

2012

***Mobilizing for Action through
Planning and Partnerships
(MAPP) Community Assessment***

Gadsden County

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Section 1: Gadsden County Mobilizing through Action for Planning and Partnerships Executive Summary

Overview

Community health needs assessment activities for Gadsden County in 2012 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

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

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

Due to prioritization of limited resources, this 2012 MAPP assessment for Gadsden County focused on the CHSA, the LPHSA, the CTSA and FCA. This document provides a brief summary of key activities in each of these assessment areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Gadsden County both on an individual and county-wide basis.
- Gadsden County has a significantly higher overall age-adjusted death rate (AADR), more than 20 percent higher than the state for 2007-2009 (871.2 per 100,000 for Gadsden vs. 678.6 per 100,000 for the state).
- In both Gadsden County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Gadsden County as in the rest of the state. In particular, the age-adjusted death rate for African Americans is 21.3 percent higher than Whites (986.1 per 100,000 in comparison to 775.2 per 100,000) in Gadsden County.
- Overall, poor health behaviors are prevalent in Gadsden County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Gadsden County's rate of avoidable hospitalizations is 18% higher than the state rate. Recently, the rate of avoidable hospitalizations in Gadsden County was 16.6 per 1,000 non elderly as compared to 13.8 for Florida.
- In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage by age at the county-level for 2009. SAHIE estimated that 23.9% of the Gadsden County adult population was uninsured compared to 25.3% for Florida. However, nearly 25.4% of Gadsden County residents receive Medicaid compared to 16.8% for Florida as a whole.

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards
3. Inform, Educate, And Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public 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

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, only 3 of the ten Essential Services were scored below 80. These include Essential Services 1, 8, and 9. Those slightly lower scores may indicate that there are opportunities in Gadsden County in the following areas:

- to improve monitoring and surveillance systems for key health indicators
- to set in place policies to ensure a skilled and effective public health workforce; and
- to implement new strategies to determine the efficacy of health services.

Community Themes and Strengths Assessment

Analysis of the resident focus group discussions from the CTSA process yields the following key observations and themes regarding community health themes in Gadsden County:

- Access to affordable care is essential to a healthy community.
- Chronic diseases are the major health problems in Gadsden County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Gadsden County may not be fully supportive making good personal health choices or providing adequate health services, particularly for younger residents and seniors.
- Limited transportation is one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Gadsden County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- A continued and increased focus on community-based initiatives will be required to overcome some of the most pressing issues (rather than waiting for federal or state support and direction).
- The community-based and faith-based organizations are strong assets for Gadsden County and will be integral to community health improvement efforts.

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Gadsden County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

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

The FCA tool was circulated to members of the Gadsden Community Health Council in September, 2012 to generate response and perspective regarding these "forces of change". Respondents to the FCA instrument were asked to answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" All members of the Health Council and their designees were encouraged to participate in the brainstorming process. Once a list of forces was

identified, participants also indicated possible opportunities and/or threats these forces may have on the county’s healthcare system and health outcomes. Table 1-1 summarizes the forces of change identified for Gadsden County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Table 1-1. Forces of Change Assessment results, Gadsden County, 2012.

Forces	Threats	Opportunities
Continued implementation of the Affordable Care Act (ACA)	Ability/willingness of Florida to establish health insurance exchanges. Insufficient workforce to handle newly insured	Increased insurance coverage, funding for preventive health services
Continuous legislative cuts to public health and social services	Limited access to health information and health services	Design low-cost community-based solutions Local ownership of public health intervention
Migration/integration of inmate population into local communities	Inadequate funding for services Increase in the proportion of unskilled labor Mental healthcare unavailable	Teach life skills Reduce recidivism
Lack of transportation	Low-income, rural population unable to meet basic needs No alternatives to automobile travel	Identifying and building upon mobile outreach service successes
Awareness/knowledge of health and social services	Digital divide	
Health literacy	Resources for broad-based health education limited	Integrate health education into other funded activities
Cultural competency/sensitivity	Language barriers Cultural barriers	Education and additional training for public health workforce
Unemployment/underemployment	Linked to health insurance, income, accessibility of care	Need local/state government investment in economic growth
Limited availability of specialty care for residents with complex health needs	Long travel times, long wait times to see specialists in Tallahassee Cost-prohibitive Limited incentives for specialists to locate offices in the community	New programs/ plans to open clinics (e.g. FSU College of Nursing clinic opening in Havana)

Table 1-1. Forces of Change Assessment results, Gadsden County, 2012.

Forces	Threats	Opportunities
Technology	Expensive Behind the times	Alternative means of open communication between providers of healthcare and with the broader public
Local hospital closure	Several years without a local emergency department	Health Council helped to facilitate hospital re-opening. Need to monitor changes in morbidity/mortality statistics
Rising indigent healthcare costs	Uncompensated care strains the entire system	Set up process to distribute indigent healthcare tax to local providers
Medicaid legislation current and pending	Uncertainty	Health Council is looking at the process to determine future direction
Restricted role of health department to apply for federal funding	Contraction of mission Service reductions	Need for public health advocate in legislature
Seasonal weather (Hurricanes and tropical storms)	Widely dispersed population difficult for first responders to reach Elderly need special assistance	
Community leadership	Divided political/policy groups and interests	Need for openness, transparency, and increased cooperation
Poverty	Local solutions are difficult Broad social factors and trends contribute Drives poor health outcomes	

Source: Gadsden County Forces of Change Assessment, September 12, 2012.

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Section 2: Gadsden County Community Health Status Assessment (CHSA)

Introduction

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

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

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

Many of the data tables in the technical report include standardized rates for the purpose of comparing Gadsden County to the state of Florida as a whole. It is advisable to interpret these rates with caution and consideration especially when the number of new cases (incidence) is relatively low. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and in some cases to anticipate future health needs. The *Gadsden Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by county zip code. It also provides estimates on future population growth. Also included are measures of education, employment, income, and poverty status. Noted as follows are some of the key findings from the Gadsden County demographic and socioeconomic profile.

- Population estimates from 2010 place the population of Gadsden County at 46,398 residents. By 2015, estimated growth will increase the population to 46,987 residents, which is a modest 1.3

percent increase. Florida as a whole is projected to increase by 6.2 percent during the same time period.

- The residents who self-identify as White constitute 36 percent of the population, which is substantially less than the percentage of residents in the state of Florida that self-identify as White (75.0 percent).
- Those individuals who self-identify as Black, or African American represent 56 percent of the population, which is notably higher than the state percentage of 16. Gadsden is unique in Florida as the only county with a majority African American population.

◦ **Economic Characteristics**

- Overall, it is estimated that 23.8 percent of Gadsden County's population lives at or below the poverty threshold, which is higher than the state of Florida percentage of 16.5 percent. As such, the percentage of the population living at or below the poverty threshold is 39.3 percent higher than the percentage of the Florida population living at or below the poverty threshold. Young people in particular are disproportionately affected, with 32.7 percent of individuals under the age of 18 living in poverty compared to 23.6 percent of their Florida counterparts.
- In Gadsden County the median household income is \$32,353 compared to the Florida median household income of \$46,077. As such, the median household income is 30 percent lower in Gadsden County than the median household income in Florida.
- The average household income in Gadsden County is 33 percent lower than the average household income in Florida (\$43,008 compared to \$64,203).
- The Gadsden County per capita income is \$16,035 compared to \$25,482 in the state.
- Employment rates in Gadsden County tend to track with Florida, although unemployment at the county level tends to be slightly lower than the state in any given year. Gadsden County's average unemployment rate for 2011 was 10.3 percent compared to the state unemployment rate of 10.5 percent.

◦ **Educational Attainment**

- 26.7 percent of the adult population in Gadsden County has less than a high school diploma compared to 14.6 percent in the state of Florida.
- 55.4 percent of the adult population in Gadsden County has completed high school compared to 51.2 percent in Florida.
- Only 17.9 percent of the adult population in Gadsden County has completed a college degree which is nearly 48 percent less than the percent of the adult population in Florida that has completed a college degree (34.2 percent).

Mortality and Morbidity

Perhaps the most direct measures of the health and well-being in a community are the rates of disease and death. In Gadsden County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As noted in the previous section, certain demographic and socioeconomic indicators can shed some light on how and why and to what extent certain chronic health problems affect communities. While

Gadsden County compares favorably to the state of Florida on some demographic and socioeconomic indicators, in other areas it tends to compare unfavorably. This translates to similar relationships between the county and state in terms of rates of disease and death. Noted below are some of the key facts of mortality and morbidity in Gadsden County.

- The top five leading causes of death in Gadsden County are: 1) Cancer, 2) Heart Disease, 3) Stroke, 4) Unintentional Injuries, including motor vehicle accidents, and 5) Diabetes. This is similar to the state of Florida; although, in Florida, Heart Disease is the first leading cause of death and Cancer is the second leading cause of death .
- In each of the five leading causes of death, the age-adjusted death rate for residents of Gadsden County is higher than the state of Florida rates and the majority of the 458 deaths that occurred in Gadsden County in 2011 were attributable to chronic disease.
- The overall age-adjusted mortality rate for Gadsden County for 2007-2011 was 871.2 per 100,000, compared to the overall Florida rate of 678.6 per 100,000.

◦ **Racial Disparities in Mortality**

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

- The overall age-adjusted death rate for African Americans is 21.3 percent higher than Whites (986.1 per 100,000 in comparison to 775.2 per 100,000) in Gadsden County. Furthermore, the age-adjusted death rate for African Americans is higher than Whites for cancer, heart disease, diabetes, and stroke.

White residents of Gadsden County do fare worse compared to Black residents on some indicators. Some observations include:

- The age-adjusted death rate for Chronic Lower Respiratory Disease in White residents is 47.5 per 100,000 compared to 22.8 per 100,000 for Black residents.
- The age-adjusted death rate for Unintentional Injuries in White residents is 49.3 per 100,000 compared to 45.7 per 100,000 in Black residents and 57.3 per 100,000 in Hispanic residents.

Hispanic residents of Gadsden County are also disproportionately affected when compared to their Black and White counterparts in the county. Noteworthy observations are below:

- The age-adjusted death rate for Nephritis in Hispanic residents is 41.9 per 100,000, which is 83 percent higher than the age-adjusted death rate for Nephritis in White residents (7.2 per 100,000) and 46 percent higher than the age-adjusted death rate for Nephritis in Black residents (22.7 per 100,000).
- The age-adjusted death rate for Influenza is 20.8 per 100,000 which is 15 percent higher than the rate for their Black counterparts (17.6 per 100,000) and 54 percent higher than the rate for their White counterparts (9.6 per 100,000).

◦ **Birth Outcomes**

Between 2008 and 2011 there were 2,693 births in Gadsden County (Technical Appendix Report Table 73). During that same period of time there were 29 infant deaths. While there are notable disparities in birth outcomes between Blacks or African Americans and Whites as indicated by the standardized rates,

some care should be taken with interpretation because the actual numbers in any given year may be small. Other key findings with regard to birth outcomes include:

- The percentage of total births that received early access to prenatal care between 2000 and 2009 has fluctuated between 85.4 percent and 60.7 percent in Gadsden County. The percentage of total births that receive early access to prenatal care in Gadsden County is comparable to the State percentage.
- Fewer Black or African American women receive prenatal care than White women in Gadsden County. For instance, in 2011 only 65.6 percent of Black women received care during their first trimester in comparison to 76.3 percent of White women.
- From 2002 to 2011, the percent of low birthweight infants born to mothers who self-identify as Black or African American was higher in comparison to their White and Hispanic counterparts in Gadsden County. In 2011, the percent of low birthweight infants born to mothers who self-identify as Black or African American was 13.5 in comparison to 6.4 for Whites in Gadsden County.
- The teen birth rate (births to mothers aged 15-17) is higher in Gadsden County than in Florida. In 2011, Gadsden County had a teen birth rate of 11.2 per 1,000 teen females in comparison to 6.5 per 1,000 teen females in Florida.

◦ **Mental Health**

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

- In 2011 for example, Gadsden County had a higher rate of emergency department visits per 1,000 citizens for mental health reasons than the state of Florida (81.6 and 53.4 respectively). Furthermore, the rate of emergency department visits per 1,000 residents for mental health reasons in Gadsden County was higher than the state rates among all ages, the 0-17 age category, and the 18+ age category.
- The rate of involuntary exam initiations (Baker Acts) for residents of Gadsden County was lower than the rates for Florida from 2002 to 2009.

Behavioral Risk Factors

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Gadsden County is for 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 68).

- The percentage of Gadsden County residents who have received a blood stool test in the past year for cancer screening was 30.3 percent compared to only 14.7 percent in Florida. Also, a larger percentage of Gadsden County residents received a sigmoidoscopy or colonoscopy in the

past five years than in the state (59.8 percent in Gadsden County compared to 56.4 percent in Florida).

- Gadsden County compares favorably to the state regarding the percentage of women who have received a mammogram and had a clinical breast exam. In 2010, 64.5 percent of Gadsden County women reported receiving a mammogram in the past year, while 61.9 percent of the women in Florida reported receiving a mammogram. Also, 66.0 percent of Gadsden County women reported having a clinical breast exam in the past year in 2010 compared to 61.5 percent of women in state.
- Diabetes is more prevalent in Gadsden County than in the state. In 2010, 16.7 percent of Gadsden County adults reported being diagnosed with diabetes. In the same year, only 10.4 percent of Florida adults reported being diagnosed with diabetes. The average age at which diabetes was diagnosed was similar for the county and the state (43 and 50.0 respectively).
- New measures for disability rates in Gadsden County were added as part of BRFSS indicators in 2007. Available data for 2010 show that the percentage of Gadsden County residents who are limited in any way because of physical, mental or emotional problems has increased since 2007. However, Gadsden County compares favorably to Florida (21.2 percent and 24.3 percent respectively).
- Gadsden County also compares favorably to the state with respect to the population of adults who engage in binge drinking. However the past 3 years (2007 to 2010), the percentage of adults who engage in binge drinking has risen from 10.9 to 12.9 percent.
- Gadsden County compares favorably to the state in regards to the average number of unhealthy physical days in the past 30 days. In 2010, Gadsden County residents self-reported the average number of days to be 3.5 while the residents in the state reported 4.1 days.
- Improvements have been made in Gadsden County with respect to HIV testing. In 2010, 56.8 percent of adults (under the age of 65) have been tested for HIV. This indicator compares favorably to the state where 48.4 percent of those reporting have been tested.
- Gadsden County compares unfavorably to the state with respect to the percentage of adults who are overweight (Body Mass Index between 25 and 30) or obese (BMI greater than 30). Over 70 percent of the adult populations in Gadsden County are overweight or obese while 65 percent of the Florida populations are overweight or obese.

Health Care Access and Utilization

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

- Recent American Community Survey data produced 3-year estimates of the uninsured populations. In Gadsden County it is estimated that an average 17.5 percent of the civilian non-institutionalized population were uninsured during 2008-2010, which is notably less than the state average of 20.9 percent .
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2010 estimates, 23.9 percent of the Gadsden County under 65 population was uninsured compared to

25.3 in the State.

- The total number of Medicaid enrollees in Gadsden County for 2011 was 11,879 individuals, which equals 25.4 percent of the total population in comparison to 16.8 percent for Florida.
- The rates of primary care physicians per 100,000 are substantially lower in Gadsden County than in Florida. Overall the rates are 57.7 and 335.7, respectively.
- The rate of licensed dentists in Gadsden County is 27.8 in comparison to 63.5 per 100,000 for the state.
- In 2009, there were a total of 5,849 hospital discharges in Gadsden County.
- In a typical year the majority of hospitalizations are paid for by Medicare and Medicaid, followed by private insurance and self-pay.
- The most frequent causes of hospitalization were birth associated e.g. normal newborn and vaginal delivery, followed by psychoses and Caesarean.
- The rate of avoidable hospitalizations in 2011 in Gadsden County was 16.6 per 1,000 non elderly as compared to 13.6 for Florida.
- In 2011, the largest payor source for avoidable hospitalizations in Gadsden County was Medicaid, followed by Medicare, and Private Insurance.

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Section 3: Gadsden County Community Themes and Strengths Assessment (CTSA)

Introduction

Listening to and gauging the perspectives of the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues, highlight possible solutions and feed into the identification of strategic issues. The Community Themes and Strengths Assessment (CTSA) relies upon community perspectives for answering questions such as: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?” This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and an identification of key assets and deficits of community assets.

To gain a better understanding of these issues for Gadsden County, the needs assessment process relied on community focus groups with residents of Gadsden County. This approach was selected in order to obtain the thoughts, opinions and concerns from those who experience the health system and health outcomes first hand. In the discussion below, a summary of the focus group results are presented.

Community Focus Groups

Methodology

One trained focus group facilitator conducted four focus groups throughout the county. Two focus groups were conducted in the city of Quincy followed by focus groups in Havana, and one in Midway.

Participants for these groups were recruited by members of the Gadsden Community Health Council through their network of contacts with churches and other community-based organizations. A \$20.00 stipend was offered as a participation incentive at the conclusion of each meeting.

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

Focus Group Questions and Answer Summaries

Q1. What does a “Healthy Community” mean to you?

Brief Summary

Participants discussed a variety of factors that contribute to a healthy community such as access to health care services that are of high quality and that are affordable. They also described a public health and social service infrastructure that can respond to the needs of a geographically dispersed rural population. Apart from providers and services they emphasized the need for an informed and empowered citizenry that can act on its own behalf and take charge of its health and healthcare.

Notable Quotes

“Having medical services available that people need.”

“Affordable transportation and also having services available within Gadsden County so people don't have to travel outside to places like Tallahassee.”

“Gadsden County is so widespread and you have these little pockets that people just don't get around to see you.”

“We just need more doctors in Gadsden County.”

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

Brief Summary

Transportation emerged as a key theme as it affects access to healthcare and social services, community resources like churches, parks, and other opportunities for physical activity and socialization. Transportation or lack thereof, is also key for obtaining nutritious food and medications. Another theme that emerged was the need for a compassionate and culturally sensitive healthcare workforce that can address the needs and concerns of a rural population. Finally, participants discussed the importance of substantial public and private investment in the health and well-being of the community.

Notable Quotes

“It all comes down to funding. We need a community where you can get in to see a physician, and be treated with respect.”

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

Brief Summary

Focus group participants varied in terms of how they described and rated the health and quality of life in Gadsden County. Some participants emphasized a lack of physicians and other providers within the community and expressed frustration over the need to travel to Tallahassee to receive healthcare. Some of those participants ranked the health and quality of life in the community relatively low. Other participants cited public statistics, such as the county's rates of chronic diseases as evidence that Gadsden compares unfavorably to other areas of the state. At the same time, other participants pointed to a variety of grassroots efforts to improve community health and described the capacity of these

organizations to make great strides in the future. Those individuals tended to rate the health and quality of life in the community slightly higher.

Notable Quotes

“We rank low because of our lack of access to specialist doctors.”

“We fall down, but then we always get up again.”

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

Brief Summary

The majority of focus group participants agreed that chronic health issues were the most pressing problems in the community. Chronic diseases such as Heart Disease, Stroke, Cancer, and Diabetes were frequently mentioned. Many respondents also cited Infant Mortality and HIV as significant concerns.

Notable Quotes

“Diabetes, cardiovascular disease, hypertension, HIV. Those are our biggest problems. Infant mortality is coming up again too.”

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

Brief Summary

All of the focus groups mentioned a geographically dispersed population with limited access to transportation, relatively low income, lack of insurance, and lack of a robust physician workforce to provide care. Some participants cited racial disparities in terms of access to quality care and broader social inequalities as important factors.

Notable Quotes

“We're tired of being researched. When we do the research we don't ever get any results so were tired. We're researched, but we are not helped.”

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

Brief Summary

The elderly and individuals who lack reliable transportation were groups most frequently mentioned by participants. Specific references were also made to racial disparities in health and several participants pointed to higher rates of Hypertension and Diabetes among African Americans.

Notable Quotes

“I can take you to the streets over where the nice houses are. You can look at the houses that get some level of attention in Gadsden County and I can bring you back to these communities that get absolutely none. I can take you to a place where they're growing old and living longer and then I can bring you to our communities, and all of our funeral homes are jam packed.”

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

Brief Summary

Participants mentioned community churches and their health ministries as well as the Gadsden County Health Department, and the Gadsden Community Health Council as important resources for addressing health concerns in the community.

Notable Quotes

“We just need to take more interest in ourselves, because if we don't, nobody else is going to.”

“Many of the churches do what they can do, when we can do it.”

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

Brief Summary

The main barriers to improving health and quality of life in the community identified by focus group participants were lack of transportation and lack of healthcare providers in the County. Beyond that, some participants also discussed less than optimal communication between the providers of health services and with the broader population. In spite of the close-knit nature of Gadsden County communities, some residents are unaware of the services that are available through the health department and other local organizations.

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

Brief Summary

There was unanimous agreement that there are insufficient services available within the County and that almost everybody who is able to obtain healthcare services must do so, at least in part, by travelling outside of the County to nearby Tallahassee.

Notable Quotes

“If you go right across the line to Leon County there's transportation, and there's doctors' offices plus countless numbers of urgent care clinics and walk in clinics. Anything you can think of, right up the road in Leon County. But not here.”

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

Brief Summary

Focus group participants generally agreed that there is a critical need for more primary and preventive care services locally.

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

Brief Summary

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

- Communication and collaboration among local service providers.
- Local ownership of the health and well-being of the community.
- Strategies to attract more healthcare providers to the area.
- Empowering residents to take advantage of services that are available.

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Section 4: The National Public Health Performance Standards Program (NPHPSP) – Local Public Health System Assessment (LPHSA) Results

The NPHPSP Report of Results

Introduction

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

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through

these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

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

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

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

The NPHPSP is a collaborative effort of seven national partners:

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

About the Report

Calculating the Scores

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

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

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

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

<http://www.cdc.gov/nphpsp/conducting.html>.

Understanding Data Limitations

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

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for

guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of Results

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

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

Tips for Interpreting and Using NPHPSP Assessment Results

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

Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

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

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

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results

either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine Performance Scores

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

Review the Range of Scores within Each Essential Service and Model Standard

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

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

Consider the Context

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

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

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

Use the Optional Priority Rating and Agency Contribution Questionnaire Results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores

in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

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

Final Remarks

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

Performance Assessment Instrument Results

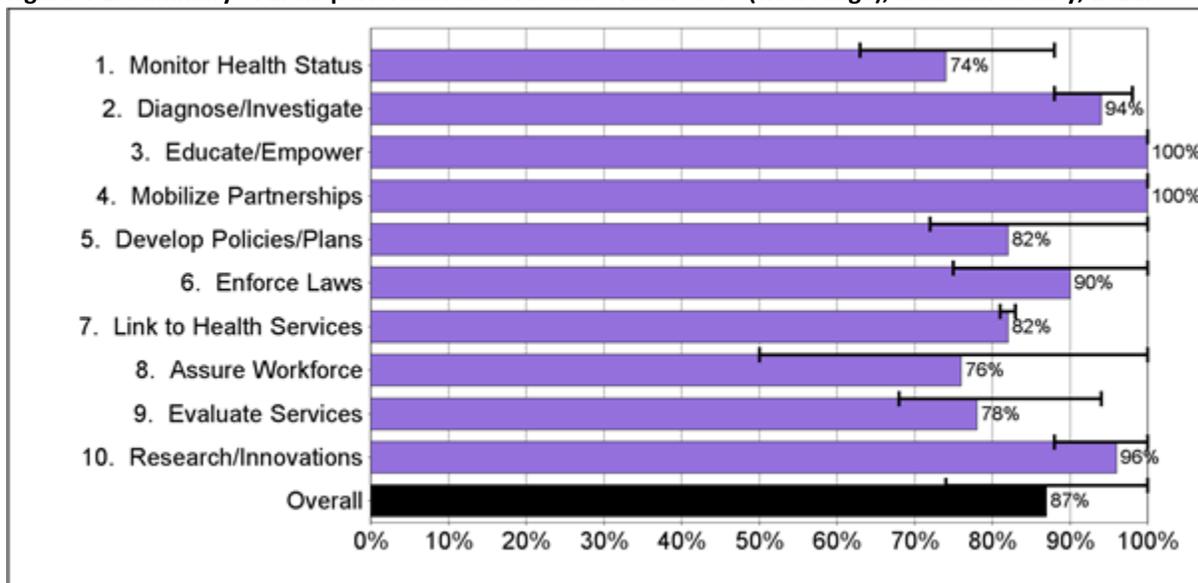
The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" Table 4-1 (below) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses for the various questions asked within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

Table 4-1: Summary of performance scores for local public health system by Essential Public Health Service (EPHS), Gadsden County, 2011.

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	74
2	Diagnose And Investigate Health Problems and Health Hazards	94
3	Inform, Educate, And Empower People about Health Issues	100
4	Mobilize Community Partnerships to Identify and Solve Health Problems	100
5	Develop Policies and Plans that Support Individual and Community Health Efforts	82
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	90
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	82
8	Assure a Competent Public and Personal Health Care Workforce	76
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	78
10	Research for New Insights and Innovative Solutions to Health Problems	96
Overall Performance Score		87

Source: Local Public Health System Assessment Scoring Results, Gadsden County, September 2011.

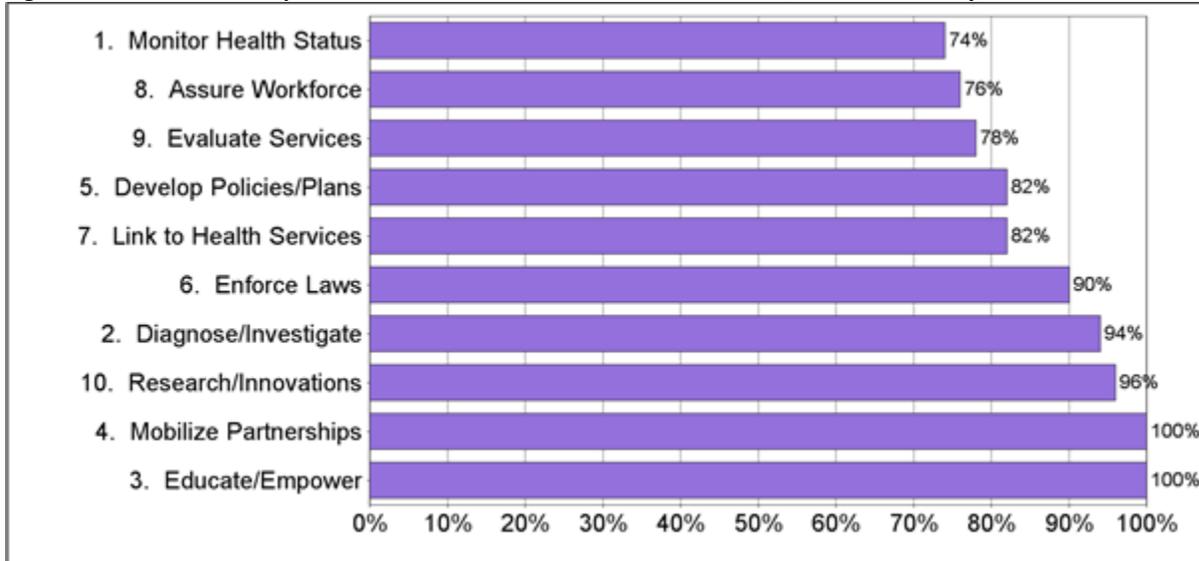
Figure 4-1: Summary of EPHS performance scores and overall score (with range), Gadsden County, 2011.

Source: Local Public Health System Assessment Scoring Results, Gadsden County, September 2011.

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

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

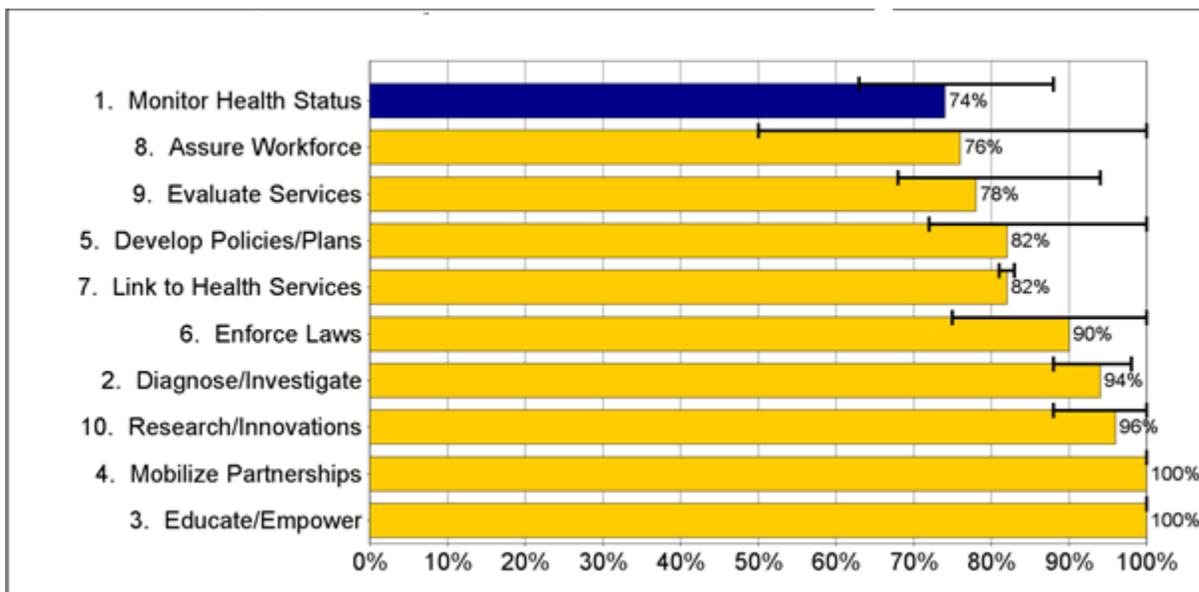
Figure 4-2: Rank ordered performance scores for each Essential Service, Gadsden County, 2011.



Source: Local Public Health System Assessment Scoring Results, Gadsden County, September 2011.

Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity, Gadsden County, 2011.

No Activity
 Minimal
 Moderate
 Significant
 Optimal



Source: Local Public Health System Assessment Scoring Results, Gadsden County, September 2011.

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Section 5: Gadsden County Forces of Change Assessment (FCA)

Introduction

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment (FCA). The *Gadsden County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

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

Methodology and Results Summary

The Gadsden Community Health Council coordinated a response to the Forces of Change Assessment. Members of the Council included representatives of the Gadsden County Health Department, Big Bend AHEC, Capital Regional Medical Center, Tobacco Free Gadsden, Gadsden County Healthy Start, Bond Community Health Center, FSU College of Nursing, Capital Health Plan, and local law enforcement agencies among others.

The FCA tool was circulated to members of the Gadsden Community Health Council to generate response and perspective regarding these “forces of change.” Respondents to the FCA instrument were asked to answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” All members of the Health Council were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county's healthcare system and health outcomes.

Table 5-1 summarizes the forces of change identified for Gadsden County and possible opportunities and/or threats that may need to be considered in any strategic community health improvement planning process resulting from this MAPP assessment.

Table 5-1. Forces of Change Assessment results, Gadsden County, 2012.

Forces	Threats	Opportunities
Continued implementation of the Affordable Care Act (ACA)	Ability/willingness of Florida to establish health insurance exchanges. Insufficient workforce to handle newly insured	Increased insurance coverage, funding for preventive health services
Continuous legislative cuts to public health and social services	Limited access to health information and health services	Design low-cost community-based solutions Local ownership of public health intervention
Migration/integration of inmate population into local communities	Inadequate funding for services Increase in the proportion of unskilled labor Mental healthcare unavailable	Teach life skills Reduce recidivism
Lack of transportation	Low-income, rural population unable to meet basic needs No alternatives to automobile travel	Identifying and building upon mobile outreach service successes
Awareness/knowledge of health and social services	Digital divide	
Health literacy	Resources for broad-based health education limited	Integrate health education into other funded activities
Cultural competency/sensitivity	Language barriers Cultural barriers	Education and additional training for public health workforce
Unemployment/underemployment	Linked to health insurance, income, accessibility of care	Need local/state government investment in economic growth
Limited availability of specialty care for residents with complex health needs	Long travel times, long wait times to see specialists in Tallahassee Cost-prohibitive Limited incentives for specialists to locate offices in the community	New programs/ plans to open clinics (e.g. FSU College of Nursing clinic opening in Havana)
Technology	Expensive	Alternative means of open communication between

Table 5-1. Forces of Change Assessment results, Gadsden County, 2012.

Forces	Threats	Opportunities
	Behind the times	providers of healthcare and with the broader public
Local hospital closure	Several years without a local emergency department	Health Council helped to facilitate hospital re-opening. Need to monitor changes in morbidity/mortality statistics
Rising indigent healthcare costs	Uncompensated care strains the entire system	Set up process to distribute indigent healthcare tax to local providers
Medicaid legislation current and pending	Uncertainty	Health Council is looking at the process to determine future direction
Restricted role of health department to apply for federal funding	Contraction of mission Service reductions	Need for public health advocate in legislature
Seasonal weather (Hurricanes and tropical storms)	Widely dispersed population difficult for first responders to reach Elderly need special assistance	
Community leadership	Divided political/policy groups and interests	Need for openness, transparency, and increased cooperation
Poverty	Local solutions are difficult Broad social factors and trends contribute Drives poor health outcomes	

Source: Gadsden County Forces of Change Assessment, September 12, 2012.

