



**MADISON
COUNTY
2012**

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 Profile Report 2012 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 Madison County residents' quality of life and supporting its future prosperity and well-being.

This Community Health Assessment serves to inform the Madison County 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 Madison County as compared to Florida.
- Identification of the current health concerns among Madison 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 Madison 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

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) 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>

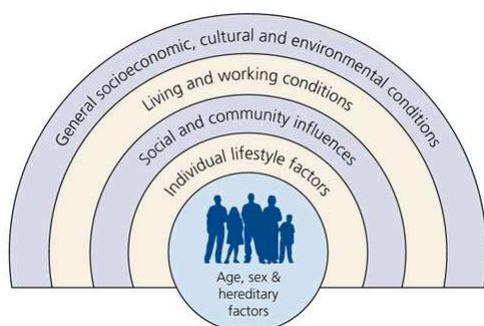
The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

METHODS

The Community Health Assessment followed the MAPP process to examine the community health status of Madison 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 Madison 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 determinants of health framework addresses the distribution of wellness and illness within a



population. The Madison County community 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 Madison County

community. The social determinants of health framework focuses attention on the factors which most impact health within the larger social and economic context.

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 Madison 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 2011 to 2012, meetings and workshops were conducted with Madison 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. A meeting of community health partners determined the strengths, weaknesses, opportunities, and threats (SWOT) within the Madison County health care system. A Community Health Survey was administered and 297 residents provided responses. A workshop with 11 community health partners identified strategic priorities and goals for future health improvement activities.

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 Madison 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 Madison 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.



**MADISON
COUNTY**

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

The key findings from each of the four MAPP assessments are 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 Madison 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 include:

Community Health Status Profile	Forces of Change Assessment
<ul style="list-style-type: none"> • Access to and coordination of health care services • Limited health care providers • High rate of Medicaid enrollees • Sexually Transmitted Diseases increasing • Chronic diseases and risks increasing • High percentage of population that are overweight, obesity, and have diabetes • High birth rates among teens • High poverty levels • Low County Health Ranking outcomes • High percentage of deaths/injuries from unintentional injuries • High rate of alcohol related motor vehicle crashes and 	<ul style="list-style-type: none"> • Access to and coordination of health care services • High poverty levels • High unemployment/lack of jobs • Sexually Transmitted Diseases increasing • Chronic diseases and risks increasing • High percentage of population that are overweight, obesity, and have diabetes • High poverty levels • Lack of transportation • Limited health literacy

<p>deaths</p> <ul style="list-style-type: none"> • High tobacco consumption • Limited Dental care/usage 	
<p>Local Public Health System Assessment</p> <ul style="list-style-type: none"> • ES #3: Inform, Educate, And Empower People about Health Issues • ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems • ES # 10: Research for New Insights and Innovative Solutions to Health Problems 	<p>Community Themes & Strengths Assessment</p> <ul style="list-style-type: none"> • Access to and coordination of health care services • Limited health insurance • High usage of Emergency Room • Limited Dental care/usage • Limited health care awareness • High self-report of chronic illness • Low self-report of personal health

Strategic Issues

Safe Environment

Preventable & Controllable Diseases

Unintentional Injury/Death Prevention

Cause/Effect of Poverty

Access to Resources

Maternal & Child Health

Obesity

Effective Community Education

Communicable & Infectious Diseases

STRATEGIC ISSUE 1: Safe Environment

Goal: Madison County will have a safe environment and be crime free.

- Strategies:**
1. Promote crime stoppers.
 2. Organize neighborhood watch programs.
 3. Empowerment to vulnerable populations.
 4. Improve access to mental health resources.

STRATEGIC ISSUE 2: Unintentional Injury/Death Prevention

Goal: All Madison County residents & visitors will be safe from traumatic injuries & death.

- Strategies:**
1. Increase awareness & educational opportunities regarding safe & appropriate vehicular operations.
 2. Increase education on behaviors to prevent traumatic injuries & death.
 3. Establish driver's education program.
 4. Strengthen funding at county/state levels to keep highways in excellent condition.

According to the data in the *Health Status Profile*, the death count from unintentional injury among White females in Madison County residents doubled from 2010 to 2011. There were a total of 33 alcohol-related motor vehicle crash injuries in Madison County in 2010 (the most current data available). This represents a rate of 171.8 per 100,000 Madison County residents which is nearly three times the state rate of 64.7 per 100,000 residents.

STRATEGIC ISSUE 3: Access to Resources

Goal: All Madison County residents will have access to quality affordable health services.

- Strategies:**
1. Recruit and retain providers.
 2. Solicit additional funding to address gaps in Madison County health care system.
 3. Educate residents on the available resources within the county.
 4. Conduct resource mapping workshop to maximize resource utilization.

Access to care is a predominant issue among community partners in Madison County. The *Health Status Profile* shows results from the 2010 BRFSS survey that indicate twice as many Black females could not see a doctor at least once in the past year due to cost as compared to the state rate (40.4% versus 19.6%). In addition, the percentage of Madison County residents who had a medical checkup in the past year was lower for all races/ethnicities than the associated state percentages. Madison County is below the state rate with regards to total licensed Family Physicians and other specialists. There is a disparity in dental care in Madison County as compared with the rest of the state, with nearly half as many dentists per 100,000 residents.

STRATEGIC ISSUE 4: Obesity

Goal: All citizens in Madison County will be at a healthy weight.

- Strategies:**
1. Increase the access of recreational & youth activities in Madison County.
 2. Network to encourage social support for increases in physical activity levels in our schools.
 3. Provide safe recreational parks, trails, etc.

Overweight and obesity are conditions that increase the risk for a variety of chronic diseases and health concerns including heart disease, Type 2 diabetes, certain cancers, hypertension, high cholesterol and stroke. Among Madison County residents who responded to the 2010 BFRSS survey, the percentage of White females, Black males, and Black females who were obese or overweight was higher than the state percentages. In fact, over 50% of African American female respondents are obese. Strategies to increase physical activity opportunities and utilize a physician outreach campaign will strive to lower overweight and obesity percentages in our communities

STRATEGIC ISSUE 5: Communicable & Infectious Diseases

Goal: All Madison County residents will be free of communicable and infectious diseases.

- Strategies:**
1. Establish sex education classes in the school system.
 2. Conduct community education programs for STD prevention.
 3. Increase awareness of the impact of unprotected sex and STD's.
 4. Sponsor guest speakers in schools for role modeling.

Sexually transmitted diseases are the most common type of infectious disease in the United States. According to the *Health Status Profile* the rate of Chlamydia in Madison County is drastically higher than the state rate. There have been some minor downward trends in communicable disease rates yet the issue of educating the community and lowering these numbers is a main priority. In the *Community Strengths and Themes* survey 40 percent of respondents said that 'unsafe sex' was an important risky behavior in the community. The *Forces of Change* assessment describes how current lack of health literacy among residents presents the opportunity to properly educate community members with facts about their health.

STRATEGIC ISSUE 6: Preventable & Controllable Diseases

Goal: All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.

- Strategies:**
1. Increase support of educational opportunities related to healthy lifestyle choices.
 2. Provide chronic disease screenings & education (re: chronic disease maintenance).
 3. Leverage partners to increase social support of healthy eating and active lifestyles.
 4. Educate citizens on how to maintain & control present chronic disease conditions.
 5. Formulate focus groups to obtain an assessment of citizen's perceptions goals and needs (Community survey conducted as part of this process last year).
 6. Increase nutritional education & meal planning opportunities.
 7. Provide chronic disease self-management classes.
 8. Develop chronic disease care coordination.

According to the Centers for Disease Control and Prevention, chronic disease is the leading cause of death and disability in the United States, and accounts for 70% of all deaths in the US. Many chronic diseases can be prevented or controlled by living a healthy lifestyle; getting sufficient amounts of physical activity, eating healthy, and not using tobacco products. According to the BRFSS survey data found in the *Health Status Profile* the percentage of adults who are sedentary is higher than the state percentages for White and African American men and women. Community partnerships are key when trying to reach as many residents as possible and efficiently utilize available resources. The *Local Public Health System Assessment* found areas that can be improved upon include 'educate/empower' and 'mobilize partnerships.' Many of the Florida Department of Health in Madison County's efforts include promotion and education of the importance of these practices; the above strategies when implemented will strive to change the overwhelming numbers of citizens affected by a chronic disease.

STRATEGIC ISSUE 7: Cause/Effect of Poverty

Goal: All Madison County residents will have access to meet their life needs.

- Strategies:**
1. Enhanced economic development activities to increase job opportunities.
 2. Empower individuals to become more productive citizens.
 3. Increase vocational programs in schools.
 4. Educate low-income & jobless citizens on career paths ("Access next").

Socioeconomic factors such as poverty play a huge role in the health of individuals and communities. 18.7 % of Madison County Residents are living in poverty. The *Health Status Profile* shows Madison County's rates are double the state rates for a number of categories:

- 39.5% of the population under the age of 18 is living below poverty level as compared to 19.5% of Florida's population.
- 53.4% of Madison County's families with related children under the age of 5 are living in poverty, while the rate is 22.5% for Florida.

81 % of students in the Madison Schools District qualified for the free/reduced lunch program, in the 2010-2011 school year. As identified in the *Forces of Change* assessment, the Florida Department of Health and community partners will continue to apply for grants to potentially create jobs and boost the local economy.

STRATEGIC ISSUE 8: Maternal & Child Health

Goal: All women in Madison County will have access to support services.

- Strategies:**
1. Educate women on the services & resources available in the community.
 2. Provide whole child access.
 3. Decrease teen pregnancy rate by increased access to contraceptive education.
 4. Improve preconception health in schools and community.

Some key data regarding Maternal Child Health is listed in the *Health Status Profile*. Infant mortality three-year rates were higher in 2008 to 2010 for Madison County as compared to the state rates for all indicators. Teen birth rates are higher than the state rate. The major factors contributing to infant deaths are biological (such as low birth weight or premature delivery), and environmental (such as poverty, smoking, alcohol and drug abuse, poor nutrition). Rates of infant mortality often reflect the health of the mother, the quality and effectiveness of the maternal and infant health care system, and the availability of support to at-risk mothers and infants. The Florida Department of Health in Madison County hopes to increase preconception health within females of childbearing age and increase education and outreach regarding healthy behaviors and abstaining from sex in our youth population.

STRATEGIC ISSUE 9: Effective Community Education

Goal: Madison County residents will have access to quality education.

- Strategies:**
1. Identify providers & their roles in the community education system.
 2. Educate the educators.
 3. Increase child readiness & parent involvement.
 4. Expose information to elementary grades (“plant seeds” early).

Many combined factors affect the health of individuals and communities. Education is a determinate of health, low education levels are linked with poor health and more stress in individuals. In Madison County 25.2% of the population age 25 and over did not receive a high school diploma. According to the County Health Rankings data in the Social and Economic category which encompasses education, employment, income, and safety in community places, Madison County ranked 62nd out of 67 Florida counties. 40% of respondents in the *Community Themes and Strengths* survey performed in 2011 said that ‘having good schools’ is the most important factor of a healthy community.

The next step in the Madison 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 Madison 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.



**MADISON
COUNTY
2012**

Community Health Status Profile

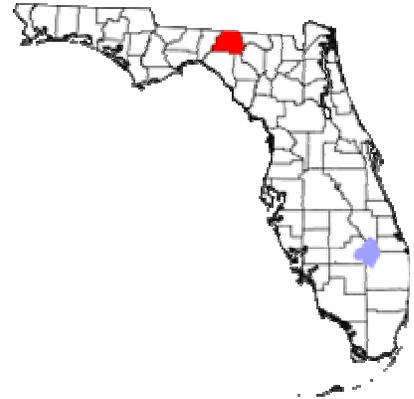


Florida Department of Health in Madison County conducted a Community Health Status Profile in December 2011, and updated the report in September 2012. The goal of this report is to define the current health status of Madison County residents, and can be used as a tool for local planners to develop strategies for meeting the health care needs of Madison County residents.

POPULATION CHARACTERISTICS

Distribution by Geography

Madison County is located in north central Florida, and borders Georgia just south of Valdosta. It is a short drive from Tallahassee and Jacksonville. The town of Madison, with just over 3,000, is the county seat. There are two other municipalities in the county, each with fewer than 1,000 residents, as well as small population clusters in several outlying communities.



Madison is a rural county, with a population density of 27.1 persons per square mile—less than the Florida average of 296.4 persons per square mile. Madison County is the 56th most populous county in Florida (out of 67 total counties), with 0.1% of the total state population. Madison County has five public schools and three private schools serving pre-kindergarten through 12th grade students. The county is also home to North Florida Community College.

The bulk of the Madison County's workforce (76%) is employed in service fields, such as education, government, transportation and utilities. Since 30% of the county workforce commutes outside the county for employment, neighboring counties provide employment opportunities to Madison County residents, and many workers cross the state border to work in neighboring Georgia counties. Madison County residents rely on larger metropolitan areas such as Tallahassee and Thomasville for hospitals and specialized health care, consumer durables, automobiles, entertainment and specialized retail purchases. The median household income for 2010 was \$36,682.

HEALTH ASSETS AND RESOURCES

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

<p><u>Schools</u> Greenville Elementary Pinetta Elementary Lee Elementary Madison County Central School Madison County High School Madison Academy New Testament Christian School James Madison Preparatory School Latma Christian School North Florida Community College</p>	<p><u>Parks</u> North Florida Community College Blue Springs State Park Lanier Park Lake Francis Four Freedoms Park Haffye Hays Park</p>
<p><u>Public Libraries</u> Madison County Public Library Greenville Public Library Lee Public Library</p>	<p><u>Recreation Center</u> Madison County Recreation Complex Madison County High School</p>
<p><u>Dental</u> Roderick Shaw III DMD Madison County Health Department: Iturrino Marti Orlando DDS Madison Dental Associates: Dr. Clint Rogers, Dr. Matt Allen, Dr. Robert Baldwin</p>	<p><u>Athletic Fields</u> Madison County Recreation Complex Madison County High School</p>
<p><u>Rehabilitation Center</u> Lake Park of Madison Madison Nursing Center Crosswinds (Greenville) Southern Living for Seniors</p>	<p><u>Recreational Bodies of Water</u> Blue Springs Cherry Lake</p>

Pharmacy

CVS Pharmacy
Winn Dixie
North Pharmacy Madison

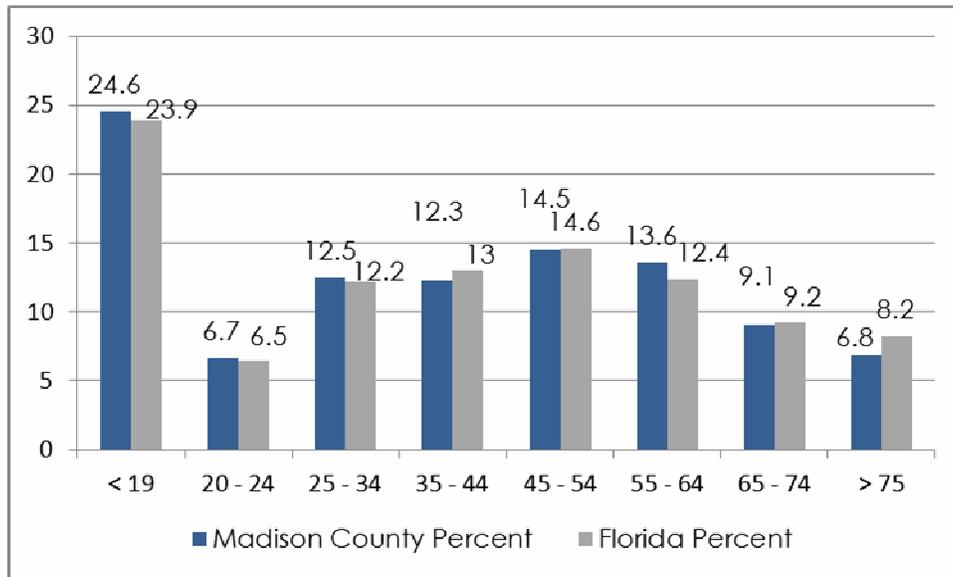
Walking Trails

Four Freedoms Trail
Ladell Brothers Outdoor Recreation
Center

Age and Sex

Madison County's 2011 population was 19,298, according to population estimates provided by the Florida Office of Economic and Demographic Research. The population breakdown in 2010 by age group for Madison County compared with the Florida is shown below.

Figure 1. Population by Age Group, County and State 2010.



Data Source: U.S. Census 2010

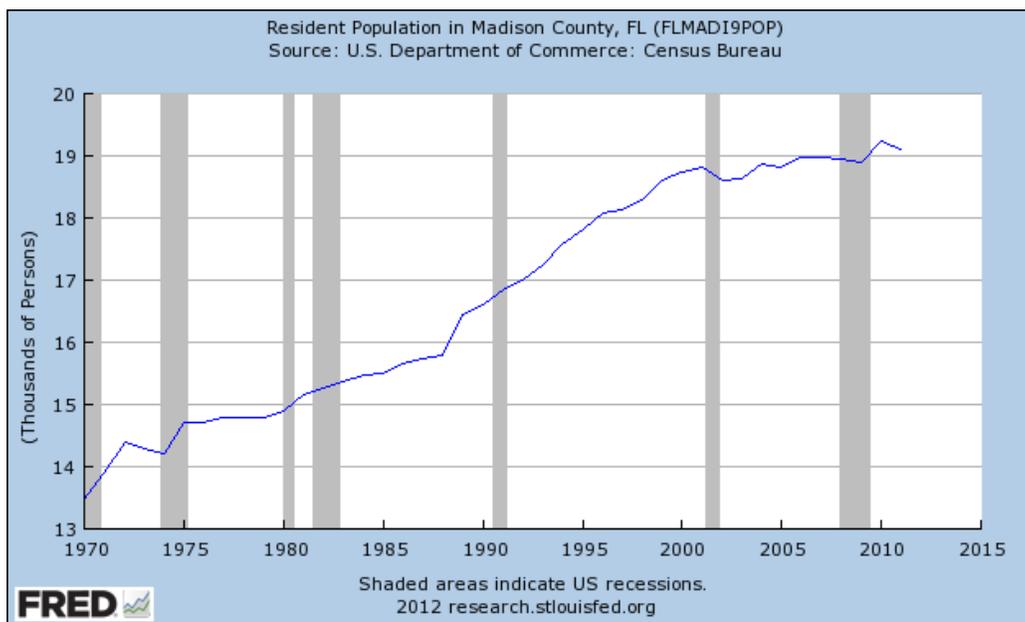
- ❖ Madison County's population mirrors Florida's population age distribution across all groupings. The median age for the state is 40.7 years, compared with 40.2 years in Madison County.

According to Florida Motor Vehicle Services, the age distribution of licensed drivers over the age of 20 for Madison County includes:

- 2,193 ages 20-30
- 3,954 ages 31-50
- 2,294 ages 51-60
- 1,934 ages 61-70
- 1,477 ages 71-90
- 42 over the age of 90

The *Federal Reserve Economic Research (FRED)* tracks population, unemployment, and other census data trends. There has been a steady increase in the Madison County population since 1975 according to *FRED*. Figure 2 charts this trend in population growth since 1970 for Madison County.

Figure 2. Population Trend for Madison County.



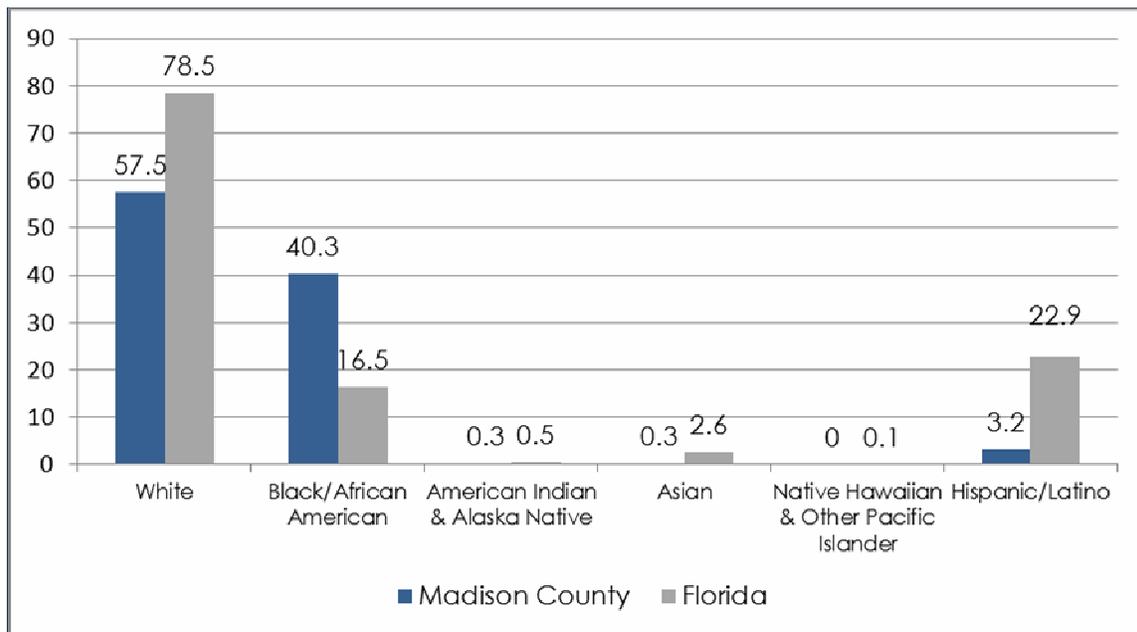
Data Source: Federal Reserve Bank of St. Louis, Economic Research (FRED)

❖ The U.S. Census population projections for 2015 shows a 1.1% increase in population for Madison County to 19,442.

Race and Ethnicity

The 2010 U.S. Census data indicates Madison County's demographics for race/ethnicity are different than the state population. Madison County's population was 57.5% White and 40.3% Black/African American, compared to Florida's population as 78.5% White and 16.5% Black/African American. In addition, Madison County had 3.2% of its population designate itself as Hispanic/Latino, while Florida's Hispanic/Latino population made up 22.9% of its total population.

Figure 3. Race/Ethnicity, County and State.



Data Source: 2010 U.S. Census

SOCIAL AND ECONOMIC CHARACTERISTICS

Income and Poverty

The July 2012 *Office of Economic and Demographic Research Report* indicated the average annual wage in 2010 for Madison County residents was \$29,119 compared to the state's average annual wage of \$41,570 (see <http://edr.state.fl.us>).

The median household income in Madison County is \$36,682, which is significantly lower than the median household income statewide of \$47,450. According to the U.S. Census Bureau estimates, 13.7% of households in Madison County received food stamp benefits during the previous year. This is significantly higher than the state rate of 7.5%.

Table 1. Yearly Earnings by Industry, County and State 2010.

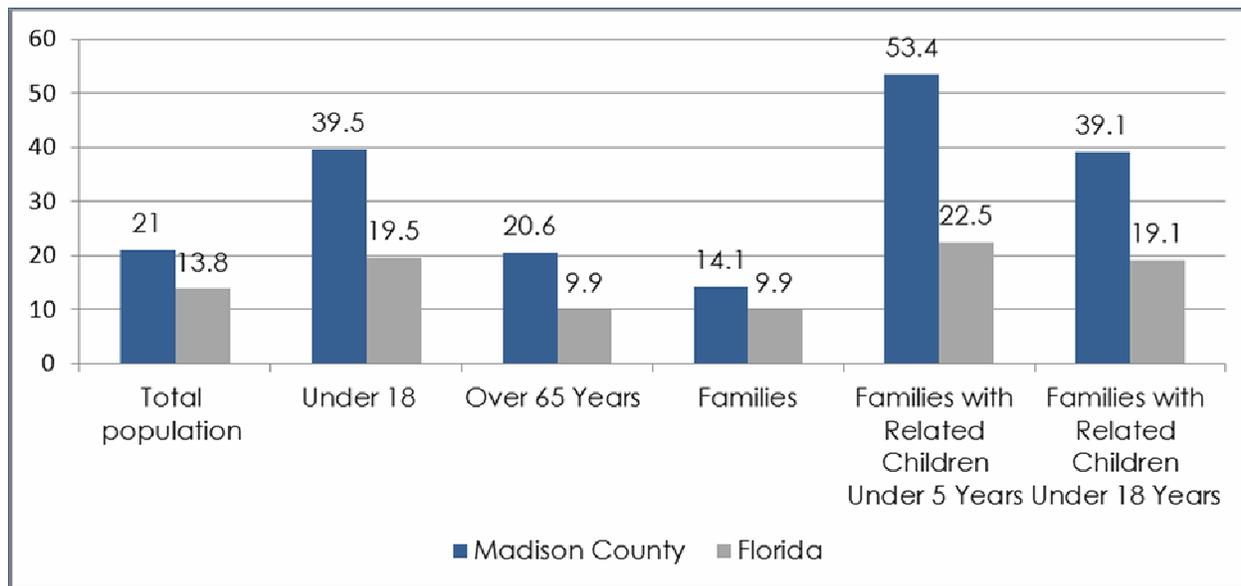
	Madison County	Florida
All Industries	\$ 29,119	\$41,570
Natural Resource & Mining	\$28,783	\$24,287
Construction	\$27,506	\$41,088
Manufacturing	\$38,590	\$51,847
Trade, Transportation and Utilities	\$26,897	\$37,111
Information	\$35,792	\$61,487
Financial Activities	\$31,392	\$57,043
Professional & Business Services	\$38,711	\$49,155
Education & Health Services	\$25,018	\$43,685
Leisure and Hospitality	\$12,484	\$21,448
Other Services	\$21,994	\$29,608
Government	\$33,123	\$47,360

Data Source: Office of Economic and Demographic Research

- ❖ In Madison County, Government accounted for 33.7% of the employment. Trade, Transportation and Utilities had 18.3% of the average annual employment, with 16.4% in the Education & Health Services industry.

The Florida Department of Health provides information about the health of Florida residents in CHARTS (Community Health Assessment Resource Tool Set). The percentage of people living in poverty for Madison County as compared to Florida is presented in Figure 4.

Figure 4. Percentage of Population Living Below Poverty Level, 2006-2010.



Data Source: FDOH, CHARTS

The Florida Department of Education reported there were 2,123 children in the Madison County School District who were enrolled in the 2010-2011 free/reduced lunch program. This represents 81% of the total school enrollment. Black children accounted for 65.5% of the total children in the free/reduced lunch program.

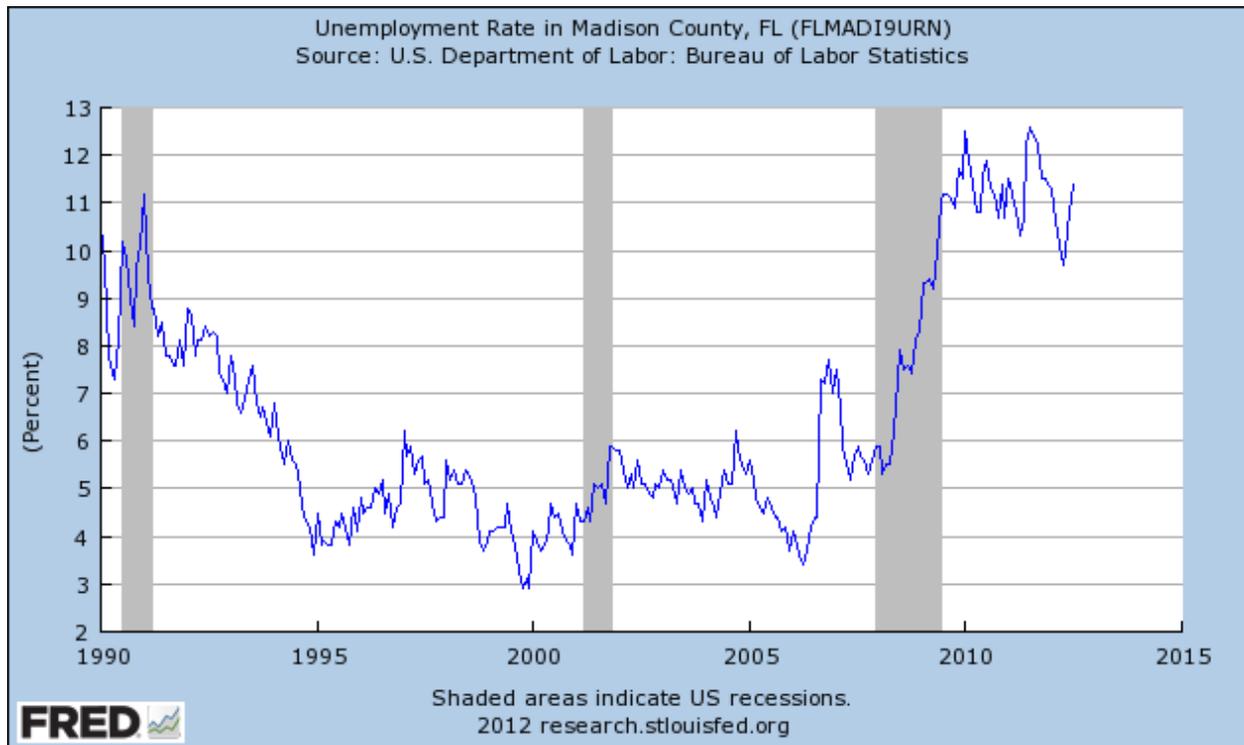
❖ **Madison County’s rates are double the state rates for a number of categories:**

- 39.5% of the population under the age of 18 is living below poverty level as compared to 19.5% of Florida’s population.
- 53.4% of Madison County’s families with related children under the age of 5 are living in poverty, while the rate is 22.5% for Florida.
- 39.1% of families with related children under the age of 18 are living in poverty in Madison County, compared to 19.1% in Florida.

Unemployment

As of August 2012, the unemployment rate in Madison County was higher than the state unemployment rate (10.6% compared with 8.8%). Figure 5 displays the trend for Madison County from 1990 to 2012 (see <http://research.stlouisfed.org/fred2/series/FLMADI9URN?cid=27699>).

Figure 5. Unemployment rate in Madison County, 1990-2012.



Data Source: Federal Reserve Bank of St. Louis, Economic Research (FRED)

HEALTH STATUS

County Health Rankings

The County Health Rankings report, by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, 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.

Madison County ranked highest in the *Physical Environment* health factor (5th) and lowest in the *Health Behaviors* health factor (67th).

Table 3: Madison County Health Rankings, 2010-2012.

County Health Rankings (Rankings based on 67 counties)	2010	2011	2012
Health Outcomes (How healthy a county is)	63	65	60
Health Factors Overall (What influences the health of county)	62	67	62
Health Behaviors (Smoking, diet, exercise, alcohol use)	62	66	67
Clinical Care (Access to care, quality of care)	53	49	41
Social and Economic (Education, employment, income, safety)	64	64	62
Physical Environment (Air quality, built environment)	53	51	5

Data Source: 2012 County Health Rankings

❖ **Madison County ranked 60 out of 67 Florida counties according to the 2012 County Health Rankings. This is an improvement from Madison County's 2010 ranking of 63.**

Local Public Health System Performance Assessment

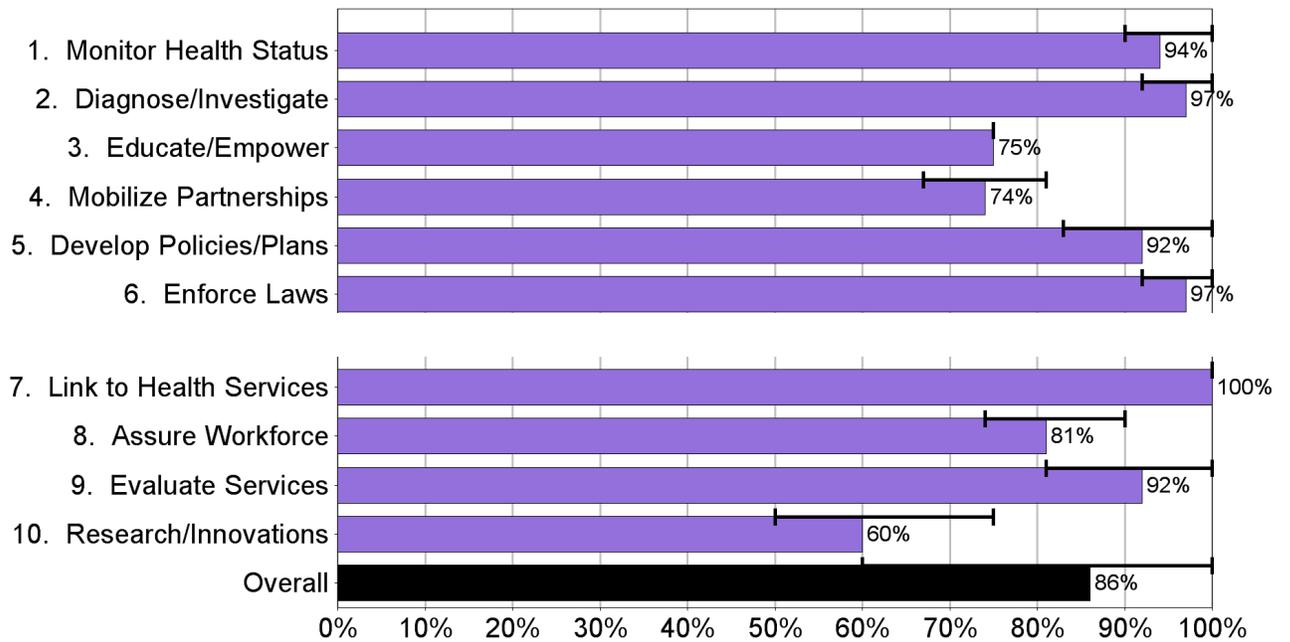
The National Public Health Performance Standards Program local instrument was completed in September 2011. The NPHPSP is a partnership effort with community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a state or local 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 Essential Service area that had the lowest performance score was *Research/Innovations* (60%) and the highest performance score was in the area of *Link to Health Services* (100%). The figure on the following page summarizes the 2011 LPHPSP scores for Madison County across the *10 Essential Public Health Services*.

Figure 6: Local Public Health Performance Standards Program – Madison County.



Data source: Report of Results Local NPSPP – Madison County

❖ The 2011 LPHPSP report indicated the Madison County community health programs and services contributed to the provision of the 10 Essential Public Health Services, with an overall score of 86%. This score represents the Optimal Activity level across all 10 Essential Public Health Services.

Health Risk Factors

Chronic Diseases

Arthritis

In Madison County, nearly 40% of White male and female adults responding to the 2010 *Behavioral Risk Factor Surveillance System (BRFSS)* survey indicated they had been told by a doctor or health care professional they have some form of arthritis.

Over 20% of Black males and 30% of Black females responding to the BRFSS indicated they had been told they have some form of arthritis. These percentages are higher than those for the state. Data for Hispanic/Latino residents was not available for Madison County.

Table 4. Selected Arthritis Indicators Sex by Race/Ethnicity, Madison County and Florida.

Percentage of Adults* who...	White Male		White Females		Black Male		Black Female	
	Madison County	Florida						
Have been told they have some form of arthritis (2010 BRFSS).	37.7	30.7	40.7	41.6	22.8	20.2	30.7	28.4
Have chronic joint symptoms who saw a doctor or other health professional for joint symptoms (2007 BRFSS).	66.2	72.7	58.2	76.1		74.5	91	77.3
Have arthritis or chronic joint symptoms who have ever taken an educational course or class on how to manage problems related to arthritis or joint symptoms (2007 BRFSS).	11.4	8.9	6.2	11.8		13.6	18	10.1

Data Source: Florida BRFSS

* Hispanic/Latino data unavailable.

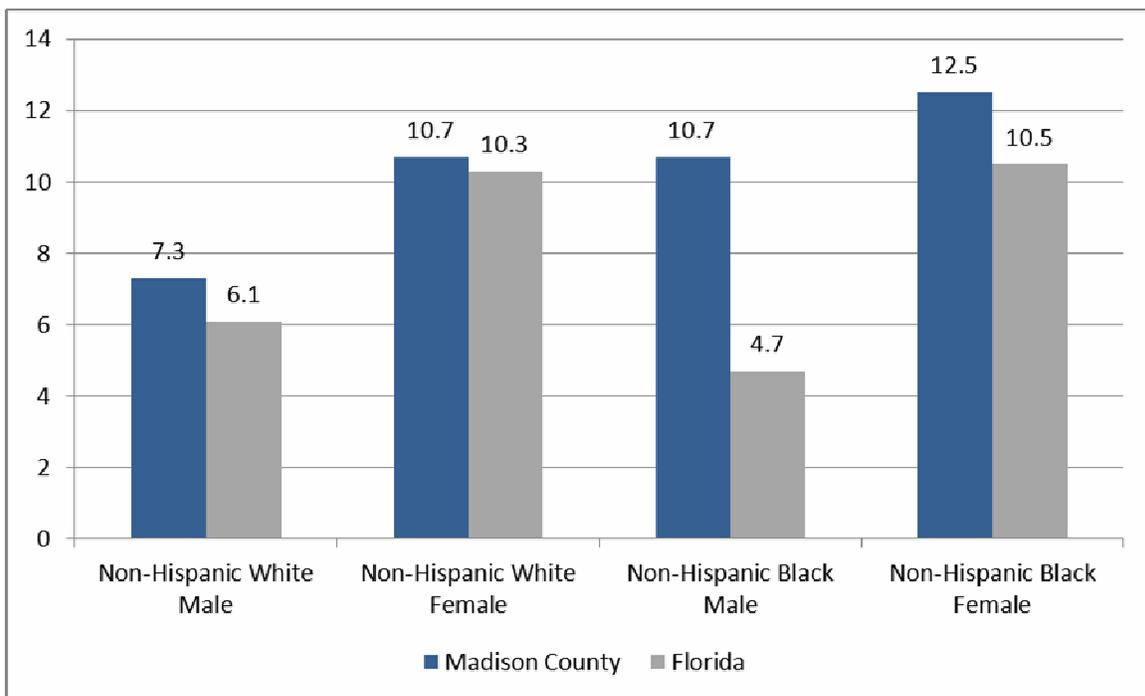
❖ Arthritis and chronic joint symptoms can greatly influence overall physical and mental quality of life.

Asthma

Asthma is a chronic lung disease that is very common in all age groups. It is especially common among children, women, those with lower incomes, and minority populations. Current asthma is defined as answering “Yes” to the lifetime prevalence question and “Yes” to a follow up question on whether or not they still have asthma on the BFRSS.

Among adults in Madison County, 10.9% reported having current asthma in 2010. The statewide prevalence of current asthma among adults in 2010 was 8.3%. Figure 7 displays data for males and females by race/ethnicity. Data for Hispanics was not available for Madison County.

Figure 7. Percentage of Adults who currently have Asthma, Sex by Race/Ethnicity, Madison County and Florida, 2010.

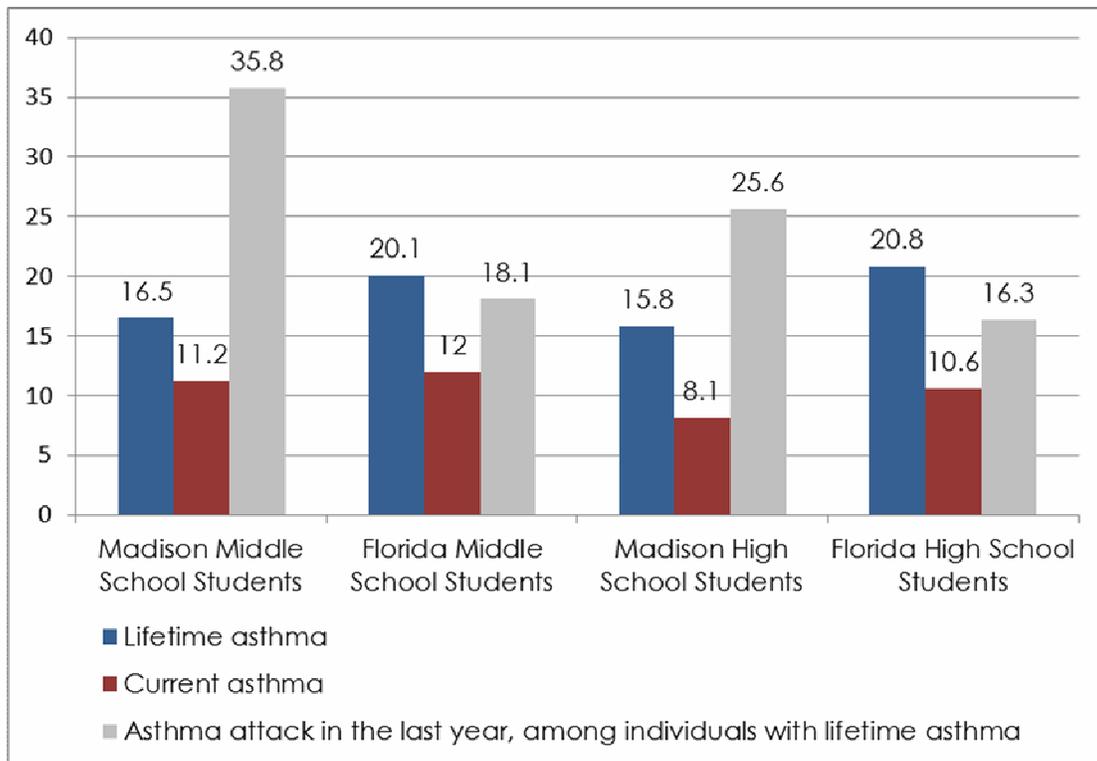


Data Source: FDOH, BRFSS

❖ Asthma causes breathing problems and is often life threatening, but asthma can be managed and controlled with proper treatment.

Figure 8 shows the prevalence of lifetime asthma among middle and high school students. These students have been told that they have asthma at some point in their lives, even if they currently do not have any symptoms. In 2012, 16.5% of middle school students and 15.8% of high school students in Madison County reported lifetime asthma; these percentages are below the comparable Florida student populations.

Figure 8: Percent of Middle and High School Students who have been told they have Asthma, 2012.



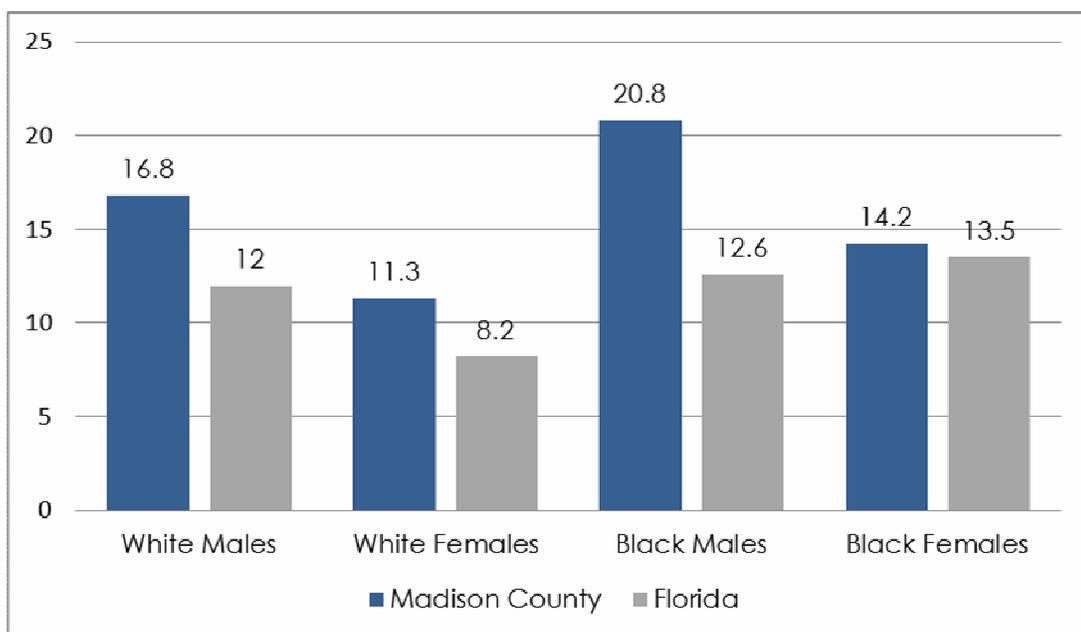
Data Source: Florida Youth Tobacco Survey

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.

Overall, the prevalence of diabetes among adults in Madison County is higher than the state prevalence (13.4% versus 10.4%). Diabetes in Black males is nearly twice the state rate among adults who responded to the 2010 BRFSS survey. There was no data available for Hispanic/Latino Madison County residents.

Figure 9. Percentage of Adults* with Diagnosed Diabetes, Sex by Race/Ethnicity, Madison County and Florida.



Data Source: FDOH, BRFSS

* Hispanic/Latino data was unavailable.

❖ **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 Madison County for 2010. Table 5 displays the number of deaths and hospitalizations for 2008 to 2010. While Madison County had fewer deaths due to diabetes than the state rate, there were more hospitalizations from amputation due to diabetes (33.5). The percentage of adults diagnosed with diabetes (13.4) was higher than the state rate (10.4).

Table 5. Diabetes Rates, County and State, 2008-2010.

	Years	Madison County Age-Adjusted Rate*	Florida Age-Adjusted Rate
Deaths	2008-2010	16.8	19.6
Hospitalizations	2008-2010	2,051.10	2,198
Hospitalizations from amputation due to diabetes	2008-2010	33.5	24.7
Percentage of adults with diagnosed diabetes	2010	13.4	10.4

Data Source: FDOH, CHARTS

* All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

Heart Disease and Stroke

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.

In 2011, heart disease was the leading cause of death in Madison County. Table 6 displays the age-adjusted death rate for heart diseases from 2009 to 2011 for Madison County in comparison to Florida. For 2011 (the most current data available), Madison County had a higher age-adjusted death rate for Heart Disease, Acute Myocardial Infarction, Heart Failure, Hypertension and Hypertensive Heart Disease.

Table 6. Single Year, Age-Adjusted Death Rate for Adults (per 100,000 population), County and State, 2009-2011.

Madison County			Florida		
2009	2010	2011	2009	2010	2011
Deaths from Heart Disease					
270.7	250.0	277.4	152.8	158.3	153.0
Deaths from Acute Myocardial Infarction (Heart Attack)					
47.1	38.0	72	29.2	29.3	27.2
Deaths from Stroke					
9.5	40.2	28.3	30.9	32.0	31.5
Deaths from Heart Failure					
46.5	39.9	36.9	7.9	8.6	8.9
Deaths from Hypertension					
11.6	11.7	15.7	6.9	6.9	6.8
Deaths from Hypertensive Heart Disease					
10.6	24.3	14.4	9.8	10.0	9.6

Data Source: FDOH, CHARTS

* All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

** Mortality rates are considered unstable if they are based on fewer than 5 events or if the denominator (population at risk) is fewer than 20.

Overweight and Obesity

Overweight and obesity are calculated using self-reported height and weight to create a body mass index (BMI) score. A BMI of 25 to 29.9 is overweight, while a BMI of 30 or greater is obese. Among youth, overweight is defined as having a BMI that was greater than the 85th percentile and less than the 95th percentile among students of the same age and gender. Obesity is defined as having a BMI that was greater than the 95th percentile among students of the same age and gender.

Among Madison County residents who responded to the 2010 BFRSS survey, the percentage of White females, Black males, and Black females who were obese or overweight was higher than the state percentages. The percentage of Madison County White males who had a healthy weight was higher than the associated state percentage. Table 7 summarizes this data.

Table 7. Prevalence of Overweight and Obesity, County and State, 2010.

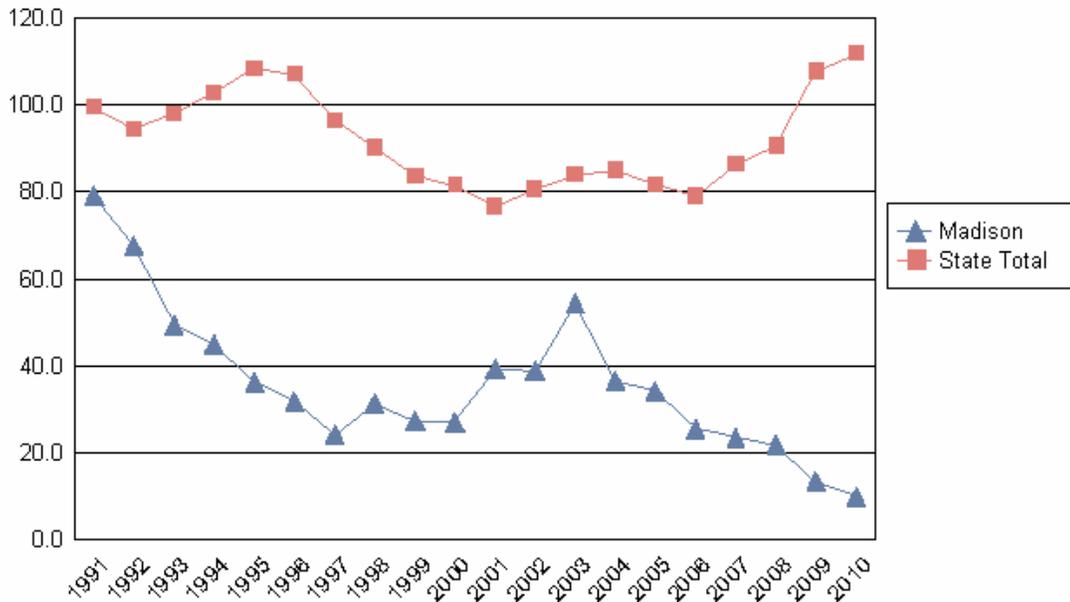
	Percentage of Adults who are Obese		Percentage of Adults who are Overweight		Percentage of Adults who have a healthy weight (BMI from 18.5 to 24.9)	
	Madison County	Florida	Madison County	Florida	Madison County	Florida
White Males	26.4	28.6	45.5	45.5	28.1	25.2
White Females	31	21.8	34.2	30.5	35.6	45.1
Black Males	44.8	45.3	37.5	34.9	17.6	21.1
Black Females	53.3	40.7	25.4	37.5	21.2	29

Data Source: FDOH, BRFSS

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). Madison County is well below the state totals for all reportable diseases for the reporting periods 1991 to 2010.

Figure 10. Total Reportable Disease Cases, Rolling 3-Year Rate per 100,000 Population, County and State, 1991-2010.



Data Source: FDOH, Bureau of Epidemiology.

Data Note(s): Includes all reportable diseases. Beginning in 2007, data includes the probable and confirmed cases.

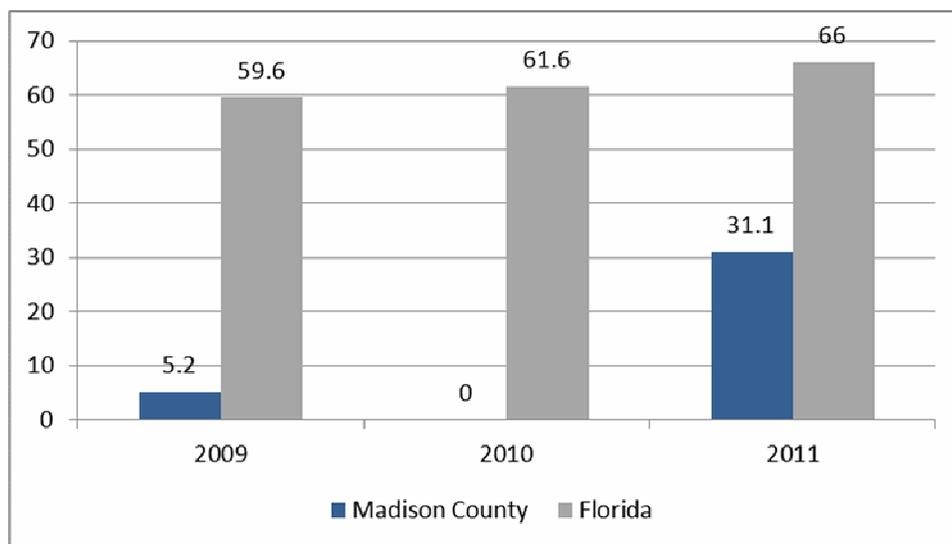
- ❖ Communicable disease surveillance is an important public health role in Florida, and the Florida Department of Health in Madison County works with area health care providers in reporting all communicable diseases within the county.

Enteric Diseases

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.

There were no enteric diseases cases in outbreaks in Madison County from 2009 to 2011 (the most current data available). There was a sharp increase in enteric disease rates in Madison County from 2009 to 2011, but the rate per 100,000 persons was lower than the state rate. In 2011, there were 6 enteric diseases each year (see data notes below figure for the enteric diseases reported through FDOH CHARTS). Salmonellosis accounted for 50% of the enteric diseases. There were no enteric diseases reported in Madison County in 2010.

Figure 11. Enteric Disease Rates, Madison County and Florida, 2009-2011.

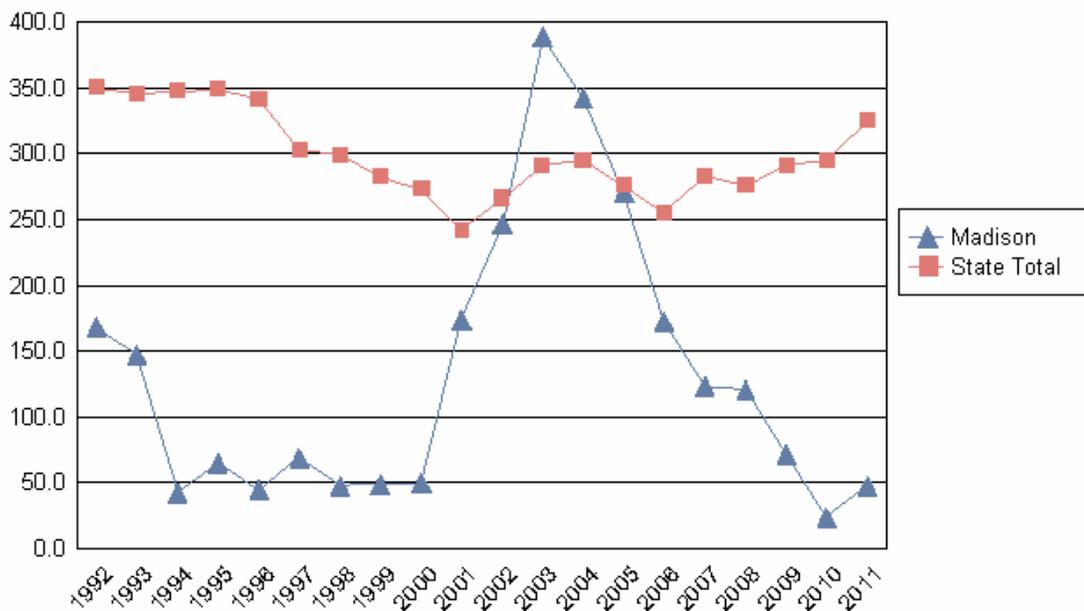


Data Source: FDOH, CHARTS

Data Note(s): Includes: CAMPYLOBACTERIOSIS, CRYPTOSPORIDIOSIS, CYCLOSPORIASIS, E. COLI SHIGA TOXIN + (NOT SEROGROUPED), E. COLI SHIGA TOXIN + (SEROGROUP NON-O157), ENTEROHEMORRHAGIC E. COLI (EHEC), ESCHERICHIA COLI, SHIGA TOXIN PRODUCING, GIARDIASIS, HEPATITIS A, SALMONELLOSIS, SHIGELLOSIS, TYPHOID FEVER. Beginning in 2007, data includes both probable and confirmed cases.

In Madison County, the enteric disease cases in children under the age of six were below the state average per 100,000 children since 2005 (see Figure 11). The Florida Department of Health, Bureau of Epidemiology reported that there was 1 enteric disease case in Madison County children under the age of six in 2011. This represents a rate of 71.8 per 100,000 population, which is below the state's rate of 344.7.

Figure 11. Enteric Disease Cases in Children under 6, Rolling 3-Year Rate per 100,000 Population, County and State, 1992-2011.



Data Source: FDOH, CHARTS

Data Note(s): Includes: CAMPYLOBACTERIOSIS, CRYPTOSPORIDIOSIS, CYCLOSPORIASIS, E. COLI SHIGA TOXIN + (NOT SEROGROUPED), E. COLI SHIGA TOXIN + (SEROGROUP NON-O157), ENTEROHEMORRHAGIC E. COLI (EHEC), ESCHERICHIA COLI, SHIGA TOXIN PRODUCING, GIARDIASIS, HEPATITIS A, SALMONELLOSIS, SHIGELLOSIS, TYPHOID FEVER. Beginning in 2007, data includes both probable and confirmed cases.

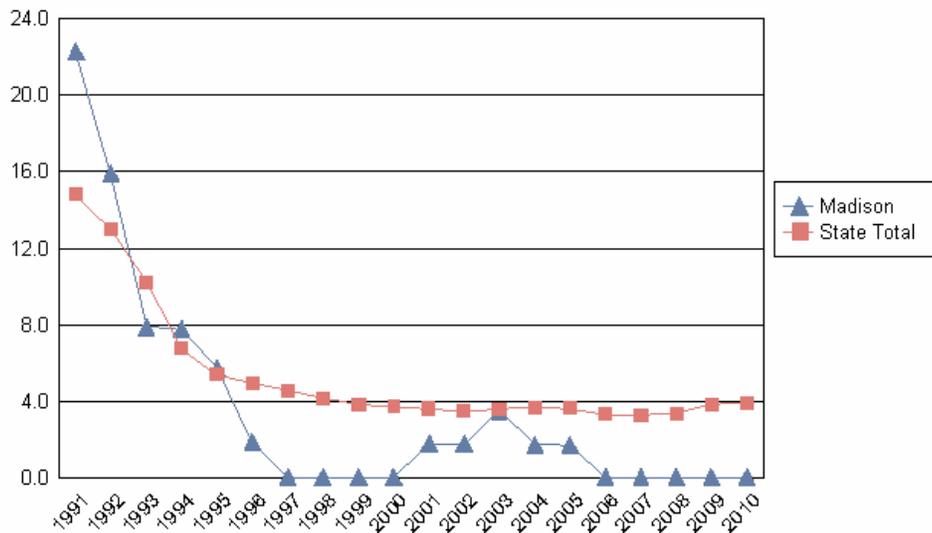
❖ Enteric pathogens cause disease symptoms ranging from mild gastroenteritis to life-threatening systemic infections and severe dehydrating diarrhea.

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 peak in 2003, Madison County is below the state rate for vaccine preventable diseases.

Figure 12. Selected Vaccine Preventable Disease Rate for All Ages, Rolling 3-Year Rate per 100,000 Population, County and State, 1991-2010.



Data Source: FDOH, CHARTS

Data Note(s): Includes: DIPHTHERIA, ACUTE HEPATITIS B, MEASLES, MUMPS, PERTUSSIS, RUBELLA, TETANUS, AND POLIO. Beginning in 2007, data includes both probable and confirmed cases.

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.

Madison County had a lower rate per 100,000 people for Syphilis cases than the state rate for the 2009-2011 reporting period. The rate for Bacterial STDs in women ages 15-34 and Chlamydia was higher than the state rate from 2009 to 2011. In contrast, Madison County's rate per 100,000 for Gonorrhea was lower than the associated state rate in 2011. Table 8 summarizes the rates for 2006 to 2010.

Table 8. Sexually Transmitted Diseases, Single Year Rates per 100,000 Population, County and State, 2009 to 2011.

	Bacterial STDs (Women 15-34)		Chlamydia		Gonorrhea		Infectious Syphilis	
	Madison County	Florida	Madison County	Florida	Madison County	Florida	Madison County	Florida
2009	4545.5	2607.1	665.9	389.7	160	111.6	0.0	5.6
2010	5009.2	2600.1	614.4	397	260.3	107.1	0.0	6.3
2011	3979.6	2602.7	502.1	401.3	93.2	104	0.0	6.6

Data Source: FDOH, CHARTS

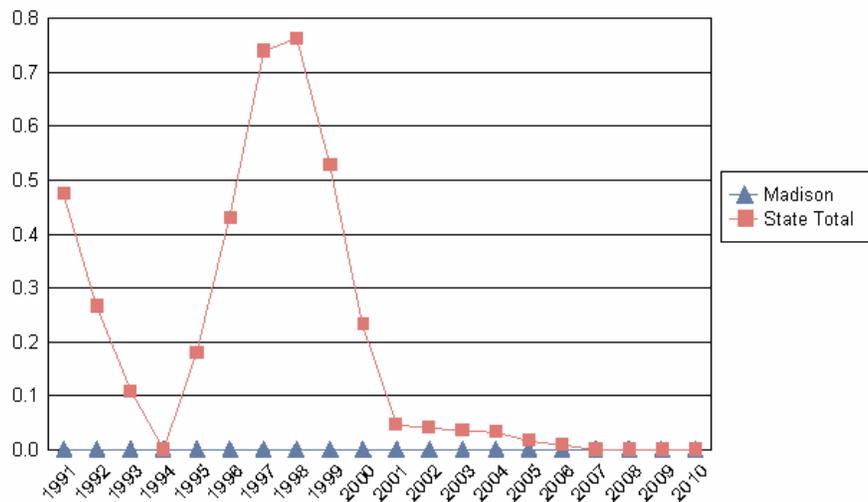
** New testing procedure was used which account for some increase in rate between 2005-2007 and 2008-2010.*

Hepatitis

Hepatitis is a group of viral infections that result in the inflammation of the liver.

In Madison County, the number of non-A and non-B hepatitis cases not associated with blood products has been consistently lower than the state rolling three-year rate per 100,000 population from 1991 to 2010 as displayed in Figure 13.

Figure 13. Hepatitis Non-A, Non-B Not Associate with Blood Products, Rolling 3-Year Rate per 100,000 population, County and State, 2006-2010.



Data Source: FDOH, CHARTS

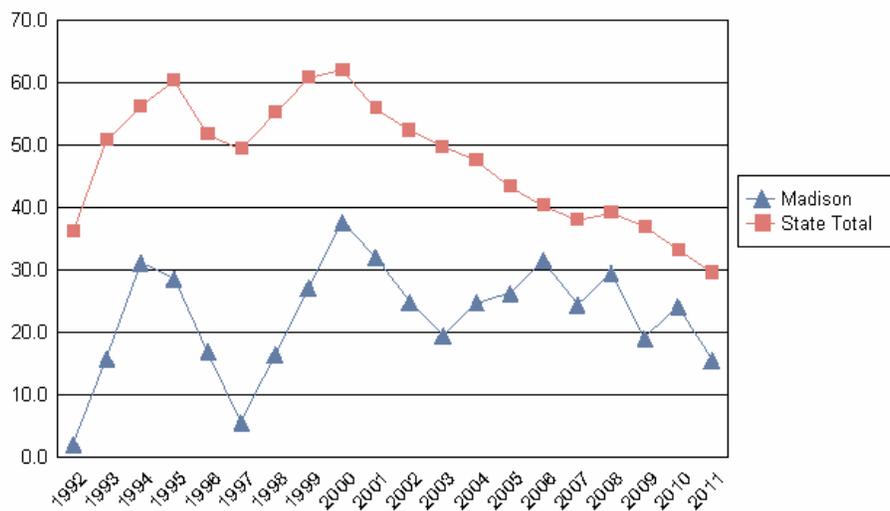
Data Note(s): Beginning in 2007, data includes both probable and confirmed cases.

HIV/AIDS

The Centers for Disease Control and Prevention estimates there are an additional 56,300 new infections each year nationwide. As the number of persons infected each year continues to grow, Florida must find the resources to provide ongoing systems of care to meet the needs of persons living with HIV/AIDS.

Madison County had two cases of AIDS reported in 2009 and 2010, and no reported cases of AIDS in 2011. Madison County had two reported cases of HIV in 2009, five reported cases in 2010, and two reported cases in 2011. Madison County is below the state rate for both reported AIDS and HIV cases during the 2009 to 2011 period.

Figure 14. HIV Cases, 3-Year Rolling Rate per 100,000 Population, County and State, 2006-2010



Data Source: FDOH, CHARTS

According to the 2010 BRFSS survey, 51.2% of Madison County adults under the age of 65 had received an HIV test, which is similar to the statewide rate of 48.4%. In addition, 7.9% of adults under age 65 had received an HIV test in the past year, compared with 7% statewide.

However, the HIV/AIDS age-adjusted death rate for Madison County has been higher than the state rate for the 2006-2008 to 2009-2011 periods for both males and females. FDOH CHARTS indicates all HIV/AIDS deaths in Madison County were among Black residents.

Table 9. HIV/AIDS Age-Adjusted Death Rate, 3-Year Rolling Rates, Sex, Madison County and Florida.

HIV/AIDS Age-Adjusted Death Rate, 3-Year Rolling Rates								
	Madison				State			
	Male		Female		Male		Female	
Years	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2005-07	2	7.6	1	4.2	3,345	12.4	1,632	6.1
2006-08	4	15.2	1	4.1	3,177	11.5	1,505	5.6
2007-09	5	18.5	2	9	2,824	10.1	1,344	4.9
2008-10	4	13.9	2	10.1	2,540	8.9	1,168	4.2
2009-11	3	10.8	4	17.5	2,224	7.6	1,079	3.8

Data Source: FDOH, CHARTS

❖ Florida has one of the largest publicly funded HIV testing programs in the U.S.; over 400,000 HIV tests were provided in 2010.

Mortality

Mortality or death rates are key indicators of the health of a community. The Florida Office 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 death rates by cause of death for the state and each of the 67 counties.

The top 10 leading causes of death for Madison County are displayed in the following table.

Table 10. Resident Deaths and Age Adjusted Death Rate (AADR) per 100,000 Population by 10 Leading Rankable Causes of Death, County and State, 2011.

	Madison County - 2011		Florida - 2011	
	Number of Resident Deaths	Resident Age-Adjusted Death Rate	Number of Resident Deaths	Resident Age-Adjusted Death Rate
1. Heart Diseases	68	277.4	40,522	153.0
2. Malignant Neoplasm (Cancer)	33	134.8	40,221	159.9
3. Unintentional Injury	14	68.6	8,475	40.2
4. Cerebrovascular Diseases (Stroke)	7	28.3	8,327	31.5
5. Chronic Lower Respiratory Disease (CLRD)	7	28.3	10,241	38.6
6. Nephritis, Nephrotic Syndrome, Nephrosis	7	27.6	3,041	11.6
7. Diabetes Mellitus	4	17.4	5,044	19.6
8. Influenza & Pneumonia	6	24.7	2,418	9.2
9. Alzheimer's Disease	6	25	4,470	16.1
10. Essential Hypertension & Hypertensive Renal Disease	3	15.7	1,798	6.8

Data Source: FDOH, CHARTS

In Madison County, heart disease was the leading cause of death with the age-adjusted death rate of 277.4 higher than the state rate of 153.

Cancer was the second leading cause of death in Madison County. A higher age-adjusted death rate for Madison County was exhibited for Unintentional Injury and Alzheimer's disease than the state rate.

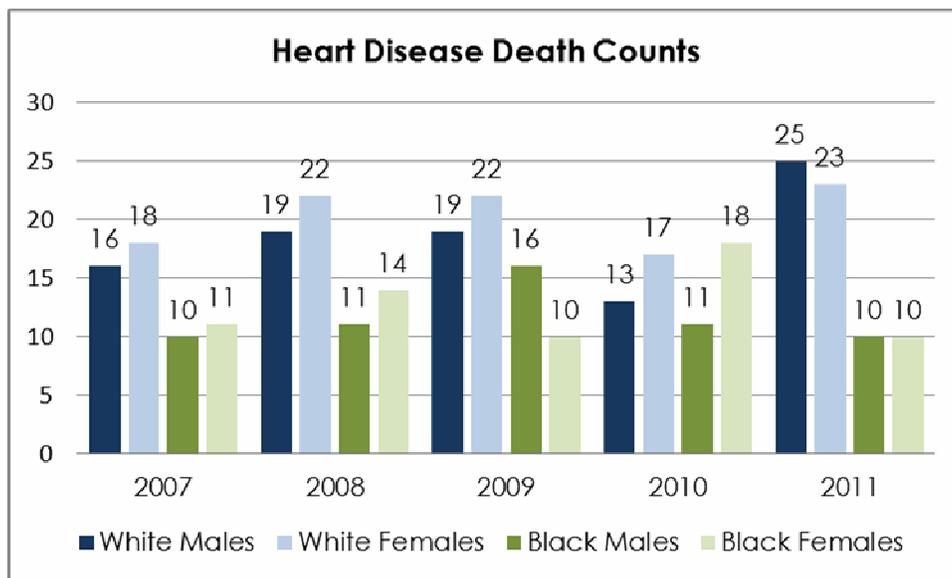
Of particular concern, the age-adjusted death rates for Nephritis and Influenza/Pneumonia were over twice as high as the state rates.

Heart Disease

Heart or cardiovascular disease is a class of diseases that involve the heart or blood vessels, and refers to any disease that affects the cardiovascular system, principally cardiac disease, vascular diseases of the brain and kidney, and peripheral arterial disease. The causes of cardiovascular disease are diverse but atherosclerosis and/or hypertension are the most common.

There were 68 deaths in Madison County in 2011 due to heart disease, the leading cause of death in Madison County for the past 5 years. Death rates for White males nearly doubled from 2010 to 2011, from 13 deaths to 25. In 2011, the death rates decreased for Black males, and White females from 2010, but increased for White females.

Figure 14. Heart Disease Deaths by Sex by Race, 2007-2011.



Data Source: FDOH, CHARTS

Rates for Hispanic/Latino populations were not available.

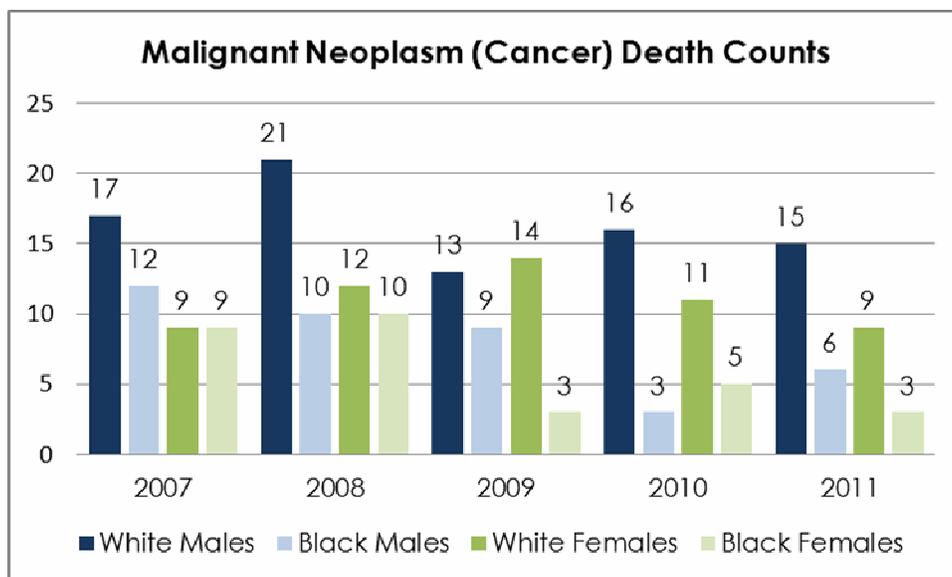
- ❖ **Cardiovascular diseases remain the biggest cause of deaths in Florida and the U.S. Although cardiovascular disease usually affects older adults, the antecedents of cardiovascular disease, begin in early life, making primary prevention efforts critical during childhood. Modifying risk factors, such as healthy eating, exercise, and avoidance of smoking, decreases the incidence of heart or cardiovascular disease.**

Malignant Neoplasm (Cancer)

Malignant neoplasm, known as cancer, represents a broad group of various diseases, all involving unregulated cell growth where cells divide and grow uncontrollably, forming malignant tumors. There are over 200 different known cancers that afflict humans.

The malignant neoplasm death count for Madison County residents is displayed in Figure 15, and is delineated by sex and race for 2007 to 2011. The death rate for Black males doubled from 2010 to 2011, but went down for Black females. The death count for White males and females has been trending down since 2009.

Figure 15. Malignant Neoplasm (Cancer) Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

❖ 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.

Overall, adults in Madison County are similar or worse than the statewide averages in terms of cancer deaths and incidence. In some areas of recommended cancer screening tests such as clinical breast exams, Pap tests, PSAs, and digital rectal exam, Madison County adults are screening at rates that are the same or better than the state rates. However, Madison County residents are not meeting the recommendations for mammograms and sigmoidoscopy /colonoscopy exams.

Table 11. Selected Cancer Indicators.

	Madison County	Florida
Percent of women ages 40 and older who received a mammogram in the past year, 2010.	48.7%	61.9%
Percent of women ages 18 and older who had a clinical breast exam in the past year, 2010.	60.0%	61.5%
Percent of women ages 18 and older who received a Pap test in the past year, 2010.	61.4%	57.1%
Percent of adults ages 50 and older who received a blood stool test in the past year, 2010.	15.2%	14.7%
Percent of adults ages 50 and older who received a sigmoidoscopy or colonoscopy in the past five years, 2010.	42.9%	56.4%
Percent of adults who are current smokers, 2010.	21.9%	17.1%
Percent of men ages 50 and older who received a prostate specific antigen (PSA) test in the past two years, 2010.	72.3%	72.6%
Percent of men ages 50 and older who received a digital rectal exam in the past year, 2010.	46.7%	48.5%

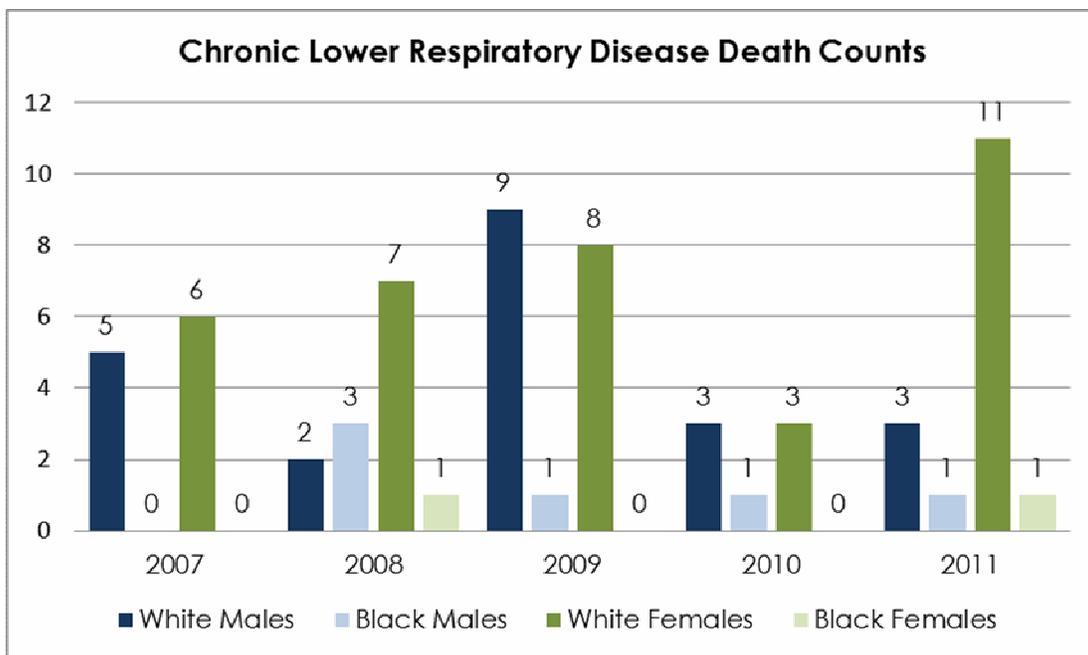
Data Source: FDOH, BRFSS

Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory disease (CLRD), sometimes called chronic obstructed pulmonary disease (COPD), is the 3rd leading cause of death in Madison County and the U.S. Emphysema, chronic bronchitis and other respiratory illnesses are all grouped together under the name CLRD.

In Madison County, the death rates for CLRD increased nearly 400% for White females from 2010 to 2011. Deaths for White males and Black males and females either remained the same from 2010 to 2011 or decreased.

Figure 18. Chronic Lower Respiratory Disease (CLRD) Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

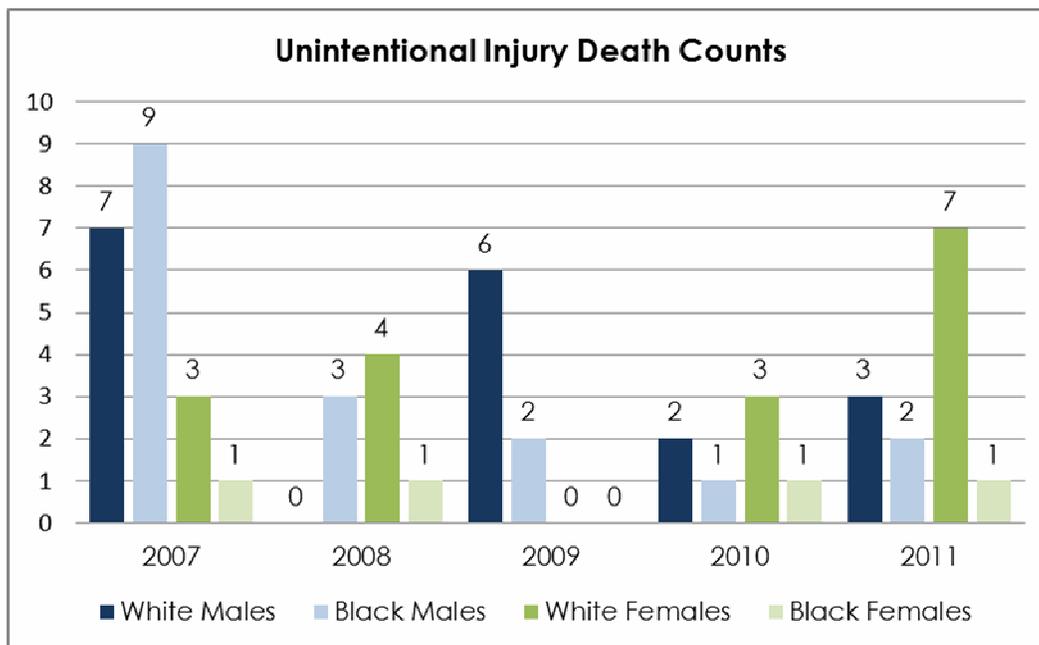
*Rates for Hispanic/Latino populations were not available.

Unintentional Injury

Deaths from unintentional injury were the 4th leading cause of death in Madison County, and the 5th leading cause of death in the United States.

The death count among White female Madison County residents doubled from 2010 to 2011. The unintentional injury death counts for White males and Black males and females have trended downward from 2007 to 2011. There were no unintentional injury deaths among children ages 0 to 14 in 2011, down from 1 in each of the past 3 years.

Figure 16. Unintentional Injury Deaths by Sex by Race, 2007-2011



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

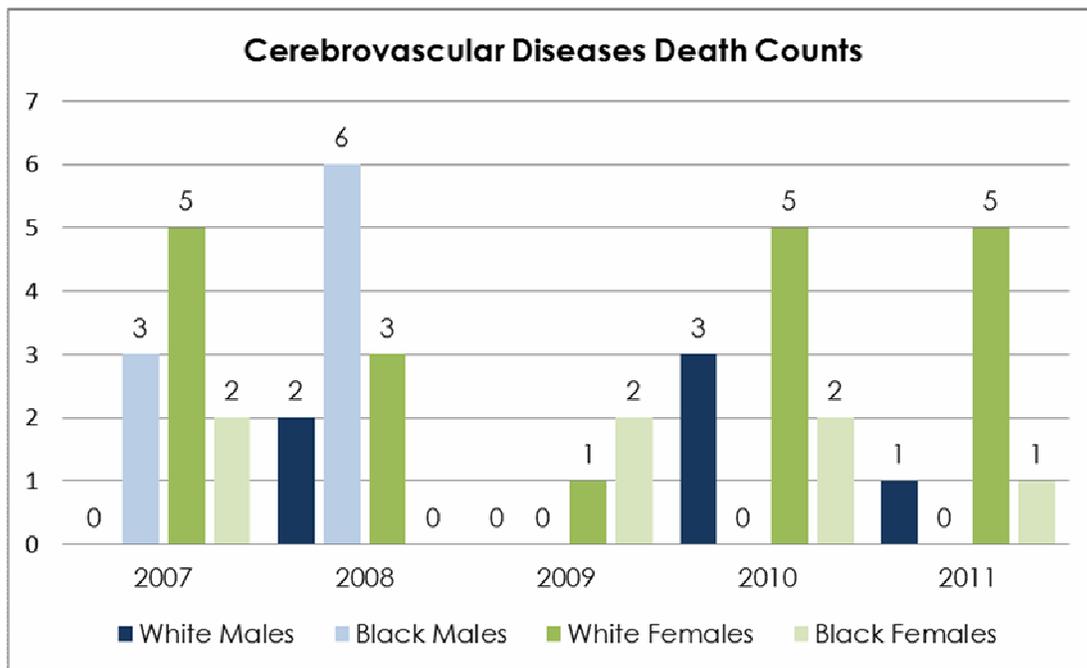
❖ Nationally, deaths from unintentional injuries are the leading cause of death for those under the age of 35. The leading causes of fatal unintentional injuries include motor vehicle crashes, falls, and poisoning.

Cerebrovascular Diseases

Cerebrovascular diseases are a group of brain dysfunctions related to disease of the blood vessels supplying the brain, with hypertension as the leading cause.

Black males' death rates from this disease decreased significantly from a high of 6 in 2008 to no deaths from 2009 to 2011. Despite a decrease in death rates for White females from 6 in 2006 to 1 in 2009, there was a significant increase of 5 deaths in 2010 and 2011. Both White males and Black females also saw a sharp increase from a low in 2009 to high in 2010, and then a drop in 2011.

Figure 17. Cerebrovascular Disease Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

❖ Cerebrovascular disease primarily affects people who are elderly or have a history of diabetes, smoking, or ischemic heart disease.

Maternal and Child Health

The Title V Maternal and Child Health Program is the oldest Federal-State partnership. In July 2011, Madison County conducted the Maternal and Child Health Needs Assessment. This report is included in Appendix 1.

Female Population of Childbearing Age

The Florida Department of Health tracks fertility (childbearing) rates of female residents between the ages of 15 and 44. Madison County's fertility rate per 1,000 has gradually declined from 2007 to 2011, but has remained above the state rate.

Table 12: Fertility Rates (Women of Childbearing Age), Rolling 3-Year Rates for All Races (Rate per 1,000).

	Madison County	State Total
2007-2009	70.8	65.3
2008-2010	65.4	63.0
2009-2011	65.9	61.2

Data Source: FDOH, CHARTS

- ❖ 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.

Birth Rates

Madison County birth rates are lower than the state rates for 2008 to 2010 for total live births, white live births, and non-white live births per 100,000 population, according to the Florida Department of Health's CHARTS. However, Madison County has a higher three-year rate for births to mothers ages 10 to 18 (18.2%) and mothers ages 15 to 19 (52.4%) per 1,000. In addition, births to unwed mothers are higher in Madison County (60.9%) as compared to the state (47.3%).

Table 12. Birth Rates, County and State, 2008- 2010.

Indicators	Measure	Madison 2008-2010		STATE 2008-2010	
		Average Annual Number of Events	3-Year Rate or Percent	Average Annual Number of Events	3-Year Rate or Percent
Total Births					
Total Live Births	Per 100,000 Total Population	225	1,111.30	222,442	1,182.80
White Live Births	Per 100,000 White Population	115	968.2	160,051	1,055.50
Nonwhite Live Births	Per 100,000 Nonwhite Population	110	1,314.40	61,627	1,691.60
Births By Age of Mother					
Births to Mothers 15-44	Per 1,000 Females 15-44	225	61.8	221,717	63.2
Births to Mothers 10-18	Per 1,000 Females 10-18	20	18.2	12,882	12.5
Births to Mothers 10-14	Per 1,000 Females 10-14	0	0.6	289	0.5
Births to Mothers 15-19	Per 1,000 Females 15-19	33	52.4	21,749	37
Repeat Births to Mothers 15-19	Percent of Teens with Previous Births	5	26.70%	4,012	40.30%
Births By Marital Status					
Births to Unwed Mothers	Percent of Total Births	137	60.90%	105,316	47.30%

Data source: FDOH, CHARTS

Teen Pregnancy

Overall, teen birth rates (females ages 10-19) in Madison County have declined from 32.3 in 2009 to 17.8 in 2011. However, teen birth rates in Madison County are still significantly higher compared with state rates. In 2011, the overall teen birth rate in the state of Florida was 15.2.

When teen birth rates are examined by race (see Figure 20), there is a large difference in the birth rate for females ages 15 to 19 in Madison County and the state. White females ages 15 to 19 had a birth rate of 30.3 as compared to the state's rate of 25 in 2011. Black females had a lower rate than the state in 2011.

Table 13. Teen Birth Rates by Race per 1,000 Population, County and State, 2009-2011.

Birth Rate	Madison County			Florida		
	2009	2010	2011	2009	2010	2011
White Females ages 10-14	0	0	0	0.3	0.3	0.3
Black Females ages 10-14	4.2	0	0	1.1	0.9	0.7
White Females ages 15-19	48.5	32.6	30.3	32.2	28.1	25
Black Females ages 15-19	72.9	38.1	37.2	59.1	49.2	45.3

Data source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

Low Birth Weight

Low birth weight is defined as having a weight at birth that is less than 5.5 pounds or 2500 grams. Infants weighing less than 3.3 pounds or less than 1500 grams ("very low birth weight"), are at highest risk of dying in their first year.

Table 14 displays the birth weights by race from 2009 to 2011 for Madison County as compared to Florida. For births to White mothers, the low birth weight and very low birth rate babies for Madison County are similar to Florida's rate for the same time period. However, there are higher low birth rate and very low birth weight rates for Madison County Black mothers as compared to the State.

Table 14. Live Births to Mothers, Single Year Rates, Race/Ethnicity, Madison County and Florida, 2009-2011.

	Madison County			Florida		
	2009	2010	2011	2009	2010	2011
Live Births Under 2500 Grams (Low Birth Weight)						
White Mothers	7.3	8.5	7.5	7.2	7.1	7.3
Black Mothers	15.7	16.9	20.2	13.4	13.7	13.2
Live Births Under 1500 Grams (Very Low Birth Weight)						
White Mothers	0.9	3.1	1.9	1.2	1.2	1.2
Black Mothers	1.7	5.2	4.8	3.1	3	3

Data source: FDOH, CHARTS

* Rates for Hispanic/Latino were not available.

- ❖ Low birth weight is closely associated with increased risk of infant mortality; therefore, improvements in infant birth weight can contribute to reductions in the infant mortality rate.

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. Infant mortality is one of the leading measures of the health and social conditions of a community.

Infant mortality three-year rates were higher in 2008 to 2010 for Madison County as compared to the state rates for all indicators. Infant deaths per 1,000 live births were 13.3% for Madison County which was twice the state rate of 6.9%. The table below summarizes this data across infant mortality indicators.

Table 15. Infant Mortality Indicators, County and State, 2008-2010.

		Madison 2008-2010		STATE 2008-2010	
Indicators	Measure	Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent
Infant Mortality					
Infant Deaths	Per 1,000 Live Births	3	13.3	1,531	6.9
White Infant Deaths	Per 1,000 White Live Births	1	8.7	815	5.1
Nonwhite Infant Deaths	Per 1,000 Nonwhite Live Births	2	18.2	714	12.6
Total Neonatal Infant Deaths	Per 1,000 Live Births	2	7.4	995	4.5
White Neonatal Infant Deaths	Per 1,000 White Live Births	1	5.8	534	3.3
Nonwhite Neonatal Infant Deaths	Per 1,000 Nonwhite Live Births	1	9.1	459	7.5

Data source: FDOH, CHARTS

Over the past six years, rates of infant mortality among Black babies have declined by 69%, while the state rate has remained relatively unchanged. It is notable that currently, Madison County has an infant mortality rate among Black babies that is less than 1/3 that of the state.

❖ **The major factors contributing to infant deaths are biological (such as low birth weight or premature delivery), and environmental (such as poverty, smoking, alcohol and drug abuse, poor nutrition). Rates of infant mortality often reflect the health of the mother, the quality and effectiveness of the maternal and infant health care system, and the availability of special support to at-risk mothers and infants.**

Infant and Child Injuries

Madison County has improved the rate of child passengers (ages 5 to 11) injured or killed in motor vehicle accidents since 2008 when the rate was nearly double the state rate. However, the rate was still above the state rate in 2010. Of concern, the rate for child passengers injured or killed in motor vehicle accidents ages 12 to 18 is over three times the associated state rate.

The rate for other non-fatal unintentional injury hospitalizations Madison County children under the ages 12 to 18 was higher than the Florida rate in 2009.

Table 16. School-aged Child and Adolescent Profile, Madison County and Florida, 2008-2010.

	Madison County			Florida		
	2008	2009	2010	2008	2009	2010
Child Passengers Injured or Killed in Motor Vehicle Accidents Ages 5-11	699.7	830.7	398.9	367.1	365.5	375.1
Child Passengers Injured or Killed in Motor Vehicle Accidents Ages 12-18	1235.3	2379.6	1857.2	579.8	592.1	539.5
Head Injury Deaths Ages 5-11	0	63.9	0	1.1	1.2	2.1
Head Injury Deaths Ages 12-18	0	0		8.6	7.4	6.5
Homicide Deaths Ages 5-11	0	0	0	0.3	0.7	0.8
Homicide Deaths Ages 12-18	0	0	0	5.8	5.3	4.5
Other Unintentional Injury Deaths Ages 5-11	0	0	0	1.6	1.4	1.2
Other Unintentional Injury Deaths Ages 12-18	0	0	0	6	5.5	4.8
Other Non-fatal Unintentional Injury Hospitalizations Ages 5-11	63.6	63.9	NA	124.7	124.6	NA
Other Non-fatal Unintentional Injury Hospitalizations Ages 12-18	112.3	290.2	NA	183.6	172.1	NA
Violent Acts Per 1,000 Students in School Activities Grades K-12	13.5	0.4	1.1	16.1	2.8	2.8

Data Source: FDOH, CHARTS

According to Florida Motor Vehicles, there were 30 non-moving vehicle seat belt violations in 2010 for passengers under the age of 18. There were 83 moving violations for child restraint in 2010 (the most current data available).

As of January 2012, there were 608 licensed drivers under the age of 19 in Madison County. This accounts for 20.6% of all licensed drivers.

Health Resource Availability

The Florida Department of Health in Madison County provides services and programs to the community in the following areas: Primary Care Family Planning, Women's Health (Birth Control Methods, Pregnancy testing and Counseling, Prenatal Care, Breast and Cervical Cancer Screening, Pap Smears, Breast Exams), Healthy Start, WIC, Immunizations, Sexually Transmitted Diseases, Tuberculosis, Prescription Assistance Program, Dental, Tobacco Education and Cessation, School Health, Chronic Disease Management, Environmental Health, Health Education, Public Health Preparedness, and Vital Statistics.



Access to Health Care

Having a personal doctor, along with having a recent medical exam, are generally strong indications of access to health care, and can give a good picture of access to health care in a community.

Table 17. Percentage of Self-Reported Access to Health Care, Madison County and Florida, 2010.

BRFSS 2010	Madison County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Could not see a doctor at least once in the past year due to cost.	15.4	23.7	30.1	40.4	12.1	15.2	24.8	19.6
Had a medical checkup in the past year.	64.4	62.4	55.5	72.1	68.4	74.4	64.6	77.4
Have a personal doctor.	80.4	82.6	63.5	93.1	81.2	87.9	75.2	82
Think they would get better medical care if they belonged to a different race/ethnic group.	10.4	11.4	29.7	25	7.4	8.5	31.7	23.6
Have any type of health care insurance coverage.	85.6	76.8	69.1	79	85.4	89	70.7	80.1

Data Source: FDOH, BRFSS

* Data for Hispanic/Latino Madison County residents was not available.

The majority of Madison County residents who responded to the 2010 BRFSS survey indicated they had some type of health insurance coverage. However, the percentage of White females in Madison County (76.8%) who indicated they had health care insurance was lower than the state percentage (70.7%).

According to the Florida Department of Health, there were 4,815 Madison County residents enrolled in Medicaid in 2011, which represented 25% of the total population. Madison County has had a higher rate of Medicaid enrollment than Florida's rate from 2009 to 2011.

Results from the 2010 BRFSS survey indicate twice as many Black females could not see a doctor at least once in the past year due to cost as compared to the state rate (40.4% versus 19.6%). In addition, the percentage of Madison County residents who had a medical checkup in the past year was lower for all races/ethnicities than the associated state percentages.

While the majority of Madison County residents reported they had a personal doctor on the BRFSS 2010 survey, a lower percentage of Black males reported having a personal doctor as compared to the state percentage. A slightly higher percentage of white males and females reported they thought they would get better medical care if they belonged to a different race/ethnic group than the state percentage.

There is a large difference in access to dental care in Madison County as compared to Florida. For 2008 to 2010, 41 out of 1,000 Madison County low income residents had access to dental care as compared to 31.5 for Florida.

Table 18. Access to Dental Care by Low Income Persons, 3-Year Rolling Rates per 1,000 persons, Madison County and Florida, 2006-2008 to 2008-2010.

	Madison County			Florida		
	2006-2008	2007-2009	2008-2010	2006-2008	2007-2009	2008-2010
Access to Dental Care by Low Income Persons	32.6	37.1	41	26.2	27.8	31.5

Data Source: FDOH, CHARTS

The total number of licensed practitioners, dentists, and hospital and nursing home beds is another aspect to consider with regards to health care access and coverage. There is one hospital located in Madison County – Madison County Memorial Hospital - with 25 acute care beds. It has been designated as a Statutory Rural and Critical Care Hospital.

Madison County is below the state rate with regards to total licensed Family Physicians. In addition, there were no licensed internists, Obstetricians/ Gynecologist, or Pediatricians in Madison County in 2010 according to the FDOH Medical Quality Assurance (the most current data available).

There is a disparity in dental care in Madison County as compared with the rest of the state, with nearly half as many dentists per 100,000 residents. In addition, residents in Madison County had fewer total hospital beds per 100,000 residents as compared with Florida. However, the rate of total nursing home beds in Madison County was nearly three times the state rate.

Table 19. Health Care Providers and Facilities, Rate per 100,000 Population, Madison County and Florida, 2010.

	Madison County	Florida
Total Licensed Family Physicians	20.8	28.8
Total Licensed Internists	0	58.6
Total Licensed Obstetricians/ Gynecologists	0	11
Total Licensed Pediatricians	0	25.2
Total Licensed Dentists	16	63.5
Total Hospital Beds	216.8	321
Total Nursing Home Beds	1239.2	457.5

Data Source: FDOH, Medical Quality Assurance

QUALITY OF LIFE AND PERCEPTIONS OF HEALTH RELEVANT TO THE COMMUNITY

Behavioral Risk Factors

Behavioral risk factors such as excessive alcohol consumption, 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. These are important factors to consider because they can all be improved through lifestyle changes.

According to the 2010 Behavioral Risk Factor Surveillance System (BRFSS) survey, most of the Madison County residents who responded said they had good physical health, with all but White females having higher than the state percentages. In addition, most Madison County residents reported their overall health as good to excellent.

Table 20. Selected Health Status Indicators, Sex by Race/Ethnicity, Madison County and Florida, 2010.

Percentage of Adults* who...	Madison County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Said they had good physical health.	88.2	82.9	92.1	89.3	87.8	86.2	86.6	88.3
Reported good to excellent overall health.	83.1	78.8	81.3	79.6	84.4	84.1	81.6	78.4
Reported fair or poor overall health.	16.9	21.2	18.7	20.4	15.6	15.9	18.4	21.6
Average number of unhealthy physical days in the past 30 days.	3.1	5.2	3.3	3.5	4	4.5	4.1	3.8

Data Source: FDOH, BRFSS

* Hispanic/Latino data not available.

Nearly all of the Madison County residents 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. Nearly all of the Madison County respondents reported they were very satisfied or satisfied with their lives, with White females and Black males exceeding the state percentages.

Table 21. Selected Quality of Life Indicators, Madison County and State, Sex by Race/Ethnicity, 2010.

Percentage of Adults* who. . .	Madison County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Always or usually receive the social and emotional support they need.	81.5	80.6	64.9	65.2	81.1	84.1	70.2	69.4
Are "very satisfied" or "satisfied" with their lives.	90.6	93.9	98.6	85.4	92.5	93.4	90.5	93.3
Reported good mental health.	84.6	85.7	79.1	86.6	89.7	87.4	92.6	89.6
Reported poor mental health on 14 or more of the past 30 days.	15.4	14.3	20.9	13.4	10.3	12.6	7.4	10.4
Reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	9.3	21.9	NA	23.3	16.5	15.2	21.8	15
Average number of unhealthy mental days in the past 30 days	3.3	4	5	4.9	3.4	4	2.7	3.7

Data Source: Florida BRFSS

* Hispanic/Latino data not available.

While nearly all of the Madison County residents reported good mental health, the percentages were below the associated state percentages. In addition, the percentages of Madison County residents who reported having poor mental health on 14 or more of the past 30 days were higher than the state percentages. Of concern, the percentage of Black male Madison County residents was nearly three times the percentage of all Florida residents.

The percentage of BFRSS respondents who reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days was higher for White and Black females. No data was available for Black males for this health indicator.

Black males and females had a higher average number of unhealthy mental days in the past 30 days than did the same population statewide.

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 Madison County residents.

The percentage of Madison County White females who indicated they were inactive at work was higher than the state percentage. The percentage of Madison County females, both White and Black, was below or the same as the state percentages on self-reports related to being sedentary. Madison County males, both White and Black, had higher percentages on this indicator than similar populations statewide.

Table 22. Selected Nutrition and Physical Activity Indicators, Sex by Race/Ethnicity, Madison County and State, 2007.

Percentage of Adults* who. . .	Madison County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Are inactive at work.	45.3	77	NA	61.3	61.7	73.9	58.6	68.7
Are sedentary.	27.8	23.3	38.2	33.9	18.3	24.1	29.2	33.9
Meet moderate physical activity recommendations.	42.3	37.7	NA	31.1	35.6	38.6	29.8	27
Meet vigorous physical activity recommendations.	29.1	18.2	NA	12	30.7	23.4	25.1	18.8
Consumed two or more servings of fruit per day.	20.5	23.8	NA	27.7	30.4	38.2	41.3	43.7
Consumed three or more servings of vegetables per day.	27.7	37.5	NA	19.3	26.9	36	20.9	24.7

Data Source: Florida BRFSS

* Hispanic/Latino data not available.

The percentage of Madison County residents who reported meeting moderate physical activity recommendations was above the state percentages for White males and Black females; White females were slightly below the comparable state percentages with no data available for Black males. In addition, all populations in Madison County were below the state percentages for the indicator of meeting vigorous physical activity recommendations.

When asked about nutrition, Madison County residents who responded to the 2007 BRFSS survey fell below the state percentages for consumption of two or more servings of fruit per day. Less than one-quarter of White male and female respondents and slightly more than one-quarter of Black females reported eating two or more servings of fruit a day. There was no data available for Black males.

The percentage of Madison County White males and females was slightly higher than the associated state percentages on the health indicator for consumption of three or more servings of vegetables per day. Less than one-quarter of Black females reported eating three or more servings of vegetables a day, which was below the percentage of Black females statewide. There was no data available for Black males.

The 2010 BFRSS asked respondents about limits to their physical activity. Slightly over one-quarter of White male and female respondents indicated they were limited in any way in any activities because of physical, mental or emotional problems, with less than one-quarter of Black Madison County males and females reporting the same on this indicator. These percentages are similar to the percentages reported statewide.

Table 23. Selected Physical Activity Indicators, Sex by Race/Ethnicity, Madison County and State, 2010.

Percentage of Adults* who. . .	Madison County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Are limited in any way in any activities because of physical, mental, or emotional problems.	28.3	27.8	21.4	20.9	24.3	28	22	22
Use special equipment because of a health problem.	10.4	7.8	6.1	7.2	9.8	10.1	12	12

Data Source: Florida BRFSS

* Hispanic/Latino data not available.

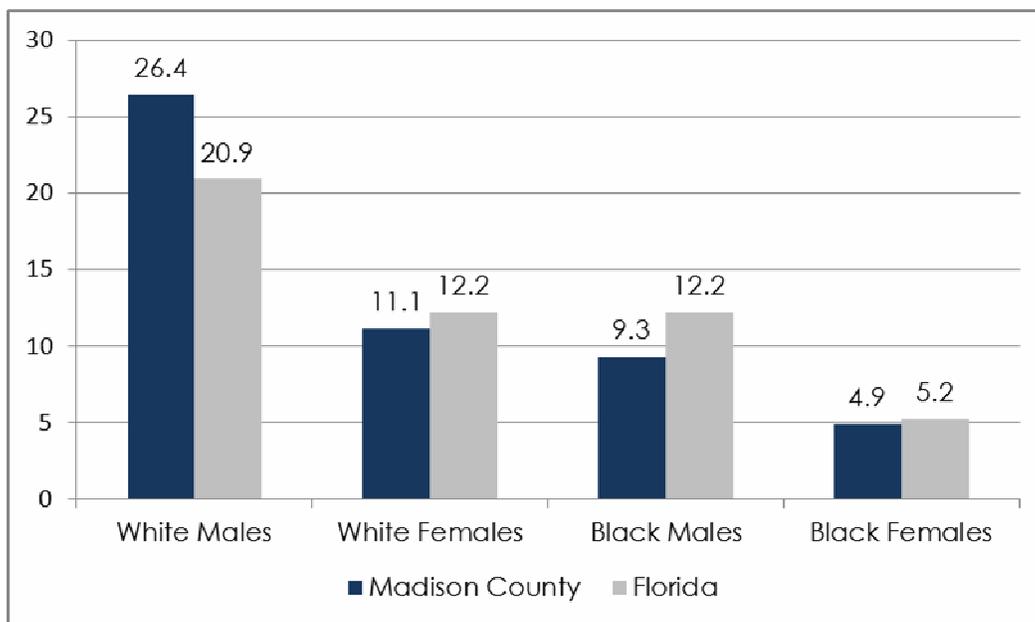
Substance Abuse

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, there were a higher percentage of Madison County White males who reported engaging in heavy or binge drinking as compared to the statewide population. Fewer White females and Black males and females indicated they engaged in heavy or binge drinking as compared to statewide populations.

Figure 20. Percentage of Adults* who Engage in Heavy or Dinge Drinking, Sex by Race/Ethnicity, Madison County and State, 2010.



Data Source: Florida BRFSS

* 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 one-third of White male Madison County adults reported they had never smoked on the 2010 BRFSS survey, with slightly less than half of White females and slightly more than half of the Black males reporting the same. Over three-quarters of the Black female respondents indicated they had never smoked. More Madison County residents reported being current smokers than the same populations statewide.

Table 25. Selected Tobacco Use Activity Indicators, Sex by Race/Ethnicity, Madison County and State, 2010

Percentage of Adults* who. . .	Madison County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Have never smoked.	38.5	44.6	53.9	77.4	45.4	49.5	61.9	76.4
Are former smokers.	40.4	29.2	24.3	11.8	36.7	31.6	19.1	13.9
Are current smokers.	21.1	26.2	21.8	10.7	17.9	18.9	19	9.7
Percentage of Non-smoking adults who were exposed to secondhand smoke in the past seven days (BRFSS 2007).	21.3	20.5	NA	26.7	17.6	12.4	22	17.6

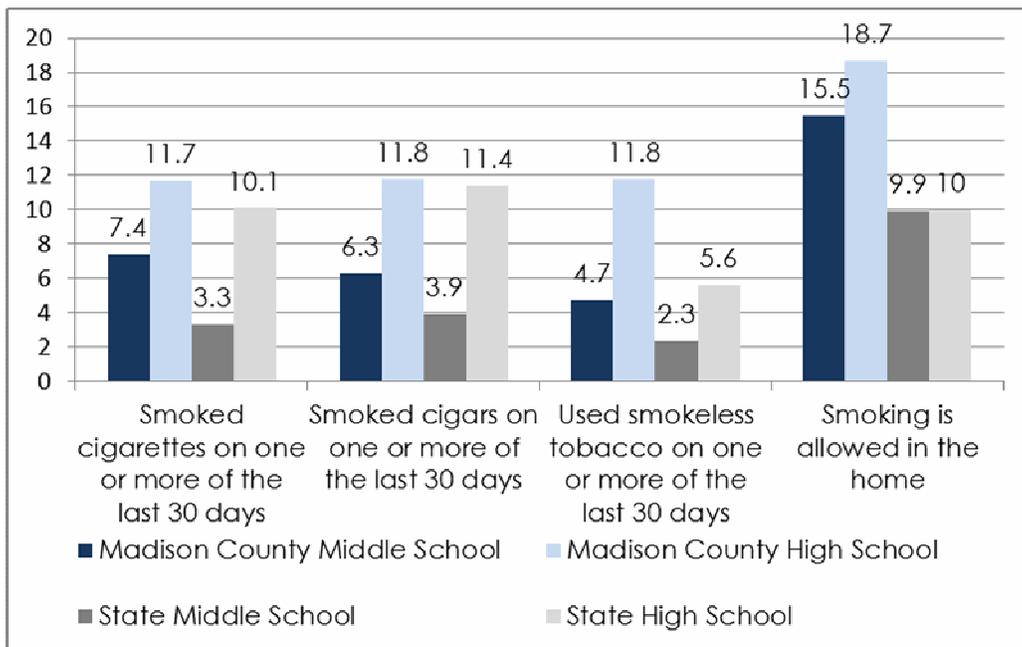
Data Source: Florida BRFSS

** Hispanic/Latino data not available.*

Among Madison County Middle and High School students, the percentage of students who engaged in smoking behaviors was higher than for students statewide across all three selected indicators. As compared to statewide percentages, over twice as many Madison County Middle School students smoked cigarettes and/or used smokeless tobacco on one or more of the last 30 days, while twice as many Madison County High School students used smokeless tobacco on one or more of the last 30 days.

When asked whether smoking was allowed in the home, more than 80% of Madison 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 associated statewide percentages.

Figure 21. Percentage of Middle and High School Students who Engage in Smoking Behaviors, Madison County and State, 2012.



Data Source: 2012 Florida Youth Tobacco Survey

Injury and Violence

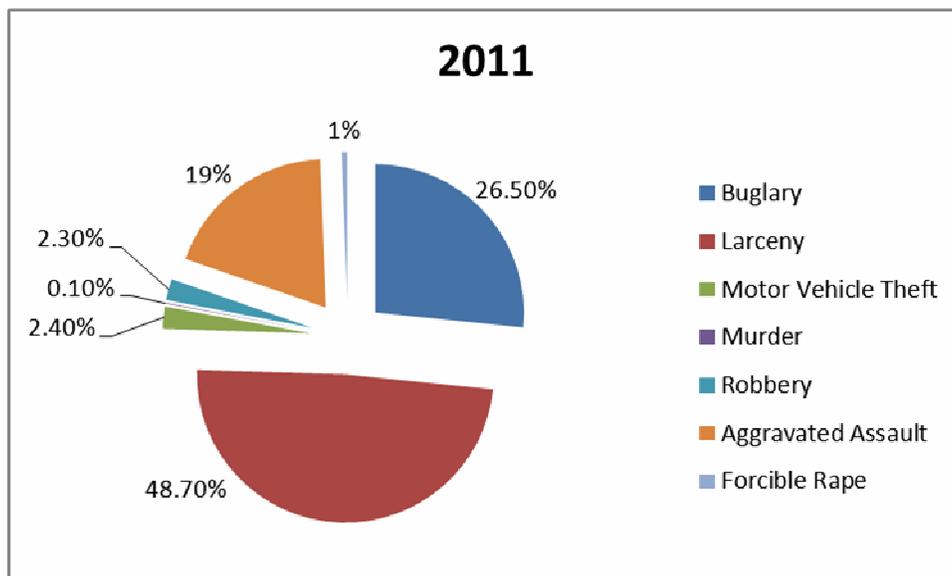
As reported earlier, unintentional injuries was the 3rd leading cause of death in Madison County in 2011. Over three-quarters (76.9%) of those deaths were among White Madison County residents.

There were a total of 33 alcohol-related motor vehicle crash injuries in Madison County in 2010 (the most current data available). This represents a rate of 171.8 per 100,000 Madison County residents which is nearly three times the state rate of 64.7 per 100,000 residents.

The Florida Department of Law Enforcement reported that Madison County arrests decreased 12% from 2010 to 2011, with 134 violent crimes and 469 nonviolent crimes. Domestic violence crimes dropped 22.8% from 2010 to 2011. Of the 1,604 total arrests in 2011, 92% were adults and 8% were juveniles. Males accounted for 76.7% of the total arrests.

There were 603 total crime offenses in Madison County for 2011. Larceny accounted for nearly half (48.7%) of the total crime offenses, with 26.5% of the crime coming from burglaries. Total stolen property value was \$708, 705 in 2011; 18% was recovered.

Table 26: Madison County Crime, 2011.



Data Source: Florida Department of Law Enforcement

According to the Florida Department of Motor Vehicles, total traffic citation violations decreased from a high of 11,135 violations in 2008 to 10,302 in 2010. There was a 27% increase in Driving under the Influence (DUI) citations from 30 in 2009 to 38 in 2010. In 2010, there were 282 driver-side seat belt violations and 47 seat belt violations for passengers over the age of 18.

The Department of Juvenile Justice reports on the number of school and non-school related delinquency referrals. During the 2010-2011 school year there were 111 delinquency referrals in Madison County schools, of which 29% were school related. This represents a rate of 23 referrals per 1,000 students. With 1,405 students, this places Madison County in the top 5 school districts for delinquency referrals to the Department of Juvenile Justice.

The Florida Department of Law Enforcement (FDLE) reports there were no hate crimes in Madison County in 2010 (the most current data available). There were 12 total domestic violence crimes to children and 6 to siblings in 2011, as reported by FDLE (victim's relationship to offender).



**MADISON
COUNTY**

Forces of Change



Florida Department of Health in Madison County conducted a Forces of Change assessment in January 2011. This assessment focuses on identifying the trends, factors, and events that are likely to influence the community health and quality of life, or impact the work of the local public health system.

FORCES OF CHANGE

The Forces of Change (FOC) Assessment is one of four assessments conducted as part of the overarching Mobilizing for Action through Planning and Partnerships (MAPP) community health strategic planning initiative. This assessment focuses on identifying the trends, factors, and events that are likely to influence the community health and quality of life, or impact the work of the local public health system.

The FOC Assessment was performed by a diverse group of key community health stakeholders. The community health improvement process in Madison County is a collaborative initiative of the Florida Department of Health in Madison County and community partners. The Forces of Change Assessment considers forces that may impact the health and quality of life of the community and the local health system. By gathering information from community partners a comprehensive list was developed to answer the following questions:

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

Methodology

The facilitated discussion for the FOC Assessment was completed on January 27, 2011. Community partners that were present included; Kim Barnhill CHD, Chris Abarca DOH, Daphne Holden DOH, Rob Lombardo Big Bend Rural Health Network, Donna Hagan CHD, Kim Allbritton CHD, Shawn Hamm FQHC Tri County, Bobbie Markiewicz, Agnes McMurray Big Bend Rural Health Network, and Geri Forbes TMH Transition Center. The meeting began with an introduction by Kim Barnhill. She then summarized the community health status in Madison County followed by a short overview of the MAPP process by Chris Abarca. Discussion then ensued that identified common issues that answer the questions listed above. These issues are presented on the following page, clearly displaying the issues or 'forces' and showing the potential impacts of each force, both threats and opportunities for improvement.

Summary of Discussion: Forces (Trends, Events, Factors)

Category	Force
Social/ Population	<ul style="list-style-type: none"> • Lack of health literacy, understanding of one's own health status • More female head of households • Residents lack of knowledge of resources available to help • High rates of families living in poverty • North Florida Community College
Economic	<ul style="list-style-type: none"> • Funding cuts to governmental agencies and service providers • North Florida Community College • Madison County Memorial Hospital • Economic downturn; slow recovery, high rates of unemployment, decrease in average household wage • Increased number of uninsured residents in need of health
Political	<ul style="list-style-type: none"> • Funding cuts to government • Local political climate is unhelpful, unwillingness of local leaders to be open to a new vision for healthcare for the uninsured. • Privatization of government/public services
Environmental	<ul style="list-style-type: none"> • Rural Area • Lack of access to fresh fruits and vegetables • Decrease in local Farms • Lack of jobs
Health	<ul style="list-style-type: none"> • Increase of uninsured population • Madison County Memorial Hospital • Low levels of health literacy • Lack of accessibility to healthcare services • Poor access for mental health treatment • 'Pill Mills' and addiction to prescription drugs • Rates of heart disease and stroke are higher than statewide rate. • Smoking rates are higher than statewide rate at all age levels. • Number of STD's have increased since 2008, higher than the state rate. • High rate of Diabetes

Technology	<ul style="list-style-type: none">• Use of Electronic Medical Records in the healthcare system• Lack of internet access for low income and senior populations
Transportation	<ul style="list-style-type: none">• Lack of adequate transportation to health care services, especially for low income population• Local Disadvantaged Transportation provider process not user friendly

Top Forces with Potential Impacts (Opportunities and Threats)

Force	Opportunities	Threats
Economic downturn, increased number of under and uninsured residents in need of health care services	<p>Received LIP funding; provide temporary access to care</p> <p>Find less expensive ways to provide medical care</p> <p>If grants are awarded potential for creation of local jobs</p>	<p>Impact on health due to lack of insurance and stress</p> <p>Increase in behavioral health issues</p>
Lack of health literacy, understanding of ones own health status	<p>Opportunity to mold citizens and properly educate them with the facts about their health</p> <p>More focus on prevention/health education to reduce need for health care services</p> <p>Collaboration between Education and Health sectors</p>	<p>Lack of self-knowledge leads to uneducated and possibly more expensive health care choices</p> <p>Lack of motivation to manage one's own health</p>
Electronic Medical Records	<p>Ease of access to health records could lead to better healthcare for individuals and patient safety</p> <p>With electronic medical records there is a potential for better population based health data. Better community network</p> <p>Timely access to patient information</p>	<p>Privacy confidentiality issues</p> <p>Perceived forced disclosure on employment applications and for insurance/credit</p> <p>Cost of EMR</p>
Lack of transportation	<p>Innovative approach to providing transportation</p>	<p>Isolated communities</p> <p>Physical health destabilization/disruption in continuity of care</p>

Health care organizations have a low capacity	Increase public involvement to close gaps that are present. Build partnerships Better collaboration among service providers	Perceived competition amongst providers Unwillingness to partner
More funding for the LIP program	Further increase access to health care for those most in need	Lack of transportation
Transition from community oriented services to client focused services.	Shift services to individual needs Patient Centered Medical Home	Lack of funding
Health care organizations have a low capacity	Increase public involvement to close gaps that are present Apply for grants	Continued decrease in funding Ability to attract competent workforce
Lack of access to fresh vegetables and fruits	Increase number of Farmers Markets and retailers carrying fresh vegetables and fruits	Economic downturn Drought Decrease in number of local farms
North Florida Community College presence	Nursing and Allied Health programs offered, prepare local students for a variety of jobs in the healthcare industry. Employment opportunities with benefits at the college.	Limited job opportunities for NFCC students to stay and work in Madison County.
Madison County Memorial Hospital	Greater scope of health care services offered Healthcare industry employment opportunities Opportunities to partner to close the gap in health care system	Potential for overuse of health care services when not absolutely necessary, leads to increase in health care costs, i.e. emergency room Lack of specialty services



August 2012



**MADISON
COUNTY**



As part of the Madison County Community Health Improvement Project, a community-wide survey was implemented to assess perceptions of the quality and accessibility of healthcare in Madison County, Florida. A total of 297 residents responded to the survey.

METHODS

The Community Health Strengths and Themes assessment was developed and pilot tested by the Madison County Health Department. The survey consisted of 47 questions in twelve areas:

- General Demographic Information (10 questions)
- Section 1: Health Insurance (5 questions)
- Section 2: Health Care Location/Medical Home (4 questions)
- Section 3: Health Care Access (5 questions)
- Section 4: Dental Care Access (5 questions)
- Section 5: Healthy Community (2 questions)
- Section 6: Health Problems (1 question)
- Section 7: Risky Behaviors in the Community (1 question)
- Section 8: Health Care Cost (4 questions)
- Section 9: Information and Services (6 questions)
- Section 10: Chronic Illness (3 questions)
- Section 11: Health Ranking (1 question)

The survey was distributed as an online instrument and in a hard-copy, paper-and-pencil format. There were a total of 297 survey respondents. Community partners assisted in the promotion and distribution of the survey. Posters, newspaper advertising and local business websites were used to promote participation via online and/or paper.

County health department staff were responsible for all paper survey data entry. Civic Impact Consulting Group, LLC (CICG) was contracted by Florida Department of Health in Madison County to provide assistance with the Community Health Needs Assessment data analysis and report.

Online Survey

A local email distribution list was utilized to promote the online survey. An email invitation was sent to potential respondents with a link to the survey. To complement the email promotion, local business websites were used to publicize and promote participation by posting a link to the survey.

Hard-copy Survey

During April and May 2011, community partners distributed the hard-copy survey to their clientele as they accessed services. In addition, the hard-copy survey was distributed at local community events and outreach activities. Drop boxes were placed in the Madison County Library and Madison County Post Offices.

Survey Incentives

Small flashlights were purchased to use as incentives as a token of appreciation for a survey respondent's time and effort and a means to increase survey response rates. During the local event, "Down Home Days," pedometers were used as an incentive for survey completion.

RESULTS

Survey Sample Demographics

A total of 297 Madison County residents completed the 2011 community health assessment survey. Approximately, 84% of respondents were women and 16% were men. Fifty-three percent of respondents identified themselves as African American or Black, and 42% identified themselves as Caucasian or White. The following tables show detailed demographic information for those surveyed.

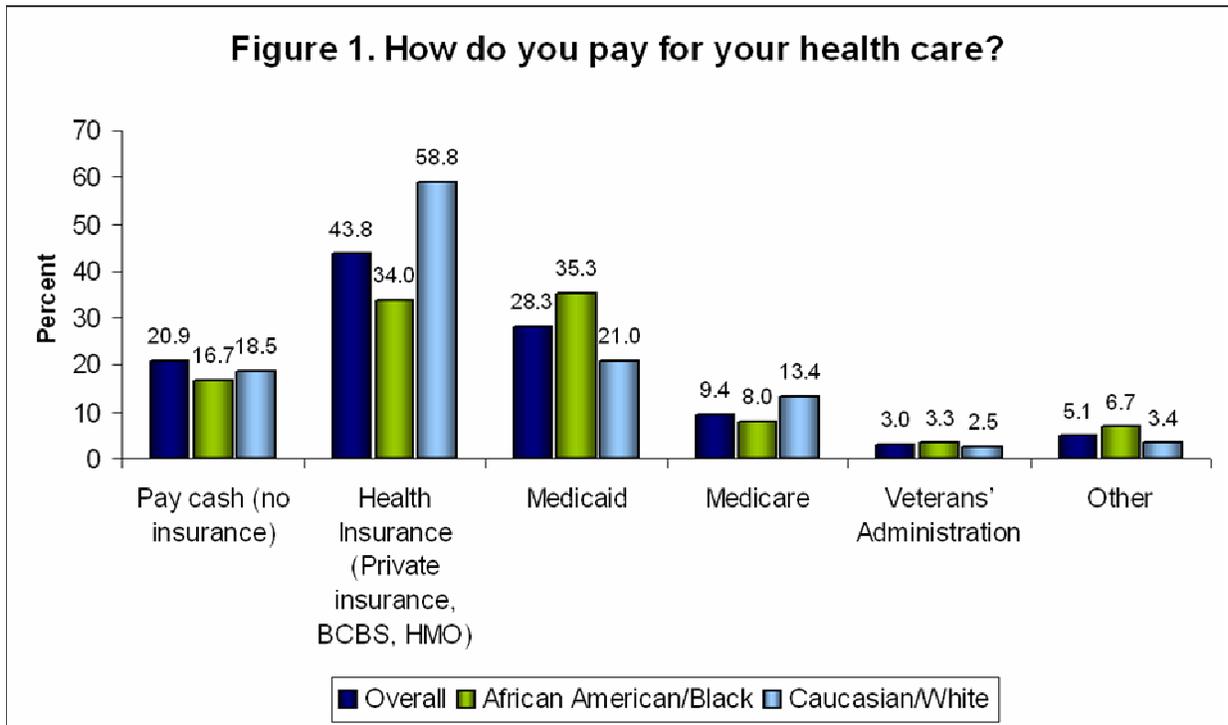
	Number	Percent
Gender		
Females	249	84.4
Males	46	15.6
Race		
African American /	150	53.0
Asian / Pacific Islander	2	0.7
Native American	2	0.7
Other	10	3.5
White / Caucasian	119	42.1
Ethnicity		
Hispanic	27	9.9
Age Group		
18-24	50	18.3
25-34	72	26.4
35-44	62	22.7
45-54	37	13.6
55-64	34	12.5
65+	18	6.6
Household Income		
Less than \$20,000	129	45.6
\$20,000 to \$29,999	49	17.3
\$30,000 to \$49,999	51	18.0
Over \$50,000	54	19.1

	Number	Percent
Education Level		
Less than high school	35	12.0
High school diploma or GED	167	57.4
College degree or higher	89	30.6
Employment Status		
A homemaker	19	6.6
A student	22	7.6
Employed	153	52.8
Out-of-work less than 1 year	12	4.1
Out-of-work more than 1 year	22	7.6
Retired	22	7.6
Self-employed	16	5.5
Unable to work	24	8.3
Marital Status		
Co-habiting	13	4.5
Married	148	51.2
Not married / Single	128	44.3
Zip Code		
32059	39	13.2
32331	41	13.9
32340	194	65.8
32341	9	3.1
32350	12	4.1
City of Residence		
Cherry Lake	2	0.7
Greenville	38	12.9
Lee	35	11.9
Madison	207	70.4
Pinetta	12	4.1

Section 1: Health Insurance

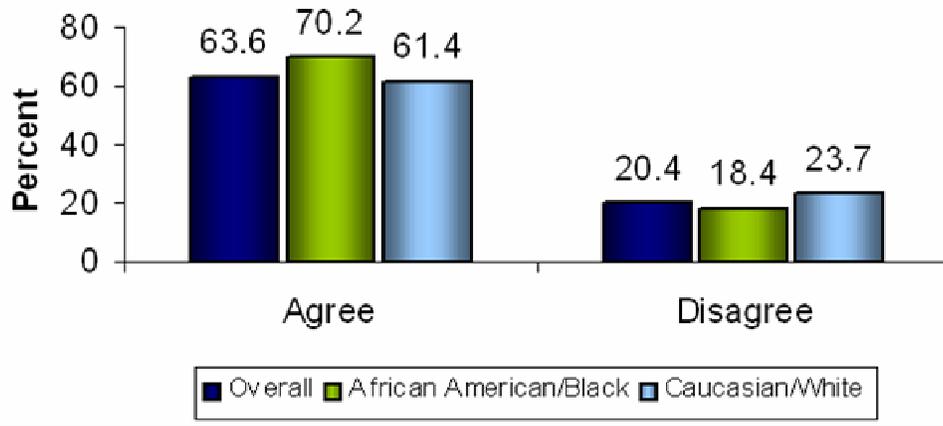
The most common health care coverage reported was private health insurance (43.8%), followed by Medicaid (28.3%), and no insurance/pay with cash (20.9%).

Caucasian/Whites were more likely to have private health (58.8%) than African American/Blacks (34.0%), while African American/Blacks were more likely than Caucasian/Whites to have Medicaid (35.3% versus 21.0%, respectively).

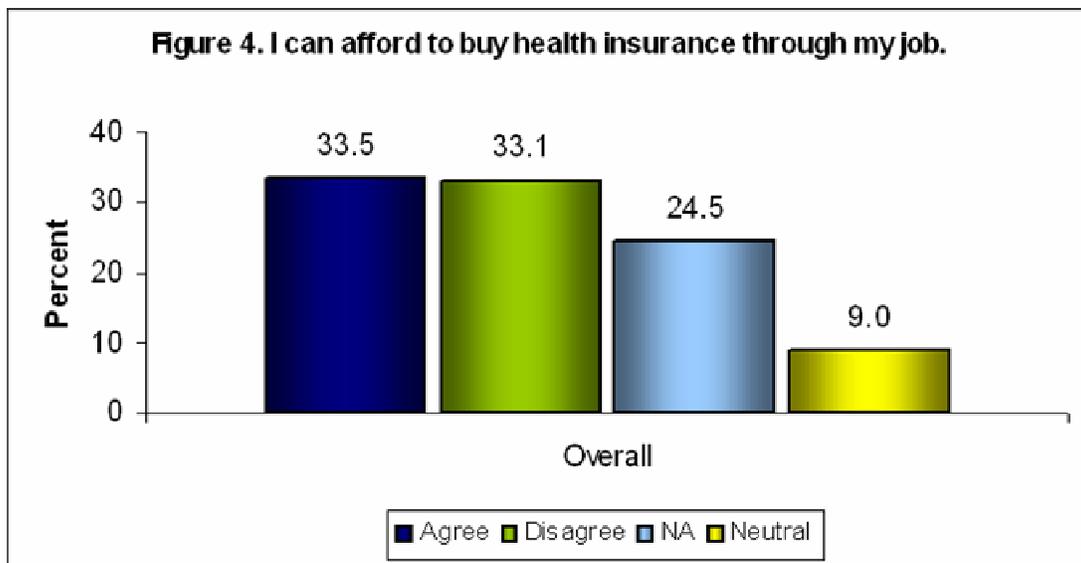
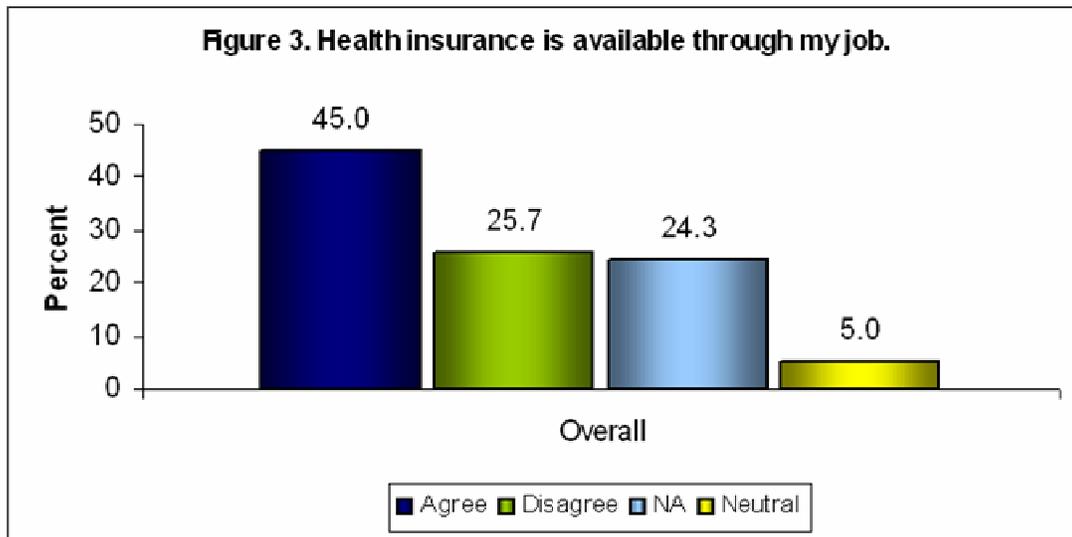


Nearly 2 in 3 residents surveyed reported that they did have health insurance that covered their health care needs. This differed slightly by race. African American/Blacks were more likely than Caucasian/Whites to report having adequate health care coverage (70.2% compared with 61.4%).

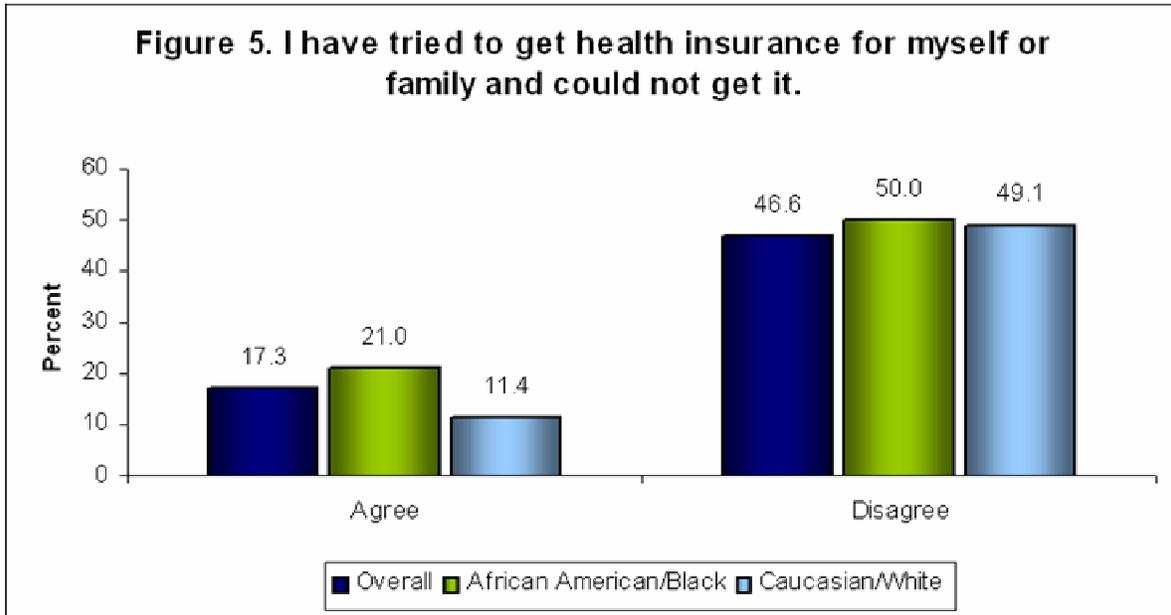
Figure 2. I have health insurance that covers my health care needs.



Almost half of residents surveyed reported that health insurance coverage is available through their job. However, only one-third of those surveyed said they could afford to purchase health insurance through their job.

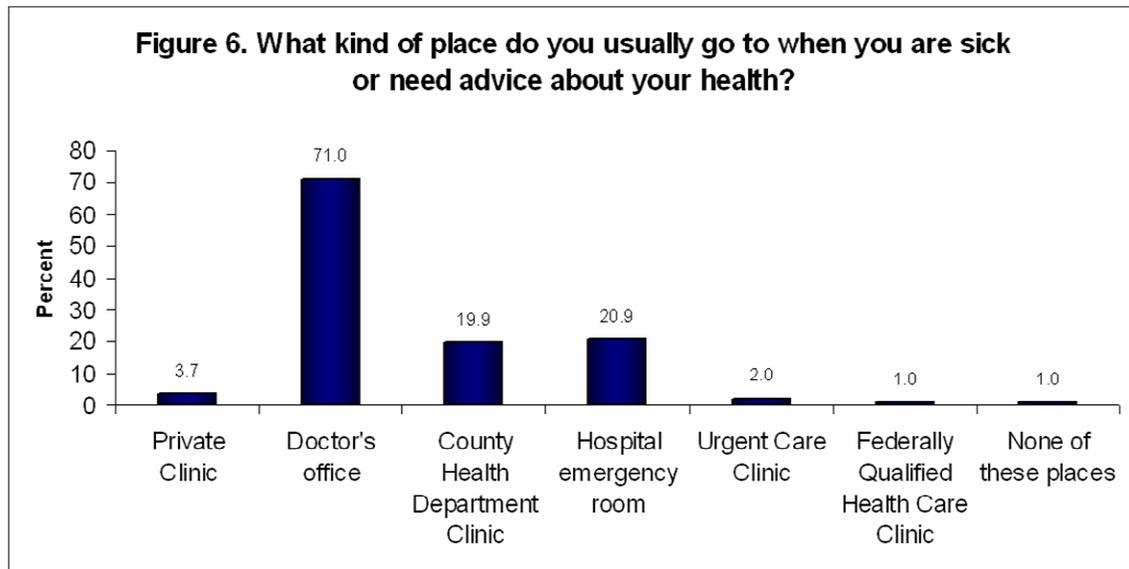


Overall, 17.3% of residents surveyed said that they had tried to get health insurance coverage for themselves or their family and could not get coverage. This did vary by race, with African American/Blacks being more likely than Caucasian/Whites to report not being able to get health insurance (21.0% versus 11.4%).

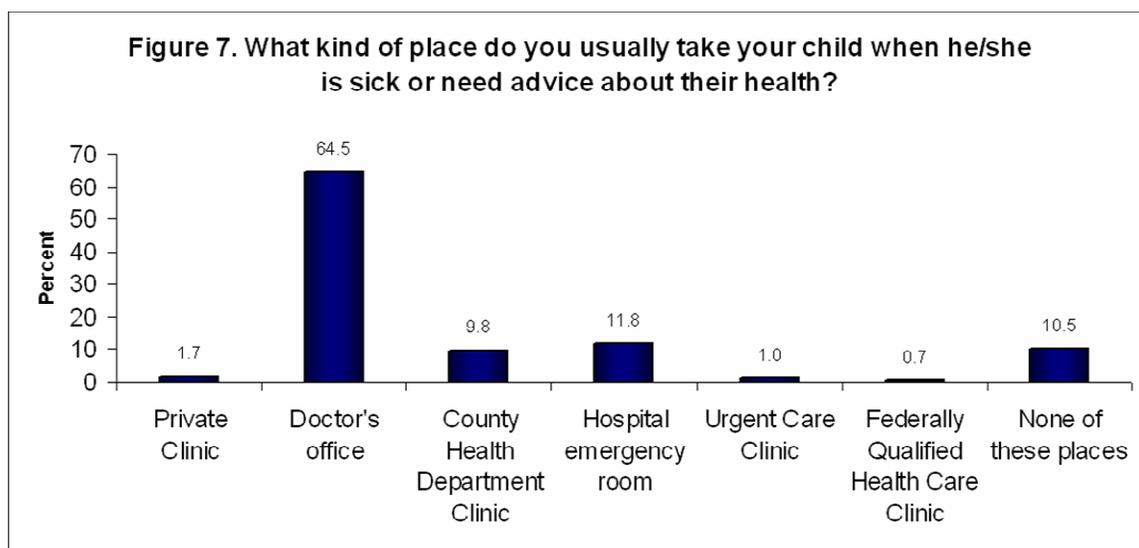


Section 2: Health Care Location / Medical Home

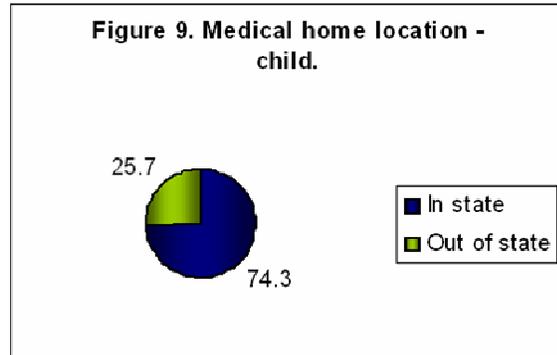
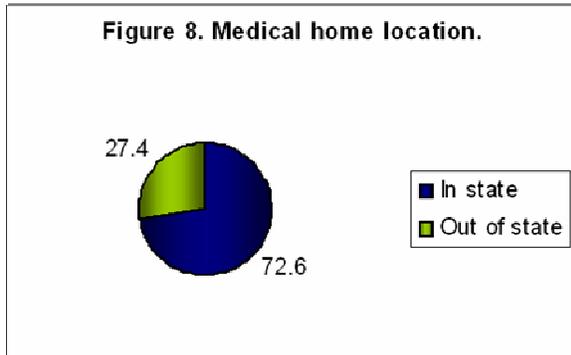
The majority of Madison County residents surveyed reported visiting a doctor's office when they are sick or need advice about their health (71.0%). That was followed by the hospital emergency room at 20.9% and the county health department clinic at 19.9%.



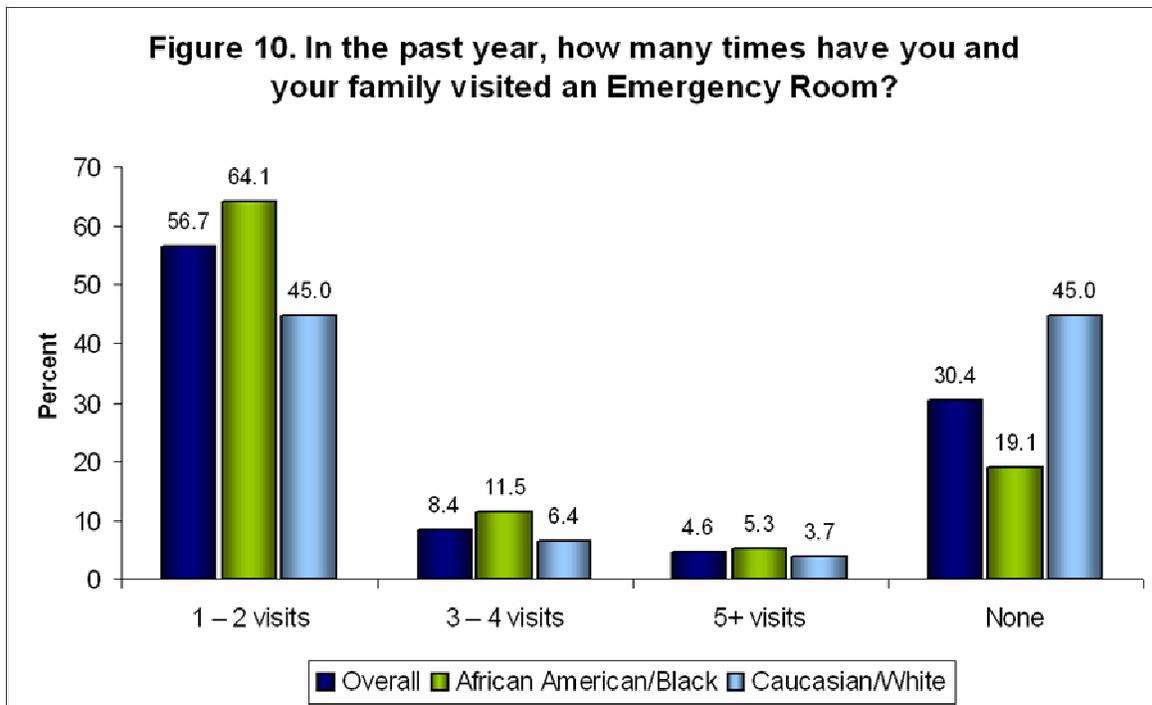
The patterns were similar when residents were asked where they usually take their children when they are sick or need medical attention, however a larger percentage (10.5%) reported "none of these places" described their child's usually place of care.



Residents were asked if this health care facility they visit most often was located in state or out of state. Approximately 1 in 4 residents reported visiting an out of state facility for health care needs. The same was reported for children.

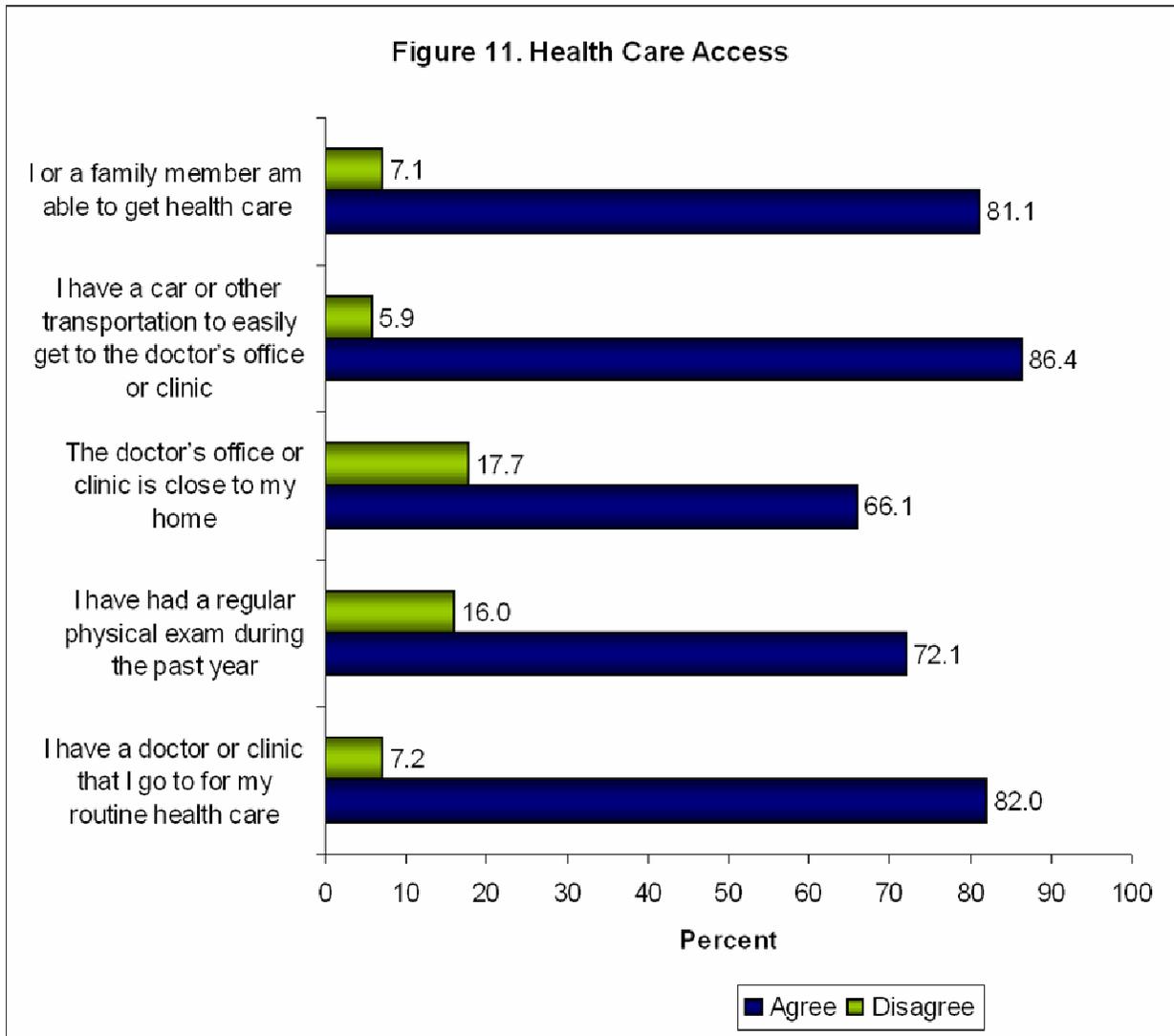


Information was also collected on frequency of hospital emergency room visits during the past year. Overall, 56.7% of those surveyed reported visiting an emergency room 1 or 2 times during the past year. African American/Blacks were more likely than Caucasian/Whites to visit and emergency department, with the largest differences being for those who reported 1 or 2 visits in the past year (64.1% versus 45.0%). Nearly 5% of those surveyed reported visiting an emergency room 5 or more times during the past year.



Section 3: Health Care Access

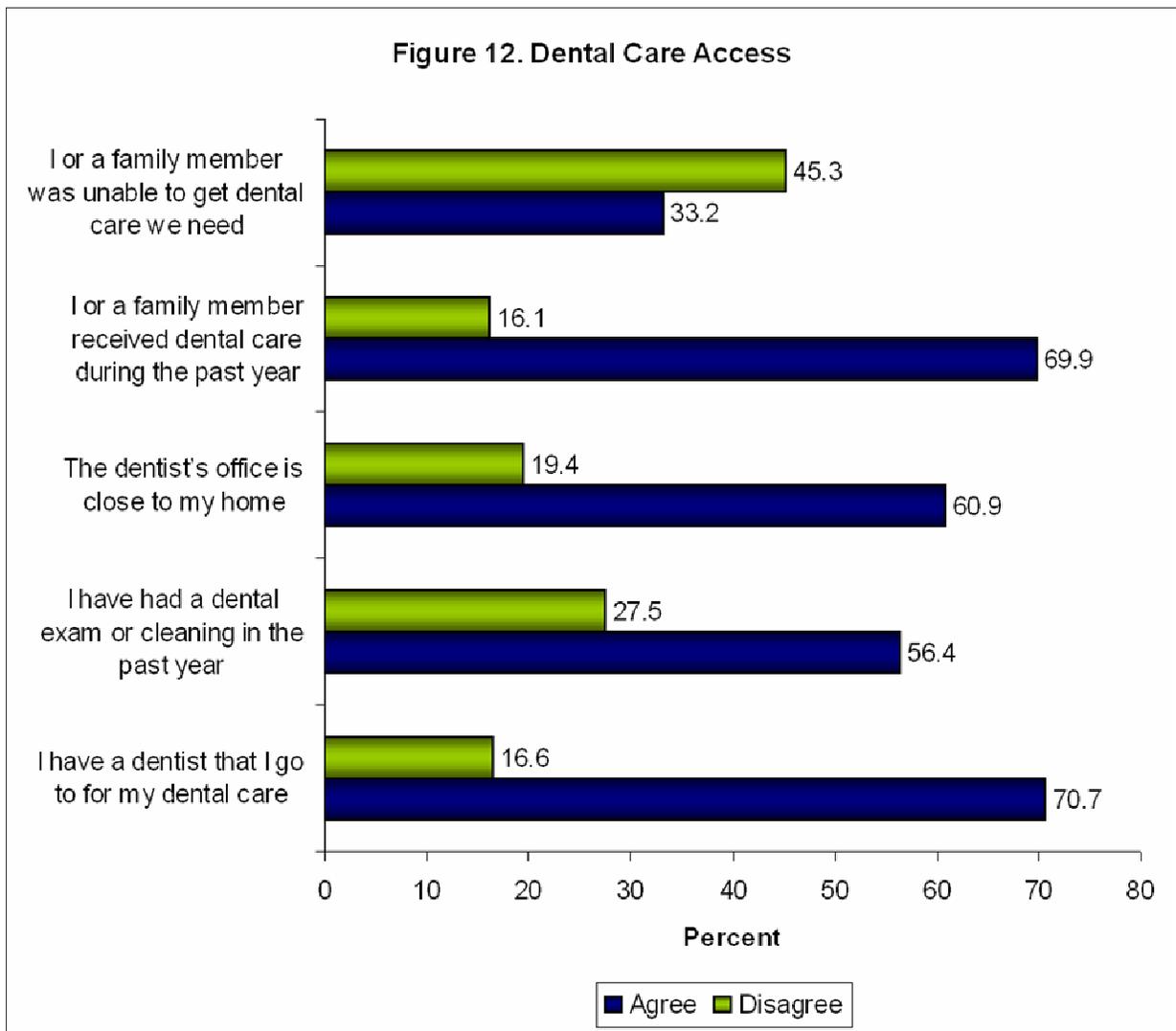
Overall, the majority of residents surveyed responded positively to the health care access questions. Most reported being able to get health care for themselves or a family member (81.1%), having a car or other transportation to easily get to the doctor's office or clinic (86.4%), and having a doctor or clinic that they go to for routine health care (82.0%). Seven out of 10 reported having had a regular physical exam in the past year.



Section 4: Dental Care Access

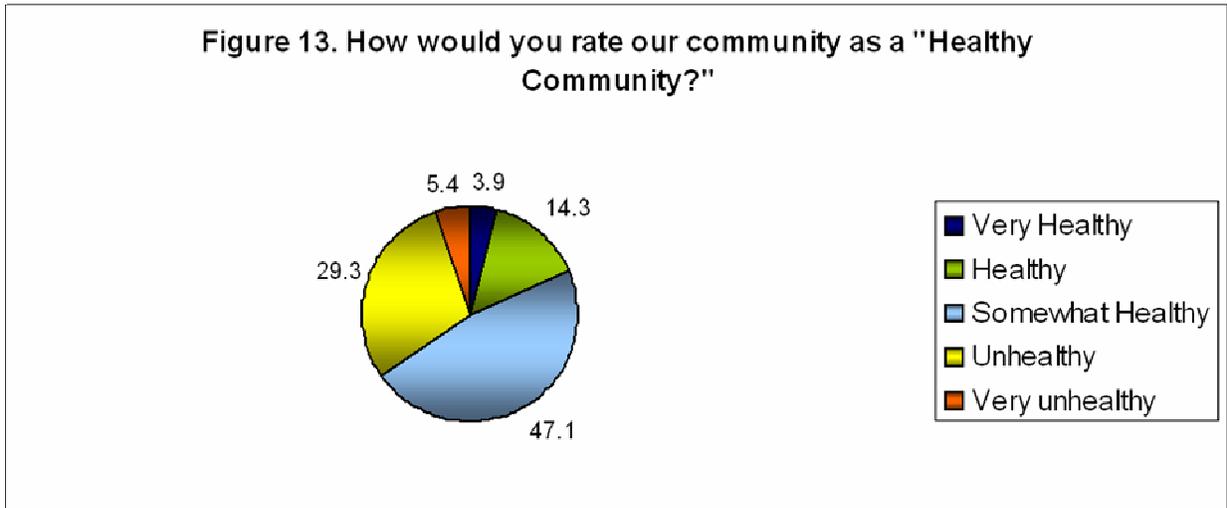
Approximately 70% of residents surveyed reported having a dentist that they go to for routine dental care and reported that they or a family member has received dental care in the past year. Only 56.4% reported that they have had a dental cleaning within the past year.

One out of three surveyed reported that they or a family member were unable to get the dental care they need.

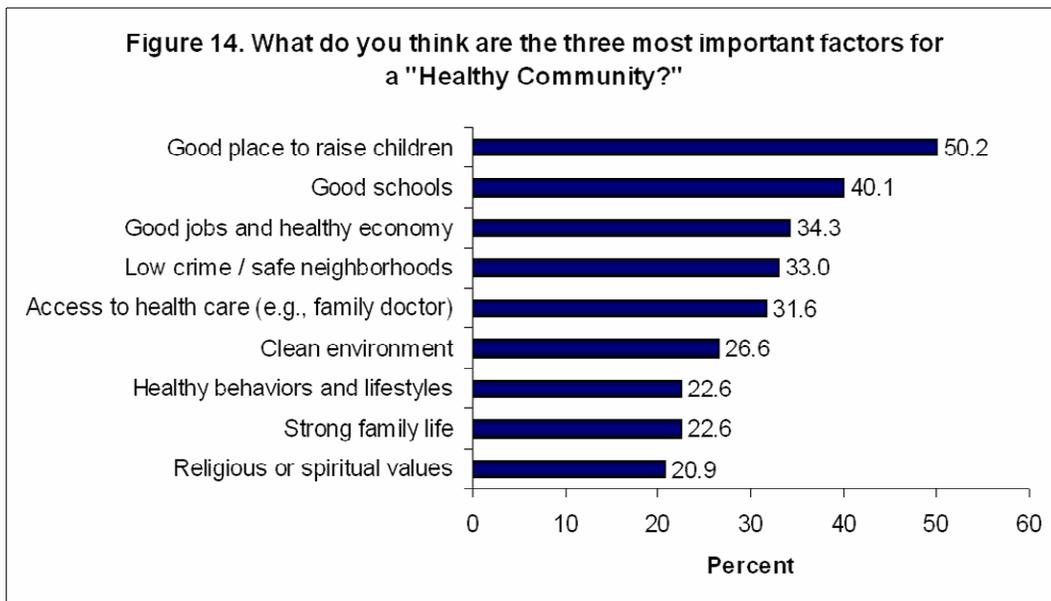


Section 5: Healthy Community

Those surveyed were asked how they would rate their community in terms of being a “Healthy Community.” The majority (47.1%) said they considered the community to be somewhat healthy. One in three said their community was either unhealthy or very unhealthy.

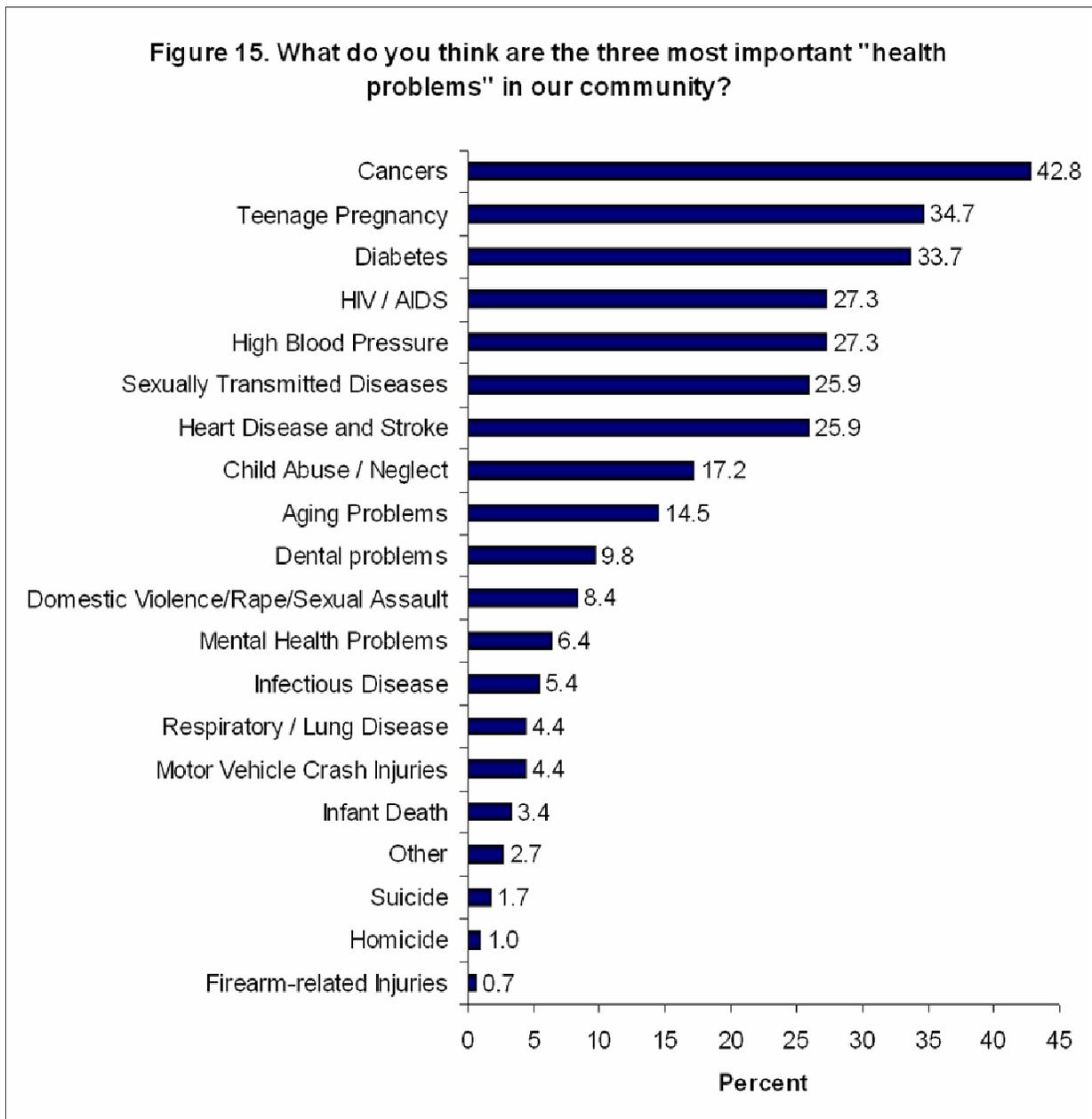


Survey respondents were also given the opportunity to select the three characteristics they believe to be most important for a “Healthy Community.” The top nine responses are shown below in Figure 13. The majority of respondents (50.2%) said that being a good place to raise children is an important factor in a “Healthy Community.”



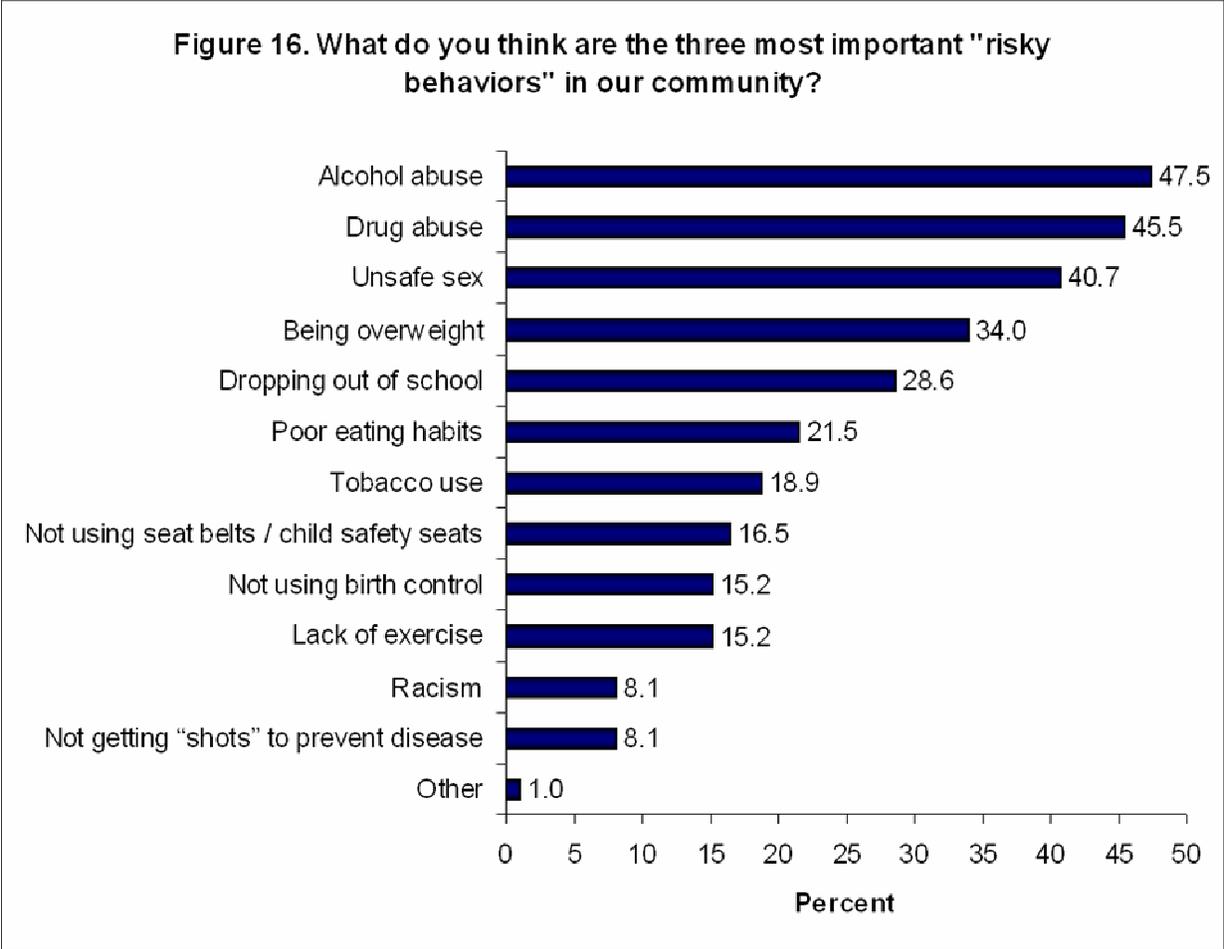
Section 6: Health Problems in the Community

Those surveyed were also asked which three “health problems” they believe have the greatest impact overall on the community. The most common response was cancer (42.8%), followed by teenage pregnancy (34.7%), and diabetes (33.7%).



Section 7: Risky Behaviors in the Community

Finally, the survey respondents were asked to select the three risk behaviors they feel are most important in the community. The most common response was alcohol abuse (47.5%), followed by drug abuse (45.5%), unsafe sex (40.7%), and being overweight (34.0%).



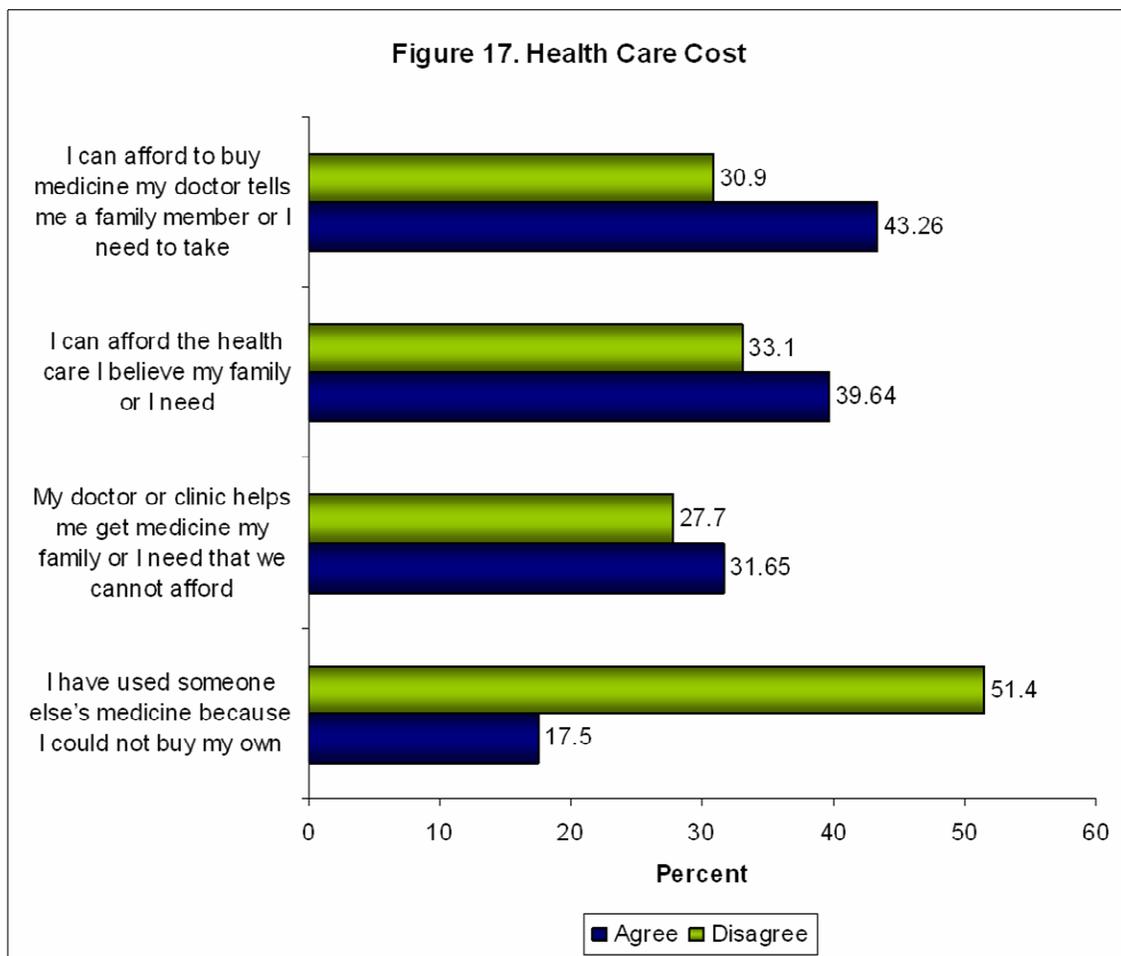
Section 8: Health Care Cost

Nearly 31% of residents surveyed reported that they could not afford to buy medicine that has been recommended by their doctor for either themselves or a family member, while 43.3% reported they could afford the recommended medications.

One third of residents surveyed reported that they cannot afford the health care they believe their family needs.

Nearly 32% of residents surveyed (approximately one in three) reported that their doctor or clinic helps them get medicine that their family needs but cannot afford.

Just over half of those surveyed reported that they have not used someone else's medicine because they could not buy their own versus 17.5% who reported using someone else's medicine.



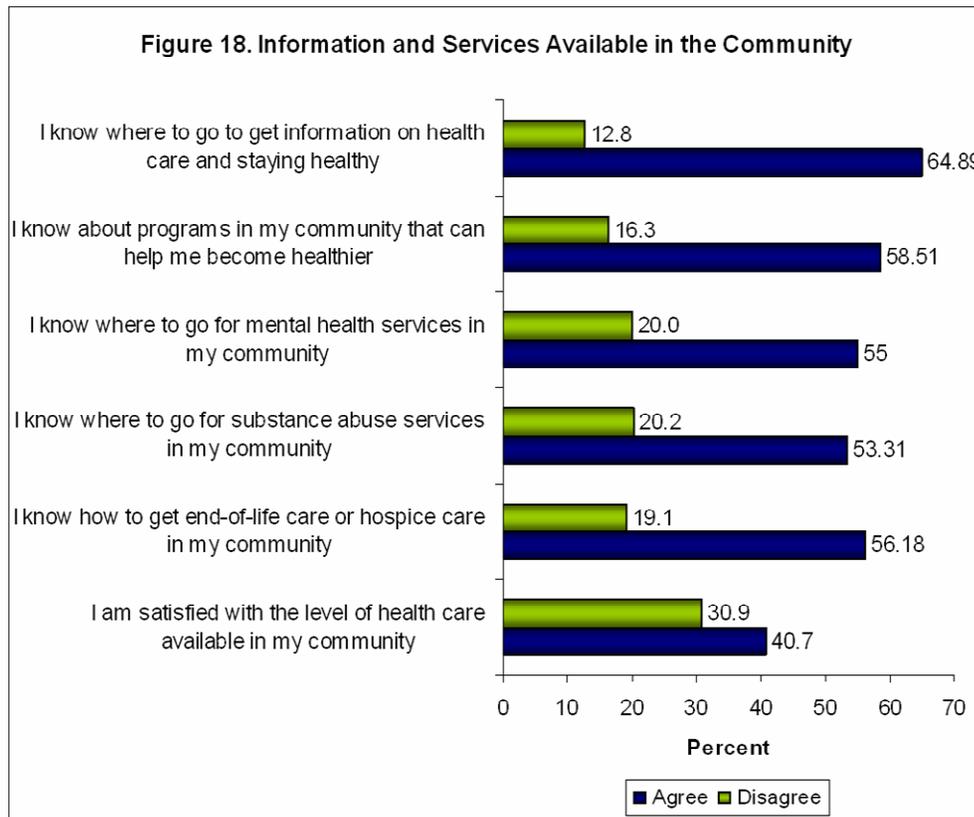
Section 9: Information and Services

Approximately 65% of survey respondents agreed that they know where to go to get information on health care and staying healthy, and only 12.8% disagreed with that statement. Nearly 59% agreed that they know about programs in their community that can help them become healthier.

Respondents were asked specifically about access to mental health services and substance abuse services in their community. Fifty-five percent agreed that they know where to go for mental health services in their community, and 53.3% reported that they know where to go for substance abuse services in their community.

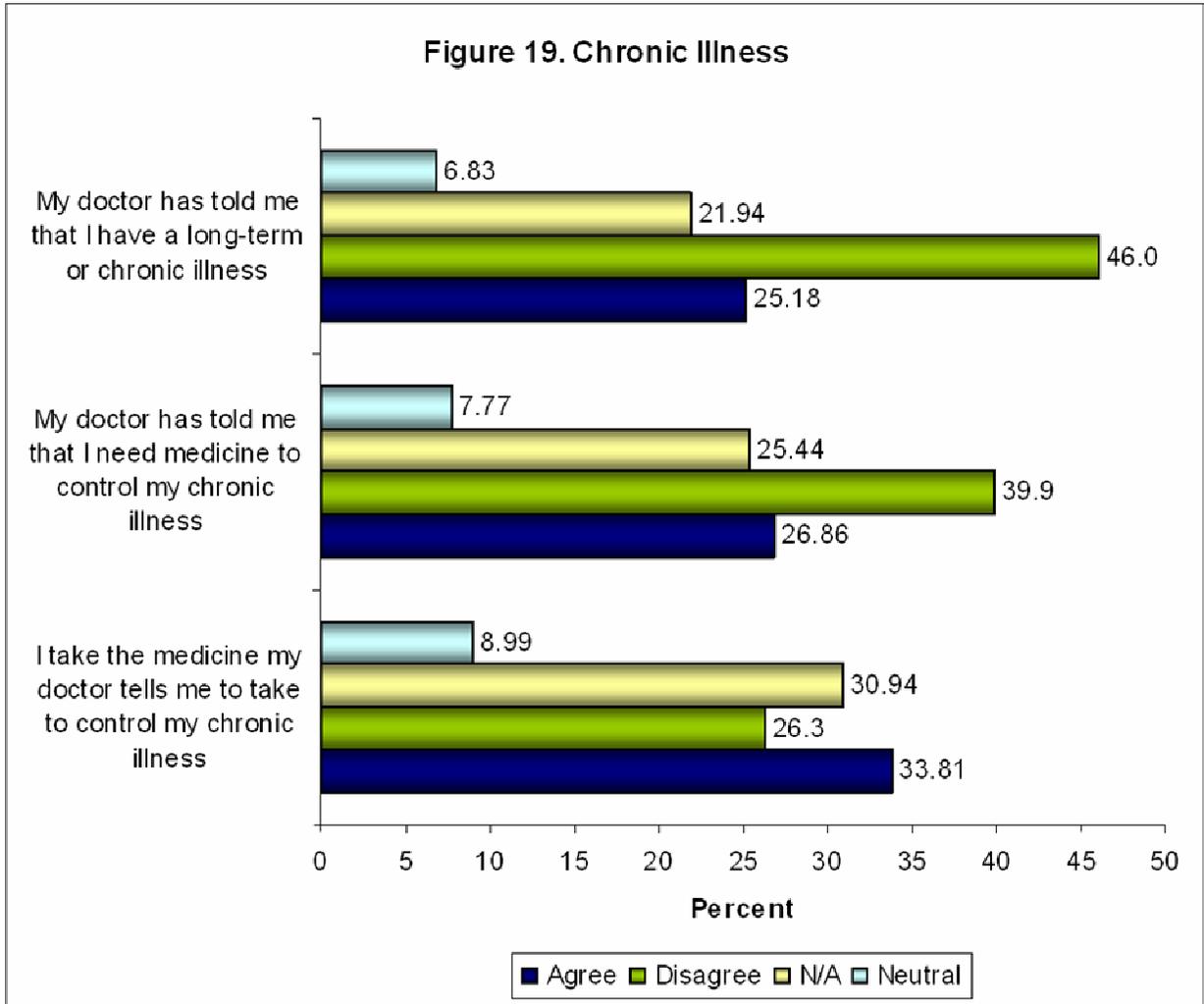
Approximately 56% of those surveyed agreed that they know how to get end-of-life or hospice care in their community.

Finally, survey respondents were asked if they would agree or disagree with the statement, "I am satisfied with the level of health care available in my community." Nearly 41% said they did agree with that statement, however, 30.9% reported that they disagreed.



Section 10: Chronic Illness

Approximately one in four residents surveyed (25.2%) reported that their doctor has told them that they have a long-term or chronic illness. Nearly 27% reported that their doctor has told them that they need medicine to control their chronic illness. One in three (33.8%) reported that they take the medicine their doctor told them to take to control their chronic illness.



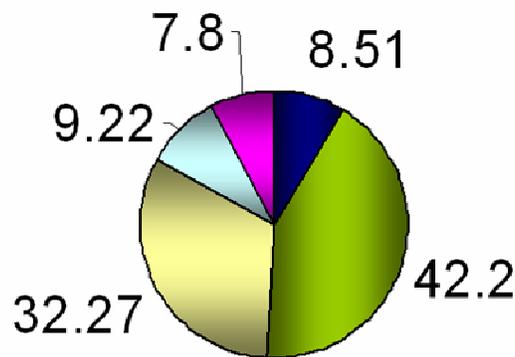
Section 11: Health Ranking

Approximately 42% of residents surveyed said that they considered themselves to be healthy, and 8.5% said that they were very healthy.

Nearly one in three residents surveyed (32.3%) said that they were somewhat healthy.

On the other hand, 9.2% reported that they were unhealthy, and 7.8% reported that they were very unhealthy.

Figure 20. How would you rate your own personal health?





COMMUNITY HEALTH SURVEY



Your opinion is important!

Please take a few moments to complete the survey below. The purpose of this survey is to get your opinions about community health issues in the county that you live in. The results of this survey and other information will be used to identify the most pressing health problems which can be addressed through community action. If you have previously completed a survey, please don't fill out another. Thank you and if you have any questions, please contact us: JCHD (850) 342-0170 or MCHD (850) 973-5000.

Please answer the following questions so we can see how different types of people feel about local health issues.

1. What city do you live in: _____
2. Zip code where you live: _____
3. Sex: Male Female
4. What is your age? _____
5. Are you Hispanic or Latino?
 Yes No
6. Which group best represents your race?
 African American / Black Native American
 Asian / Pacific Islander White / Caucasian
 Other
7. What language do you speak at home:
 English Other _____
 Spanish
8. Marital Status:
 Married Co-habiting Not married / Single
9. Education:
 Less than high school
 High school diploma or GED
 College degree or higher
10. Are you currently?
 Employed A homemaker
 Self-employed A student
 Retired
 Out-of-work more than 1 year
 Out-of-work less than 1 year
 Unable to work
11. Household income
 Less than \$20,000
 \$20,000 to \$29,999
 \$30,000 to \$49,999
 Over \$50,000
12. How many people live in your household?
Total, including yourself _____
How many children under 18 years? _____
How many adults 18 - 64 years? _____
How many adults 65 years and older? _____
13. How do you pay for your health care? (Fill all that apply)
 Pay cash (no insurance)
 Health Insurance (Private insurance, BCBS, HMO)
 Medicaid
 Medicare
 Veterans' Administration
 Other _____
14. What kind of place do you usually go to when you are sick or need advice about your health?
 Private Clinic Doctor's office
 County Health Department Clinic Hospital emergency room
 Urgent Care Clinic
 Federally Qualified Health Care Clinic
 None of these places
15. Is that place:
 In state Out of state
16. What kind of place do you usually take your child when he/she is sick or need advice about their health?
 Private Clinic Doctor's office
 County Health Department Clinic Hospital emergency room
 Urgent Care Clinic
 Federally Qualified Health Care Clinic
 None of these places
17. Is that place:
 In state Out of state
18. Approximately how many hours per month do you volunteer your time to community service? (i.e. schools, voluntary organizations, churches, hospitals, etc.)
 None 1 - 5 hours 6 - 10 hours 10+ hours

Please share with us your experiences getting health care for yourself or your family. Read each sentence and then place a check mark in the column that matches your feelings. All of your responses are completely anonymous and confidential.

	Agree	Neutral	Disagree	NA
I have a doctor or clinic that I go to for my routine health care.				
I have had a regular physical exam during the past year.				
The doctor's office or clinic is close to my home.				
I have a car or other transportation to easily get to the doctor's office or clinic.				
I or a family member am able to get health care.				
I have a dentist that I go to for my dental care.				
I have had a dental exam or cleaning in the past year.				
The dentist's office is close to my home.				
I or a family member received dental care during the past year.				
I or a family member was unable to get dental care we need.				

2011 Jefferson and Madison County Community Health Assessment Collaborating Partners:

Big Bend Rural Health Network
Florida Department of Health

Healthy Start Coalition of JMT
Tri-County Family Health Care

Jefferson County Health Department
Madison County Health Department

Continue on back



Read each sentence and then place a check mark in the column that matches your feelings. Think about your experiences with getting health care to stay healthy for yourself and your family, as well as when you were sick and needed health care.

	Agree	Neutral	Disagree	NA
I have health insurance that covers my health care needs.				
My family's health care needs are covered by health insurance.				
Health insurance is available through my job.				
I can afford to buy health insurance through my job.				
I do not have health insurance.				
I do not want health insurance.				
I have tried to get health insurance for myself or family and could not get it.				
I or a family member had an illness that was not treated because we did not have insurance.				
I know where I can go for health care even if I don't have insurance.				
I can afford to buy medicine my doctor tells me a family member or I need to take.				
I can afford the health care I believe my family or I need.				
My doctor or clinic helps me get medicine my family or I need that we cannot afford.				
I have used someone else's medicine because I could not buy my own.				
My doctor has told me that I have a long-term or chronic illness.				
My doctor has told me that I need medicine to control my chronic illness.				
I take the medicine my doctor tells me to take to control my chronic illness.				
I know where to go to get information on health care and staying healthy.				
I know about programs in my community that can help me become healthier.				
I know where to go for mental health services in my community.				
I know where to go for substance abuse services in my community.				
I know how to get end-of-life care or hospice care in my community.				
I am satisfied with the level of health care available in my community.				

20. In the following list, what do you think are **the three (3) most important factors for a "Healthy Community?"**
(Those factors which most improve the quality of life in a community)

- | | | |
|--|--|--|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Clean environment | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Low crime / safe neighborhoods | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Excellent race relations | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Strong family life | |

21. In the following list, what do you think are **the three (3) most important "health problems"** in our community?
(Those problems which have the greatest impact on overall community health)

- | | | |
|--|---|--|
| <input type="checkbox"/> Aging problems (arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Infectious Disease (hepatitis, TB, etc) |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Homicide | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Domestic Violence/Rape/Sexual Assault | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Teenage pregnancy |
| | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other _____ |

22. In the following list, what do you think are **the three (3) most important "risky behaviors"** in our community?
(Those behaviors which have the greatest impact on overall community health)

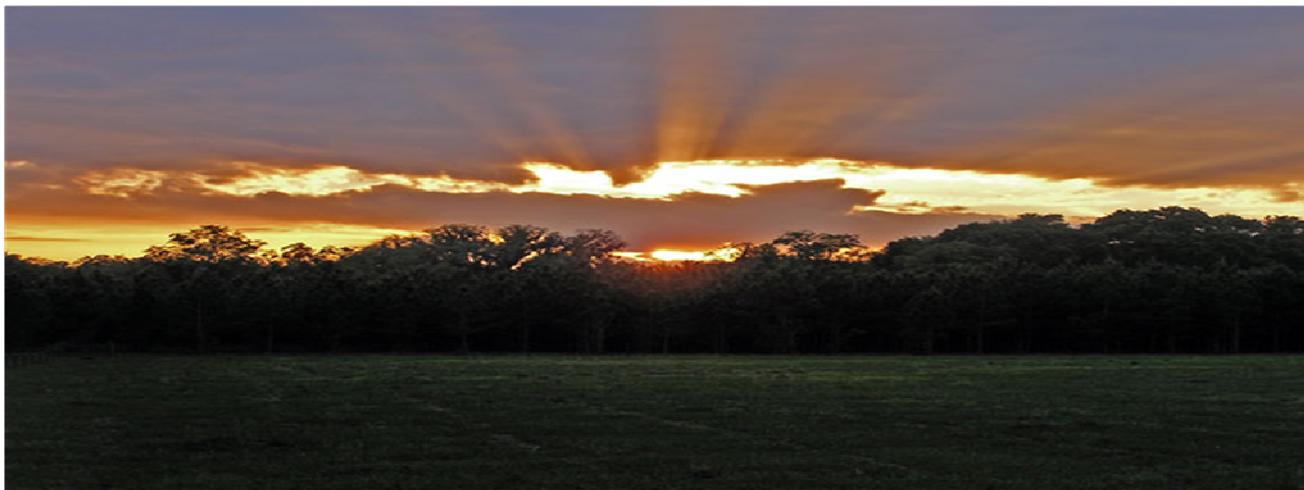
- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Racism | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Tobacco use | |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not using birth control | |

23. How would you rate our community as a "Healthy Community?"
 Very unhealthy Unhealthy Somewhat Healthy
 Healthy Very Healthy

25. In the past year, how many times have you and your family visited an Emergency Room?
 None 1 – 5 visits 3 – 4 visits 5+ visits

24. How would you rate your own personal health?
 Very unhealthy Unhealthy Somewhat Healthy
 Healthy Very Healthy

Thank you for completing this survey.





**MADISON
COUNTY**

As part of the Madison County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) a Strategic Priorities and Goals workshop was conducted on August 17, 2012. Twenty-three community health partners participated in the workshop and identified four community health themes for Madison County.

BACKGROUND



As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Madison County, Quad R, LLC was contracted by the Florida Department of Health in Madison County to facilitate the Strategic Priorities & Goals workshop on August 17, 2012.

The purpose of this workshop was to identify health priorities which are impacting Madison County residents and to develop goal statements and strategies for each priority.

A total of 23 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 Madison County.

METHODS



Two weeks prior to the scheduled *Strategic Priorities & Goals* workshop, community health partners were contacted by e-mail from the Florida Department of Health in Madison County regarding the date, time, and purpose of the workshop. One week prior to the workshop, community health partners were provided the agenda and a follow up letter further explaining the purpose and importance of the meeting.

The participants were welcomed to the workshop by the Florida Department of Health in Madison County Administrator, Kimberly Allbritton. 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 Madison County. This data included:

- Madison County Community Health Status Profile – Executive Summary
- U.S. Census Quick Facts for Madison County
- County Health Rankings
- Florida Department of Health CHARTS – Madison County Health Summary
- Florida Legislature, Office of Economic and Demographic Research – Madison County Summary (July 2012)

Participants reviewed the data individually and identified key health issues and/or needs for Madison 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 Madison County.

Participants were then divided randomly into four 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 six breakout groups. One group reviewed all the themes and categories and re-assembled them into a master list of community health issues. Two groups worked independently to create a list of the *Resources*

available in Madison County to address community health issues and concerns. Two groups separately identified the *Barriers/Challenges* to impacting community health issues and concerns in Madison County. One group identified key target populations which are most impacted by health issues and/or concerns in Madison County. The list of *Resources*, *Barriers/Challenges*, and *Target Populations* can be found at the end of this report.



The two lists for the *Resources* and *Barriers/Challenges* were combined. The breakout groups individually reviewed the *Priority Health Issues*, *Resources*, *Barriers/Challenges*, and *Target Populations* lists and revised as needed. Each group worked to ensure the *Priority Health Issues* were distinct categories.

Nine health issues were identified:

- Safe Environment
- Unintentional Injury/Death Prevention
- Access to Resources
- Obesity
- Communicable & Infectious Diseases
- Preventable & Controllable Diseases
- Cause/Effect of Poverty
- Maternal & Child Health
- Effective Community Education

Workshop participants self-selected into one of the 10 health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue. Once each workgroup had at least 2 strategies for the health issue, the participants reviewed the work for each issue.

Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process.



Workgroups were then provided the *Goal & Strategies* template on a large easel chart paper. Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The workgroups also identified the ways in which "success" could be measured for each strategy. The results of the groups' efforts are found at the

end of this report. The goals and strategies developed during the workshop are found on the following pages.

IDENTIFICATION OF PRIORITIES & GOALS

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Safe Environment	Madison County will have a safe environment and be crime free.	1. Promote crime stoppers.	<p>Timeline 12-24 months</p> <p>Lead & Team Members City and County Law Enforcement Local media Community volunteers</p> <p>Resources City and county law enforcement</p>
		2. Organize neighborhood watch programs.	<p>Timeline 12-24 months</p> <p>Lead & Team Members City and County Law Enforcement Community volunteers Faith-based leadership</p> <p>Resources Informational resources from existing programs, including local sponsor in City/County Law Enforcement</p>

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Safe Environment (continued)	Madison County will have a safe environment and be crime free.	3. Empowerment to vulnerable populations.	Timeline TBD Lead & Team Members TBD Resources TBD
		4. Improve access to mental health resources.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Unintentional	All Madison County	1. Increase awareness &	Timeline

Injury/Death Prevention	residents & visitors will be safe from traumatic injuries & death.	educational opportunities regarding safe & appropriate vehicular operations.	<p>January 2014</p> <p>Lead & Team Members Schools Social Service programs Law Enforcement Faith-based members Hospitals/Healthcare providers Healthy Start of Jefferson, Madison, Taylor</p> <p>Resources \$\$</p>
		2. Increase education on behaviors to prevent traumatic injuries & death.	<p>Timeline January 2014</p> <p>Lead & Team Members Schools Social Service programs Law Enforcement Faith-based members Hospitals/Healthcare providers Healthy Start of Jefferson, Madison, Taylor</p> <p>Resources \$\$</p>

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Unintentional Injury/Death	All Madison County residents & visitors will	3. Establish driver's education program.	<p>Timeline TBD</p>

Prevention (continued)	be safe from traumatic injuries & death.		Lead & Team Members TBD Resources TBD
		4. Strengthen funding at county/state levels to keep highways in excellent condition.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Access to Resources	All Madison County residents will have access to quality	1. Recruit and retain providers.	Timeline January 2014

	affordable health services.		<p>Lead & Team Members Healthcare workforce network Madison County Hospital Madison County Health Department</p> <p>Resource North FL Community College /Allied Health program FSU School of Medicine Chamber of Commerce</p>
		2. Solicit additional funding to address gaps in Madison County health care system.	<p>Timeline January 2015</p> <p>Lead & Team Members Madison County Hospital Madison County Health Department Florida Department of Health</p> <p>Resources Health Resources and Services Administration (HRSA) Low Income Pool (LIP) grant Foundations</p>

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Access to Resources (continued)	All Madison County residents will have access to quality affordable health	3. Educate residents on the available resources within the county.	<p>Timeline January 2014</p> <p>Lead & Team Members Madison County Health Department</p>

	services.		<p>Chamber of Commerce Media</p> <p>Resources Florida Department of Health in Madison County Florida Department of Health Hospitals Emergency Medical Services (EMS)</p>
		4. Conduct resource mapping workshop to maximize resource utilization.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Obesity	All citizens in Madison County will be at a healthy weight.	1. Increase the access of recreational & youth activities in Madison County.	<p>Timeline Ongoing</p> <p>Lead & Team Members Merv Mattair</p>

			<p>Craig Wilson</p> <p>Resources Just Move Madison Healthy Start</p>
		<p>2. Network to encourage social support for increases in physical activity levels in our schools.</p>	<p>Timeline 3-5 years</p> <p>Lead & Team Members School Superintendent</p> <p>Resource Grant \$\$ Collaboration</p>

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
<p>Obesity (continued)</p>	<p>All citizens in Madison County will be at a healthy weight.</p>	<p>3. Provide safe recreational parks, trails, etc.</p>	<p>Timeline Ongoing</p> <p>Lead & Team Members Department of Parks & Recreation</p> <p>Resources</p>

			4 Freedom Trail Lanier Field Lake Francis Boys & Girls Club Boyz 2 Men Madison Youth Initiative
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Communicable & Infectious Diseases	All Madison County residents will be free of communicable and infectious diseases.	1. Establish sex education classes in the school system.	Timeline January 2014 Lead & Team Members Schools Madison County Health Department Hospital/Healthcare providers

			Healthy Start Coalition WIC Pregnancy Center Resources Healthy Start
		2. Conduct community education programs for STD prevention.	Timeline January 2014 Lead & Team Members Schools Madison County Health Department Hospital/Healthcare providers Healthy Start Coalition WIC Pregnancy Center Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Communicable & Infectious Diseases (continued)	All Madison County residents will be free of communicable and infectious diseases.	3. Increase awareness of the impact of unprotected sex and STD's.	Timeline January 2014 Lead & Team Members Schools Madison County Health Department Hospital Healthcare providers Healthy Start Coalition

			WIC Pregnancy Center Resources TBD
		4. Sponsor guest speakers in schools for role modeling.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Healthy Behaviors/ Screenings	All Madison County residents will have a 25% reduction in communicable and infectious diseases.	1. Conduct screenings through community health fairs.	Timeline 12-24 months Lead & Team Members Madison County Health Department Hospital & Nursing staff & students Community volunteers Resources

			Madison County Health Department Whole Child Healthy Start Early Steps Early Learning Coalition Head Start Madison County Memorial Hospital Tallahassee Memorial Hospital Capital Regional Medical Center
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Healthy Behaviors/ Screenings (continued)	All Madison County residents will have a 25% reduction in communicable and infectious diseases.	2. Conduct school readiness screenings.	Timeline 12-24 months Lead & Team Members Whole Child Florida Department of Health in Madison County staff School Nurses School Board Resources

			School Board/District staff School Nurses Dental Mobile unit Madison County Health Department Whole Child Early Steps Early Learning Coalition Head Start Project Safe Zone Madison County Memorial Hospital Capital Regional Medical Center
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Healthy Behaviors/ Screenings (continued)	All Madison County residents will have a 25% reduction in communicable and infectious diseases.	3. Increase education & outreach efforts for types of screening needs.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Preventable & Controllable Diseases	All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.	1. Increase support of educational opportunities related to healthy lifestyle choices.	<p>Timeline Ongoing & Immediate</p> <p>Lead & Team Members Madison County Health Department Schools systems</p> <p>Resources Madison County Health Department Whole Child County schools UF/IFAS</p>

			County leaders 4-H
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Preventable & Controllable Diseases (continued)	All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.	2. Provide chronic disease screenings & education (re: chronic disease maintenance).	<p>Timeline Ongoing & Immediate</p> <p>Lead & Team Members Hospitals Madison County Health Department</p> <p>Resources Hospitals Private care providers Madison County Health Department Whole Child</p>

			Federally Qualified Health Center (FQHC) Children's Medical Services Early Learning Coalition Healthy Start
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Preventable & Controllable Diseases (continued)	All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.	3. Leverage partners to increase social support of healthy eating and active lifestyles.	<p>Timeline Immediate to 2 years</p> <p>Lead & Team Members UF IFAS 4-H Schools Elected officials</p> <p>Resources Madison County Health Department County schools Florida Department of Health Chamber of Commerce</p>

		4. Educate citizens on how to maintain & control present chronic disease conditions.	Timeline TBD Lead & Team Members TBD Resources TBD
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Preventable & Controllable Diseases (continued)	All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.	5. Formulate focus groups to obtain an assessment of citizen's perceptions goals and needs (Community survey conducted as part of this process last year).	Timeline TBD Lead & Team Members TBD Resources TBD
		6. Increase nutritional education & meal planning opportunities.	Timeline TBD Lead & Team Members TBD

			Resources TBD
		7. Provide chronic disease self-management classes.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Preventable & Controllable Diseases (continued)	All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.	8. Develop chronic disease care coordination.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Cause/Effect of Poverty	All Madison County residents will have access to meet their life needs.	1. Enhanced economic development activities to increase job opportunities.	<p>Timeline January 2015</p> <p>Lead & Team Members Economic Development Council County Commissioners</p> <p>Resources Residents of Madison County</p>
		2. Empower individuals to become more productive citizens.	<p>Timeline January 2014</p> <p>Lead & Team Members Community Development Agencies Schools</p> <p>Resources Chamber of Commerce</p>

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Cause/Effect of Poverty (continued)	All Madison County residents will have access to meet their life needs.	3. Increase vocational programs in schools.	<p>Timeline January 2015</p> <p>Lead & Team Members North FL Community College (NFCC) Schools State government</p> <p>Resources North FL Community College (NFCC) Public School system</p>
		4. Educate low-income & jobless citizens on career paths (“Access next”).	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Maternal & Child Health	All women in Madison County will have access to support services.	1. Educate women on the services & resources available in the community.	<p>Timeline January 2015</p> <p>Lead & Team Members Healthy Start Madison County Health Department School District Teen Pregnancy Group (TAP)</p> <p>Resources Nursing students Volunteer Healthcare Professionals Healthcare Providers Coding of Services</p>
		2. Provide whole child access.	<p>Timeline January 2015</p> <p>Lead & Team Members Florida Department of Health in Madison County Healthy Start Media/Communication network</p>

			Resources Faith- based community Civic organizations
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Madison County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Maternal & Child Health (continued)	All women in Madison County will have access to support services.	3. Decrease teen pregnancy rate by increased access to contraceptive education.	Timeline January 2015 Lead & Team Members Madison County Health Department Healthy Start School District Healthcare providers Resources Coding of services Healthcare network
		4. Improve preconception health in schools and community.	Timeline TBD Lead & Team Members TBD Resources TBD

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Effective Community Education	Madison County residents will have access to quality education.	1. Identify providers & their roles in the community education system.	<p>Timeline January 2015</p> <p>Lead & Team Members Madison County Health Department Hospital</p> <p>Resources Healthcare network North FL Community College (NFCC) Allied Health students</p>
		2. Educate the educators.	<p>Timeline January 2015</p> <p>Lead & Team Members Area Health Education Center North Florida Community College</p> <p>Resources Nursing students North Florida Community College Madison County Health Department Area Health Education Center School Board</p>

Madison County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Effective Community Education (continued)	Madison County residents will have access to quality education.	3. Increase child readiness & parent involvement.	<p>Timeline January 2015</p> <p>Lead & Team Members Healthy Start Madison County Health Department Early Learning Coalition Whole Child</p> <p>Resources TBD</p>
		4. Expose information to elementary grades ("plant seeds" early).	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Health Policies

Within the state of Florida, there are numerous policies which can be used to impact health issues within Jefferson 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	FS 385.103	Chronic Disease Community Intervention Programs

(CLRD)		
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
Chronic Disease & Mortality (continued)		
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
Communicable Diseases (continued)		
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,	Parental Notice Of Termination Of A Minor's Pregnancy

	Article X, Section 22	
	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
	Florida Law	Description
Social & Mental Health (continued)		
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
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

SUMMARY/KEY FINDINGS



The information gathered during the Strategic Priorities & Goals 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 develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Madison County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Madison 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 *Cause/Effect of Poverty*, *Healthy Behaviors/Screenings*, and *Access to Resources* were identified as key priority health issues.

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. Madison County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Madison County and the state of Florida also present the need to address language and cultural barriers. *Safe Environment*, *Unintentional Injury/Death Prevention*, and *Effective Community Education* are priority issues which impact the health of Madison 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 all public health services. *Obesity, Communicable/Infectious Diseases, Preventable/Controllable Diseases, and Maternal/Child Health* are priority issues which impact and are impacted by the other health issues identified in the workshop.

Because there are 9 Priority Issues, it is recommended that those representing similar health outcomes be combined. For example, the Priority Issues of *Obesity* and *Preventable/Controllable Diseases* both impact *Chronic Disease* outcomes and should be combined. *Safe Environment* and *Unintentional Injury/Death Prevention* both represent areas of *Healthy Community* and have similar health outcomes. *Healthy Behaviors/Screenings, Maternal/Child Health* and *Effective Community Education* have strategies which represent community outreach and education and should be combined into a *Health Education* area. By combining “like” health outcomes for the 10 Priority Issues, the result would be:

- Chronic Disease (*Obesity & Preventable/Controllable Diseases*)
- Healthy Community (*Safe Environment & Unintentional Injury/Death*)
- Health Education (*Healthy Behaviors/Screenings, Effective Community Education & Maternal/Child Health*)
- Cause/Effect of Poverty
- Access to Resources

In summary, these strategic priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Madison County community. These strategic priorities and goals impact multiple sectors of the Madison County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.



Meeting Notes

Priority Issue: Crime
Goal: Madison County will have a safe environment and be crime free.
Strategies: <ul style="list-style-type: none"> • Promote crime stoppers • Organize neighborhood watch programs • Empowerment to vulnerable populations • Improve access to mental health resources
Notes: <ul style="list-style-type: none"> • Crime • Criminal homicide • Violent crime rate • Unsafe environment • Aggravated assault • Violence • Suicide • Domestic violence in relation to: <ul style="list-style-type: none"> ○ Poverty ○ Ineffective ways to deal with stress ○ Continuing cycle-low self esteem ○ Financially stay in relationship

Priority Issue: Unintentional Injury/Death Prevention
Goal: All Madison County residents and visitors will be safe from traumatic injuries & death.
Strategies: <ul style="list-style-type: none"> • Increase awareness & educational opportunities regarding safe and appropriate vehicular operations. • Increase education on behaviors to prevent traumatic injuries and death. • Establish drivers education program. • Increase enforcement of seatbelt & DUI penalties. • Strengthen funding at county/state levels to keep highways in excellent condition.
Notes: <ul style="list-style-type: none"> • Motor Vehicle Crashes (MVCs) with alcohol • Motor Vehicle Crashes (MVCs) , injury & mortality • Increase in seatbelt use, more enforcement • Motor vehicle (I-10) seems to have a deadly stretch of I-10

Priority Issue: Access to Resources

Goal: All Madison County residents will have access to quality affordable health services.

Strategies:

- Recruit and retain providers.
- Solicit additional funding to address gaps in Madison County health care system.
- Educate residents on the available resources within the community
- Conduct resource mapping workshop to maximize resource utilization

Notes:

- Insurance options
- No health insurance
- Lack of Medicaid specialty physicians in area
- Use of Emergency Room as clinic (not true emergency)
- Youth mental health services
- Access
- Physician and patient ratio
- Lack of transportation
- Lack of primary care
- Mental health
- Not enough opportunity to do low impact exercise for elderly with arthritis
- Affordable healthcare
- Recruiting physicians for rural areas, how to allure?
- Dental oral health
- Keep pace w/ technology advancements and capability
- Adults who consume at least 5 servings of fruit & vegetables low
- #1 diagnosis in ER's psychosis, mental health
- # of primary care meds
- Adults who had their cholesterol checked
- Health care insurance coverage
- Competing for limited resources
- Healthcare reform, health ins for everyone

Priority Issue: Preventable/Controllable Diseases (Obesity)
Goals: All citizens in Madison County will be at a healthy weight.
Strategies: <ul style="list-style-type: none"> • Increase the access # of recreational & youth activities in Madison County. • Network to encourage social support for increased physical activity levels in schools & community. • Provide safe recreational parks, trails, etc.
Notes: <ul style="list-style-type: none"> • Obesity • Limited access to fresh foods • Not enough fruits and veggies • Lack of physical activities • Physical environment is good but access to recreational facilities are low • Youth activities • Lack of structured P.E. programs in school system • Need more physical activities • Middle & high school students are obese

Priority Issue: STDs, Communicable & Infectious Diseases
Goal: All Madison County residents will be free of communicable and infectious diseases
Strategies: <ul style="list-style-type: none"> • Establish sex education classes in school system. • Conduct community education programs for STD prevention. • Sponsor guest speakers in schools for role modeling. • Increase awareness of the impact of unprotected sex and STD's.
Notes: <ul style="list-style-type: none"> • STD's • Communicable & infectious diseases • High cases of HIV/AIDS • High case of Chlamydia/ gonorrhea • Sexually transmitted infections • Not enough entertainment for young people so entertainment is sex • Cluster housing • No transportation

Priority Issue: Health Screenings
Goal: Health screenings will be available to all Madison County residents.
Strategies: <ul style="list-style-type: none"> • Conduct screenings through community health fairs. • Conduct school readiness screenings. • Increase education & outreach efforts for types of screening needs.
NOTES: <ul style="list-style-type: none"> • TB cases • Oral health care, teeth extractions • Dental care • Health screenings & behavioral • Not enough free screening for healthcare • Preventive dental care • Need to up eye exams • Low cholesterol monitoring • Compliance with managing diagnosis/ diagnoses (diabetes, medical check-up annually, cholesterol) • Health screenings (mammogram, colon cancer, high blood pressure, cholesterol, prostate)

Priority Issue: Preventable & Controllable Diseases

Goal: All citizens will be empowered to make healthy lifestyle choices to prevent & control diseases.

Strategies:

- Increase support of educational opportunities related to healthy lifestyles choices.
- Educate citizens on how to maintain & control present chronic disease conditions.
- Leverage partners to increase access to fruits & veggies (healthy foods) & exercise opportunities.
- Formulate focus groups to obtain an assessment of citizen's perceptions goals and needs (Community survey conducted as part of this process last year).
- Increase nutritional education & meal planning opportunities.
- Provide chronic disease self-management classes.
- Provide chronic disease screenings.
- Develop chronic disease care coordination. Medical home.

Notes:

- Congestive heart failure up
- Cancer(Prostate cancer, Breast, Colorectal, Colon)
- Chronic diseases
- Chronic disease education
- Coronary heart disease , age adjusted death rate
- Tobacco =low birth rate
- Heart disease- mortality
- Hypertension
- Strokes
- Diabetes self-management education
- High cholesterol
- Poor living conditions that trigger asthma- poor control
- Awareness in what senior citizens programs offer
- Flu vaccine education
- Immunization
- Diabetes – uncontrolled resulting in amputations
- High rate of End Stage Renal Disease (ESRD) in this area
- Diabetes not caught and treated fast enough
- Respiratory diseases

Priority Issue: Cause/Effect of Poverty
Goal: All Madison County residents will have access to resources to meet their needs.
Strategies: <ul style="list-style-type: none"> • Enhanced economic development activities to increase job opportunities. • Empower individuals to become more productive citizens. • Educate low-income & jobless citizens on career paths (“Access next”). • Increase vocational programs in school.
Notes: <ul style="list-style-type: none"> • High poverty rates • Economic development • High rate of children living poverty • Hunger • Inadequate housing • Access to healthy foods • High unemployment rate

Priority Issue: Maternal & Child Health
Goal: All women and children in Madison County will have access to support services.
Strategies: <ul style="list-style-type: none"> • Educate women on the services and resources available in the community. • Provide whole child access. • Decrease teen pregnancy rate by increasing access to Sex Education & contraceptive health strategies. • Improve preconception health in schools and community.
Notes: <ul style="list-style-type: none"> • Teen birth • Infant death rate high • Teen pregnancy • Low birth weights • Prenatal support for expecting fathers • Neonatal death rate up • Post natal death • Single parent homes

Priority Issue: Effective Community Education

Goal: Madison County will have access to quality education.

Strategies:

- Identify providers and their roles in the community wide education system.
- Educate the educators.
- Increase child readiness & parental involvement in schools.
- Expose info to elementary grades (“plant seeds” early).

Notes:

- High dropout rates
- Not enough parental interest
- Lack of guidance in schools(education related/ not health
- Some college
- State & federal regulatory mandates
- School system rankings
- School breakfast is high in sugar
- Nutrition
- Physical activity
- Medication compliance
- Lack of proper diet
- Stop kids from having sex
- Food choices, nutrition
- Diabetic education
- Smoking
- Health literacy, communication & education
- Lack of physical activity in relation to increase in overweight, obesity, County Health Department, diabetes, specifically in children
- STD's
- Social support
- Less options for healthy diets
- Not enough healthy eating in school
- Behaviors, attitude cultures
- Excessive drinking
- Education
- Increase focus on men's health
- Poor understanding not able to comprehend healthcare
- Students not graduating from high school contribute to poverty levels, unemployment, crime, low self-esteem, lack of support in home environment- generational problem
- Sex Education (teen pregnancy, STD's),
- District will not allow inability of sex education certified teachers to teach about human sexuality, STD's, abstinence, etc.

Madison County Available Community Health Resources

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| <ul style="list-style-type: none"> • 211 • Apalachee mental health • County Health Department • College (North FL Community College - NFCC) • Emergency Medical Services (EMS) • Extension office 4-H • Faith-based programs • Florida Therapy • Home health • Hospital • Middle Florida Baptist Association • Nursing homes • Occupational therapy • Pharmacies • Physical therapy • Physicians/mid-level practitioners • Refuge house • School programs for: <ul style="list-style-type: none"> ○ Head Start ○ Early Start ○ Kid Care • Senior citizens center • Speech therapy • WIC/Healthy Start Coalition • Big Bend • Chamber of Commerce • Community Action Center • Dental services • Economic Development Council • Food banks • Federally Qualified Health Center (FQHC) • Tri-County Health Care • Hospice • Legal aid • Madison Cooperative Ministries • Nursing homes • Occupational therapy • Pharmacies • Physical therapy | <ul style="list-style-type: none"> • ARC (For people with intellectual and developmental disabilities) • Boys & Girls Club • Boys to Kings & 24/7 DAD • Children's Home Society • Early Steps • Employers • Farmers market • Florida Rural Health Association • Junior Auxiliary • Law Enforcement • Madison Parent Project • Madison Youth • Parent-Child Home Program • Shared services • Student mental health/counseling services • Tobacco-free Madison Partners (SWAT) • Whole Child • Workforce • Youth Explorers (MPD) • Parents & grandparents • Physical fitness centers • Pregnancy center • Recreational center • Red Cross • Salvation Army • Suwannee River Economic Council • Thrift stores • Transportation/ Area Health Education Center (AHEC) • Tyson Taxi • United Way • Vocational Rehab • We Care • Senior citizens center • Speech therapy • WIC/Healthy Start Coalition |
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<ul style="list-style-type: none"> • Physicians/mid-level practitioners • Refuge house • School programs for: <ul style="list-style-type: none"> ○ Head Start ○ Early Start ○ Kid Care 	
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Barriers/Challenges	
<ul style="list-style-type: none"> • Access to health specialty services • Cultural attitude • Education level - health literacy • Emergency Medical Services (EMS) – large county coverage low staff service • Funding \$\$ - spread out- pull together duplication? • Lack of consistency - \$\$-sustainability • Lack of effective partner collaboration • Lack of parent involvement – accountability • Lack of parks & recreation • Lack of partnership building • Lack of trust in policy-fear • Local politics (and state) • Low fitness facilities –organized • Misuse of resources • No entertainment • Poverty/cycle of • Rural – remote- access/transportation • Access – hours convenient to community- location/mobile-staffing for after-hours/weekend • Collaboration/partnerships/ownership issues • Criminal background 	<ul style="list-style-type: none"> • Generational to generation cycle • Hopeless/despair attitude • Lack of access to healthy food choices(restaurants & grocery stores) • Lack of cooking skills-resort to “fast food” • Lack of employment opportunities • Lack of public communication network • Non-compliance health issues/Medicaid advice/teaching • School curriculum lacking health education & physical fitness • School system restricting sex-education /health education/prevention • Technology decreases social skills(kids mainly)Low employment opportunities • Low employment opportunity-consistency /and consistency of programs • Mandate but no funding /provide it but no \$\$/provide it but no physicians, dental, etc. • Motivation to be involved • Politics(federal) • Stereotyping /judgmental • Technology-ability to keep up w/ new advance Fragmented provision of services/programs-no master coordination, territorial w/service/programs/\$\$, lack of sharing /collaboration • Knowledge of career paths/resources to continue higher learning

Madison County Target Populations for Community Health Improvement Project

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|---|---|
| <ul style="list-style-type: none">• Children 0-3 at risk for developmental disabilities• Children over 5 lose WIC• Female 9-17 lack of Sex education• Grandparents without legal custody of kids• Large gap of uninsured citizens 21-65• Encourage education with children in Middle School• Over 65 with Medicare• Parent training for young parents (teens) fathers• Sandwich population, overload• Structured physical activity• Victims of domestic abuse (spousal, child, elder)• Criminal background population• Dropouts• Health disparity groups• Homeless / children | <ul style="list-style-type: none">• Caregiver population• Dementia/AD population• Men in need of guidance/services• Mental health population• Migrant population• Multi-generations on public assistance• Pregnant women/teens• Public housing• Resource gap for low income residents• Rural population w/lack of transportation• Single parent households, children lack role models• Substance abusers• Young adults need more preventative education• Men's health population• Obesity |
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Priority Issue: Safe Environment		
Goal: Madison County will have a safe environment and be crime free.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Promote crime stoppers 	<ul style="list-style-type: none"> Cultural attitudes Lack of trust Effective controls and oversight 	<p>Timeline</p> <p>12-24 months</p> <p>Lead & Team Members</p> <p>City and County Law Enforcement Local media Community volunteers</p> <p>Resources</p> <p>City and county law enforcement</p>
<ul style="list-style-type: none"> Organize neighborhood watch programs 	<ul style="list-style-type: none"> Apathy Poverty Local politics 	<p>Timeline</p> <p>12-24 months</p> <p>Lead & Team Members</p> <p>City and County Law Enforcement Community volunteers</p> <p>Faith-based leadership</p> <p>Resources</p> <p>Informational resources from existing programs, including local sponsor in City/County</p>

		Law Enforcement
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Priority Issue: Unintentional Injury/Death Prevention

Goal: All Madison County residents & visitors will be safe from traumatic injuries & death.

Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Increase awareness & educational opportunities regarding safe & appropriate vehicular operations 	<ul style="list-style-type: none"> Motivation to be involved in education Cultural attitude -“ I don’t care” Lack of consistent & sustainability Coordination & collaboration of effects No one spear heading efforts Lack of personal accountability Educational level Fragmented efforts 	<p>Timeline January 2014</p> <p>Lead & Team Members Schools Social Service programs Law Enforcement Faith-based members Hospitals Healthcare providers Healthy Start of Jefferson, Madison, Taylor</p> <p>Resources \$\$</p>
<ul style="list-style-type: none"> Increase education on behaviors to prevent traumatic injuries & death 	<ul style="list-style-type: none"> Lack of understanding of behaviors that lead to injury Cultural attitude “ I don’t care” Age appropriate operations of equipment(farm safety) Motivation to become involved in education Lack of personal accountability Educational level Fragmented efforts 	<p>Timeline January 2014</p> <p>Lead & Team Members Schools Madison County Health Department Healthcare providers Hospitals Faith- based network Law Enforcement Social Services programs Healthy Start of Jefferson, Madison, Taylor</p>

		Resources \$\$
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Priority Issue: Unintentional Injury/Death Prevention (continued)		
Goal: All Madison County residents & visitors will be safe from traumatic injuries & death.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Increase enforcement of seatbelt & DUI penalties (car seats) 	<ul style="list-style-type: none"> Cultural attitude Lack of personal accountability Local government support Local politics Rural 	<p>Timeline January 2013</p> <p>Lead & Team Members Law Enforcement Local government Healthy Start of Jefferson, Madison, Taylor Madison County Health Department Healthcare providers</p> <p>Resources TBD</p>

Priority Issue: Access to Resources		
Goal: All Madison County residents will have access to quality affordable health services.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Recruit and retain providers 	<ul style="list-style-type: none"> Technology Inability to support specialty practices Limited restaurants No entertainment 	<p>Timeline January 2014</p> <p>Lead & Team Members Healthcare workforce network Madison County Hospital Madison County Health Department</p> <p>Resource North FL Community College /Allied Health program FSU School of Medicine Chamber of Commerce</p>
<ul style="list-style-type: none"> Solicit additional funding to address gaps in Madison County health care system 	<ul style="list-style-type: none"> Federal politics Local politics Consistency/ sustainability 	<p>Timeline January 2015</p> <p>Lead & Team Members Madison County Hospital Madison County Health Department Florida Department of Health</p> <p>Resources Health Resources and Services Administration (HRSA) Low Income Pool (LIP) grant Foundations</p>

Priority Issue: Access to Resources (continued)		
Goal: All Madison County residents will have access to quality affordable health services.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Educate residents on the available resources within the county 	<ul style="list-style-type: none"> Locations/ hours Transportation 	<p>Timeline January 2014</p> <p>Lead & Team Members Madison County Health Department Chamber of Commerce Media</p> <p>Resources Florida Department of Health in Madison County Florida Department of Health Hospitals Emergency Medical Services (EMS)</p>

Priority Issue: Obesity		
Goal: All citizens in Madison County will be at a healthy weight.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Increase the access of recreational & youth activities in Madison County 	<ul style="list-style-type: none"> Culture, lifestyle, funding, competition for other resources, Lack of collaboration Transportation Politics, etc. Lack of community programs 	<p>Timeline Ongoing</p> <p>Lead & Team Members Merv Mattair Craig Wilson</p> <p>Resources Just Move Madison Healthy Start</p>
<ul style="list-style-type: none"> Network to encourage social support for increases physical activity levels in our schools. 	<ul style="list-style-type: none"> Culture, lifestyle, funding, competition for other resources, Lack of collaboration Transportation Politics, etc. Lack of community programs 	<p>Timeline 3-5 years</p> <p>Lead & Team Members School Superintendent</p> <p>Resource Grant \$\$ Collaboration</p>
<ul style="list-style-type: none"> Provide safe recreational parks, trails, etc. 	<ul style="list-style-type: none"> Culture, lifestyle, funding, competition for other resources, Lack of collaboration Transportation Politics, etc. Lack of community programs 	<p>Timeline Ongoing</p> <p>Lead & Team Members Department of Parks & Recreation</p> <p>Resources 4 Freedom Trail Lanier Field Lake Francis</p>

		Boys & Girls Club Boyz 2 Men Madison Youth Initiative
Priority Issue: Communicable & Infectious Diseases		
Goal: All Madison County residents will be free of communicable and infectious diseases.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Establish sex education classes in the school system <ul style="list-style-type: none"> Objective – Sponsor guest speaker in schools for role modeling 	<ul style="list-style-type: none"> School system restricting sexed/ health education & prevention Lack of personal responsibility Local politics Resources 	<p>Timeline January 2014</p> <p>Lead & Team Members Schools Madison County Health Department Hospital Healthcare providers Healthy Start Coalition WIC Pregnancy Center</p> <p>Resources TBD</p>
<ul style="list-style-type: none"> Network to encourage social support for increases physical activity levels in our schools. 	<ul style="list-style-type: none"> Culture, lifestyle, funding, competition for other resources, Lack of collaboration Transportation Politics, etc. Lack of community programs 	<p>Timeline 3-5 years</p> <p>Lead & Team Members School Superintendent</p> <p>Resource Grant \$\$ Collaboration</p>
<ul style="list-style-type: none"> Provide safe recreational parks, trails, etc. 	<ul style="list-style-type: none"> Culture, lifestyle, funding, competition for other resources, Lack of collaboration Transportation Politics, etc. Lack of community programs 	<p>Timeline Ongoing</p> <p>Lead & Team Members Department of Parks & Recreation</p>

		Resources 4 Freedom Trail Lanier Field Lake Francis Boys & Girls Club Boyz 2 Men Madison Youth Initiative
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Priority Issue: Healthy Behaviors/Screenings		
Goal: All Madison County residents will have a 25% reduction in communicable and infectious diseases.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Conduct screenings through community health fairs 	<ul style="list-style-type: none"> Funding Cultural attitude Transportation 	<p>Timeline 12-24 months</p> <p>Lead & Team Members Madison County Health Department Hospital & Nursing staff & students Community volunteers</p> <p>Resources Madison County Health Department Whole Child Healthy Start Early Steps Early Learning Coalition Head Start Madison County Memorial Hospital Tallahassee Memorial Hospital Capital Regional Medical Center</p>

Priority Issue: Healthy Behaviors/Screenings (continued)

Goal: All Madison County residents will have a 25% reduction in communicable and infectious diseases.

Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Conduct school readiness screenings 	<ul style="list-style-type: none"> Lack of parent involvement Health education/ illiteracy Local politics 	<p>Timeline 12-24 months</p> <p>Lead & Team Members Whole Child Florida Department of Health in Madison County staff School Nurses School Board</p> <p>Resources School Board/District staff School Nurses Dental Mobile unit Madison County Health Department Whole Child Early Steps Early Learning Coalition Head Start Project Safe Zone Madison County Memorial Hospital Capital Regional Medical Center</p>

Priority Issue: Preventable & Controllable Diseases

Goal: All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.

Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Increase support of educational opportunities related to healthy lifestyle choices 	<ul style="list-style-type: none"> Willingness to change Funding Poverty Rural Population Low education levels 	<p>Timeline Ongoing & Immediate</p> <p>Lead & Team Members Madison County Health Department Schools systems</p> <p>Resources Madison County Health Department Whole Child County schools UF/IFAS County leaders 4-H</p>
<ul style="list-style-type: none"> Provide chronic disease screenings & education (re: chronic disease maintenance) 	<ul style="list-style-type: none"> Transportation Access Education levels Funding Hours of operations Culture 	<p>Timeline Ongoing & Immediate</p> <p>Lead & Team Members Hospitals Madison County Health Department</p> <p>Resources Hospitals Private care providers Madison County Health</p>

		Department Whole Child Federally Qualified Health Center (FQHC) Children’s Medical Services Early Learning Coalition Healthy Start
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Priority Issue: Preventable & Controllable Diseases (continued)		
Goal: All citizens will be empowered to make healthy lifestyle choices to prevent controllable diseases.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Leverage partners to increase social support of healthy eating and active lifestyles 	<ul style="list-style-type: none"> Rural Population Social norms/ culture Funding Education levels Access to fruits/veggies \$\$ for healthy foods Lack of recreation/opportunities for fitness Community gardens 	<p>Timeline Immediate to 2 years</p> <p>Lead & Team Members UF IFAS 4-H Schools Elected officials</p> <p>Resources Madison County Health Department County schools Florida Department of Health Chamber of Commerce</p>

Priority Issue: Cause/Effect of Poverty		
Goal: All Madison County residents will have access to meet their needs.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Enhanced economic development activities to increase job opportunities 	<ul style="list-style-type: none"> Political climate in county Lack of consistency Lack of funding 	<p>Timeline January 2015</p> <p>Lead & Team Members Economic Development Council County Commissioners</p> <p>Resources Residents of Madison County</p>
<ul style="list-style-type: none"> Empower individuals to become more productive citizens 	<ul style="list-style-type: none"> Motivation to be involvement Hopelessness Generational cycles 	<p>Timeline January 2014</p> <p>Lead & Team Members Community Development Agencies Schools</p> <p>Resources Chamber of Commerce</p>
<ul style="list-style-type: none"> Increase vocational programs in schools 	<ul style="list-style-type: none"> Parent involvement Lack of funding Lack of instructors 	<p>Timeline January 2015</p> <p>Lead & Team Members North FL Community College (NFCC) Schools State government</p>

		Resources North FL Community College (NFCC) Public School system
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Priority Issue: Maternal & Child Health		
Goal: All women in Madison County will have access to support services.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Educate women on the services & resources available in the community 	<ul style="list-style-type: none"> Funding/ poverty Lack of trust Education level, health literacy 	<p>Timeline January 2015</p> <p>Lead & Team Members Healthy Start Madison County Health Department School District Teen Pregnancy Group (TAP) (Note: No longer exists)</p> <p>Resources Nursing students Volunteer Healthcare Professionals Healthcare Providers Coding of Services</p>
<ul style="list-style-type: none"> Provide whole child access 	<ul style="list-style-type: none"> Funding/ poverty Parent involvement Lack of specialty provider Fragmented services Access, hours convenient to community 	<p>Timeline January 2015</p> <p>Lead & Team Members Florida Department of Health in Madison County Healthy Start Media Communication network</p> <p>Resources Faith- based community</p>

		Civic organizations
Priority Issue: Maternal & Child Health (continued)		
Goal: All women in Madison County will have access to support services.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Decrease teen pregnancy rate by increased access to contraceptive education 	<ul style="list-style-type: none"> Local politics, limits from school board & parental permission Cultural attitude 	<p>Timeline January 2015</p> <p>Lead & Team Members Madison County Health Department Healthy Start School District Healthcare providers</p> <p>Resources Coding of services Healthcare network</p>

Priority Issue: Effective Community Education		
Goal: Madison County will have access to quality education.		
Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Identify providers & their roles in the community education system 	<ul style="list-style-type: none"> Lack of public communication network Misuse of resources Lack of trust 	<p>Timeline January 2015</p> <p>Lead & Team Members Madison County Health Department Hospital</p> <p>Resources Healthcare network North FL Community College (NFCC) Allied Health students</p>
<ul style="list-style-type: none"> Educate the educators 	<ul style="list-style-type: none"> Lack of consistency Funding Dependency of schools for all education 	<p>Timeline January 2015</p> <p>Lead & Team Members Area Health Education Center (AHEC) North FL Community College (NFCC)</p> <p>Resources Nursing students North FL Community College (NFCC) Madison County Health Department Area Health Education Center (AHEC)</p>

		School Board
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Priority Issue: Effective Community Education (continued)

Goal: Madison County will have access to quality education.

Strategy	Barriers	Implementation
<ul style="list-style-type: none"> Increase child readiness & parent involvement 	<ul style="list-style-type: none"> Stereotyping Lack of parent involvement Cultural attitude 	<p>Timeline January 2015</p> <p>Lead & Team Members Healthy Start Madison County Health Department Early Learning Coalition Whole Child</p> <p>Resources TBD</p>



Madison County Community Health Assessment

Final Report 2012

Funded by: Florida Department of Health in Madison County (Kimberly Allbritton, Administrator)

Florida Department of Health

