **OR**

- b. **Disability Income = 1** indicating that the person receives income due to psychiatric disability, (SSI, SSDI, Veterans, etc.) **OR**

- c. **ADL Functioning = 1** indicating that the person demonstrates an inability to perform independently in Activities of Daily Living

APPENDIX 2 – FORCES OF CHANGE & COMMUNITY THEMES and STRENGTHS

EMAIL TO WORKSHOP PARTICIPANTS

From: Marybeth_Gurganus@doh.state.fl.us [mailto:Marybeth_Gurganus@doh.state.fl.us]

Sent: Thursday, March 21, 2013 12:02 PM

Subject: Forces of Change Workshop (sent on behalf of Mr. William H. Long, Administrator, FL Dept of Health Jackson County)

Importance: High

Hello All,

Florida Department of Health in Jackson County is currently engaged in a Mobilizing for Action through Planning and Partnership or MAPP process. One of the primary components of the MAPP process is the Forces of Change Assessment, which identifies legislative, technological, and other impending changes affecting the community in which the public health system operates. This assessment answers the questions:

- *"What is occurring or might occur that affects the health of our community or the local public health system?"*
- *"What specific threats or opportunities are generated by these occurrences?"*

Your participation is vital! We are planning a four-hour workshop where our community partners will come together to identify and prioritize the forces that are or will be influencing the health and quality of life of the community and the local public health system. This workshop session will be held April 3, 2013.

Please RSVP to Mary Beth Gurganus at Marybeth_Gurganus@doh.state.fl.us or call (850) 526-2412 x282 if you have not done so already.

Forces of Change Workshop

Date: April 3, 2013

Time: 8:30am-12:30pm

Location: Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446

Best regards,

William Long,
Administrator

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

WORKSHOP PARTICIPANTS

**Jackson Community Health Improvement Project
Forces of Change Workshop
April 3, 2013
Sign-in Sheet**

Name/Title	Organization
Brigitta Nuccio	Big Bend AHEC
Judy Austin	Campbellton Graceville
Christy Bloechl	Centira HH
Rita Smith Prutte, ARNP	Chipola Adolescent Pregnancy Prevention
Vickie Stephens, Dean	Chipola School of Health Science
Cindy Eade	Cindale Frams, LLC
Eulice Bryant	Community member
Randall Bryant, Warden	Florida Department of Corrections
Mary Beth Gurganus	Florida Department of Health in Jackson County
Nancy Tipps	Florida Department of Health in Jackson County
Roy Baker	JCDC
Mandy Griffin	Jackson County Extension
Tony Wesley	Jackson County Fire Rescue
Kathryn Jordan, Community Educator	Jackson Hospital
Charlotte Mcalpine, RN Infection Control	Jackson Hospital
Larry Meese	Jackson Hospital
Nichole Ussery, Quality Director	Jackson Hospital
Nakeya R. Lovett	Marianna Fire/Rescue
Coretha B. Everett	Retired Teacher
Lou Roberts	Sherriff's Office
Milo Jordan	Sunland
Sherry A. Brown	Tax Collector
Carol Laramore	Teacher/JCSB/JCARC
Gere Wright	Town of Malone

WORKSHOP AGENDA & WORKSHEET



Jackson County Community Health Improvement Project: *Forces of Change Workshop*

April 3, 2013 Agenda

Wednesday – 8:30am-12:30pm
Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446

8:30am - 8:45am	Introductions Workshop Logistics Review
8:45am – 9:00am	Forces of Change Brainstorming Worksheet Participants will complete the Brainstorming Worksheet
9:00am – 9:15am	Participants will review about Jackson County data <ul style="list-style-type: none">• U.S. Census data• Department of Health <i>CHARTS</i> summary
9:15am-10:00am	Forces of Change Process Participants will share their ideas from the <i>Brainstorming Worksheet</i> <ul style="list-style-type: none">• Identify <u>Forces</u>• Identify <u>Trends</u>, <u>Events</u>, and/or <u>Factors</u> for each Force
10:00am-10:15am	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups
10:15am – 10:45am	Forces of Change – Strengths Participants will create a list of <i>Strengths</i> for each <i>Force of Change</i>
10:45am – 11:15am	Forces of Change – Threats Participants will create a list of <i>Threats</i> for each <i>Force of Change</i>
11:15am-11:45am	Forces of Change – Opportunities Participants will create a list of <i>Opportunities</i> for each <i>Force of Change</i>
11:45am-12:15pm	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups & provide feedback
12:415pm-12:30pm	Workshop Summary & Next Steps

Forces of Change – Key Terms

What are Forces of Change?

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

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

What Kind of Areas or Categories Are Included?

Economic Forces may include:

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

Environmental Forces can include:

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

Political Forces which impact the Jackson County community may include:

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

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

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

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

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

Brainstorm Worksheet

*Thank you for agreeing to
participate in the*

*Florida Department of Health in Jackson County Community Health
Improvement Initiative.*

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

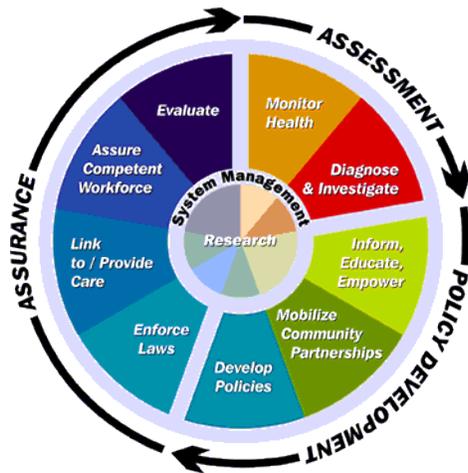
What may occur in the future to impact Jackson County public health systems or community health?

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

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

What strengths (or resources) can Jackson County health partners use to impact the health of all residents of our community?

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



From:

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

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

A CHA should be part of an ongoing broader community health improvement process.

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

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

