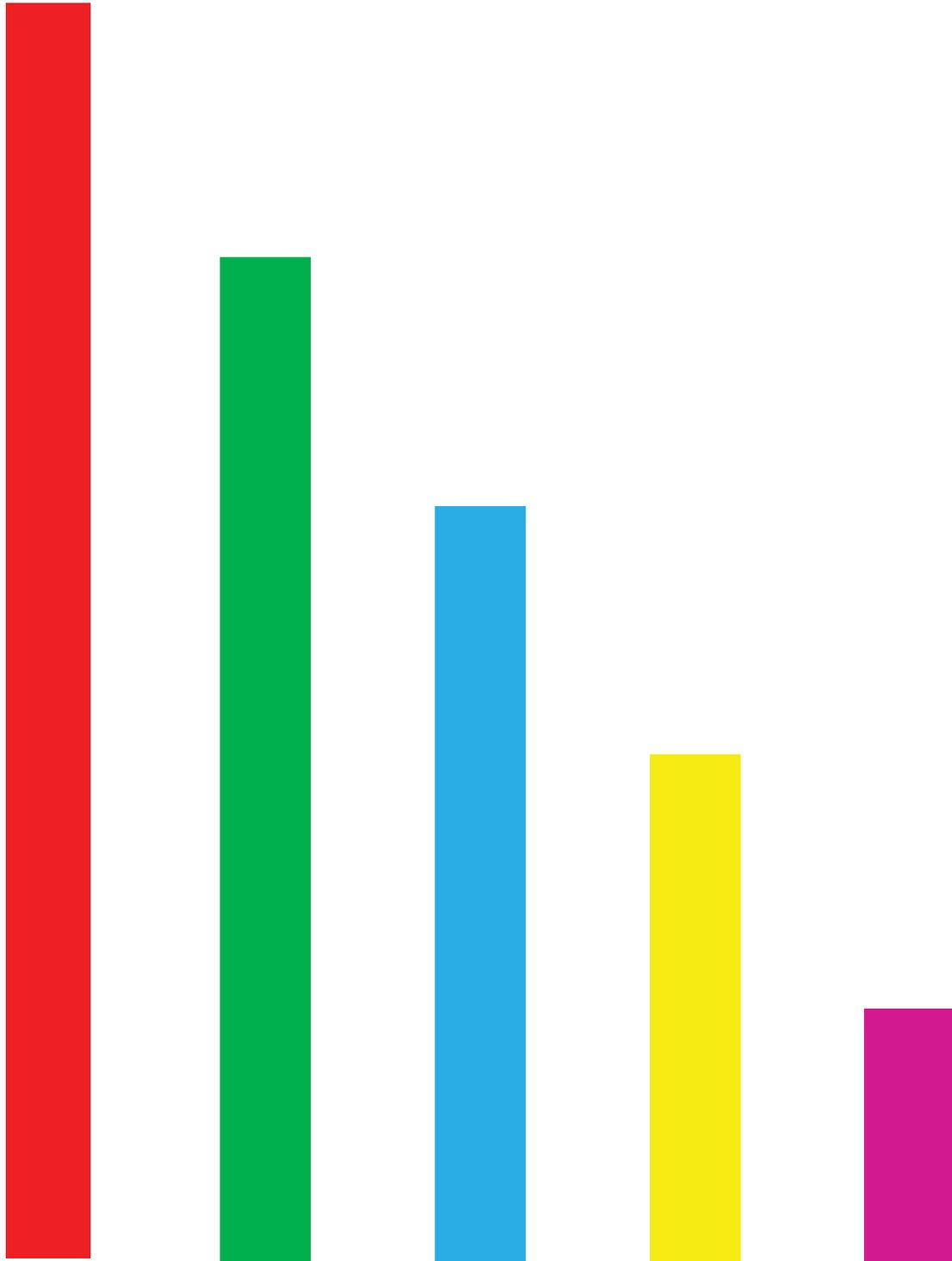


*What Makes a Healthy Okaloosa County:
An Assessment of Community
Themes and Strengths*

Okaloosa County Health Department



OKALOOSA COUNTY HEALTH DEPARTMENT

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ABOUT US

Located on University of West Florida's Emerald Coast Campus in Fort Walton Beach, Florida, the Haas Center collects, analyzes, and distributes economic data for clients seeking expert economic advice. We exist to help entrepreneurs and industry leaders--from traditional manufacturing to emerging technologies--meet their information needs in the modern economy.

The Haas Center specializes in data analysis for the purposes of economic forecasting, marketing research, business expansion, tourism, and real estate development as well as industry and academic studies. The Haas Center's staff combine academic credentials with varied experience, ranging from economists to survey specialists. Each professional combines innovation with attention to detail to produce high-quality research products for Center clients.

For further information please visit our website at haas.uwf.edu or contact Rod Lewis at clewis2@uwf.edu.

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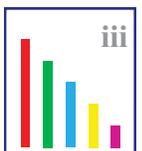
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EXECUTIVE SUMMARY

Overview. The Okaloosa County Health Department commissioned a study assessing perceptions and attitudes towards quality of life and quality of health in the Okaloosa County area. To complete this study, Haas Center staff conducted surveys measuring perceptions of health and economic issues and five focus groups measuring attitudes and perceptions of quality of life and health in the area. Utilizing data from surveys and focus groups, Haas Center staff members were able to gauge the perceptions and attitudes towards quality of life and quality of health within Okaloosa County.

Survey Results. Overall results from the survey showed that 86.1% of respondents were either “satisfied” or “highly satisfied” with life in the area. In line with this positive assessment, most respondents also felt that Okaloosa County was a “good” to “excellent” place to raise a family (85.4%) and a “good” to “excellent” place to grow old (89.9%). Survey results were overwhelmingly supportive in terms of satisfaction with the area and results indicated that people viewed Okaloosa County as being a safe place to reside and a place where the environmental quality was very good. Accordingly, survey respondents found it easy to engage in community activities, such as volunteering or participating in community groups, and respondents felt that the community provided adequate support for individuals and families in times of stress and need.

Survey participants generally held a positive opinion of health care in the Okaloosa County area with most respondents rating the health care in the area as being “very good” or “excellent.” Overall, results from the survey suggested that residents in Okaloosa County considered the prevalence of health problems, such as cancer and heart disease, to be about “average.” However, diabetes and obesity were rated as trending towards “average” to “somewhat severe,” indicating that these health concerns were viewed as being higher in prevalence in Okaloosa County.

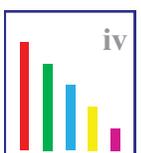
Several health factors were rated as having an effect on the community. Among them, “being obese” and “lack of exercise” were rated as having the greatest impact on the community. However, drugs, tobacco, binge drinking, and poor eating habits were also rated as having significant impact.

Overall, results from the survey were very encouraging and most respondents indicated being genuinely happy living in the area. However, results did suggest that people in the area were specifically worried about how some health concerns, such as obesity and diabetes, were affecting their community (additional health concerns are listed in the above paragraph).

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Focus Group Results. Five focus groups were conducted in four cities within Okaloosa County: Fort Walton Beach, Niceville/Valparaiso, Crestview, and Destin. The number of participants in each focus group ranged from eight to eleven. When asked what the most important characteristics of a healthy community are, the most common answers across focus groups included the following: 1) a strong sense of community, 2) strong economy with diversification of industry and jobs, 3) access and availability of good medical care, 4) infrastructure in terms of recreation facilities and transportation, and 5) quality education. When asked what the most important issues are that must be addressed to improve health and quality of life in Okaloosa County, themes emerged that included the following: 1) diversification of the economy and jobs, 2) education (e.g. linking education to jobs in the area), 3) infrastructure (e.g. transportation), 4) adequate Health Care, and 5) healthy entertainment choices. When juxtaposing responses to these questions, it became apparent that many of the same factors that survey participants felt were the most important characteristics of a healthy community were also areas that should be improved in Okaloosa County (e.g., diversification of the economy, education, infrastructure, health care).

When asked what factors are preventing the community from doing what needs to be done to improve quality of life and health in the area, participants most often cited the following: 1) allocation of funds, 2) the local economy, 3) buy-in and consensus among community leaders and residents, and 4) competition among cities in the county to secure resources. To provide solutions for these issues, focus group attendees generated a list of actions, policies, or funding initiatives they would support. Results indicate there would be support for the following: 1) economic development incentives for businesses, 2) managed growth and zoning priorities, and 3) a focus on additional community involvement initiatives for both citizens and local government officials.

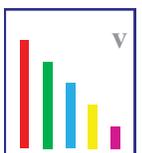
Results from the focus group also suggested that Okaloosa residents were very proud of their community for the following reasons: 1) cleanliness and beauty of the area, 2) community involvement and citizens, 3) military presence, 4) the quality of schools, 5) low crime rate, and 6) quality doctors.

Summary. Results from the survey and focus groups indicated that residents generally held positive attitudes and perceptions towards the quality of health and quality of life in Okaloosa County. However, as stated above, the data revealed a few areas of concern that Okaloosa County residents held in regards to the quality of life and quality of health in the area. These areas will be discussed more thoroughly throughout the document and suggestions for future improvements will be provided.

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INTRODUCTION

The Okaloosa County Health Department contracted the Haas Center to conduct a study on perceptions, attitudes, and opinions of health and quality of life in Okaloosa County. Data were collected through surveys and focus groups over two project phases. During phase one, surveys concerning mental and physical health (e.g., health care issues, health problems) and the living environment in Okaloosa County (e.g., community safety, cleanliness of surroundings) were administered to a random sample of the Okaloosa County population. During phase two, five focus groups were held in four cities within Okaloosa County (e.g., Fort Walton Beach, Niceville/Valparaiso, Crestview, and Destin).

We wish to express our sincere appreciation for all focus group participants. The names of those who participated are listed in Appendix A. We also wish to thank the community leaders and residents who helped us assemble the focus groups along with the Crestview Area Chamber of Commerce, the University of West Florida Emerald Coast, Northwest Florida State College and the Destin Chamber of Commerce for hosting the focus groups. In addition to their support for this project, each of these hosting entities plays a vital role in area residents' health and well-being.

In the report that follows, we presented the results from the random-sample survey of the Okaloosa County population as well as the results from the focus groups which were held around Okaloosa County. We began our discussion with the survey results and concluded with a discussion of the data collected in the focus groups. The survey results provided an overall picture of perceptions regarding community health and well-being and the focus groups were utilized to "flesh out" these perceptions. The focus groups tackled, in-depth, what a healthy community means, highlighting area strengths and weaknesses and offering potential solutions to perceived problems.

HEALTH SURVEY RESULTS

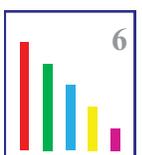
The health survey consisted of a random sample of 418 Okaloosa County residents who were polled on a series of themes via telephone. The survey consisted of a series of socioeconomic and demographic questions as well as batteries of questions related to perceptions of an overall sense of community. As with any survey, the validity of the responses were directly related to the degree to which the sample itself was reflective of the attitudes and opinions of the population (or populations) under study.

Sample Characteristics. The demographics of survey respondents closely mirrored general population demographics of Okaloosa County. This indicated that survey responses were likely in line with responses that would be

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gathered if the entire population were surveyed. Approximately 52% of respondents were female versus 50% across Okaloosa County's population. This is expected, as an oversample of females in survey research is not uncommon. Further, the survey sample closely mirrored the overall racial/ethnic composition of the general population (see table on right). Approximately 81% of respondents were Caucasian, 9% were African American, 2.5% were Asian/Pacific Islander and the remaining respondents identified with another race.

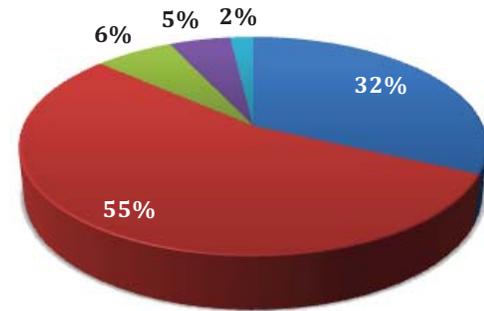
Respondents were generally more educated on average than the Okaloosa County population. Approximately 20% of respondents had only a high school education versus 27% in the population. A slightly smaller percentage of the respondents held a college degree than the average for the population, but significantly more respondents had an advanced degree.

Sample Demographics

	Okaloosa County	
	Sample	Population
Size	418	185,721
Male	47.6%	50.2%
Female	52.4%	49.8%
Caucasian	81.3%	81.1%
African American	9.1%	9.2%
Asian/Pacific Islander	2.4%	2.9%
Other Race	5.5%	6.8%
High School Diploma	20.1%	27.2%
Some College	28.5%	27.5%
College Degree	28.9%	32.8%
Advanced Degree	12.9%	9.2%

Overall Quality of Life. In the 2011 County Health Rankings report, Okaloosa County ranked ninth overall among the 67 Florida counties in health outcomes (e.g., morbidity rates), and third in health factors (e.g., health behaviors, social and economic factors). Based on the results from the current health survey, residents' perception of their quality of life was consistent with these findings. Results showed that 87% of residents reported that they were "satisfied" or "highly satisfied" with the quality of life in Okaloosa County. Smaller percentages of respondents were either "dissatisfied", "highly dissatisfied", "neutral", or "did not know."

Satisfaction with Quality of Life in Okaloosa County



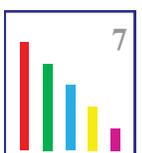
Living Conditions. Most survey respondents felt that Okaloosa County is a "good" to "excellent" place to raise a family (85.4%) and to grow old (89.9%). Data suggested that the perceived safety of the region and the environmental quality were two of the most common reasons for why this was true. Respondents tended to rate Okaloosa County as a very safe place to live, which coincided with data collected by the 2011 County Health Rankings report. The report placed Okaloosa County in the 97th percentile—the second highest ranked county for social and economic factors, which included safety. The ranking for physical environment—which included environmental quality—was in the 66th percentile. These results were different from the results in the current survey, in which, respondents generally felt that the environmental quality (e.g., air, trash, or water) in Okaloosa County was "very good."

On average, people generally found it easy to engage in community activities that affect the quality of life, which contributed to the high level of satisfaction

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with quality of life in the area that was found on the survey. Specific examples of such activities included volunteering and participating in community

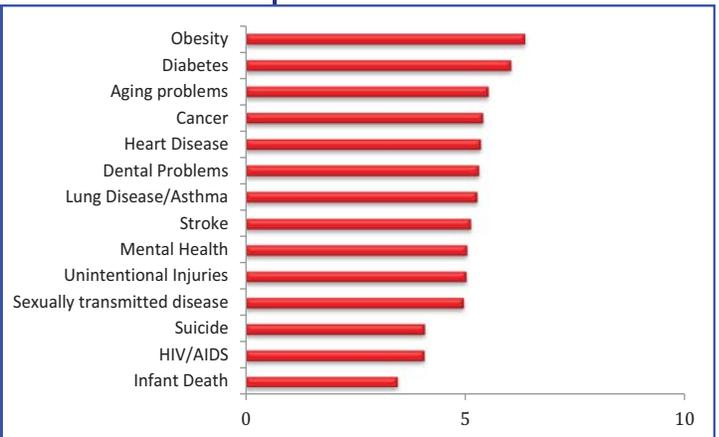
Living Conditions

	Ratings					
	Poor	Fair	Good	Very Good	Excellent	Don't Know
Desirability as place to raise family	2.2%	6.5%	20.1%	31.3%	38.5%	1.4%
Quality of health care	9.3%	15.1%	32.3%	27.8%	11.5%	4.1%
Desirability as place to grow old	5.3%	8.6%	28.7%	31.1%	25.6%	0.7%
Community support	7.9%	13.4%	29.7%	26.6%	14.4%	8.1%
Safety	1.7%	9.3%	29.7%	35.6%	23.7%	0.0%
Environmental quality	2.2%	7.2%	29.2%	38.3%	23.2%	0.0%
Economic opportunity	17.7%	25.4%	32.5%	17.7%	3.3%	3.3%
Opportunity for community participation	3.6%	11.7%	34.4%	31.8%	16.0%	2.4%

groups. Results also suggested that the community provided adequate support to individuals and families in times of stress and need, which contributed to perceptions of the quality of life in the area. Additionally, the quality of health care in the area received average ratings of “very good” or “excellent,” which meant that most residents were more than satisfied with the availability and access to health care in the area.

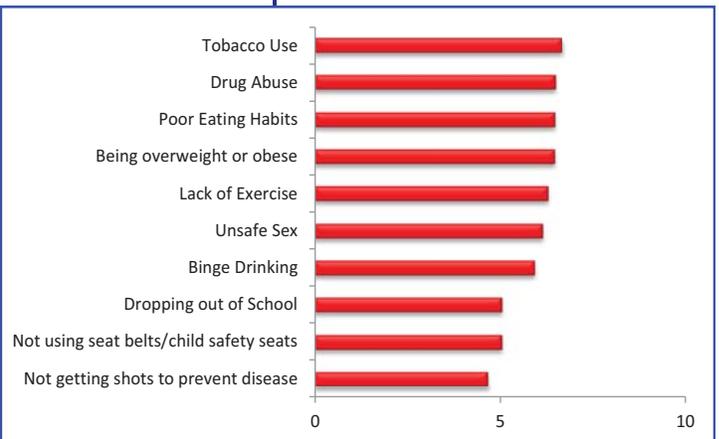
Health Problems

As shown in the “Health Problems” graph on the right, the majority of survey respondents did not view the impact of surveyed health problems as particularly strong or weak for the county. However, the impact of diabetes and obesity in the county were rated as comparatively worse than other health problems and trended towards “average” to “somewhat severe” in terms of their impact. Suicide, HIV/AIDS, and infant deaths were seen as the least impactful relative to other health problems in the community.



Of the few health problems that respondents viewed as trending towards “severe”, obesity, in particular, was found to be connected to a number of negative health behaviors, which are listed in the “Health Behaviors” graph on the right. Respondents rated lack of exercise and being obese or overweight as having the highest impact on the community. Not far behind, drugs, tobacco, binge drinking, and poor eating habits were other health behaviors that respondents felt are impacting their communities at rates slightly higher than average. Efforts to increase awareness of these health behaviors and reduce their prevalence should be considered.

Health Behaviors



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Overall, respondents held positive views towards the environment, community support, and the health care system in Okaloosa County. Additionally, results suggested that residents did not view the county as being severely impacted by the health problems and health behaviors that were examined in the survey.

FOCUS GROUP RESULTS

During phase two, five focus groups were conducted to gather data on the opinions, attitudes, and perceptions that residents of Okaloosa County held toward the quality of health and quality of life in both Okaloosa County and Northwest Florida. During analysis of focus group data, several themes emerged across the focus groups that were considered critical to Okaloosa County residents.

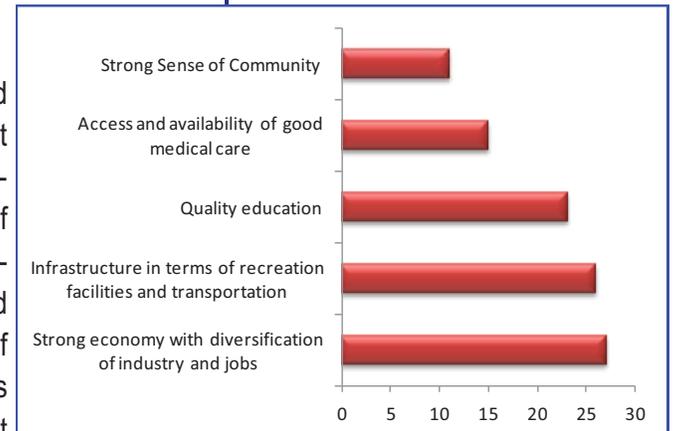
Sample Characteristics. Prior to a discussion of focus group results and findings, it is important to consider the selection of people who chose to attend and how they may differ from population averages in Okaloosa County. The majority of participants were white, married, college educated, and had household incomes greater than \$75,000. All of the focus group participants were full-time residents of Okaloosa County, thus, data may not accurately capture the perceptions and attitudes that part-time residents of Okaloosa County hold towards the quality of health and life in the area. A demographic comparison of the focus group sample to the population of Okaloosa County is included to the right.

Results. Aggregate results from the focus groups revealed what Okaloosa County residents considered to be the most important characteristics of a healthy community and included the following: 1) strong economy with diversification of industry and jobs, 2) infrastructure in terms of recreation facilities and transportation, 3) quality education, 4) access and availability of good medical care, and 5) a strong sense of community. Results showed that Okaloosa County residents considered the following to be the most important issues that must be addressed to improve health and quality of life in the area: 1) diversification of the economy and jobs, 2) infrastructure (e.g., transportation), 3) education (e.g., linking education to jobs in the area), 4) adequate health care, and 5) healthy entertainment choices. The considerable overlap be-

Sample Demographics

	Okaloosa County	
	Sample	Population
Size	44	185,721
Male	46.5%	50.2%
Female	53.5%	49.8%
Caucasian	84.1%	81.1%
African American	9.1%	9.2%
Asian/Pacific Islander	0.0%	2.9%
Other Race	0.0%	6.8%
High School Diploma	2.3%	27.2%
Some College	14.0%	27.5%
College Degree	81.4%	42.0%

Characteristics of a Healthy Community



FOCUS GROUPS

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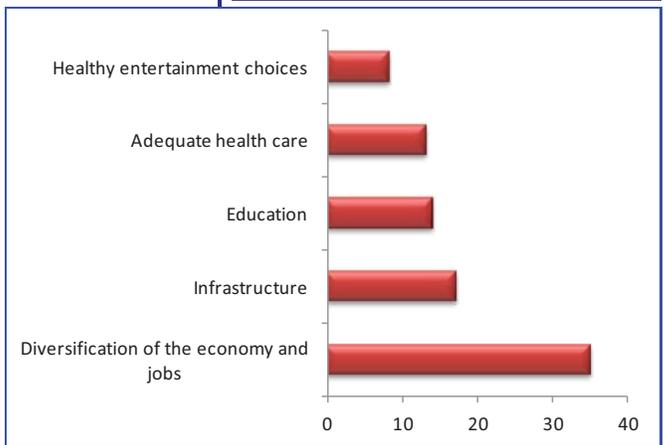
tween responses to the first two prompts, indicated that some of the factors that Okaloosa County residents considered most important for a healthy community are also areas that Okaloosa County residents felt could be improved in their community. Results suggested that Okaloosa County should focus on diversifying the economy in the area, improving educational opportunities, providing a more adequate transportation infrastructure, ensuring access to top-notch medical facilities, and providing healthy entertainment and recreation opportunities.

To assess perceived hurdles to improving the quality of life and quality of health in the area, focus group participants were asked to generate a list describing the factors that they believe are preventing the community from doing what needs to be done to improve the quality of life and health in the area. The most common responses across focus groups included the following: 1) allocation of funds, 2) buy-in and consensus among community leaders and residents, 3) competition among cities in the county to secure resources, and 4) the local economy. Participants then generated a list of actions, policies, or funding initiatives that they would support to remedy these issues. The most commonly suggested items on this list included the following: 1) managed growth and zoning priorities, 2) economic development incentives for businesses, and 3) a focus on additional community involvement initiatives for both residents and local government officials.

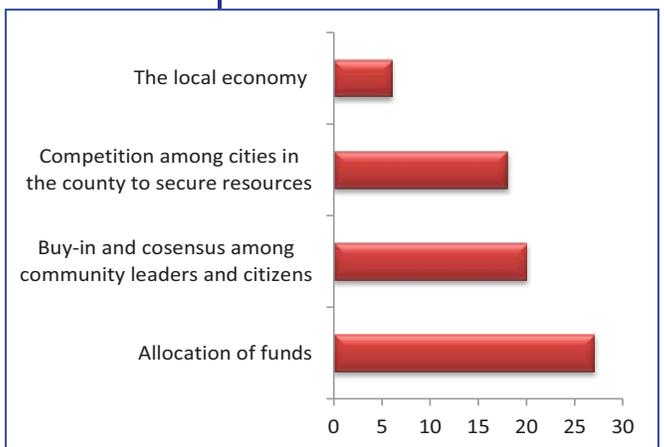
To assess what residents view as the strengths of the community, participants were asked to generate a list describing what makes them most proud to live in Okaloosa County. The most common responses to this prompt included the following: 1) community involvement and residents, 2) military presence, 3) cleanliness and beauty of the area, and 4) the quality of schools.

Participants were also asked to generate a list of people or groups working to improve the community. A list of just over fifty was generated, indicating that residents of Okaloosa were quite aware of people and groups currently working to improve the community. The most commonly noted organizations across focus groups included the following: 1) area chambers of commerce, 2) Economic Development Council, 3) Tourist Development Council, 4) non-profit organizations (e.g.,

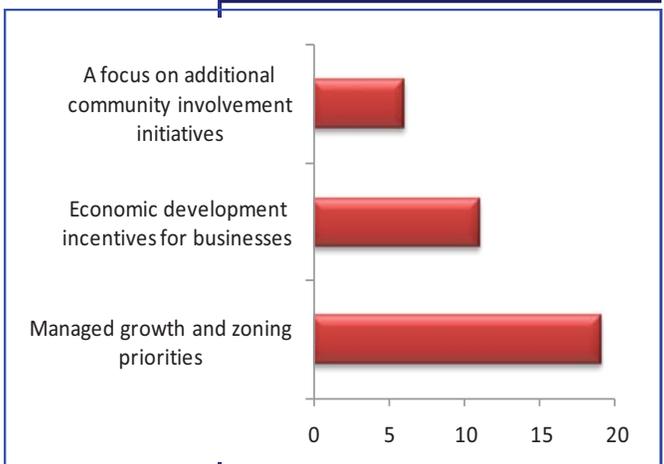
Needed Improvements



Obstacles to Improvements



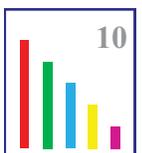
Endorsed Initiatives



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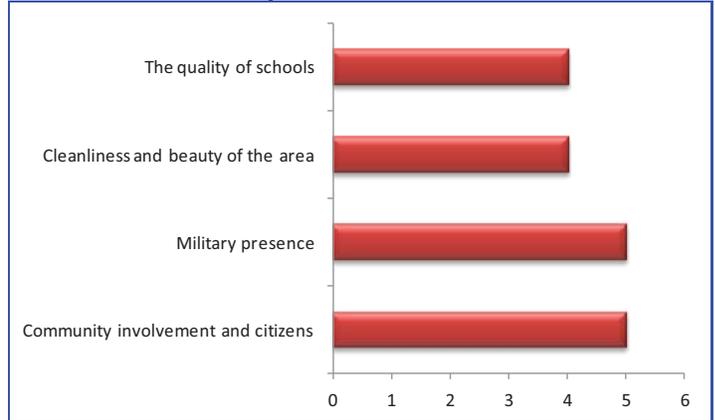
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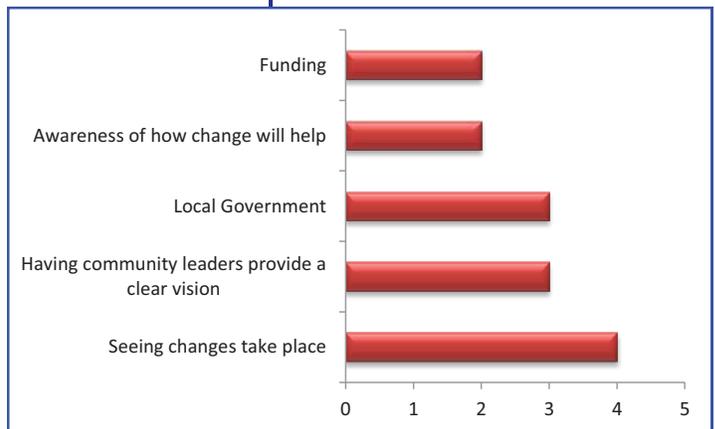
American Heart Association, March of Dimes, United Way, Fisher House), 5) educational institutions and school leaders, and 6) local government officials.

To gauge what would motivate participants to become more involved with improving the community, they were asked to generate a list of the things that would excite them to take action. The most common responses included the following: 1) seeing changes take place (i.e., executing action plans rather than simply developing them), 2) having community leaders provide a clear vision of the changes that need to take place, 3) local government, 4) an awareness of how change will affect the individual and how it will help others, and 5) funding for community projects.

Points of Pride



Motivation for Involvement



INDIVIDUAL FOCUS GROUP RESULTS

Focus groups were conducted at four locations in Okaloosa County. Haas Center Staff gathered subjective data from Okaloosa County residents regarding their attitudes and perceptions towards the quality of life and quality of health in Okaloosa County. These were then grouped into the following three domains: 1) community health, 2) community improvements, and 3) community involvement. Brief descriptions and findings from each of the focus groups are included below.

Fort Walton Beach. The first focus group was conducted at the University of West Florida/Northwest Florida State College campus in Fort Walton Beach. In total, nine Okaloosa County residents served as participants.

Fort Walton Beach Community Health. When asked to describe the most important characteristics of a healthy community, several responses were generated. The top two ranked responses included diverse and high-paying jobs and a high quality educational system (K-20). All nine focus group participants endorsed jobs as very important to the health of a community and seven endorsed quality education.

The group commented that availability of high paying and diversified jobs for residents of all education and training levels was critical to improving the quality of life and health in a community. Participants emphasized a desire to attract new businesses to Okaloosa County for this purpose. In reference to quality schools (K-20), participants commented that county officials should work to instill and improve K-20 education (i.e., education that continues be-

FOCUS GROUPS

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yond high school) in the area. The need for advanced educational opportunities within the county was strongly emphasized as a means to fill jobs and stimulate growth. In terms of improvements by way of diversifying jobs, 88% of participants felt that Okaloosa County should strive to increase the availability of vocational and technical training in the area to fill the current needs of employers. Along with increasing person-job fit (i.e., linking local education to local jobs), participants also commented that an effort to bridge the current gap between average pay and the cost of living is necessary. For non-military residents, high-paying jobs are scarce and the cost of living is disproportionate for a substantial amount of residents earning non-military salaries. Additionally, participants felt that the county should improve the availability of “full-balanced employment opportunities” for young adults and college graduates outside of the military, so that people without military training or established work experience could find employment in Okaloosa County. The top three characteristics of a healthy community and the most important issues that participants felt must be addressed in order to improve the health and quality of life in Okaloosa County are noted in the table below.

Important Aspects of a Healthy Community		
Rank	Characteristics of a Healthy Community	Areas of Improvement in Okaloosa County
1	Diverse and high-paying jobs	Job diversification
2	Quality Schools (K-20)	Linking local education to local jobs
3	Infrastructure	Availability of health care

Infrastructure, the third characteristic of a healthy community listed, referred to effective transportation and communication systems, as well as properly maintained public facilities, such as parks. Sixty-seven percent of participants felt that infrastructure is vital to a healthy community. Under areas to improve in Okaloosa County, 44% of participants endorsed availability of health care, placing it third from the top on the list of improvements. It was noted that Fort Walton Beach has a large population of retired residents and many people come to the county for the affordability of health care. Increasing the availability of this care, may facilitate healthy living and quality of life.

Fort Walton Beach Community Improvements. After participants discussed ideal characteristics of a healthy community and the specific needs of Okaloosa County, they addressed obstacles preventing improvements from taking place and which actions, policies, or funding priorities they would support that would lead to a healthier community. All focus group participants felt that funding was the biggest hurdle to ensuring quality of life and quality of health in Okaloosa County. Eighty-eight percent of attendees felt that the level of buy-in and consensus among residents and county officials present-

ed another hurdle preventing improvements to the quality of life and health in the county. Participants also suggested that attempts be made to bring officials into agreement on key issues through the following efforts: 1) strategic planning, 2) setting short and long-term goals, 3) getting everyone on the same page, and 4) increasing residents' desire and motivation for change. In terms of what actions, policies, or funding priorities they would support, focus group participants indicated that "protecting the resources that we already have" in the county is most crucial. More specifically, 77% of participants endorsed protecting the water supply to ensure healthy environment and quality drinking water. The second most endorsed item put forth by focus group members was "providing economic development incentives" for businesses. This suggestion was endorsed by 55% of participants and included sustaining our current economic base and stream-

Community Improvement Initiatives	
Rank	Hurdles
1	Funding
2	Buy-in and consensus

Community Improvement Initiatives	
Rank	Actions, Policies, or Funding Priorities
1	Protecting natural resources
2	Economic development initiatives

lining regulatory processes to make it easier for businesses to open and operate in the area. Forty-four percent of attendees endorsed "countywide efforts geared towards managing growth and putting greater emphasis on zoning." This would involve the local government controlling business growth initiatives and managing population in key areas. Participants noted that these efforts should be made with care, so that they would not negatively impact the strong military presence in the area.

Fort Walton Beach Community Involvement. The final group of questions addressed issues surrounding community involvement. Participants first listed individuals or organizations that currently assist in efforts to improve health and the quality of life in the county. The list that they created included the following: 1) the Economic Development Council, 2) the Workforce Development Board, 3) city and county governments, 4) chambers of commerce, 5) Local non-profit organizations (e.g., Shelter House, Boys and Girls Club, Waterfront Rescue Mission, United Way), and 6) higher educational institutions.

Next, participants were asked what makes them most proud of their community. The suggestions that were generated included the following: 1) cleanliness and beauty, 2) community involvement and residents, 3) local government, and 4) military presence. Of the nine participants, 67% endorsed military presence, 56% endorsed cleanliness and beauty, another 56% endorsed

community involvement and residents, and 33% endorsed local government. As the percentages show, military presence garnered the most support from focus group members.

The final question sought to draw out what would excite participants to become more involved in improving their community. Focus group members made the following suggestions: 1) seeing changes take place (i.e., executing action plans), 2) establishing a clear vision for changes, 3) making sure that previous action plans are carried out and results are visible, and 4) involving residents in the change process instead of allowing only government officials to take charge. Regarding this last point, participants suggested that a quasi-governmental forum be conducted so that both residents and government officials would have a voice by working together on change initiatives.

Niceville/Valparaiso. Following the Fort Walton Beach focus group a second focus group was conducted on the Northwest Florida State College in Niceville. Eleven Okaloosa County residents participated in this focus group.

Niceville/Valparaiso Community Health. When asked what the most important characteristics of a healthy community are, several responses were generated. The top two endorsed responses were a “strong urban planning system” and “adequate education/school system.” All focus group participants considered a strong urban planning system necessary for a healthy community and 36% endorsed “adequate education/school system.” When asked what the top issues that need to be addressed in Okaloosa County to improve the quality of life and quality of health, “infrastructure” and “economic diversity” were the highest ranked responses. “Infrastructure” was endorsed by 91% of participants and 73% endorsed “economic diversity.”

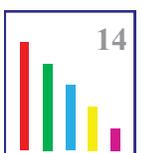
Important Aspects of a Healthy Community		
Rank	Characteristics of a Healthy Community	Areas of Improvement in Okaloosa County
1	Strong urban planning system	Infrastructure
2	Education/school systems	Economic diversity

It is important to note that one of the characteristics indicative of a healthy community, “strong urban planning system,” was highly related to “infrastructure,” which was the area that was selected as the one that needs the most improvement. Focus group participants brought up the point that several of the communities (e.g., Crestview, Destin) were unable to keep up with rapid community expansion due to a lack of infrastructure planning. It was also noted that the system of roadways in Okaloosa County is inefficient and often results in traffic jams. Specifically, it was noted that traffic congestion makes it difficult for first responders (e.g., police, fire, EMT) to react quickly. Participants suggested that a countywide public transportation sys-

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tem could cut down on traffic, as well as provide easier access to county facilities (e.g., health care facilities) for those without transportation.

Niceville/Valparaiso Community Improvements. To assess how the community may improve, focus group participants were asked to list obstacles preventing improvements from taking place and which actions, policies, or funding priorities they would support to improve the community. Eighty-two percent of participants felt that the competition amongst the cities within Okaloosa County was hindering improvements intended to increase the quality of life and health in the community. Seventy-three percent of participants felt that community leadership was preventing the county from advancing the health and quality of life. It was discussed that community leadership does not necessarily mean only the politicians, but also business and community leaders. Participants suggested that these leaders need to provide a clear vision as to where the community should be heading in both the near and distant future, and then work in unison to achieve that vision.

Community Improvement Initiatives	
Rank	Hurdles
1	Competing communities
2	Community Leadership

In terms of what actions, policies, or funding priorities could be implemented to improve the county, 82% of participants endorsed the suggestion of introducing a local sales tax. Participants noted that even a low sales tax would help generate funds to implement community improvements. The consolidation of public services (e.g., fire departments, police departments) was also suggested as a way to free up funds for improvements. Fifty-five percent of focus group participants supported a consolidation if it would increase the efficiency and effectiveness of public services.

Community Improvement Initiatives	
Rank	Actions, Policies, or Funding Priorities
1	Local sales tax
2	Consolidation of services and community involvement

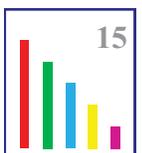
Niceville/Valparaiso Community Involvement. The final group of questions addressed issues related to community involvement. Participants first listed individuals or organizations that currently assist in efforts to improve health and the quality of life in the county. The list that they created included the following: 1) economic development organizations (e.g., Economic Development Council, Tourist Development Council, chambers of commerce), 2) educators, 3) non-profit organizations (e.g., Americorps, Institute of Senior Professionals, Children in Crisis), 4) Adopt-A-Highway, 5) politicians, 6) Okaloosa County Transit, and 7) Meals on Wheels.

Participants were then asked to list what makes them proud of their community. Participants listed the following: 1) current volunteers, 2) schools, 3)

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churches, 4) being a part of a caring and supportive community, 5) high quality of doctors in the area, 6) military and veterans in the community, 7) low crime rate, 8) conservative values, 9) beaches, and 10) the environment.

When asked what would excite them enough to become involved or more involved in improving the community, focus group members mentioned “having more time available to become involved.” They also mentioned that “having employers encourage volunteering and provide incentives” for employees to volunteer, might aid the desire and ability to become involved. Focus group participants also felt that it is important to know how their contributions are going to affect or help others in a meaningful way. Lastly, the focus group mentioned that having a strong and clear vision for what the community is moving towards would excite them enough to become more involved. They gave the example that Pensacola (Escambia County) seems to be moving towards a clear vision, such as bringing in a minor league baseball team, and that Okaloosa County needs a clear vision as well.

Crestview. Two focus groups were conducted in Crestview: Crestview A and Crestview B. Focus groups were conducted in the Crestview Chamber of Commerce and a total of seventeen participants attended (9 in Crestview A and 8 in Crestview B).

Crestview A Community Health. When asked to describe the most important characteristics of a healthy community, all of the participants in Crestview A stated that a “diversified and strong economy” is important for a healthy community and 77% indicated that “education and prevention programs” are important. When asked about Okaloosa County in particular, these same two suggestions arose in terms of how Okaloosa County could be improved. Participants explained how a diversified economy would improve the health and quality of life in Okaloosa County by noting that an environment which supports and recruits a variety of types of businesses enables a community to thrive through providing numerous and diverse employment opportunities. Additionally, the Okaloosa County economy is reliant on the military. If the military presence in the county was to decline, the health of

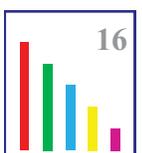
Important Aspects of a Healthy Community		
Rank	Characteristics of a Healthy Community	Areas of Improvement in Okaloosa County
1	Diversified and strong economy	Diversified economy
2	Education and prevention	Education and prevention

the local economy would be drastically affected. Participants felt that diversity in non-military reliant businesses is crucial to a strong and stable economy. Referring to how education and prevention programs could improve quality of life, participants noted that quality education is important to fill job needs and increase quality of life of its residents. Participants suggested that a greater

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countywide emphasis on prevention programs aimed at educating residents on topics such as immunizations, mental health, and healthy living practices would be beneficial.

Crestview A Community Improvements. After participants in Crestview A discussed ideal characteristics of a healthy community and the specific needs of Okaloosa County, they addressed obstacles preventing improvements from taking place and which actions, policies, or funding priorities they would support that would lead to a healthier community. Unequivocally, funding was the largest obstacle hindering improvements to health and quality of life, receiving support from 100% of focus group participants. Seventy-eight percent of participants endorsed the suggestion that competition between neighboring cities (e.g., Destin, Niceville/Valparaiso) and states for businesses and medical specialists is a hurdle for Okaloosa County.

Community Improvement Initiatives	
Rank	Hurdles
1	Funding
2	State and local competition

To build a healthier community, participants identified one key improvement. They indicated that they would support policies and initiatives aimed at reducing or restructuring state and federal regulations, while increasing business incentives (e.g., tax breaks, eliminating impact fees) to attract business to the area. It was felt that if businesses became more attracted to the community, a stronger, more stable local economy would follow. Additionally, participants felt that increasing communication within local government would facilitate this type of positive action.

Community Improvement Initiatives	
Rank	Actions, Policies, or Funding Priorities
1	Reduce or restructure regulations

Crestview A Community Involvement. When asked about specific examples of people or groups working together to improve the health and quality of life in our community, participants generated the following list: 1) chambers of commerce, 2) local municipalities, 3) non-profit organizations (e.g., American Heart Association, March of Dimes), 4) government leaders, 5) the Tourist Development Council, 6) the Economic Development Council, and 6) the school district.

When asked what makes them proud of their community, participants listed the following: 1) government officials, 2) community outreach, 3) support from members of the community, 4) community support for the military, 5) low crime rates, and 6) school system rankings.

When asked what would encourage them to become involved or more in-

volved in the community, focus group members stated that seeing results, both short term and long term, was necessary. Also, the participants noted that seeing current city and county projects being carried to completion would encourage resident involvement in the community. Lastly, focus group members listed a reduction in federal regulations as an important concept/item to address in order for them to become involved or more involved in improving the community.

Crestview B Community Health. When asked to describe the most important characteristics of a healthy community, 87.5% of the focus group participants in Crestview B endorsed access to high quality medical care. The group mentioned that medical care should include healthy activities within the community (e.g., walking paths, sports facilities). Quality education was endorsed by 62.5% of participants as an important characteristic of a healthy community. They mentioned that quality education should extend beyond primary schools, secondary schools, and colleges and include vocational and technical schools. When asked what issues need to be improved in Okaloosa County to improve quality of health and quality of life, 100% of attendees felt that access to medical care needed to be improved in Okaloosa County. This was important to point out because the highest ranked area of improvement in Okaloosa County was also the highest ranked variable considered necessary for a healthy community. Participants provided support for the health care system needing improvement by noting that there is a limited supply of specialty medical care professionals and Medicaid providers in the county. Additionally, the group felt the county is underserved in mental

Important Aspects of a Healthy Community		
Rank	Characteristics of a Healthy Community	Areas of Improvement in Okaloosa County
1	Access to high quality medical care	Access to medical care
2	Education	Employment

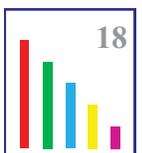
health and substance abuse services, primarily due to lack of funding. Participants felt that there was a need for more employment opportunities within Okaloosa County and the need for short term employment opportunities (i.e., for students, military spouses) was expressed as being particularly important. Members of the focus group also expressed a need for entry-level positions to provide opportunities for residents without specific training or niche skill-sets.

Crestview B Community Improvements. Possible improvements to the community of Okaloosa County were discussed using the prompts, “What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?” and “What actions, policy, or funding priorities would you support to build a healthier community?” A summary of the

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participants' top rated responses from these questions can be found in the table below. "Funding" was the most endorsed item, with 62.5% of participants endorsing it. The general consensus of the these participants was that funding should be increased to train workers to fill jobs that are prevalent in the local community. According to 25% of focus group participants, the problem holding Okaloosa County back is the lack of a focused community plan of action. It was noted that action plans must be agreed upon by the county as a whole in order for it to move forward in a collaborative manner, and be linked to the most important needs of the community, so that community members will have a vested interest in its success.

Community Improvement Initiatives	
Rank	Hurdles
1	Funding
2	Focused plan of action

Although the two items holding the community back were "funding" and "lack of a community plan of action," the top variables that the focus group would support to build a healthier community were "employment", and "vocational and technical training." As discussed previously, in the community health section, the focus group participants felt that there were few entry-level and mid-level positions available in the community. All participants felt that bringing new companies and industries to the area would increase employment opportunities and bring new jobs for entry-level and mid-level employees. Along these lines, 62.5% of participants would support expanding vocational and technical training programs to build a healthier community. These programs should be open to both recent high school graduates and adults looking to return to school. It was discussed that these programs would help to fill the types of positions that are most often open within the county.

Community Improvement Initiatives	
Rank	Actions, Policies, or Funding Priorities
1	Employment
2	Vocational and technical training

Crestview B Community Involvement. The focus group participants were asked to create a list of groups working together to improve the health and quality of life of the community, as well as a list of what makes them proud of their community. They were then asked to list variables that would excite them enough to become involved or more involved within their community. The focus group participants listed several groups working together to improve the health and quality of life in the community: 1) Caring for People Forum, 2) County Emergency Management, 3) BRAC Community Council, 4) Ft. Walton Chamber of Commerce, and 5) community service network groups (e.g., Head Start, JobsPlus, non-profits).

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The focus group participants were then asked what makes them proud of their community. They were proud that volunteer and government groups, as well as other members of the community, were trying to make a difference within the community. They were also proud that this community is willing to come together to find new solutions to improve the community and that the county provides support to the military. Also mentioned were the high public education and public health rankings that the county holds relative to the rest of the state of Florida. In addition, the focus group was proud of the geographical region that their community was located in, citing it as “a beautiful place to live.”

Lastly, the focus group members were asked to consider what would make them excited enough to become involved or more involved in improving their community. Participants stated that more funding is needed in order for more people to become involved in improving the community. The participants would like to see a realistic plan for the community that prioritizes areas of improvement (i.e., emphasis and priority are placed on the more pressing factors that need improvement). In order for the plan to be efficient, it must be a collaborative effort that is agreed upon by the county as a whole, including the chamber and city planners. It was also mentioned that communities need to be pulled together. There needs to be a collective effort to build up the community as a whole and not just the businesses. The group also stated that it is important to see progress being made in order for more people to get involved in the community. Conversely, if ideas are generated and no progress is made, it will discourage community involvement.

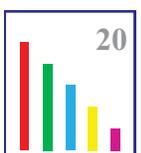
Destin. The last focus group was conducted in Destin at the Destin Area Chamber of Commerce. Eight people attended and provided responses to focus group prompts provided by Haas Center Staff.

Destin Community Health. When asked what they believed were the most important characteristics of a healthy community, the focus group participants generated several responses that included absence of environmental pollution and stable government. To determine which responses were considered most critical to the group, focus group participants were asked to endorse two responses from the list they generated. All focus group participants endorsed the item “strong sense of community” as being one of the two most critical characteristics of a healthy community and 62.5% of participants endorsed “strong economy with strong economic diversification.” To add clarification, the group felt a “strong sense of community” meant a community had: 1) numerous involvement groups (i.e., groups to help individuals connect with the greater community), 2) shared values among residents, 3) a strong core of philanthropic giving, 4) civic support, 5) a strong spiritual base, 6) diverse

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cultural amenities, 7) active youth and senior communities (e.g., youth councils and recreation facilities), and 8) a cultural infrastructure.

When asked about the issues that must be addressed to improve the health and quality of life in Okaloosa County, 75% of attendees endorsed “economic diversification” and 62.5% endorsed “infrastructure.” It is of key importance

Important Aspects of a Healthy Community		
Rank	Characteristics of a Healthy Community	Areas of Improvement in Okaloosa County
1	Strong sense of a community	Economic diversification
2	Strong economy & diversification	Infrastructure

to note that the focus group participants identified “economic diversification” as one of the most important characteristics of a healthy community and as one area that needs improvement in their community. The group noted that bringing more industry to the area, creating more jobs, diversifying jobs, and focusing resources on start-ups were areas that should be selected for improvement in the future. Attendees noted a lack of cultural venues, a lack of environmental safety-nets for water and air quality, and inadequate public transportation all contribute to existing infrastructure issues.

Destin Community Improvements. To assess how participants felt the community might improve, participants were asked about what factors they believe are keeping our community from improving in terms of health and quality of life. They were also asked what actions, policies, and funding opportunities they would support to build a healthier community.

When asked what they believe is keeping our community from doing what needs to be done to improve health and quality of life in the area, the participants suggested the following: 1) local economy and 2) political consensus. More specifically, 62.5% of participants endorsed local economic issues as being the most critical factor that is keeping the community from doing what needs to be done to improve health and quality of life in the area. The local economic issues that were considered most salient include the following: 1) home values, 2) loss of jobs in the areas, and 3) lack of funding for infrastructure, education, and community programs. The issue of “political consensus” was endorsed by 37.5% of participants as being an area of needed improvement. This issue was defined by participants as encompassing the following: 1) community investment and 2) differing interests of permanent and transient populations.

Community Improvement Initiatives	
Rank	Hurdles
1	Local economy
2	Political consensus

When asked what they would do or support to help build a healthier community, the focus group members mentioned making it easier for businesses to

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move into the area, less payroll taxes, more predictable government involvement, and economic diversity. Initiatives making it easier for businesses to move into the area received the most support, with 75% of focus group participants indicating that they would support policy initiatives related to this area over others. The following suggestions were generated by the group as forms of policy that they would support to make it easier for businesses to move to the area: 1) provide tax incentives for businesses to move to the area, 2) simplify the permit process to avoid “red tape,” and 3) stabilize local bureaucracy so that it would operate in a consistent and urgent manner.

Community Improvement Initiatives	
Rank	Actions, Policies, or Funding Priorities
1	Making it easier for business to move into the area
2	Less payroll taxes and more predictable government
3	Economic diversity

Destin Community Involvement. Three different prompts were used to generate responses for community involvement, including the following: 1) generate a list of people or groups working together to improve the health and quality of life in the community, 2) what makes you proud of your community, and 3) what would excite you enough to become involved or more involved in improving the community. Responses to these questions were not rated and, thus, appear in no particular order.

To gauge the level of awareness that focus group participants had regarding people and groups working to improve the quality of life and health in the area, attendees were asked to generate a list. As a group, the following list was generated: 1) volunteer community in Destin (i.e., charitable organizations), 2) chambers of commerce, 3) city committees (e.g., recreation committee, youth council), 4) Mattie-Kelly Arts Foundation, 5) churches of Destin, 6) American Cancer Society, 7) Fisher House, 8) the Garden Club, 9) Children’s Advocacy Center/Children in Crisis, 10) United Way, 11) Economic Development Council/ Economic Development Organizations, 12) Florida public relations organizations, 13) Tourist Development Council, 14) Center for Lifelong Learning, 15) Hard Rock Café, 16) military members, 17) Taylor Haugen Foundation, 18) Fisherman’s Fund, and 19) Harvest House.

When asked what makes them proud of their community, the focus group participants generated the following responses: 1) My mayor, 2) the people of the community (citizens and tourists), 3) the environment, 4) fishing heritage, 5) the quality of life, 6) community pride and spirit, 7) businesses (great shopping locations and restaurants), 8) Vacation community, 9) natural resources (beaches and recreational), 10) largest fishing fleet in the state, 11) harbor,

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12) military presence, 13) cultural amenities, 14) quality of schools, and 15) volunteers (educational and charitable).

When asked what would excite them enough to become involved or more involved in improving the community, the focus group participants generated the following list: 1) being retired (having more time), 2) seeing tangible results from efforts, 3) youth recreation (having coaching opportunities), 4) non-hostile government environment (positive team), 5) having a passion to want the community to be a better place to live, 6) adequate financing for projects.

CONCLUSIONS

Overall, the focus group participants in Destin were very aware of people or groups working to improve the quality of life and/or quality of health in the area. They also took great pride in their community and felt that it had a lot to offer both full-time and part-time residents of the area. Most expressed a desire to become more involved with improving the community and if factors such as funding and a clear plan were laid out, they would feel more encouraged to increase their efforts to improve the health and quality of life in Okaloosa County.

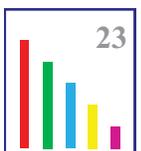
Taken as a whole, we may draw several conclusions from these findings that generalize to the population of Okaloosa County residents. First, residents have a positive perception of the quality of life in Okaloosa County. Survey respondents and focus group participants felt that Okaloosa County was a wonderful place to raise a family and grow old. They also felt that diversification of jobs would increase well-being within the county. By establishing new types of employment opportunities, economic stability would increase, which would aid in preventing and recovering from future economic downturns. Heavy reliance on a few industries places the county in a vulnerable position and participants acknowledged this fact. They also stated that without cooperation and a consistent vision between cities within the county, diversifying employment opportunities will not succeed. Operating in a disjointed fashion will only hinder the ability to recruit new businesses and limit the quality of life and economic potential in the county. For example, industries that require a diverse labor force will have difficulty filling their needs in a county that does not cooperate between cities.

The importance of well-rounded educational opportunities was discussed by all five of the focus groups as an important characteristic of a healthy community. It is necessary to educate both a vocational and technical labor force, as well as educating for positions that require higher education levels, in order to meet current and future business needs. The Crestview A focus group also felt that quality education and prevention programs could lead to

CONCLUSION

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the prevention of diseases. Due to the fact that survey respondents listed obesity and diabetes as the health concerns that they felt were the most severe in Okaloosa County, it is important to have programs to educate residents on the prevention and effects of these conditions. These educational programs could be conducted through the primary and secondary schooling system or through community events.

City planning in terms of infrastructure was another major theme mentioned consistently. This was often discussed in the context of roadways and traffic difficulties. Although the current system of roadways cannot be easily changed due to certain pre-existing structures, such as Eglin Air Force Base, it is possible to set a plan for future infrastructure to avoid increasing such difficulties. Implementing a system of public transportation that runs county-wide would decrease the current traffic congestion. Public transportation would also provide residents with the capability of accessing health care facilities in other areas of the county and may possibly draw some of the specialized medical care back into the community.

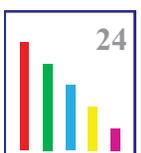
Lastly, although survey participants felt that it is generally easy to engage in community activities, such as volunteering, the opinions of the focus groups were mixed. Some groups felt it was difficult to find opportunities, while other groups did not mention finding opportunities for community involvement as being a problem. Participants discussed a possible remedy: create a centralized location (e.g., website, newsletter) for information about local volunteer opportunities or community groups. This centralization would make it easier for residents to find volunteer opportunities.

Although the findings from the survey and focus groups indicated that residents generally find Okaloosa County a pleasant place to live and raise a family, they also showed that there is some work that can be done to make the county an even more desirable place to live. Looking towards the future, it is important to take these suggestions into consideration.

CONCLUSION

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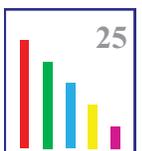
APPENDIX A: FOCUS GROUP PARTICIPANTS

Mayor Mike Anderson	Tom Hermanson
Therese Baker	Marcia Hull
Craig Barker	Lewis Jennings
Angela Blackburn	Debbie Lewis
Lee Bobo	Keith Lewis
Patti Bonezzi	Amy Linores
Maggie Boyd	Derek Lott
Jim Breitenfield	Brian Mitchel
Mayor David Cadle	Beth Norton
Trisha Chason	Brittany Oxley
Daniel Cobbs	Jodie Parker
Mikel Currie	Kay Rasmussen
Phyllis Davis	Mayor Sam Seevers
Reate Davis Jr.	Susan Shaw
Michelle Dent	Brian Shonk
Roxie Emunson	Rita Smith
Jeff Fanto	George Stakley Jr.
Nancy Gontarek	Alex Wagner
Lockie Gregory	Marty Walker
Ty Handy	Tara Wesley
Brian Haugen	Fletcher Williams Jr.
Kim Henderson	Carrie Ziegler

APPENDIX A

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FLORIDA

DEPARTMENT OF HEALTH



in Okaloosa County

Local Public Health System Assessment
2011



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How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Appendix

Resources for Next Steps

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

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

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

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

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

The NPHPSP is a collaborative effort of seven national partners:

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

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

II. ABOUT THE REPORT

Calculating the scores

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

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



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

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

Understanding data limitations

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

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

Presentation of results

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

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

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

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

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

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

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

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

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

Examine performance scores

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

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

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

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

Consider the context

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

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

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

Use the optional priority rating and agency contribution questionnaire results

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

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

IV. FINAL REMARKS

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

B. Performance Assessment Instrument Results

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

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

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	87
2	Diagnose And Investigate Health Problems and Health Hazards	97
3	Inform, Educate, And Empower People about Health Issues	71
4	Mobilize Community Partnerships to Identify and Solve Health Problems	68
5	Develop Policies and Plans that Support Individual and Community Health Efforts	64
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	82
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
8	Assure a Competent Public and Personal Health Care Workforce	83
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
10	Research for New Insights and Innovative Solutions to Health Problems	92
Overall Performance Score		75

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

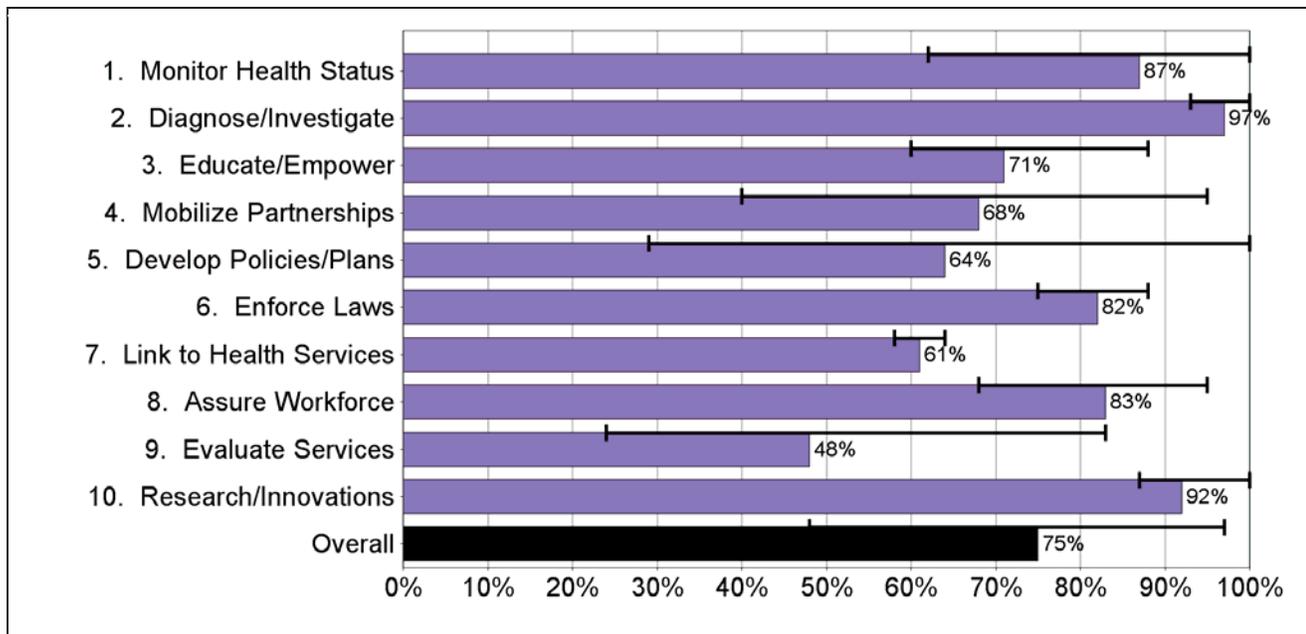


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of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

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

Figure 2: Rank ordered performance scores for each Essential Service

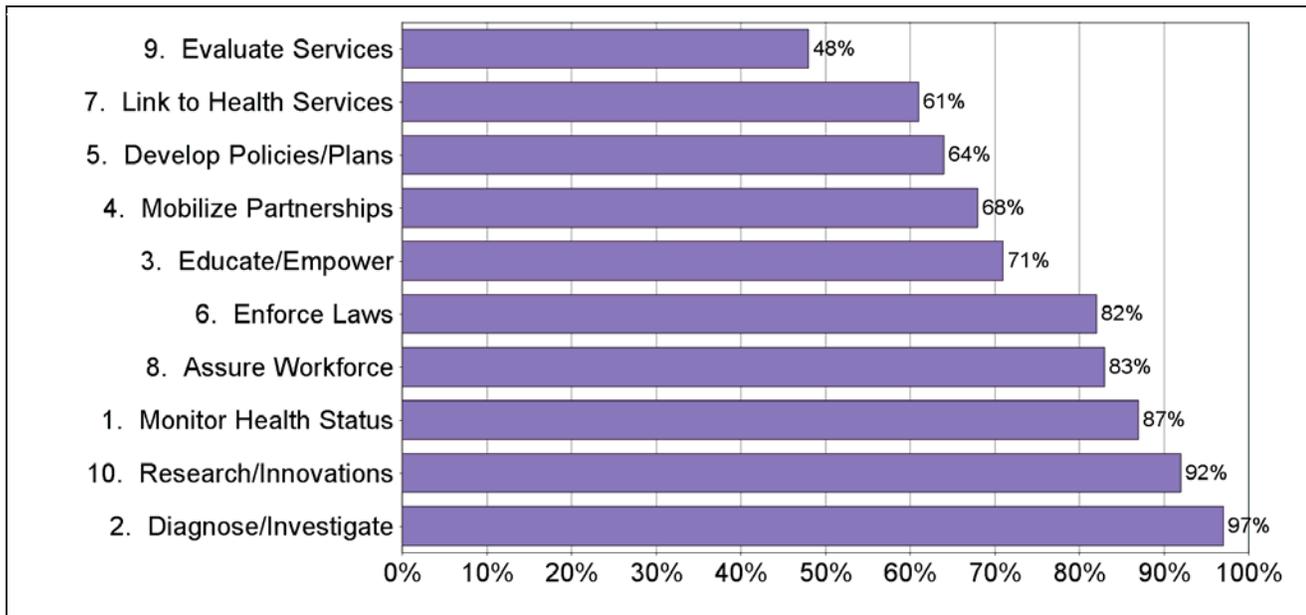


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

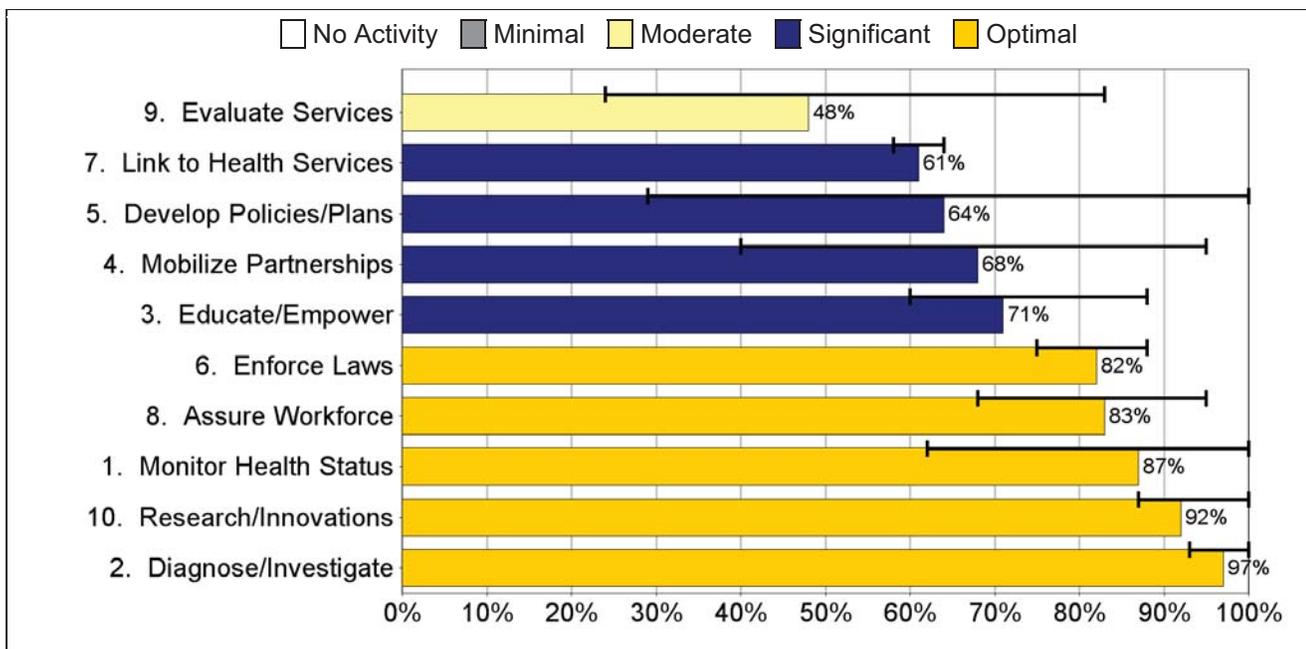


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

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

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

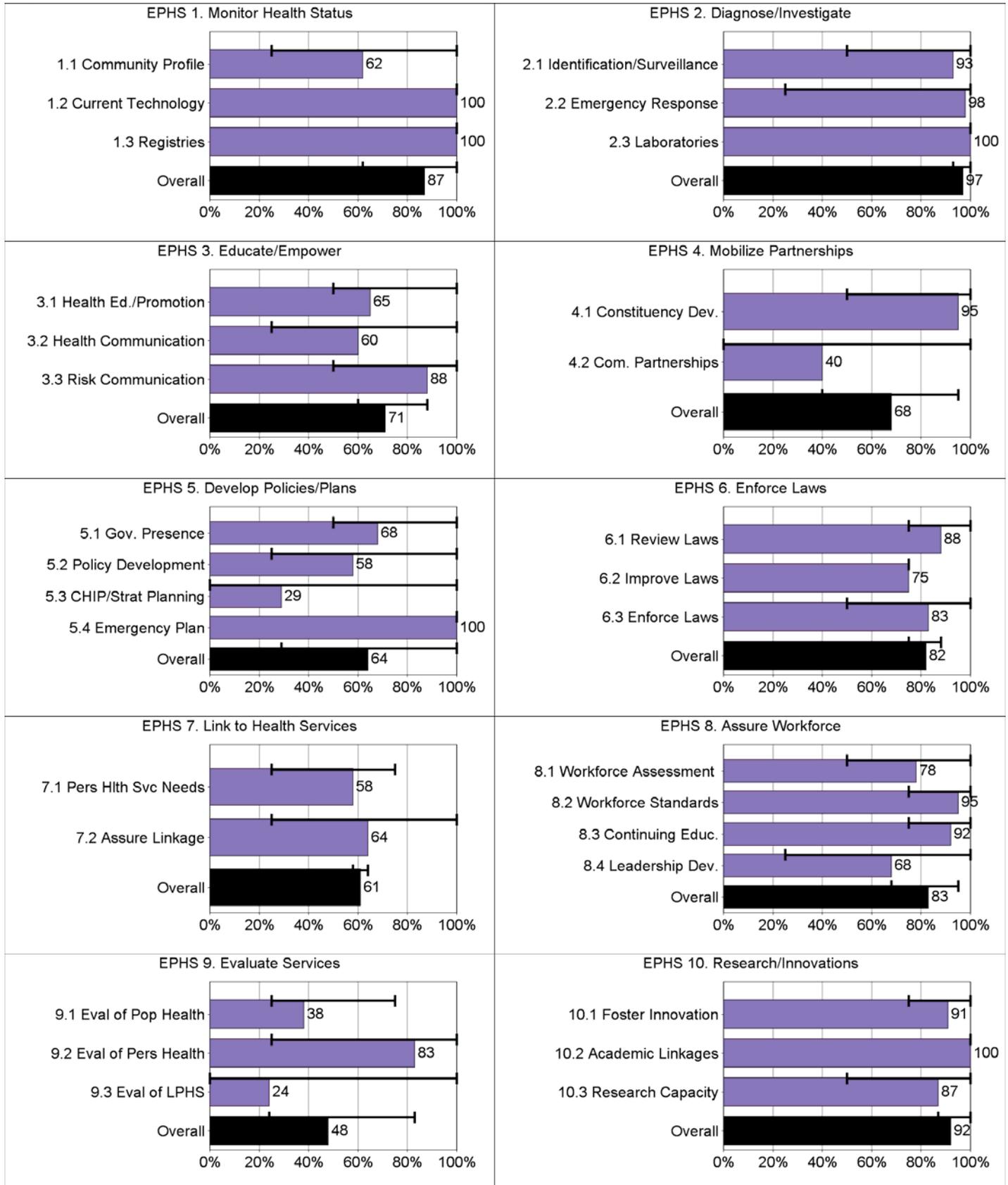


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	87
1.1 Population-Based Community Health Profile (CHP)	62
1.1.1 Community health assessment	78
1.1.2 Community health profile (CHP)	59
1.1.3 Community-wide use of community health assessment or CHP data	50
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	100
1.2.1 State-of-the-art technology to support health profile databases	100
1.2.2 Access to geocoded health data	100
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	97
2.1 Identification and Surveillance of Health Threats	93
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	79
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	100
2.2 Investigation and Response to Public Health Threats and Emergencies	98
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	92
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	100
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	71
3.1 Health Education and Promotion	65
3.1.1 Provision of community health information	56
3.1.2 Health education and/or health promotion campaigns	90
3.1.3 Collaboration on health communication plans	50
3.2 Health Communication	60
3.2.1 Development of health communication plans	25
3.2.2 Relationships with media	79
3.2.3 Designation of public information officers	75
3.3 Risk Communication	88
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	100
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	75

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	68
4.1 Constituency Development	95
4.1.1 Identification of key constituents or stakeholders	100
4.1.2 Participation of constituents in improving community health	81
4.1.3 Directory of organizations that comprise the LPHS	100
4.1.4 Communications strategies to build awareness of public health	100
4.2 Community Partnerships	40
4.2.1 Partnerships for public health improvement activities	96
4.2.2 Community health improvement committee	0
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	64
5.1 Government Presence at the Local Level	68
5.1.1 Governmental local public health presence	75
5.1.2 Resources for the local health department	80
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	58
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	25
5.3 Community Health Improvement Process	29
5.3.1 Community health improvement process	24
5.3.2 Strategies to address community health objectives	0
5.3.3 Local health department (LHD) strategic planning process	63
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	82
6.1 Review and Evaluate Laws, Regulations, and Ordinances	88
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	78
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	83
6.3.1 Authority to enforce laws, regulation, ordinances	88
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	71
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	83



Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
7.1 Identification of Populations with Barriers to Personal Health Services	58
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	25
7.2 Assuring the Linkage of People to Personal Health Services	64
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	29
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	83
8.1 Workforce Assessment Planning, and Development	78
8.1.1 Assessment of the LPHS workforce	75
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	64
8.1.3 Dissemination of results of the workforce assessment / gap analysis	94
8.2 Public Health Workforce Standards	95
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	75
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	92
8.3.1 Identification of education and training needs for workforce development	93
8.3.2 Opportunities for developing core public health competencies	88
8.3.3 Educational and training incentives	88
8.3.4 Interaction between personnel from LPHS and academic organizations	100
8.4 Public Health Leadership Development	68
8.4.1 Development of leadership skills	84
8.4.2 Collaborative leadership	75
8.4.3 Leadership opportunities for individuals and/or organizations	75
8.4.4 Recruitment and retention of new and diverse leaders	38



Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
9.1 Evaluation of Population-based Health Services	38
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	25
9.1.3 Identification of gaps in the provision of population-based health services	25
9.1.4 Use of population-based health services evaluation	25
9.2 Evaluation of Personal Health Care Services	83
9.2.1. In Personal health services evaluation	100
9.2.2 Evaluation of personal health services against established standards	100
9.2.3 Assessment of client satisfaction with personal health services	100
9.2.4 Information technology to assure quality of personal health services	38
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	24
9.3.1 Identification of community organizations or entities that contribute to the EPHS	25
9.3.2 Periodic evaluation of LPHS	50
9.3.3 Evaluation of partnership within the LPHS	21
9.3.4 Use of LPHS evaluation to guide community health improvements	0
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	92
10.1 Fostering Innovation	91
10.1.1 Encouragement of new solutions to health problems	88
10.1.2 Proposal of public health issues for inclusion in research agenda	75
10.1.3 Identification and monitoring of best practices	100
10.1.4 Encouragement of community participation in research	100
10.2 Linkage with Institutions of Higher Learning and/or Research	100
10.2.1 Relationships with institutions of higher learning and/or research organizations	100
10.2.2 Partnerships to conduct research	100
10.2.3 Collaboration between the academic and practice communities	100
10.3 Capacity to Initiate or Participate in Research	87
10.3.1 Access to researchers	100
10.3.2 Access to resources to facilitate research	100
10.3.3 Dissemination of research findings	75
10.3.4 Evaluation of research activities	72

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

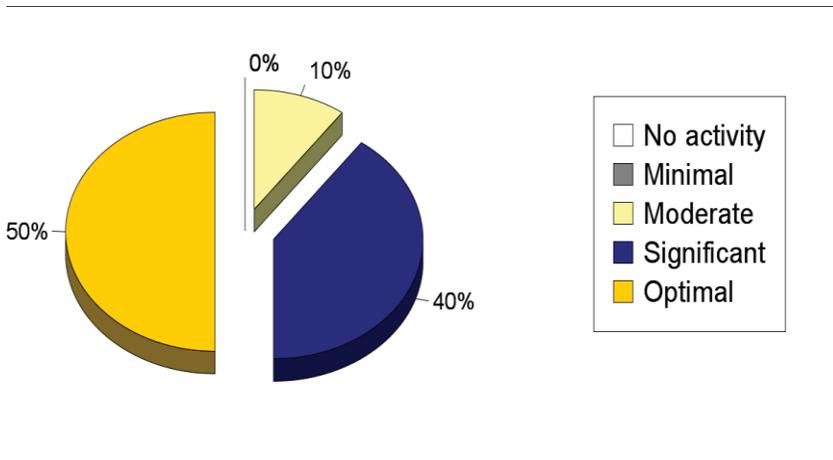


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

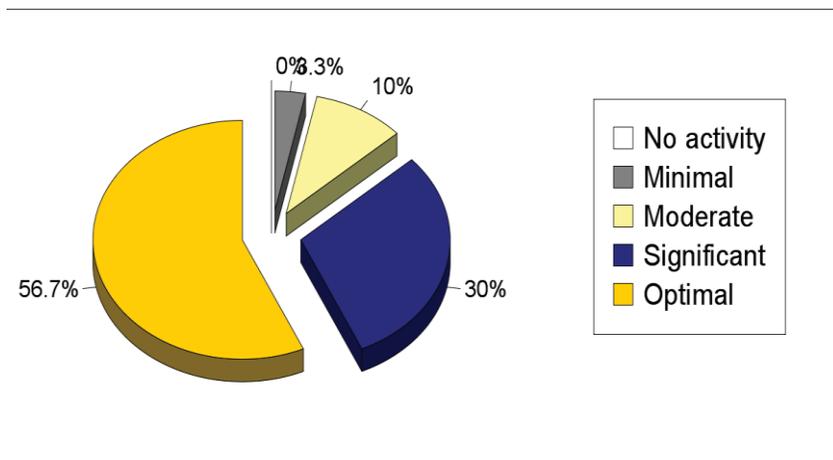


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

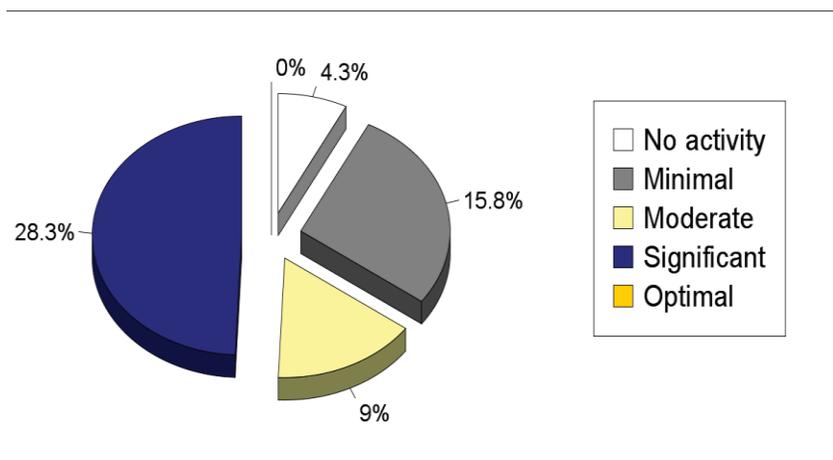


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5 and 6**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and 4 show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in Figures 8 and 9, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3. Inform, Educate, And Empower People about Health Issues	9	71 (Significant)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	9	68 (Significant)
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	9	61 (Significant)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	9	48 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	9	87 (Optimal)
2. Diagnose And Investigate Health Problems and Health Hazards	10	97 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	7	82 (Optimal)
8. Assure a Competent Public and Personal Health Care Workforce	7	83 (Optimal)
10. Research for New Insights and Innovative Solutions to Health Problems	8	92 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
5. Develop Policies and Plans that Support Individual and Community Health Efforts	8	64 (Significant)

Table 4: Model standards by priority and performance score, with areas for attention

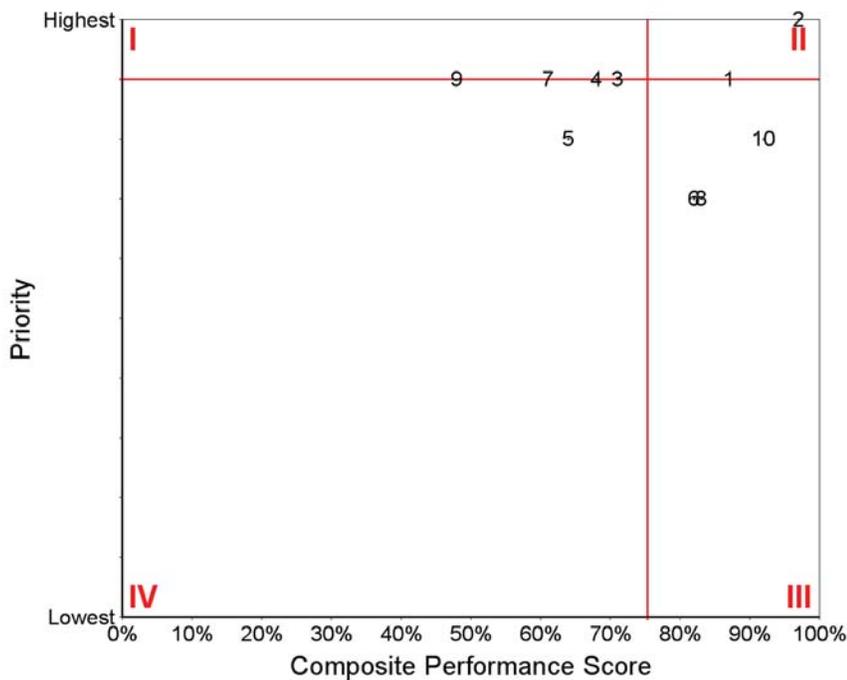
Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1.1 Population-Based Community Health Profile (CHP)	9	62 (Significant)
3.1 Health Education and Promotion	9	65 (Significant)
3.2 Health Communication	9	60 (Significant)
4.2 Community Partnerships	10	40 (Moderate)
5.1 Government Presence at the Local Level	9	68 (Significant)
7.1 Identification of Populations with Barriers to Personal Health Services	9	58 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	9	64 (Significant)
9.1 Evaluation of Population-based Health Services	9	38 (Moderate)
9.3 Evaluation of the Local Public Health System	9	24 (Minimal)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	9	100 (Optimal)
1.3 Maintenance of Population Health Registries	9	100 (Optimal)
2.1 Identification and Surveillance of Health Threats	10	93 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	10	98 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	10	100 (Optimal)
3.3 Risk Communication	10	88 (Optimal)
5.4 Plan for Public Health Emergencies	9	100 (Optimal)
9.2 Evaluation of Personal Health Care Services	9	83 (Optimal)
10.1 Fostering Innovation	9	91 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
4.1 Constituency Development	8	95 (Optimal)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	6	88 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	8	83 (Optimal)
8.1 Workforce Assessment Planning, and Development	8	78 (Optimal)
8.2 Public Health Workforce Standards	6	95 (Optimal)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	6	92 (Optimal)
10.2 Linkage with Institutions of Higher Learning and/or Research	8	100 (Optimal)
10.3 Capacity to Initiate or Participate in Research	6	87 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
5.2 Public Health Policy Development	7	58 (Significant)
5.3 Community Health Improvement Process	8	29 (Moderate)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	7	75 (Significant)
8.4 Public Health Leadership Development	6	68 (Significant)

Figures 8 and 9 (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

- Quadrant I** (High Priority/Low Performance) - These important activities may need increased attention.
- Quadrant II** (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
- Quadrant III** (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
- Quadrant IV** (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

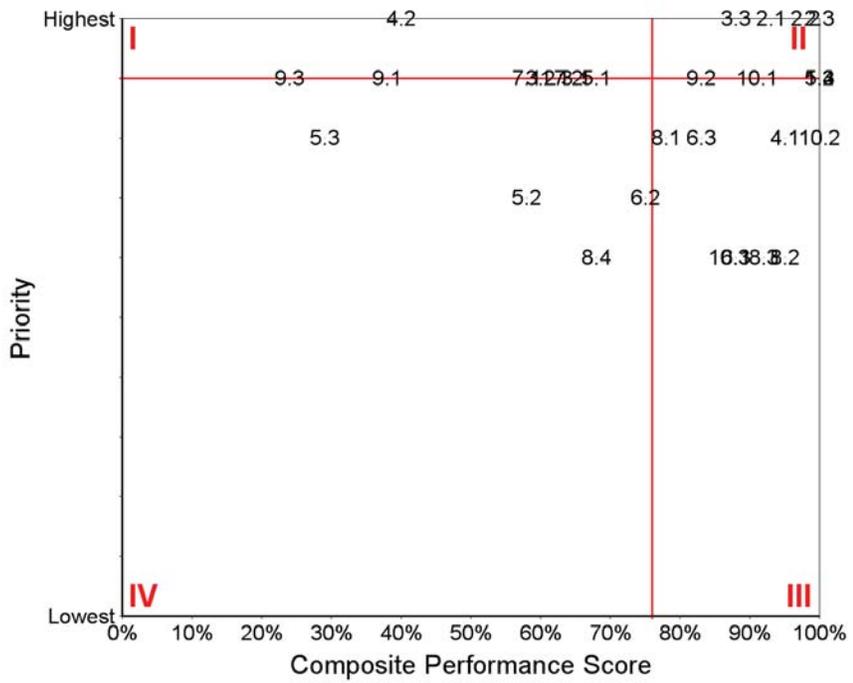
II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.



Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and 6 (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in Figures 10 and 11.

Quadrant		Questions to Consider
I.	Low Performance/High Department Contribution	<ul style="list-style-type: none"> • Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	High Performance/High Department Contribution	<ul style="list-style-type: none"> • What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	High Performance/Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	Low Performance/Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?



Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	92%	Optimal (87)	Quadrant II
2. Diagnose And Investigate Health Problems and Health Hazards	100%	Optimal (97)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	67%	Significant (71)	Quadrant I
4. Mobilize Community Partnerships to Identify and Solve Health Problems	38%	Significant (68)	Quadrant IV
5. Develop Policies and Plans that Support Individual and Community Health Efforts	69%	Significant (64)	Quadrant I
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	50%	Optimal (82)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	63%	Significant (61)	Quadrant I
8. Assure a Competent Public and Personal Health Care Workforce	38%	Optimal (83)	Quadrant III
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	42%	Moderate (48)	Quadrant IV
10. Research for New Insights and Innovative Solutions to Health Problems	25%	Optimal (92)	Quadrant III

Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	75%	Significant (62)	Quadrant I
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	100%	Optimal (100)	Quadrant II
1.3 Maintenance of Population Health Registries	100%	Optimal (100)	Quadrant II
2.1 Identification and Surveillance of Health Threats	100%	Optimal (93)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	100%	Optimal (98)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	100%	Optimal (100)	Quadrant II
3.1 Health Education and Promotion	50%	Significant (65)	Quadrant I
3.2 Health Communication	50%	Significant (60)	Quadrant I
3.3 Risk Communication	100%	Optimal (88)	Quadrant II
4.1 Constituency Development	50%	Optimal (95)	Quadrant II
4.2 Community Partnerships	25%	Moderate (40)	Quadrant IV
5.1 Government Presence at the Local Level	100%	Significant (68)	Quadrant I
5.2 Public Health Policy Development	25%	Significant (58)	Quadrant IV
5.3 Community Health Improvement Process	50%	Moderate (29)	Quadrant I
5.4 Plan for Public Health Emergencies	100%	Optimal (100)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	50%	Optimal (88)	Quadrant II
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25%	Significant (75)	Quadrant IV
6.3 Enforce Laws, Regulations and Ordinances	75%	Optimal (83)	Quadrant II
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Significant (58)	Quadrant I
7.2 Assuring the Linkage of People to Personal Health Services	75%	Significant (64)	Quadrant I
8.1 Workforce Assessment Planning, and Development	25%	Optimal (78)	Quadrant III
8.2 Public Health Workforce Standards	75%	Optimal (95)	Quadrant II
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25%	Optimal (92)	Quadrant III
8.4 Public Health Leadership Development	25%	Significant (68)	Quadrant IV
9.1 Evaluation of Population-based Health Services	25%	Moderate (38)	Quadrant IV
9.2 Evaluation of Personal Health Care Services	25%	Optimal (83)	Quadrant III
9.3 Evaluation of the Local Public Health System	75%	Minimal (24)	Quadrant I
10.1 Fostering Innovation	25%	Optimal (91)	Quadrant III
10.2 Linkage with Institutions of Higher Learning and/or Research	25%	Optimal (100)	Quadrant III
10.3 Capacity to Initiate or Participate in Research	25%	Optimal (87)	Quadrant III

Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

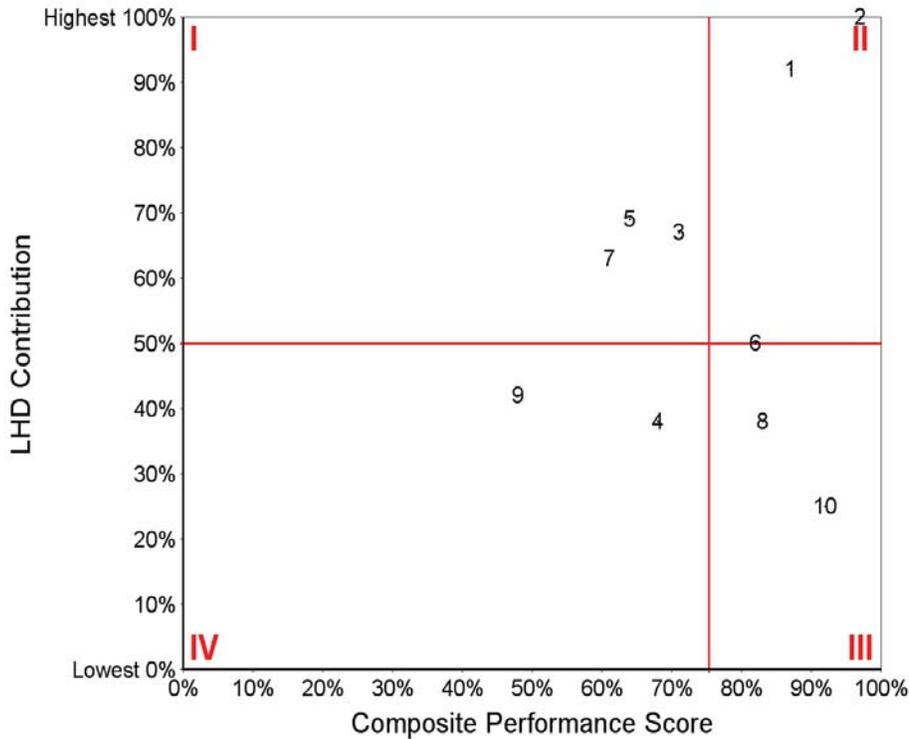
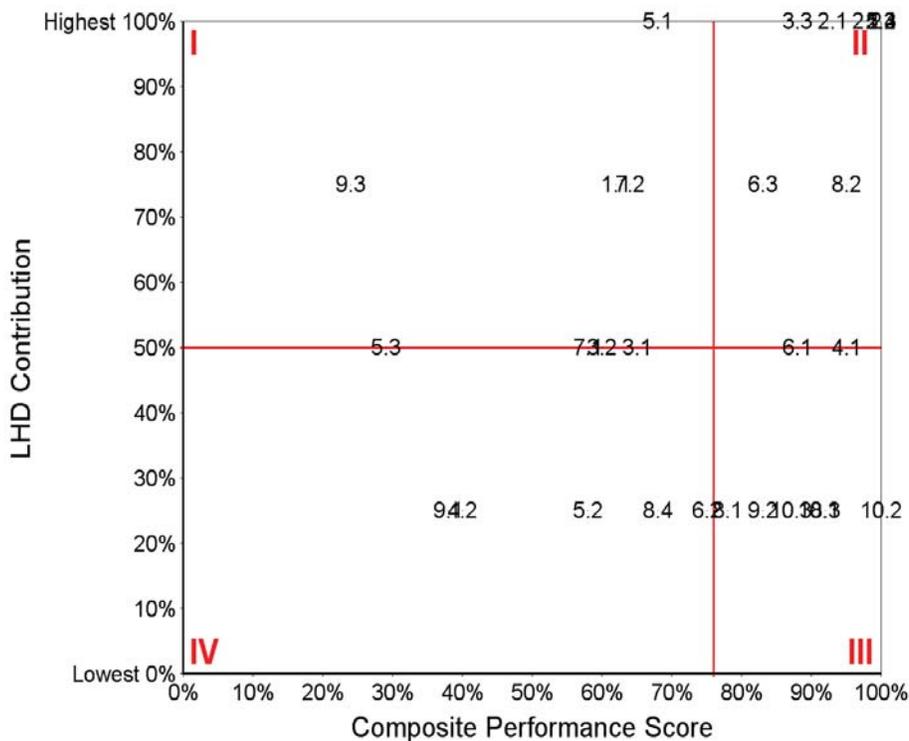


Figure 11: Scatter plot of model standard scores and LHD contribution scores



APPENDIX: RESOURCES FOR NEXT STEPS

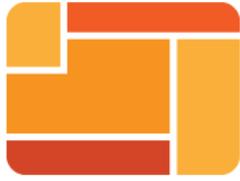
The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.
- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (<http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf>).
- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (<http://www.cdc.gov/NPHPSP/generalResources.html>) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.
- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;
- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.
- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (<http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html>) for more information.
- **Public Health Improvement Resource Center at the Public Health Foundation** - This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.
- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

FORCES OF CHANGE

Key community partners in the Okaloosa County Local Public Health System were asked to brainstorm “Forces of Change” that are occurring or might occur in our community that affect the health of our community, our local quality of life, or could impact our local public health system. Participants then identified specific opportunities and/or threats generated by these forces. These forces and their impacts will be incorporated into our Community Health Improvement Strategic Planning.

FORCES (TRENDS, EVENTS, FACTORS)	OPPORTUNITIES	THREATS
OKALOOSA COUNTY DEMOGRAPHICS		
<ul style="list-style-type: none"> Residents are younger, wealthier, more educated than the average FL county An aging population, with a decreasing birthrate Recent increase to our school-aged population Undocumented residents Increased operations tempo on our local military bases Residents travel globally Influx of Ft. Bragg staff & families 	<ul style="list-style-type: none"> Aging population creates jobs to meet medical & personal needs Higher income provides more in sales & property tax revenues Higher levels in education in the local population provide well-trained health professionals in our community 	<ul style="list-style-type: none"> Retired “transplants” & tourists earned/contributed to infrastructure in other locales; need/use services here. This group may also be less interested in the needs of school-aged population Undocumented residents draw on services they can’t fund through taxes (beyond sales tax), and may not be eligible for programs that limit the use of expensive emergency health services Increased deployments lead to family stress & higher rates of suicide, domestic violence, and increased need for mental health & support services Diseases could be carried by our worldwide travelers Influx of new community members stretches infrastructure – impacting roadways, ambulances, & evacuation routes
OKALOOSA COUNTY GEOGRAPHY		
<ul style="list-style-type: none"> Rural county with limited public transportation Population centers are split north & south, with Air Force land in between Coastal location (hurricanes, tourists, BP oil spill) 	<ul style="list-style-type: none"> Tourists contribute to sales/ bed tax revenues & help with economic activity/job creation Potential BP spill-related revenues may fund local services 	<ul style="list-style-type: none"> Need emergency planning & resources for a larger population than our “official” population Lack of affordable public transportation limits access to health resources Limited local specialty medical care
DECREASED HEALTH CARE FUNDING		
<ul style="list-style-type: none"> Decreased CHD funding from state for health services Mismatched priorities between governor and legislature Decreased payments from Medicaid/Medicare 	<ul style="list-style-type: none"> LIP funding: Opportunity Health, One Problem Clinic, & CMAP provide temporary access to care Federally Qualified Health Centers in CV & Freeport Educate/advocate (citizens can lobby) legislature regarding health funding 	<ul style="list-style-type: none"> No state income tax limits state revenue to support health needs State considers primary care a need to be met with local funding Increased # of Medicaid recipients & decreased reimbursements may overwhelm the system
NEED FOR EDUCATION & COMMUNICATION		
<ul style="list-style-type: none"> Access to technology is a barrier to health education/communications Lack of awareness regarding sexual health issues Increase in obesity & sedentary lifestyle leads to increase in chronic diseases 	<ul style="list-style-type: none"> Libraries & schools provide access to technology Recent PACE project expanded bike paths in FWB Financial incentives for electronic medical record systems 	<ul style="list-style-type: none"> Retired transplants & tourists may be less supportive of health & education for families & groups (ex: homeless) Conservative community may resist sexual health education Aging population may be harder to influence regarding lifestyle change Increase in chronic disease will increase cost of local health care
ECONOMIC DOWNTURN		
<ul style="list-style-type: none"> Increased number of under & uninsured residents in need of health care services (primary care, medications, mental health, emergency care, hospitalization, etc) Impacts include increase in homeless families, jobless, welfare/Medicaid recipients, children not living with their parents, increased child abuse/neglect, domestic violence 	<ul style="list-style-type: none"> Education focus for development of new job skills Community allies collaborating to address issues (sample community strategies at movethemountain.org) Find less expensive ways to provide medical care Educate legislature regarding funding 	<ul style="list-style-type: none"> Decreased funding needs to stretch further for most community partners Decreased tax revenue Increased untreated illnesses will result in higher costs to the community over time Lack of awareness of the needs of those most financially impacted, among those less impacted Heavy impact on children, our next generation of community leaders Increased need for pediatric mental health services & funding

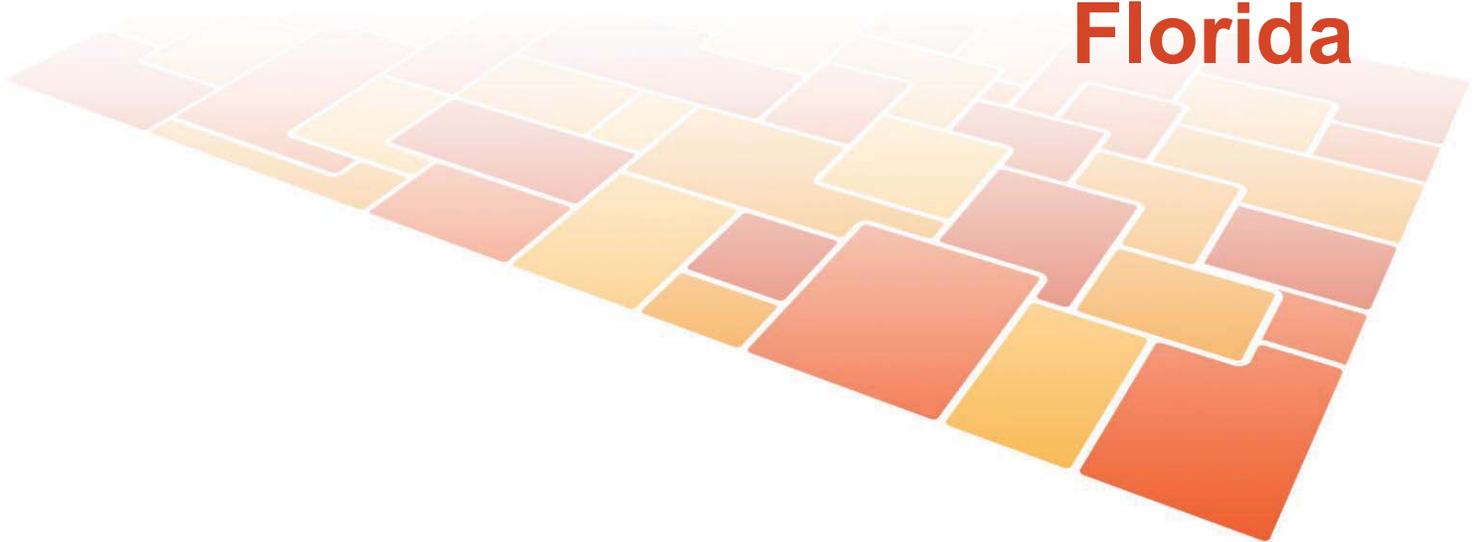


County Health Rankings

Mobilizing Action Toward Community Health

2011

Florida



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

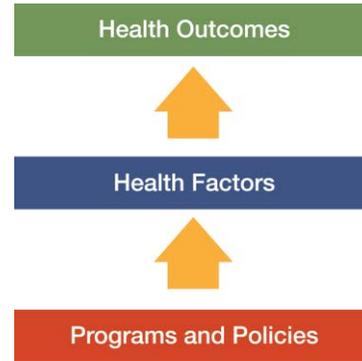
Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

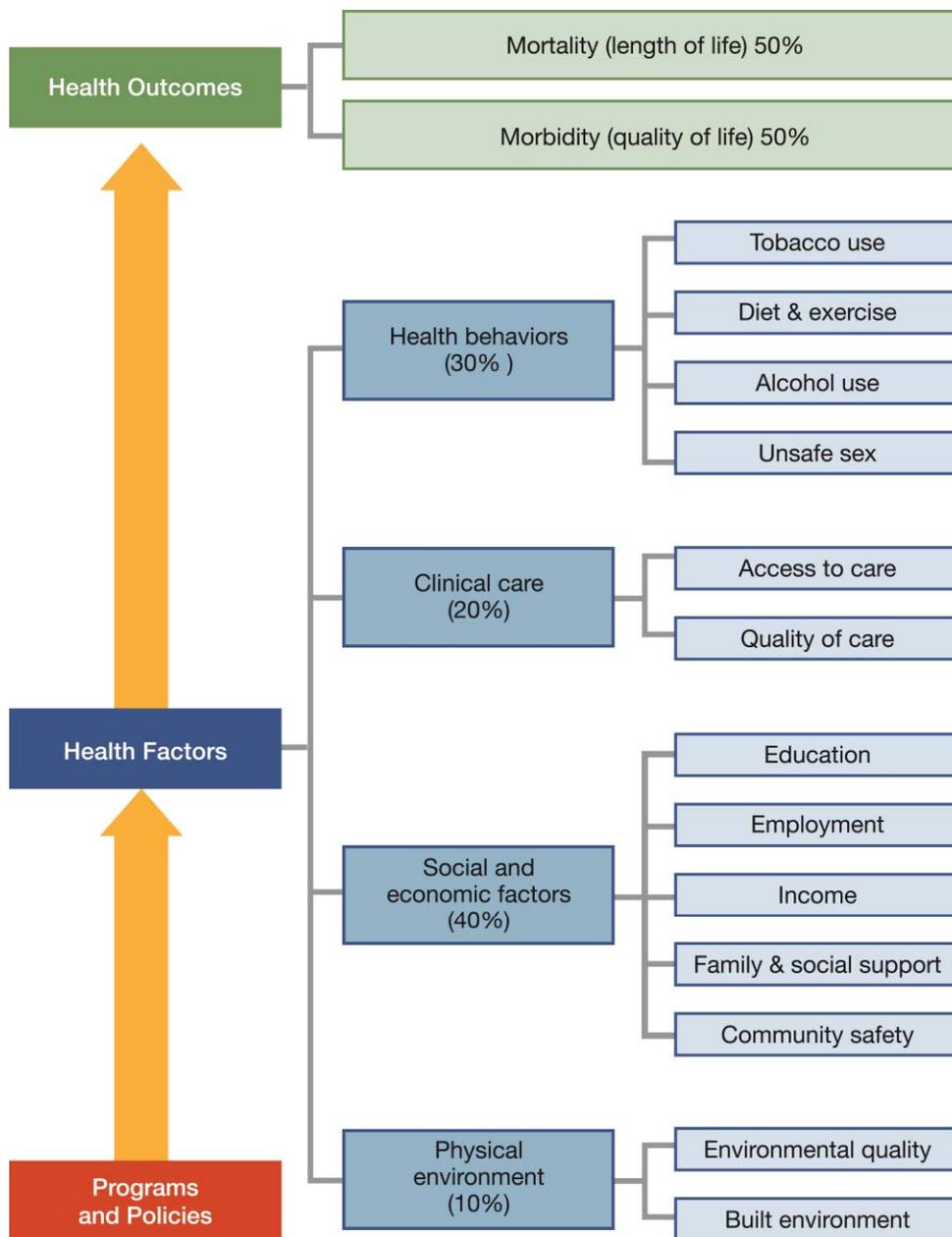
For a more detailed explanation of our approach, the methods used to compile the *Rankings*, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org



The Rankings

This report ranks Florida counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2010 UWPHI

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Collier	1	St. Johns
2	Seminole	2	Sarasota
3	St. Johns	3	Okaloosa
4	Sarasota	4	Martin
5	Martin	5	Seminole
6	Clay	6	Alachua
7	Leon	7	Palm Beach
8	Miami-Dade	8	Broward
9	Okaloosa	9	Monroe
10	Broward	10	Collier
11	Palm Beach	11	Leon
12	Santa Rosa	12	Lake
13	Indian River	13	Santa Rosa
14	Hardee	14	Indian River
15	Monroe	15	Clay
16	Alachua	16	Brevard
17	Flagler	17	Flagler
18	Orange	18	Pasco
19	Gulf	19	Charlotte
20	Lake	20	Pinellas
21	Manatee	21	Nassau
22	Brevard	22	Orange
23	Lee	23	Sumter
24	Sumter	24	Manatee
25	Osceola	25	Volusia
26	Charlotte	26	Miami-Dade
27	Wakulla	27	Lee
28	Pinellas	28	Duval
29	DeSoto	29	Hernando
30	Hillsborough	30	Bay
31	Nassau	31	Hillsborough
32	St. Lucie	32	Wakulla
33	Polk	33	Osceola
34	Bay	34	St. Lucie
35	Volusia	35	Walton
36	Lafayette	36	Jackson
37	Highlands	37	Citrus
38	Franklin	38	Highlands
39	Hendry	39	Escambia
40	Pasco	40	Gulf

Rank	Health Outcomes	Rank	Health Factors
41	Hernando	41	Bradford
42	Citrus	42	Polk
43	Walton	43	Lafayette
44	Bradford	44	Marion
45	Gilchrist	45	Columbia
46	Duval	46	Calhoun
47	Escambia	47	Jefferson
48	Liberty	48	Liberty
49	Marion	49	Washington
50	Jefferson	50	Baker
51	Jackson	51	Holmes
52	Columbia	52	Gilchrist
53	Suwannee	53	Union
54	Taylor	54	Franklin
55	Okeechobee	55	Levy
56	Calhoun	56	Suwannee
57	Holmes	57	Glades
58	Glades	58	Dixie
59	Washington	59	Hardee
60	Hamilton	60	DeSoto
61	Dixie	61	Hendry
62	Baker	62	Okeechobee
63	Levy	63	Taylor
64	Gadsden	64	Putnam
65	Madison	65	Gadsden
66	Putnam	66	Hamilton
67	Union	67	Madison

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Morbidity
1	Seminole	Sarasota
2	St. Johns	Martin
3	Leon	Collier
4	Collier	St. Johns
5	Miami-Dade	Clay
6	Broward	Seminole
7	Alachua	Monroe
8	Santa Rosa	Hardee
9	Okaloosa	Indian River
10	Osceola	Palm Beach
11	Orange	Nassau
12	Flagler	Okaloosa
13	Sarasota	DeSoto
14	Gulf	Hendry
15	Clay	Franklin
16	Palm Beach	Lee
17	Martin	Broward
18	Wakulla	Santa Rosa
19	Indian River	Leon
20	Hillsborough	Manatee
21	Hardee	Miami-Dade
22	Sumter	Lake
23	Lafayette	Brevard
24	Lake	Flagler
25	Liberty	Alachua
26	Charlotte	Pinellas
27	Brevard	Sumter
28	Manatee	Charlotte
29	Monroe	Orange
30	Pinellas	Bay
31	Lee	Gulf
32	St. Lucie	Polk
33	Hernando	Highlands
34	Volusia	Holmes
35	Polk	St. Lucie
36	Gilchrist	Volusia
37	Bay	Wakulla
38	Escambia	Bradford
39	Pasco	Glades
40	Walton	Citrus

Rank	Mortality	Morbidity
41	DeSoto	Hillsborough
42	Highlands	Columbia
43	Marion	Osceola
44	Nassau	Pasco
45	Hamilton	Suwannee
46	Jackson	Duval
47	Citrus	Okeechobee
48	Jefferson	Walton
49	Duval	Dixie
50	Bradford	Jefferson
51	Calhoun	Lafayette
52	Washington	Hernando
53	Franklin	Marion
54	Taylor	Taylor
55	Columbia	Gilchrist
56	Hendry	Jackson
57	Suwannee	Escambia
58	Okeechobee	Baker
59	Gadsden	Calhoun
60	Levy	Madison
61	Glades	Union
62	Baker	Levy
63	Madison	Putnam
64	Holmes	Washington
65	Dixie	Liberty
66	Putnam	Gadsden
67	Union	Hamilton

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Miami-Dade	1	Alachua	1	St. Johns	1	Martin
2	Sarasota	2	Sarasota	2	Okaloosa	2	Monroe
3	Broward	3	Pinellas	3	Santa Rosa	3	Clay
4	Palm Beach	4	Leon	4	Clay	4	Indian River
5	St. Johns	5	St. Johns	5	Seminole	5	Collier
6	Collier	6	Escambia	6	Leon	6	Nassau
7	Martin	7	Duval	7	Monroe	7	Gulf
8	Indian River	8	Martin	8	Wakulla	8	Palm Beach
9	Lake	9	Volusia	9	Alachua	9	Pinellas
10	Orange	10	Brevard	10	Brevard	10	Flagler
11	Seminole	11	Flagler	11	Walton	11	Franklin
12	Sumter	12	Palm Beach	12	Sarasota	12	St. Johns
13	Manatee	13	Sumter	13	Broward	13	Okeechobee
14	Pasco	14	Lake	14	Martin	14	St. Lucie
15	Monroe	15	Indian River	15	Union	15	Volusia
16	Highlands	16	Okaloosa	16	Lafayette	16	Seminole
17	Alachua	17	Pasco	17	Liberty	17	Broward
18	Flagler	18	Manatee	18	Bay	18	Sarasota
19	Charlotte	19	Hillsborough	19	Jackson	19	Lee
20	Pinellas	20	Charlotte	20	Lake	20	Charlotte
21	St. Lucie	21	Marion	21	Collier	21	Hernando
22	Okaloosa	22	Hernando	22	Charlotte	22	Marion
23	Nassau	23	Citrus	23	Nassau	23	Alachua
24	Leon	24	Seminole	24	Palm Beach	24	Hendry
25	Osceola	25	Santa Rosa	25	Pasco	25	Hardee
26	Hernando	26	Nassau	26	Bradford	26	Levy
27	Lee	27	Polk	27	Flagler	27	Okaloosa
28	Brevard	28	Clay	28	Baker	28	Glades
29	Santa Rosa	29	Orange	29	Lee	28	Lafayette
30	Bay	30	Collier	30	Hillsborough	30	Duval
31	Hillsborough	31	Gadsden	31	Osceola	31	Manatee
32	Marion	32	Lee	32	Volusia	32	Wakulla
33	Volusia	33	Jackson	33	Calhoun	33	Pasco
34	Duval	34	St. Lucie	34	Holmes	34	Miami-Dade
35	Gulf	35	Dixie	35	Pinellas	35	Baker
36	DeSoto	36	Jefferson	36	Orange	36	Putnam
37	Washington	37	Liberty	37	Duval	37	Citrus
38	Polk	38	Broward	38	Sumter	38	Suwannee
39	Citrus	39	Monroe	39	Indian River	39	Hamilton
40	Jefferson	40	Wakulla	40	Hernando	40	Brevard

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
41	Calhoun	41	Bay	41	Manatee	41	Osceola
42	Walton	42	Baker	42	Escambia	42	Columbia
43	Columbia	43	Columbia	43	Columbia	43	Orange
44	Escambia	44	Highlands	44	Gilchrist	44	Union
45	Hendry	45	Calhoun	45	Gulf	45	Lake
46	Lafayette	46	Gulf	46	Citrus	46	Bradford
47	Jackson	47	Bradford	47	Highlands	47	Polk
48	Clay	48	Washington	48	Washington	48	Sumter
49	Levy	49	Madison	49	Polk	49	Dixie
50	Bradford	50	Osceola	50	Miami-Dade	50	Bay
51	Gilchrist	51	Miami-Dade	51	Suwannee	51	Madison
52	Holmes	52	Levy	52	Franklin	52	Leon
53	Glades	53	Putnam	53	St. Lucie	53	DeSoto
54	Wakulla	54	Union	54	Jefferson	54	Taylor
55	Hardee	55	Franklin	55	Glades	55	Highlands
56	Okeechobee	56	Suwannee	56	Hardee	56	Gilchrist
57	Dixie	57	Taylor	57	Marion	57	Walton
58	Hamilton	58	Walton	58	Okeechobee	58	Santa Rosa
59	Franklin	59	Gilchrist	59	Levy	59	Jefferson
60	Gadsden	60	Holmes	60	Taylor	60	Hillsborough
61	Putnam	61	Hardee	61	Dixie	61	Liberty
62	Suwannee	62	Glades	62	DeSoto	62	Holmes
63	Taylor	63	DeSoto	63	Hamilton	63	Washington
64	Baker	64	Lafayette	64	Madison	64	Jackson
65	Liberty	65	Hendry	65	Putnam	65	Gadsden
66	Madison	66	Hamilton	66	Gadsden	66	Calhoun
67	Union	67	Okeechobee	67	Hendry	67	Escambia

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONMENT			
Air Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

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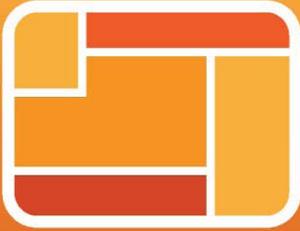
County Health Rankings

Mobilizing Action Toward Community Health

countyhealthrankings.org



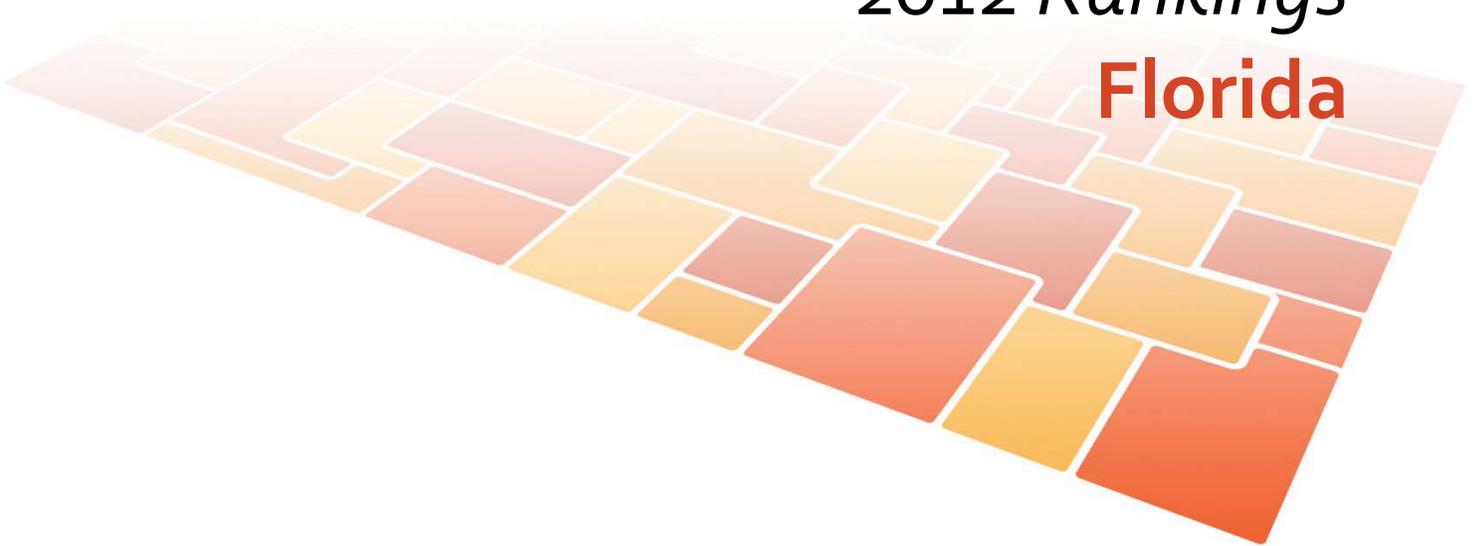
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County Health Rankings & Roadmaps

A Healthier Nation, County by County

2012 *Rankings* **Florida**



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

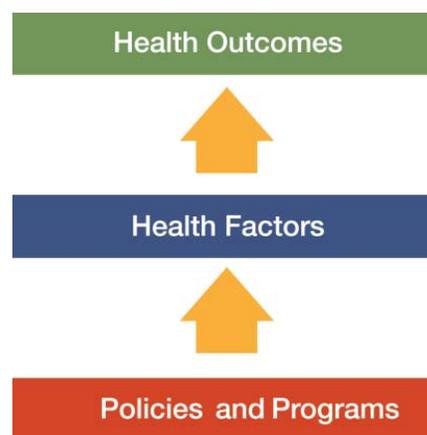
Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. To learn about steps that you can take to improve health in your community, click on the *Roadmaps* tab. The *Roadmaps to Health Action Center* provides tools and resources to help groups working together to create healthier places. The Opportunities section provides information on funding, recognition, and partnership opportunities. The Connections section helps you learn what others are doing.

County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

This report introduces the *County Health Roadmaps*, a new partnership that mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized technical assistance on strategies to improve health.

Roadmaps to Health Community Grants

The *Roadmaps to Health Community Grants* provide funding for 2 years to state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

The Robert Wood Johnson Foundation is awarding *Roadmaps to Health Partner Grants* to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. The first Partner Grant was awarded to United Way Worldwide (UWW) in July 2011.

Roadmaps to Health Prize

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute will award *Roadmaps to Health Prizes* of \$25,000 to up to six communities that are working to become healthier places to live, learn, work and play. The *Roadmaps to Health Prize* is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



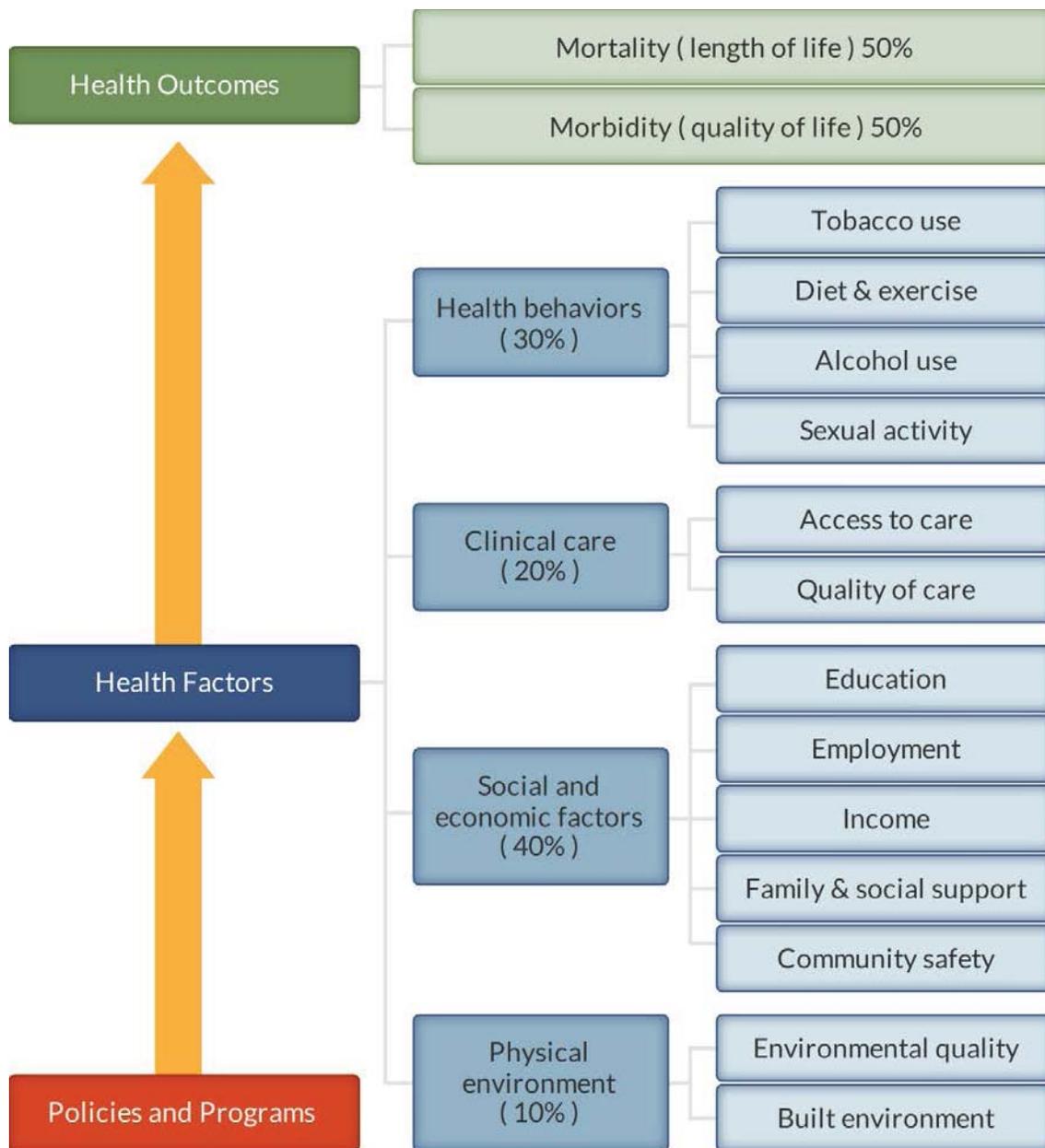
Roadmaps to Health Action Center

The *Roadmaps to Health Action Center*, based at the University of Wisconsin Population Health Institute, provides tools and resources to help groups working to make their communities healthier places. The new Action Center will provide guidance on developing strategies and advocacy efforts to advance pro-health policies, offer opportunities for ongoing learning, and in the summer of 2012, host a searchable database of evidence-informed policies and programs focused on health improvement. Experts provide customized consultation to local communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2012 *County Health Rankings* report ranks Florida counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

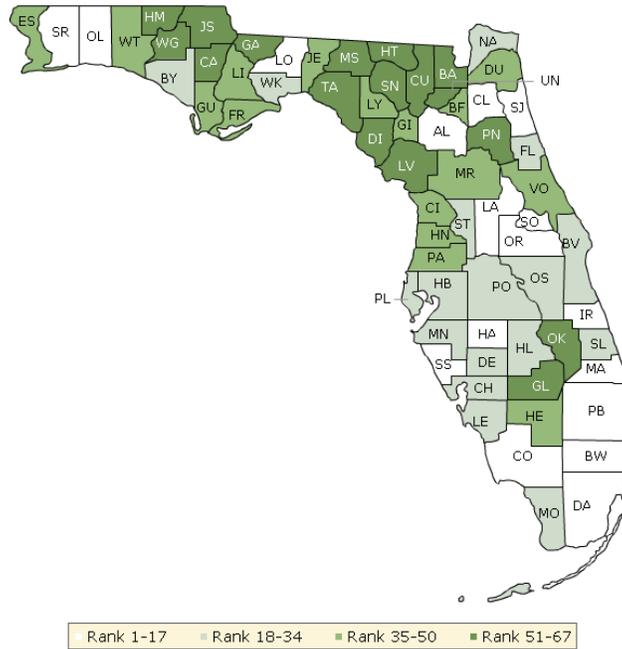


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Florida's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better

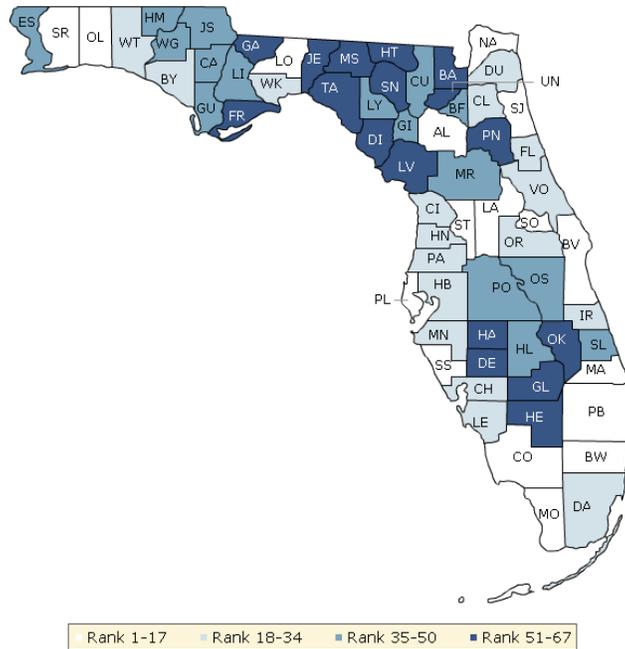
performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Alachua	15	Franklin	40	Lee	24	Pinellas	31
Baker	63	Gadsden	62	Leon	7	Polk	33
Bay	34	Gilchrist	47	Levy	57	Putnam	65
Bradford	49	Glades	58	Liberty	38	Santa Rosa	10
Brevard	21	Gulf	36	Madison	60	Sarasota	3
Broward	12	Hamilton	59	Manatee	20	Seminole	2
Calhoun	51	Hardee	8	Marion	48	St. Johns	1
Charlotte	25	Hendry	35	Martin	5	St. Lucie	30
Citrus	39	Hernando	43	Miami-Dade	9	Sumter	26
Clay	6	Highlands	29	Monroe	18	Suwannee	56
Collier	4	Hillsborough	32	Nassau	27	Taylor	61
Columbia	53	Holmes	54	Okaloosa	13	Union	67
DeSoto	28	Indian River	11	Okeechobee	55	Volusia	37
Dixie	66	Jackson	52	Orange	17	Wakulla	22
Duval	44	Jefferson	46	Osceola	23	Walton	45
Escambia	50	Lafayette	41	Palm Beach	14	Washington	64
Flagler	19	Lake	16	Pasco	42		

HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Alachua	5	Franklin	51	Lee	27	Pinellas	15
Baker	53	Gadsden	65	Leon	9	Polk	43
Bay	28	Gilchrist	39	Levy	58	Putnam	61
Bradford	48	Glades	57	Liberty	47	Santa Rosa	16
Brevard	14	Gulf	46	Madison	62	Sarasota	4
Broward	11	Hamilton	67	Manatee	23	Seminole	3
Calhoun	42	Hardee	56	Marion	44	St. Johns	1
Charlotte	21	Hendry	66	Martin	2	St. Lucie	35
Citrus	33	Hernando	34	Miami-Dade	30	Sumter	12
Clay	18	Highlands	37	Monroe	7	Suwannee	54
Collier	10	Hillsborough	25	Nassau	17	Taylor	59
Columbia	45	Holmes	50	Okaloosa	6	Union	52
DeSoto	64	Indian River	19	Okeechobee	63	Volusia	26
Dixie	60	Jackson	36	Orange	22	Wakulla	31
Duval	32	Jefferson	55	Osceola	41	Walton	29
Escambia	38	Lafayette	40	Palm Beach	8	Washington	49
Flagler	20	Lake	13	Pasco	24		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	St. Johns	1	St. Johns
2	Seminole	2	Martin
3	Sarasota	3	Seminole
4	Collier	4	Sarasota
5	Martin	5	Alachua
6	Clay	6	Okaloosa
7	Leon	7	Monroe
8	Hardee	8	Palm Beach
9	Miami-Dade	9	Leon
10	Santa Rosa	10	Collier
11	Indian River	11	Broward
12	Broward	12	Sumter
13	Okaloosa	13	Lake
14	Palm Beach	14	Brevard
15	Alachua	15	Pinellas
16	Lake	16	Santa Rosa
17	Orange	17	Nassau
18	Monroe	18	Clay
19	Flagler	19	Indian River
20	Manatee	20	Flagler
21	Brevard	21	Charlotte
22	Wakulla	22	Orange
23	Osceola	23	Manatee
24	Lee	24	Pasco
25	Charlotte	25	Hillsborough
26	Sumter	26	Volusia
27	Nassau	27	Lee
28	DeSoto	28	Bay
29	Highlands	29	Walton
30	St. Lucie	30	Miami-Dade
31	Pinellas	31	Wakulla
32	Hillsborough	32	Duval
33	Polk	33	Citrus
34	Bay	34	Hernando
35	Hendry	35	St. Lucie
36	Gulf	36	Jackson
37	Volusia	37	Highlands
38	Liberty	38	Escambia
39	Citrus	39	Gilchrist
40	Franklin	40	Lafayette
41	Lafayette	41	Osceola
42	Pasco	42	Calhoun

Rank	Health Outcomes	Rank	Health Factors
43	Hernando	43	Polk
44	Duval	44	Marion
45	Walton	45	Columbia
46	Jefferson	46	Gulf
47	Gilchrist	47	Liberty
48	Marion	48	Bradford
49	Bradford	49	Washington
50	Escambia	50	Holmes
51	Calhoun	51	Franklin
52	Jackson	52	Union
53	Columbia	53	Baker
54	Holmes	54	Suwannee
55	Okeechobee	55	Jefferson
56	Suwannee	56	Hardee
57	Levy	57	Glades
58	Glades	58	Levy
59	Hamilton	59	Taylor
60	Madison	60	Dixie
61	Taylor	61	Putnam
62	Gadsden	62	Madison
63	Baker	63	Okeechobee
64	Washington	64	DeSoto
65	Putnam	65	Gadsden
66	Dixie	66	Hendry
67	Union	67	Hamilton

2012 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2006-2008
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2004-2010
	Poor physical health days	Behavioral Risk Factor Surveillance System	2004-2010
	Poor mental health days	Behavioral Risk Factor Surveillance System	2004-2010
	Low birthweight	National Center for Health Statistics	2002-2008
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2004-2010
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2004-2010
	Motor vehicle crash death rate	National Center for Health Statistics	2002-2008
Sexual Activity	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2009
	Teen birth rate	National Center for Health Statistics	2002-2008
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2009
	Primary care physicians	Health Resources & Services Administration	2009
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2009
	Diabetic screening	Medicare/Dartmouth Institute	2009
	Mammography screening	Medicare/Dartmouth Institute	2009
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics and state-specific sources ¹	2008-2010
	Some college	American Community Survey	2006-2010
Employment	Unemployment	Bureau of Labor Statistics	2010
Income	Children in poverty	Small Area Income and Poverty Estimates	2010
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2006-2010
	Children in single-parent households	American Community Survey	2006-2010
Community Safety	Violent crime rate ²	Federal Bureau of Investigation	2007-2009
PHYSICAL ENVIRONMENT			
Environmental Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency	2007
	Air pollution-ozone days	U.S. Environmental Protection Agency	2007
Built Environment	Access to recreational facilities	Census County Business Patterns	2009
	Limited access to healthy foods ⁴	U.S. Department of Agriculture	2006
	Fast food restaurants	Census County Business Patterns	2009

¹ NCES used for AK, AL, AR, CA, CT, FL, HI, ID, KY, MT, ND, NJ, OK, SD and TN

² State data source for IL.

³ Not available for AK and HI.

⁴ Access to Healthy Foods (2009) from Census Zip Code Business Patterns for AK and HI.

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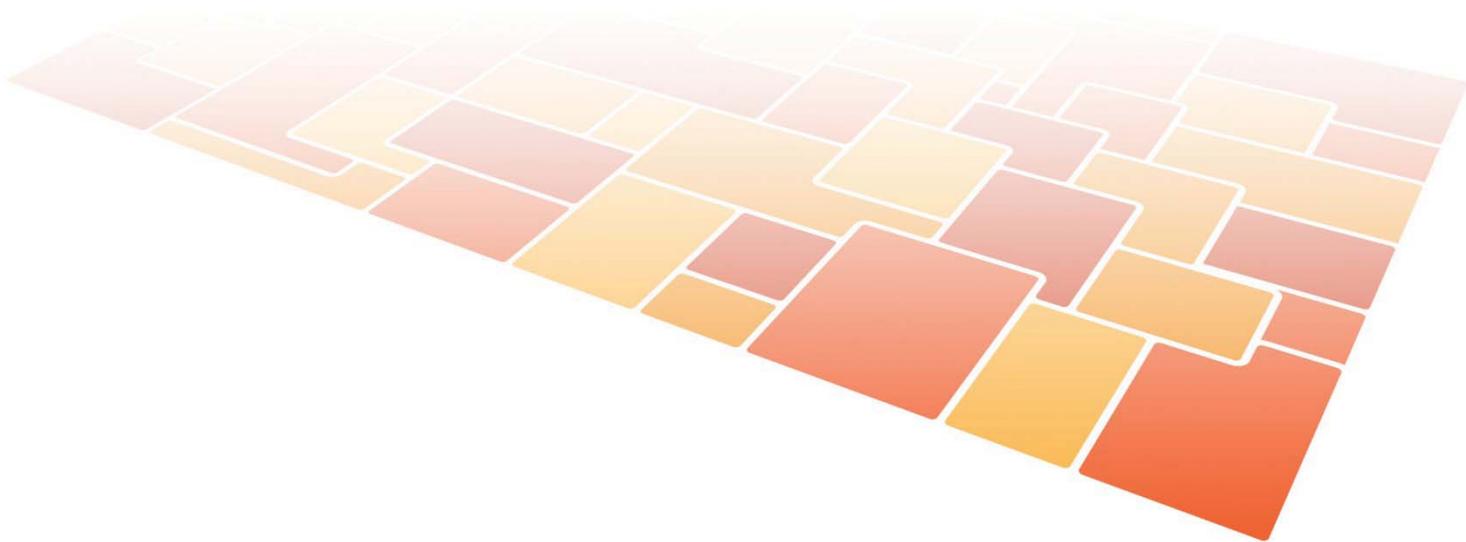
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County Health Rankings & Roadmaps

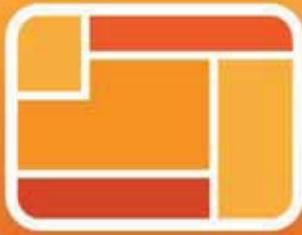
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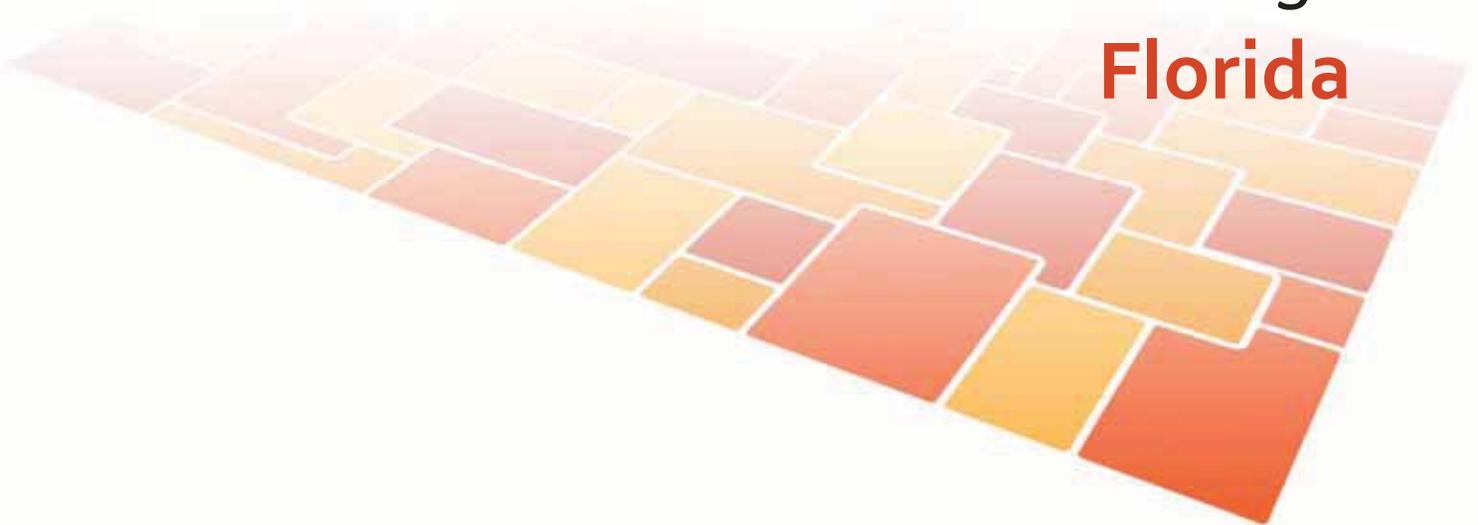




County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *Rankings* **Florida**



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

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Translating Research for Policy and Practice

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

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snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

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The *Roadmaps to Health Community Grants* provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health Partner Grants* to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health Prizes* of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health Prize* is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



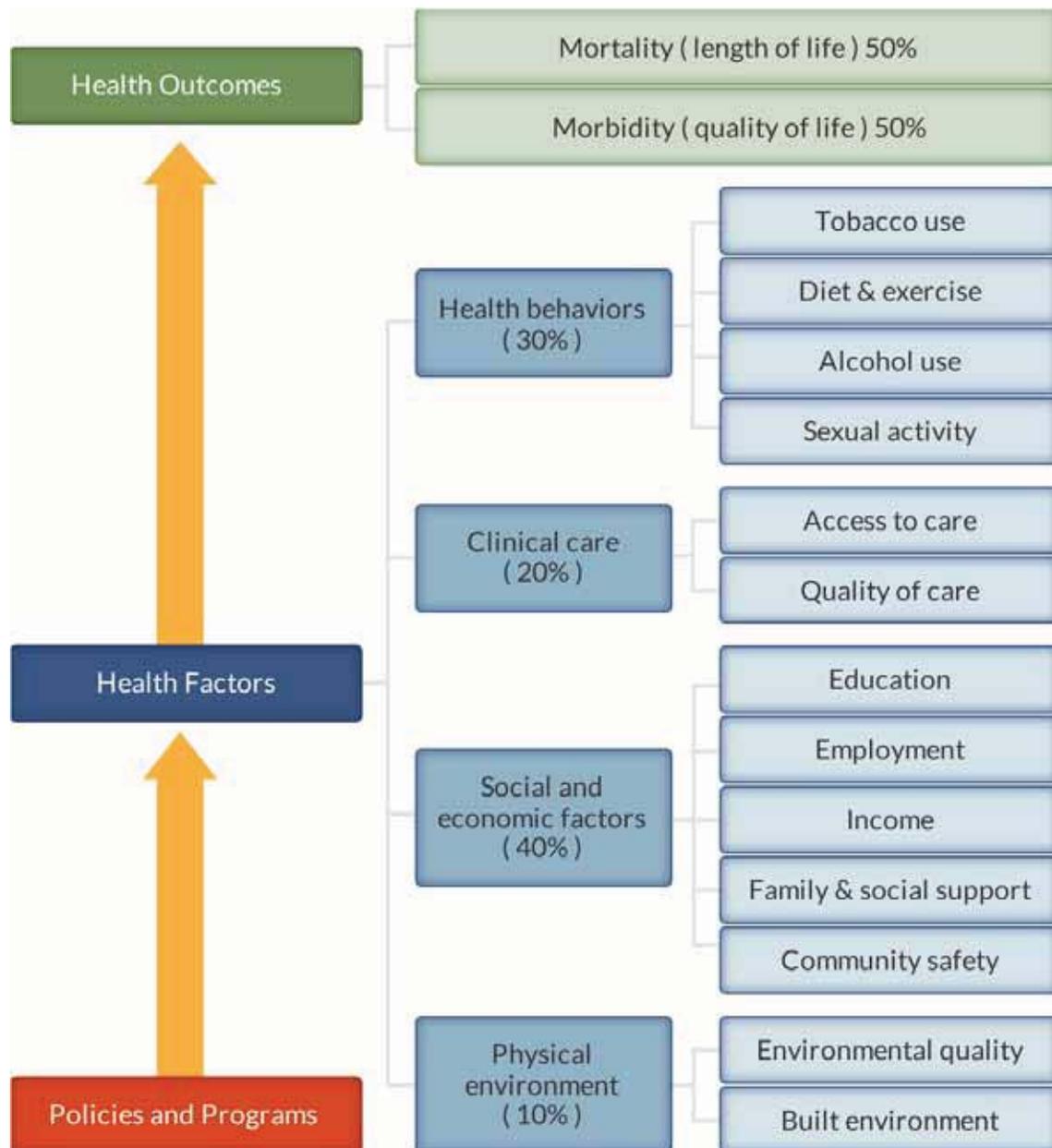
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The 2013 *County Health Rankings* report ranks Florida counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

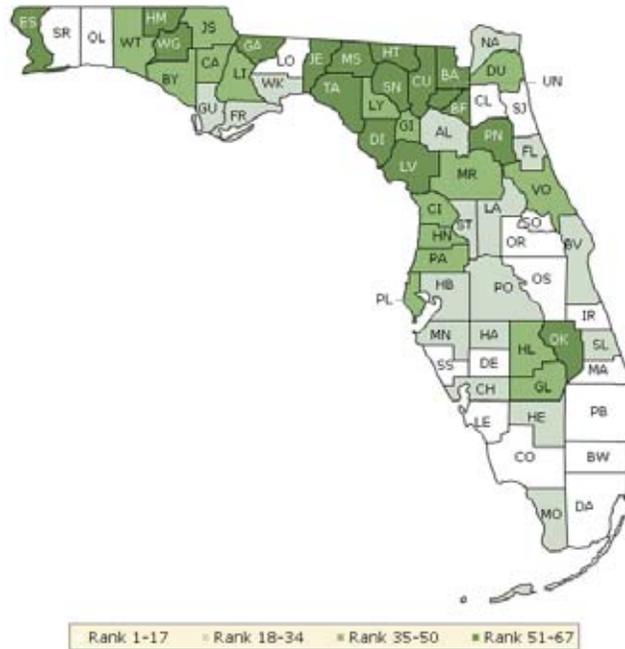


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Florida's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better

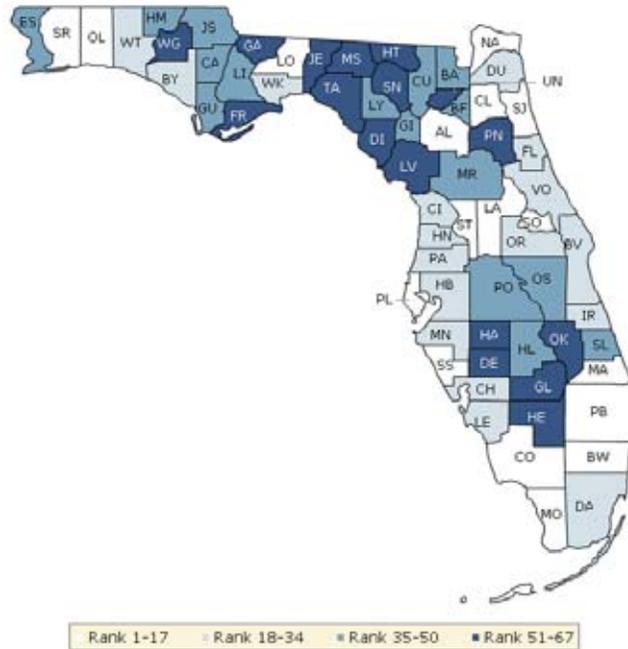
performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Alachua	18	Franklin	33	Lee	11	Pinellas	38
Baker	62	Gadsden	63	Leon	8	Polk	30
Bay	35	Gilchrist	43	Levy	57	Putnam	66
Bradford	60	Glades	36	Liberty	39	Santa Rosa	10
Brevard	26	Gulf	34	Madison	51	Sarasota	5
Broward	9	Hamilton	64	Manatee	21	Seminole	4
Calhoun	46	Hardee	25	Marion	44	St. Johns	1
Charlotte	28	Hendry	32	Martin	2	St. Lucie	22
Citrus	50	Hernando	48	Miami-Dade	6	Sumter	24
Clay	7	Highlands	37	Monroe	20	Suwannee	54
Collier	3	Hillsborough	31	Nassau	29	Taylor	61
Columbia	58	Holmes	52	Okaloosa	16	Union	67
DeSoto	13	Indian River	15	Okeechobee	53	Volusia	42
Dixie	59	Jackson	49	Orange	12	Wakulla	27
Duval	47	Jefferson	56	Osceola	17	Walton	41
Escambia	55	Lafayette	40	Palm Beach	14	Washington	65
Flagler	23	Lake	19	Pasco	45		

HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Alachua	4	Franklin	52	Lee	24	Pinellas	17
Baker	47	Gadsden	62	Leon	11	Polk	43
Bay	32	Gilchrist	42	Levy	54	Putnam	66
Bradford	44	Glades	59	Liberty	48	Santa Rosa	12
Brevard	20	Gulf	46	Madison	61	Sarasota	3
Broward	8	Hamilton	67	Manatee	23	Seminole	5
Calhoun	49	Hardee	57	Marion	39	St. Johns	1
Charlotte	18	Hendry	63	Martin	2	St. Lucie	36
Citrus	34	Hernando	33	Miami-Dade	29	Sumter	13
Clay	16	Highlands	38	Monroe	9	Suwannee	55
Collier	10	Hillsborough	22	Nassau	15	Taylor	58
Columbia	50	Holmes	45	Okaloosa	7	Union	51
DeSoto	60	Indian River	19	Okeechobee	65	Volusia	30
Dixie	64	Jackson	35	Orange	21	Wakulla	26
Duval	31	Jefferson	53	Osceola	40	Walton	25
Escambia	41	Lafayette	37	Palm Beach	6	Washington	56
Flagler	27	Lake	14	Pasco	28		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Each of these ranks represents a weighted summary of a number of measures.

Rank	Health Outcomes	Rank	Health Factors
1	St. Johns	1	St. Johns
2	Martin	2	Martin
3	Collier	3	Sarasota
4	Seminole	4	Alachua
5	Sarasota	5	Seminole
6	Miami-Dade	6	Palm Beach
7	Clay	7	Okaloosa
8	Leon	8	Broward
9	Broward	9	Monroe
10	Santa Rosa	10	Collier
11	Lee	11	Leon
12	Orange	12	Santa Rosa
13	DeSoto	13	Sumter
14	Palm Beach	14	Lake
15	Indian River	15	Nassau
16	Okaloosa	16	Clay
17	Osceola	17	Pinellas
18	Alachua	18	Charlotte
19	Lake	19	Indian River
20	Monroe	20	Brevard
21	Manatee	21	Orange
22	St. Lucie	22	Hillsborough
23	Flagler	23	Manatee
24	Sumter	24	Lee
25	Hardee	25	Walton
26	Brevard	26	Wakulla
27	Wakulla	27	Flagler
28	Charlotte	28	Pasco
29	Nassau	29	Miami-Dade
30	Polk	30	Volusia
31	Hillsborough	31	Duval
32	Hendry	32	Bay
33	Franklin	33	Hernando
34	Gulf	34	Citrus
35	Bay	35	Jackson
36	Glades	36	St. Lucie
37	Highlands	37	Lafayette
38	Pinellas	38	Highlands
39	Liberty	39	Marion
40	Lafayette	40	Osceola
41	Walton	41	Escambia
42	Volusia	42	Gilchrist

Rank	Health Outcomes	Rank	Health Factors
43	Gilchrist	43	Polk
44	Marion	44	Bradford
45	Pasco	45	Holmes
46	Calhoun	46	Gulf
47	Duval	47	Baker
48	Hernando	48	Liberty
49	Jackson	49	Calhoun
50	Citrus	50	Columbia
51	Madison	51	Union
52	Holmes	52	Franklin
53	Okeechobee	53	Jefferson
54	Suwannee	54	Levy
55	Escambia	55	Suwannee
56	Jefferson	56	Washington
57	Levy	57	Hardee
58	Columbia	58	Taylor
59	Dixie	59	Glades
60	Bradford	60	DeSoto
61	Taylor	61	Madison
62	Baker	62	Gadsden
63	Gadsden	63	Hendry
64	Hamilton	64	Dixie
65	Washington	65	Okeechobee
66	Putnam	66	Putnam
67	Union	67	Hamilton

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

CREDITS

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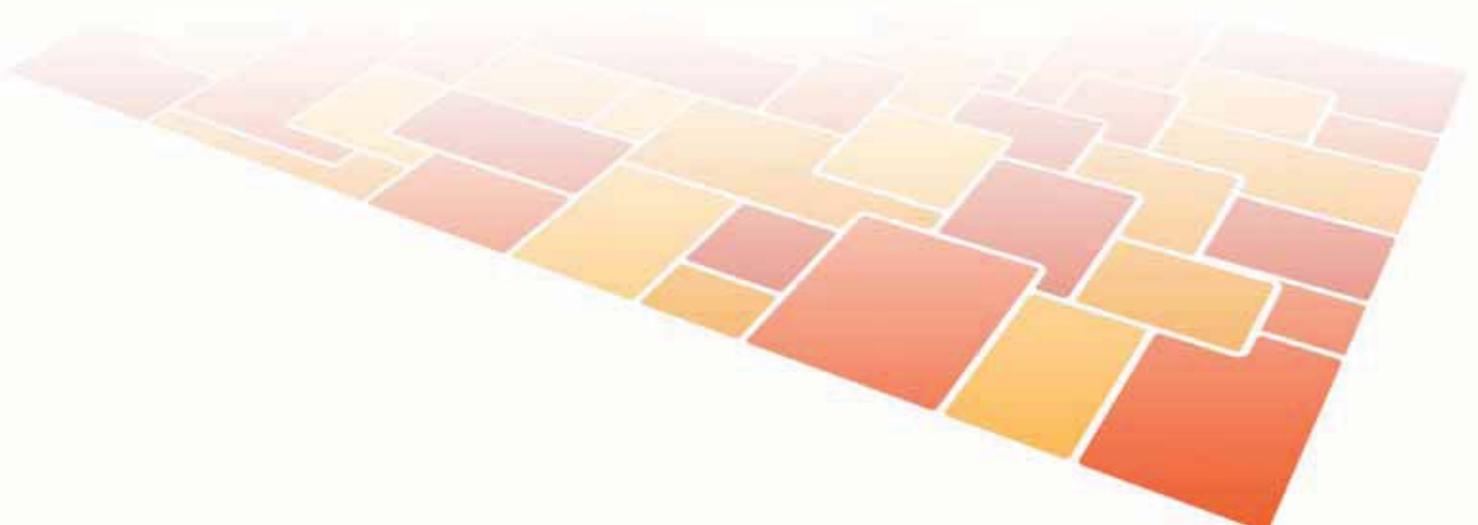
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**County Health
Rankings & Roadmaps**
A Healthier Nation, County by County

countyhealthrankings.org



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(608) 265-6370 / info@countyhealthrankings.org



Appendix A: Community Partners

Large Group Meeting Attendees--Community Health Improvement Planning Emerald Coast Conference Center				
Attended Aug 2011	Attended Mar 2012	Last	First	Affiliation
Yes	No	Kindle	Jerry	American Red Cross of Northwest FL - Chief Executive Officer
Yes	No	Barger	Leanne	American Red Cross, Emergency Services Director
Yes	Yes	Tutnjevic	Jamie	Bridgeway - Case Manager Team Leader
Yes	Yes	Crosby	Cassandra	Bridgeway Residential Services Program Manager
Yes	No	Guilian	Susan	Bridgeway, Community Care Asst Program Director
Yes	Yes	Leeth	Brenda	Choice Technical Center
Yes	No	Baker	Sue	Covenant Hospice
Yes	No	Easterling	Jeanne	Covenant Hospice
Yes	Yes	Foster	Teresa	Crestview Health Center, FQHC - Federally Qualified Health Center-North Florida Medical Centers
Yes	No	Persons	Robert	Crossroads
Yes	Yes	Walker	Marti	Crossroads and NWFSC Nursing Program
No	Yes	Hines	Larry	Destin City Council
Yes	No	Metz	Phil	Destin Fire Department, Chief
Yes	No	Chavis	reba	DJJ - FL Department of Juvenile Justice
No	Yes	Halstead	Keith	DOC - Okaloosa Correctional Institute
Yes	Yes	Mayo	Gloria	Early Learning Coalition of Okaloosa and Walton Counties - Executive Director
No	Yes	Mulero	Louie	Eglin AFB - Bio-Environmental Engineering
Yes	No	Griffith	Lt. Josh	Eglin AFB Bioenvironmental Engineering
Yes	Yes	Bennett	Craig	Eglin AFB Bio-Environmental Engineering
Yes	No	Smith-Azar	Nicole	Eglin AFB Health and Wellness Center
Yes	No	Pegues	Lt. Col. Lisa	Eglin AFB Public Health Flight Commander
Yes	No	Parish	Karla	Eglin AFB Public Health, R.N., Public Health Specialist
Yes	No	Bogart-Austin	Rhapsody	Families First Network
Yes	No	Rutan	Megan	Families First Network
Yes	No	Dees	Trisha	Families First Network of Lakeview - FSC
Yes	Yes	Thomas	Glenda	FDOH Children's Medical Services - Executive Community Health Nursing Director
Yes	No	Davis	Mark	FL Department of Agriculture and Consumer Services
Yes	No	Hudson	John	FL Department of Agriculture and Consumer Services
Yes	Yes	Hensdill	Ken	FL Department of Business and Professional Regulation, District 6 Mgr - Div of Hotels/Restaurants
Yes	No	Thompson	Roger	FL Department of Children and Families, DCF Licensing - Northwest Region
Yes	No	Eiland	Rhonda	FL Department of Corrections
Yes	No	Alexander	Shelley	FL Department of Environmental Protection, Waste Water Management
No	Yes	Corcoran	Ted	FWB Chamber of Commerce - CEO
Yes	No	Moorehand	Lautritia	FWBMC
No	Yes	Vardai	Lauren	FWBMC, Dietetic Intern
Yes	Yes	Griffin	Deborah	FWBMC - RN, Director Quality Management
No	Yes	Roberts	Tim	Hope Medical Clinic
No	Yes	Scheer	Marietta	Mental Health Association
Yes	No	Zorn	Carter	Miracle Strip Veterinary Association
Yes	Yes	Deonarine	Lida	North Okaloosa Medical Center - Director of Infection Control & Employee Health
Yes	No	Bruton	Forrest	Northwest Florida Water Management District - Field Rep Specialist
No	Yes	Shonk	Brian	NWFSC Dean of Technical Programs
Yes	Yes	Norton	Beth	NWFSC Nursing Program - RN - Division Director Allied Health & BSN Prog
Yes	No	McKay	Butch	OASIS
Yes	No	Love-Moore	Beatrice	Office of Veteran's Affairs
Yes	Yes	Vause	Tracey	Okaloosa County Department of Public Safety - Beach Safety Division Chief
Yes	Yes	Herdon	Al	Okaloosa County Department of Public Safety - Chief, EMS Division

**Large Group Meeting Attendees--Community Health Improvement Planning
Emerald Coast Conference Center**

<i>Attended Aug 2011</i>	<i>Attended Mar 2012</i>	<i>Last</i>	<i>First</i>	<i>Affiliation</i>
Yes	No	Covey	Dean	Okaloosa County Environmental Council
Yes	No	Czonstka	Steve	Okaloosa County Environmental Council, Treasurer
Yes	No	Robinson	Chandrieka	Okaloosa County Head Start
Yes	No	Lio	Joan	Okaloosa County Head Start - Health Services Manager
Yes	No	Newby	Kathy	Okaloosa County PIO
Yes	No	Villani	Dino	Okaloosa County Public Safety, Director
No	No	Seals	Dr. Cheryl	Okaloosa County School Board
Yes	Yes	Sansom	Jerry	Okaloosa County School District
Yes	Yes	Handzo	Lois	Okaloosa County School District - Director of Student Intervention Services
Yes	No	Burge	Jessica	Okaloosa County School District, Dietitian
Yes	No	Bridges	David	Okaloosa County Sheriff's Office, Environmental Deputy
Yes	No	Hussong	Nancy	Okaloosa County TDC/Emerald Coast Convention & Visitor's Bureau, R & D Mgr
Yes	No	Barr	Ginny	Okaloosa-Walton Mental Health Association
No	Yes	Voronin	Oleg	Public Health Flight Commander - Hurlburt Public Health Officer - Maj, USAF, BSC
No	Yes	Patel	Sona	Sacred Heart - FSU Resident
No	Yes	Peter	Joseph	Sacred Heart Health System
No	Yes	Baroco	Paul	Sacred Heart Health System - Director of Medical Education
Yes	Yes	Rapp	Jennifer	Sacred Heart Health Systems, Program Mgr, Grants and Govt. Affairs
Yes	No	Warf	Carrie	Shelter House, Residential Manager
Yes	Yes	Broxson	Alison	Shoal Creek Rehabilitation Center, Admission Specialist
Yes	Yes	Lampron	Shaun	Twin Cities Hospital - Chief Nursing Officer
Yes	No	Mbizo	Justice	University of West Florida School of Public Health - MPH Program
Yes	No	Gardner	Diane	University of West Florida, Chair of Nursing
Yes	No	Stewart	George	University of West Florida, MPH program
No	Yes	Lewis	Rod	UWF Haas Center
No	Yes	Lightfoot	Taylor	UWF Haas Center
Yes	No	Colaco	Lancy	Waterfront Rescue Mission, Social Worker
Yes	No	Gieseman	Alan	White-Wilson Medical Center
No	Yes	Daly	Jack	YMCA

Small Work Groups--Community Health Improvement Planning

Work Group	Last	First	Affiliation
Healthy Lifestyles	Johnson	Tammie	City of Crestview, FL
Access to Care	Halstead	Keith	DOC-Department of Corrections Institute
Healthy Lifestyles	Mayo	Gloria	Early Learning Coalition
Healthy Lifestyles	Gwyn	Jim	Eglin Air Force Base Alcohol and Drug Rehab
Access to Care	Moellenkamp	Jerry	Florida Department of Health
Access to Care	Thomas	Glenda	Florida Department of Health--CMS
Access to Care	Sanabria	Monisha	Fort Walton Beach Medical Center
Access to Care	Gatling	Sandi	HCA Healthcare
Access to Care	Griffin	Debbie	HCA Healthcare
Healthy Lifestyles	Bonner	Sherry	HCA Healthcare
Healthy Lifestyles	Jenkins	Stephanie	Health Source of Fort Walton Beach
Healthy Lifestyles	Smith	Scott	Health Source of Fort Walton Beach, Chiropractor
Healthy Lifestyles	Bush	Ardelle	Healthy Start
Healthy Lifestyles	Stein	Christina	Hurlburt Field Health and Wellness Center
Healthy Lifestyles	Akers	Rita	Hurlburt Field Public Health
Healthy Lifestyles	Voronin	Oleg	Hurlburt Field Public Health Officer
Healthy Lifestyles	Deonarine	Lida	North Okaloosa Medical Center, RN Infection Control
Healthy Lifestyles	Norton	Beth	North West Florida State College
Healthy Lifestyles	Shonk	Brian	North West Florida State College
Healthy Lifestyles	Vause	Tracy	Okaloosa County Department of Public Safety--Beach Safety
Access to Care	Bieber	Elaine	Okaloosa County Health Department
Access to Care	Castleberry	Rebecca	Okaloosa County Health Department
Access to Care	Garber	Cassie	Okaloosa County Health Department
Access to Care	Hooper	Michele	Okaloosa County Health Department
Access to Care	Morell	Venita	Okaloosa County Health Department
Access to Care	Raney	Michele	Okaloosa County Health Department
Access to Care	Schaller	Debra	Okaloosa County Health Department
Access to Care	Wadsworth	Lynn	Okaloosa County Health Department
Access to Care	Ziegler	Carrie	Okaloosa County Health Department
Healthy Lifestyles	Dall	Trisha	Okaloosa County Health Department
Healthy Lifestyles	Dziokonski	Dawn	Okaloosa County Health Department
Healthy Lifestyles	Hickok	Carissa	Okaloosa County Health Department
Healthy Lifestyles	May	Shaun	Okaloosa County Health Department
Healthy Lifestyles	McWilliams	Angella	Okaloosa County Health Department
Healthy Lifestyles	Norman	Cathy	Okaloosa County Health Department
Healthy Lifestyles	Thursby	Trina	Okaloosa County Health Department
Healthy Lifestyles	Wagner	Cecilia	Okaloosa County Health Department
Healthy Lifestyles	Handzo	Lori	Okaloosa County School District
Healthy Lifestyles	Smith	Stacie	Okaloosa County School District
Healthy Lifestyles	Smith	Brenda	UF Extension
Healthy Lifestyles	Courtney	Elaine	UF Extension
Healthy Lifestyles	Worley	Haley	UF Extension 4H
Access to Care	Lynch	Candace	United Way
Access to Care	Robinson	Bill	United Way
Access to Care	Anderson	Carol	West Florida AHEC
Access to Care	Eubanks	Penny	West Florida AHEC
Access to Care	Harrison	Sarah	West Florida AHEC
Healthy Lifestyles	DuBose	Agnes	West Florida AHEC
Healthy Lifestyles	Morell	Adare	West Florida AHEC
Healthy Lifestyles	Brown	Namoi	West Florida AHEC
Healthy Lifestyles	Harrison	Sarah	West Florida AHEC

Appendix B: Assets and Needs

CHANGE Tool Team--Okaloosa County Health Department				
Sector	Organization	Last	First	Title
Community at Large	City of Fort Walton Beach, FL	Beedie	Michael	City Manager
Community at Large	City of Crestview, FL	Johnson	Tammie	Payroll/HR
Community at Large	City of Crestview, FL	Davis	Eric	Planning Official
Community Institution/ organization	Destin United Methodist Church (DUMC)	Samples	Jeanene	Connector Center Manager and Membership Secretary
Community Institution/ organization	YMCA of the Emerald Coast Childcare Program	Watros	Wendy	Childcare Program and Services Coordinator
Community Institution/ organization	Northwest Florida State College	Murphy	Nancy	HR Director
School	Rocky Bayou Christian School	Shaw	Amy	Marketing Director
School	Baker School	Stewart	Jennifer	Assistant Principal
Health Care	Fort Walton Beach Medical Center	Griffin	Deborah	Director of Quality Management
Health Care	Fort Walton Beach Medical Center	Tetzlaff	Lisa	Director of Case Management
Health Care Work Site	Baker Family Medical Center Eglin Air Force Base	Foster DeCaro	Teresa Alison	Center Manager Flight Chief/HPM
Work Site	Eglin Air Force Base	Leggett	Marilyn	Health Promotion Coordinator, Civilian Health Promotion Service Human Resource
Work Site	Resort Quest	Jones	Lee Ann	Generalist

Appendix B: Assets and Needs

CHANGE Tool Summary of Identified Assets and Needs

Assets

- Physical Activity
 - Numerous public parks
 - Developing bike paths and sidewalk infrastructure
 - Community sporting/recreation/water sports areas
 - Community centers (YMCA)
 - Recreation centers at local college, churches, etc.
 - Mall is open to walkers
 - Some employers encourage stair use by employees
 - Some work sites encourage walking during break times
 - Some work sites offer shower/locker room facilities
 - Wellness programs in some work sites
- Tobacco
 - State of FL Quit Line
 - Indoor tobacco policies
 - SWAT Program (Students Working Against Tobacco)
 - AHEC
 - American Lung Association TOT program
 - American Cancer Society marketing campaigns
 - Faith based tobacco cessation programs
 - Tobacco cessation through health care avenues
 - Physicians providing tobacco screening during visits
 - K-12 public schools 24/7 Tobacco Free Policies
 - Prescription assistance programs that cover tobacco cessation
 - Work site promotion of cessation options and education
 - Work sites that enforce tobacco policies
 - Public transportation is smoke free
- Nutrition
 - Farmers markets throughout the county
 - Meals on wheels and other nutrition programs
 - WIC
 - USDA Programs
 - County extension services
 - Some faith based organizations offer nutrition education
 - Food pantries
 - Soup kitchens
 - Health fairs often offer nutrition information
 - In insured, nutrition counseling is available in a health care setting
 - Back pack program in some of the schools
 - School lunch programs with revised nutrition standards
 - Some work sites encourage health eating and vending options
 - Work site wellness programs often have a nutrition component
- Chronic Disease Management
 - Community health fairs often offer screenings
 - Insured citizens have access through a primary care physician

Appendix B: Assets and Needs

- Community clinics will offer screenings
- Continuum of Care hosts a Veterans Stand Down that provides screening services
- Some faith based organizations offer chronic disease management classes
- Fitness facilities may offer management tools
- Some health care facilities offer chronic disease management classes
- In the K-12 schools child screenings are completed once per year
- Some work sites offer wellness programs and health fairs that provide screenings
- Some work sites offer insurance benefits that allow employees to receive management care

Needs

- Physical Activity
 - Coordinated and continuous bike paths and side walks
 - Outdoor lighting
 - Bike parking/storage
 - More funding options for community PA facilities
 - Education on appropriate and safe physical activity
 - Schools that allow public access to physical activity facilities during non-school hours
 - Work site wellness programs that encourage physical activity
- Tobacco
 - Expanded restaurant tobacco law that includes outdoor space
 - Expand SWAT program into more schools
 - More health care facilities becoming tobacco free campuses
 - Early comprehensive tobacco education for all students
 - Designated, approved and monitored smoking areas in worksites
- Nutrition
 - Identified food deserts
 - Marketing of local healthy resources, such as farmers markets
 - Nutritional counseling services made more widely available
 - Youth programs that target nutrition education
 - More education and positive role modeling of healthy nutrition based behavior
 - More outreach by health care facilities regarding proper nutrition
 - Healthy options at health care and worksites
 - Expand the back pack program for youth that may be at risk of nutritional deficiencies
 - Establish classroom policies on using food as a reward, and healthy classroom parties policies
 - Healthy options in vending and concession locations
 - More nutrition label information
- Chronic Disease Management
 - More community education regarding chronic disease
 - Limited services are available
 - Limited funding for those services that are available
 - Pilot policies regarding prevention services
 - Community based education services
 - Increase access to diagnostic services and procedures for the uninsured/underinsured
 - Comprehensive health education in the school system
 - Smaller employers often do not offer health insurance
 - Large employers should support health opportunities

Appendix C: CHA Distribution Points

Community Health Assessment Preliminary Distribution List

<u>Date</u>	<u>Organization</u>	<u>Format of Distribution</u>
March 15, 2012	American Red Cross of Northwest FL	Hard Copy
July 2012	Baker Family Medical Center	Hard Copy
July 2012	Baker School	Hard Copy
March 15, 2012	Bridgeway Center	Hard Copy
March 15, 2012	Choice Technical Center	Hard Copy
July 2012	City of Crestview, FL	Hard Copy
July 2012	City of Fort Walton Beach, FL	Hard Copy
March 15, 2012	Covenant Hospice	Hard Copy
March 6, 2013	Crestview Bulletin	Electronic
November 2012	Crestview Chamber of Commerce	Hard Copy
March 15, 2012	Crestview Health Center, FQHC	Hard Copy
March 15, 2012	Crossroads and NWFSC Nursing Program	Hard Copy
March 15, 2012	Destin City Council	Hard Copy
March 15, 2012	Destin Fire Department	Hard Copy
July 2012	Destin United Methodist Church (DUMC)	Hard Copy
March 15, 2012	DJJ - FL Department of Juvenile Justice	Hard Copy
March 15, 2012	DOC - Okaloosa Correctional Institute	Hard Copy
March 15, 2012	Early Learning Coalition of Okaloosa and Walton Counties	Hard Copy
March 15, 2012	Eglin AFB - Bio-Environmental Engineering	Hard Copy
March 15, 2012	Eglin AFB Health and Wellness Center	Hard Copy
March 15, 2012	Eglin AFB Public Health	Hard Copy
July 2012	Eglin Air Force Base	Hard Copy
March 15, 2012	Families First Network	Hard Copy
March 15, 2012	FDOH Children's Medical Services	Hard Copy
March 15, 2012	FL Department of Agriculture and Consumer Services	Hard Copy
March 15, 2012	FL Department of Business and Professional Regulation	Hard Copy
March 15, 2012	FL Department of Children and Families	Hard Copy
March 15, 2012	FL Department of Corrections	Hard Copy
March 15, 2012	FL Department of Environmental Protection	Hard Copy
July 2012	Fort Walton Beach Medical Center	Hard Copy
March 15, 2012	Fort Walton Beach Medical Center	Hard Copy
March 15, 2012	FWB Chamber of Commerce	Hard Copy
March 15, 2012	Hope Medical Clinic	Hard Copy
November 2012	Lake Eerie College of Osteopathic Medicine-Dental School	Hard Copy
March 15, 2012	Mental Health Association	Hard Copy
March 15, 2012	Miracle Strip Veterinary Association	Hard Copy
March 15, 2012	North Okaloosa Medical Center	Hard Copy
July 2012	Northwest Florida 211	Hard Copy
July 2012	Northwest Florida State College	Hard Copy
March 15, 2012	Northwest Florida Water Management District	Hard Copy
March 15, 2012	NWFSC Dean of Technical Programs	Hard Copy
March 15, 2012	NWFSC Nursing Program	Hard Copy
March 15, 2012	OASIS	Hard Copy
March 15, 2012	Office of Veteran's Affairs	Hard Copy
March 15, 2012	Okaloosa County Department of Public Safety	Hard Copy
March 15, 2012	Okaloosa County Environmental Council	Hard Copy
March 15, 2012	Okaloosa County Head Start	Hard Copy
March 15, 2012	Okaloosa County PIO	Hard Copy
March 15, 2012	Okaloosa County Public Safety	Hard Copy
March 15, 2012	Okaloosa County School Board	Hard Copy
March 15, 2012	Okaloosa County School District	Hard Copy
March 15, 2012	Okaloosa County Sheriff's Office	Hard Copy

March 15, 2012	Okaloosa County TDC/Emerald Coast Convention & Visitor's Bureau	Hard Copy
March 15, 2012	Okaloosa-Walton Mental Health Association	Hard Copy
July 2012	Resort Quest	Hard Copy
July 2012	Rocky Bayou Christian School	Hard Copy
March 15, 2012	Sacred Heart Health System	Hard Copy
November 2012	Senator Peadar	Hard Copy
March 15, 2012	Shelter House	Hard Copy
March 15, 2012	Shoal Creek Rehabilitation Center	Hard Copy
March 15, 2012	Twin Cities Hospital	Hard Copy
March 15, 2012	University of West Florida School of Public Health	Hard Copy
March 15, 2012	UWF Haas Center	Hard Copy
March 15, 2012	Waterfront Rescue Mission, Social Worker	Hard Copy
March 5, 2013	White-Wilson Charitable Foundation	Hard Copy
March 15, 2012	White-Wilson Medical Center	Hard Copy
March 15, 2012	YMCA	Hard Copy
July 2012	YMCA of the Emerald Coast Childcare Program	Hard Copy