

COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP MEMBERS

The following community members participated in the Community Health Improvement process. These individuals have agreed to be members of the local Health Improvement Partnership.

Katherine Allen, Suwannee County Extension Agent
Barry Baker, Suwannee County Clerk of Court
Pam Blackmon, County Health Department Administrator
Carla Blalock, Suwannee Coalition
Pauline Blalock, Ebenezer AME Church
Bonnie Box, County Extension Family Nutrition Program
Myriah Brady, Meridian Behavioral Healthcare
Wanda Crowe, County Health Department Nursing Director
Jordan Daniels, Daniels Funeral Home
Ricardo Diaz, Shands Live Oak Regional Medical Center
Wayne Godsmark, Christ Central Ministries
Danny Hales, Suwannee River Regional Library
Jay Harrison, Cheek & Scott Drugs
Cindy Heffernan, Workforce Development Board
Amber Ingram, Horizon Pediatrics
Ray Kelly, Ministerial Alliance
Donna Leggett, North Florida Community College School of Nursing
Marlene Mitchell, Suwannee River Regional Library
Mike Mitchell, Suwannee County Health Department Environmental Health Director
Sharon Neelands, Department of Juvenile Justice Third Circuit
Sonny Nobles, City of Live Oak Mayor
Brittney Pineda, Students Working Against Tobacco
Ken Saunders, Branford Town Council
Steven Schneitman, Youth Advocacy Partnership
Greg Scott, Suwannee County Parks & Recreation
Jeff Scott, Cheek & Scott Drugs
Dana Taylor, Sellers, Taylor & Morrison, PA
Mary Taylor, Suwannee Coalition
Juanita Torres, Suwannee District Schools Migrant Program
Margaret Wooley, School County Schools Health Services Coordinator

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VISION STATEMENT

A VISION FOR AN ENGAGED, SAFE, AND
HEALTHY COMMUNITY.
SUWANNEE COUNTY, FLORIDA



VISION STATEMENT*

A healthy Suwannee County is one that is physically, mentally, socially and economically vibrant. Through partnership and collaborations, Suwannee County will be a healthy community, involving residents that value their own health and contribute to shared healthy living.

GUIDING PRINCIPLES

- » Members of a healthy community are physically active, practice good nutrition, avoid drug use and are knowledgeable about health care.
- » Community partnership and collaboration are needed to achieve a healthy community.
- » Communication among health care providers and public health agencies is essential to increasing access to health care.
- » An involved citizenry values their own health and contributes to the well-being of all residents.

* See Appendix for a summary of this meeting.



The Suwannee Coalition is happy to present the 2011 Community Health Improvement Plan (CHIP). This plan is the result of a collaborative effort involving multiple organizations, and incorporates the insights from a “Core Community Support Team,” which consists of local residents, health care professionals, and organizations vested in making Suwannee a healthy community.

This report brings together information from a wide range of sources regarding health in Suwannee County. Not only does it present objective data on the health status of Suwannee County citizens, but it also offers information on how to prioritize different community needs, a set of concrete goals for making Suwannee a healthier community, and specific actions that will help achieve these goals.

One of the first steps in developing this Community Health Improvement Plan was to bring together community members to develop a vision statement for Suwannee County (see page 4). In developing this vision statement, participants in the visioning meeting identified four specific components of a “healthy community.” Following the vision statement, a healthy community is defined as one with four key features:

- 1) residents who pursue healthy behaviors
- 2) an involved citizenry
- 3) collaboration among the local public health system
- 4) access to health care

Please see the “Four Aspects of a Healthy Suwannee County” sections (beginning on page 10) for more information and proposed actions for improvement in specific health areas.

As this report demonstrates, Suwannee County fares well on several measures of health and possesses valuable resources. However, in several specific areas, there is room for growth. This Community Health Improvement Plan outlines a framework for achieving improved health in Suwannee County.



ACTION STEPS: HOW TO USE THIS REPORT

Within this report you will find a wide range of information on the health and perceptions of Suwannee County residents. This report can be read in many ways, and whether you are writing a grant proposal, or seeking evidence to help support your ideas for improving health, this report offers several tools that can help.

IF YOU WANT OBJECTIVE DATA ON HEALTH ISSUES IN SUWANNEE COUNTY

If you are most interested in objective data on health issues in Suwannee County, you may wish to skip ahead to the assessments. In the Community Health Status Assessment (CHSA) you will find comparative health data organized into 11 sections (page 35). If you are interested in what Suwannee residents identify as the most important health problems and their subjective evaluation of community health, please consult the Community Themes and Strengths Assessment (CTSA, page 72).

IF YOU WANT TO KNOW WHICH HEALTH ISSUES ARE MOST IMPORTANT

If, however, you are interested in ways to prioritize health concerns, consult the “Four Aspects of a Healthy Suwannee County” section (page 10). In this section you will find strategic actions and priorities for four aspects of a healthy community: healthy behaviors, involved citizenry, collaboration, and access to health care.

IF YOU ARE APPLYING FOR GRANTS

If you are writing a grant proposal, you will find helpful information throughout this report to support your claims about the important health issues in Suwannee County. Ultimately, the utility of this report will be found in how the reader chooses to apply this information to particular questions and problems. Although it represents the outcome of a strategic planning process, it is not intended to be the final statement on the needs of Suwannee County. We encourage the reader to continue the dialogue needed to keep Suwannee County a healthy and vibrant community.

FIGURE 1. THE MAPP PROCESS

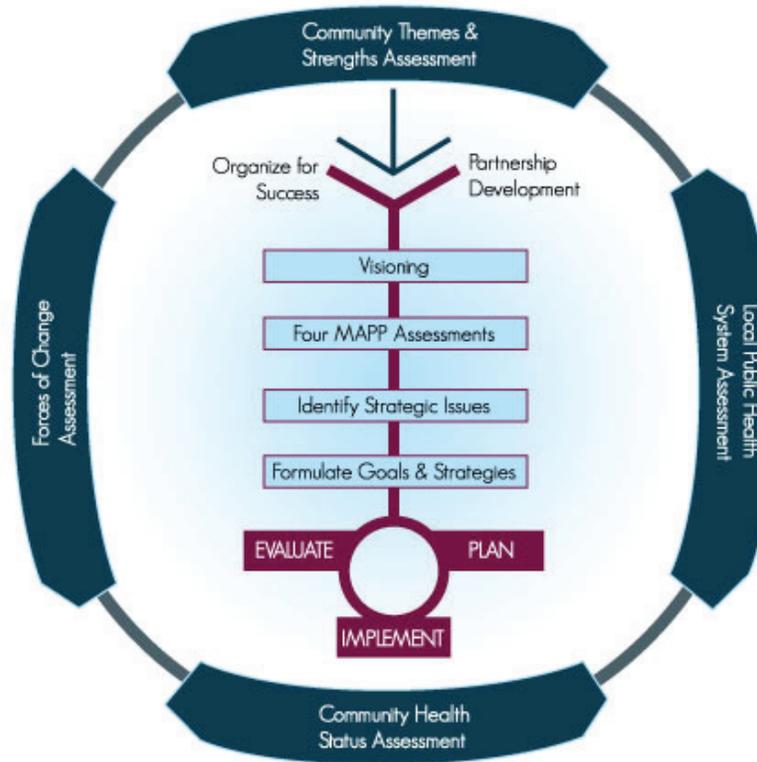


Figure 1 presents a schematic diagram of the MAPP process. More information is available from the National Association of County & City Health Officials: <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>

THE STRATEGIC PLANNING PROCESS

The Suwannee County Community Health Improvement Plan (CHIP) was developed out of a partnership of organizations seeking to prioritize public health issues and identify resources to address community health needs. The goal of this process was to combine the insights of Suwannee County health professionals, residents, and concerned citizens, on how to make and sustain a healthy community.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

The Community Health Improvement Plan was developed following the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which was developed by the National Association of County and City Health Officials (NACCHO). The MAPP process is a community-driven strategic planning process aimed at improving community health. It offers guidelines for convening community members to develop a vision for a healthy community, includes several instruments to gauge community health and the beliefs of community members, and provides an overarching framework to achieve community goals.

FOUR HEALTH ASSESSMENTS

The MAPP process includes four specific assessments of community health. Each of these assessments focuses on a particular aspect of community health, and helps identify the strengths weaknesses in Suwannee County.

The Community Themes and Strengths Assessment (CTSA) identifies the issues that are important for community members. It provides a way to understand what community members value in a healthy community, what behaviors they identify as threats to health, and what specific concerns they have about health in Suwannee County. This assessment was conducted by the Suwannee Coalition, following MAPP protocols, through an online and paper survey of 118 residents of Suwannee County.

The Local Public Health Systems Assessment (LPHSA) focuses on the organizations in Suwannee County that contribute to community health. It evaluates the extent to which the local health system provides Ten Essential Services for a healthy community.

The Community Health Status Assessment (CHSA) aggregates health data from a range of national, state, and local reporting services to provide an objective snapshot of health in Suwannee County. It also provides comparative data so that measures of health in Suwannee County can be compared to the state of Florida as a whole.

Finally, the Forces of Change Assessment brought together a group of health professionals and concerned citizens to discuss forces of change that may influence community health in the future. It has resulted in a list of issues that health professional should keep in mind as they prepare for future health demands.

CONVENING COMMUNITY MEMBERS AND HEALTH PROFESSIONALS

In the process of following the MAPP framework, several events were scheduled to bring together a broad range of community members and leaders. On June 23, 2011, twenty community members convened to develop a vision statement for a healthy Suwannee County. Then, on July 13, a day-long retreat was held to review the preliminary results from the assessments. During this second meeting participants elaborated on the vision statement to identify a set of issues, goals, and strategic actions to achieve 'said' goals for a healthy community. Finally, on August 30, small group meetings were held to conduct the Local Public Health Systems Assessment.

LOOKING FORWARD

With the completion of the four assessments and the presentation of the results in this report, the “Action Phase” of the MAPP process begins. Having identified strategic priorities for strengthening community health, what remains is to follow through with a sustained effort to improve health in Suwannee County. This document must be in the hands of decision makers when they decide what issues to fund, in the hands of grant-writing staff when they decide which grants to apply for, and in the hands of school officials when they decide what the most at-risk groups are. In short, this document needs to be kept alive through active use in the various decision making processes throughout Suwannee County, and through such active use, the overall community health situation can improve in Suwannee County.



FOUR STRATEGIC ISSUES IN SUWANNEE COUNTY

IN THIS SECTION

»Healthy Behaviors	10
»Involved Citizenry	15
»Collaboration	19
»Access to Healthcare	24

The page features a decorative design of blue wavy lines and a dark blue banner. The banner is a horizontal band of dark blue color that tapers at both ends, positioned across the middle of the page. The text 'HEALTHY BEHAVIORS' is centered within this banner in white, uppercase letters. Below the banner, there are several thin, parallel blue lines that curve and flow from left to right, creating a sense of movement and depth. The background is a light blue gradient that transitions from a pale blue at the top to a slightly darker blue at the bottom, with the wavy lines and banner overlaid on this gradient.

HEALTHY BEHAVIORS



current smokers. Improving health in Suwannee County requires attention to the behaviors that contribute to obesity as well as smoking. In Suwannee County, as in the United States as a whole, obesity and smoking related diseases remain major causes of death. From 2007 to 2009, there were 231 deaths in Suwannee County attributed to coronary heart disease and 114 deaths from lung cancer. The age-adjusted rate of death for these diseases is higher in Suwannee County (124.6 for coronary heart disease and 68.4 for lung cancer) than in Florida as a whole (108.5 and 46.9 respectively). Improving healthy behaviors can increase health in these and several other areas.

Two important factors for decreasing obesity and increasing overall health are to have a healthy diet as well as a physically active

28.5%

OF SUWANNEE ADULTS ARE CURRENT SMOKERS, COMPARED TO 17.1% FOR THE STATE OF FLORIDA.

(Source: 2010 BRFSS)

Individuals who choose healthy behaviors are an essential component of a healthy community in Suwannee County. Improving healthy behaviors is important not only for increasing the overall health of residents, but also for increasing their sense of empowerment. Significant healthy behaviors include physical activity, quality nutrition, and the avoidance of drug abuse.

According to the 2010, Behavioral Risk Factor Surveillance Survey (BRFSS), 66.3% of Suwannee adults are overweight or obese, and 28.5% of Suwannee adults are

27.4%
OF SUWANNEE ADULTS ARE OBESE AND

66.3%
ARE OVERWEIGHT OR OBESE.

(Source: 2010 BRFSS)

21.8%
OF SUWANNEE
ADULTS REPORT
THEIR HEALTH
STATUS AS “FAIR”
OR “POOR”
COMPARED
TO 16.6% FOR
FLORIDA

(Source: 2007 BRFSS)

lifestyle. The first strategic issue that has been identified to improve healthy behaviors is to increase awareness about the importance of physical activity for overall health. Currently, approximately 25% of adults in Suwannee County have a “sedentary” lifestyle, defined as having no or only irregular physical activity. Increased education and community events can help improve the level of physical activity in Suwannee County (see Table 1 for a list of suggestions). Another strategic issue is to improve nutrition among Suwannee County residents. Currently, only 29.5% of Suwannee adults consume at least five servings of fruits or vegetables a day. With effort, this can be increased substantially over the next five years.



Finally, decreasing substance abuse in general, and in particular the abuse of prescription drugs, is an important issue in Suwannee County. Although quality data on the prevalence of drug abuse in Suwannee County is not available, 53% of community respondents to a survey (see the Community Themes and Strengths Assessment) agreed that drug abuse is one of

the three most important risky behaviors in Suwannee County. Prescription drug abuse may be addressed through education, and specifically drug prevention education for middle and high school students. Additionally, it can be helpful to make available a directory of local drug abuse intervention services.

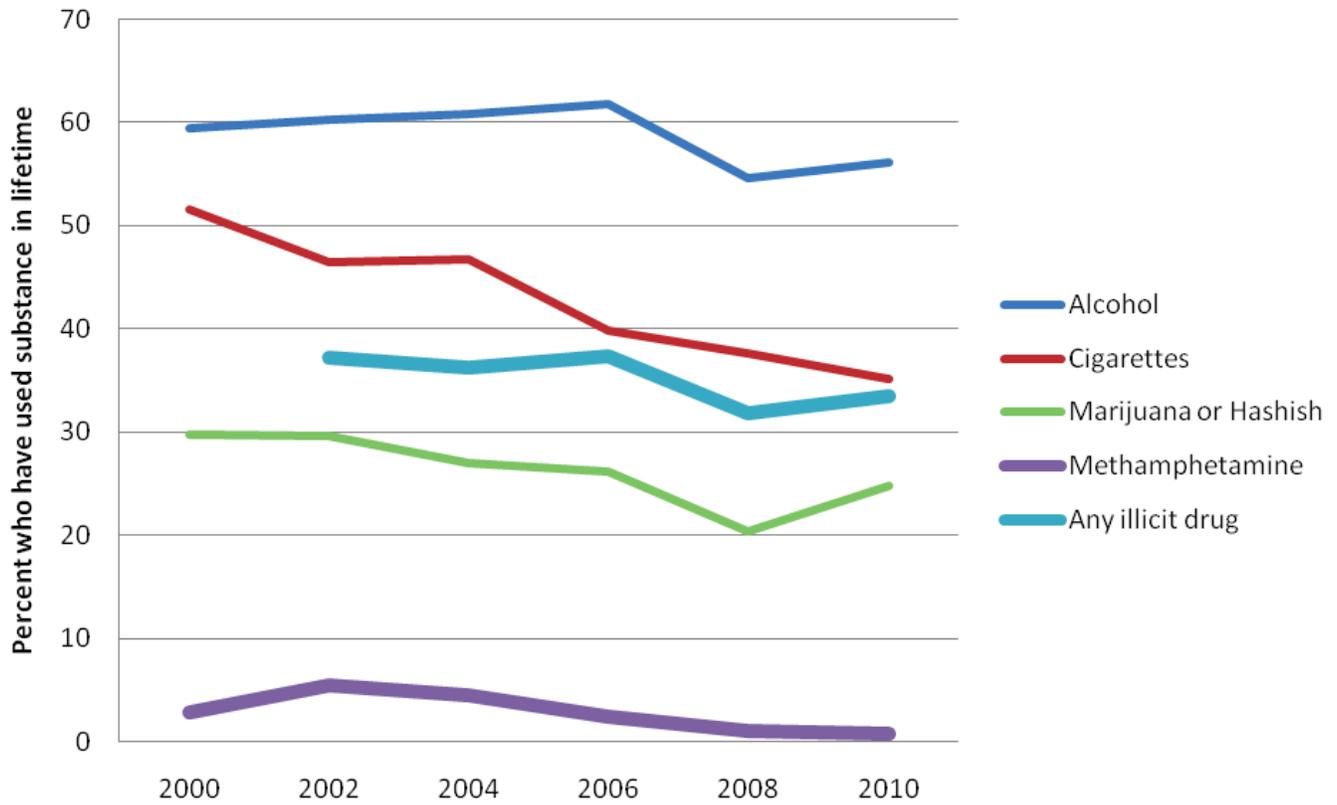
25%
OF SUWANNEE ADULTS HAVE
A “SEDENTARY” LIFESTYLE

(Source: 2007 BRFSS)

TABLE 1. HEALTHY BEHAVIORS: ISSUES, ACTIONS, AND GOALS

STRATEGIC ISSUE	SPECIFIC ACTION	STRATEGIC GOAL
<p>Increase awareness about the importance of physical activity</p>	<p>Decrease the percentage of county residents reporting a health status of either “poor” or “fair” on BRFSS to meet the Florida average of 16.6% within 5 years.</p>	<ul style="list-style-type: none"> » Hold community-wide challenge, modeled after and/or using “America on the Move.” » Hold community-wide challenge modeled after the “Biggest Loser/Biggest Winner” television show concept. » Offer a community-wide physical activity opportunity monthly, being held at different county locations and open to all county residents.
	<p>Decrease the percentage of county residents who report “no exercise” or “sedentary lifestyle” on BRFSS by 5% of the total county population</p>	<ul style="list-style-type: none"> » Increase awareness of activities and programs that are currently available in the county. » Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county.
<p>Improve nutrition among residents</p>	<p>Increase the percentage of adults who consume at least 5 servings of fruit and vegetables each day by 5% within 5 years.</p>	<ul style="list-style-type: none"> » Increase awareness of available local providers of fresh fruits and vegetables. » Encourage local restaurants to provide and highlight healthy menu items. » Give special recognition to restaurants that offer healthy menu items.
	<p>Decrease the percentage of residents with a BMI of 30 or more (i.e. obese) to meet the Florida average of 24.1% within 10 years.</p>	<ul style="list-style-type: none"> » Establish cooking classes available to all residents, which promote healthy nutritional alternatives to traditional “southern” recipes. » Hold a community cook-off which utilizes healthy recipes/dishes.
<p>Decrease prescription drug abuse</p>	<p>All students attending school in our county will be required to participate in a comprehensive drug prevention education within 3 years.</p>	<ul style="list-style-type: none"> » Require this education for all High School students. » Require this education for all Middle School students.

FIGURE 2. LIFETIME TREND IN ALCOHOL, TOBACCO, OR OTHER DRUG USE FOR SUWANNEE COUNTY YOUTH



Data from the 2010 Florida Youth Substance Survey reveals some promising developments among youth. Most notably, there has been a pronounced decrease in the percent of youth who have tried cigarettes at some point in their lives. Methamphetamine use also has declined substantially. However, alcohol use and use of any illicit drug remain elevated.



INVOLVED CITIZENRY



IN SUWANNEE COUNTY, 16.7% OF BIRTHS ARE TO ADOLESCENTS

(AGES 15-19), WHICH IS SUBSTANTIALLY HIGHER
THAN THE PROPORTION FOR FLORIDA AS A
WHOLE (10.4%).

(Source: FloridaCHARTS, 2007-2009, 3 year rolling average)



IN SUWANNEE FROM 2007-2009, THERE WERE AN AVERAGE OF 1.4 BIRTHS TO MOTHERS AGE 10-14 PER 1,000 FEMALES AGE 10-14. THIS WAS SUBSTANTIALLY HIGHER THAN THE 0.6 RATE FOR FLORIDA AS A WHOLE.

(Source: FloridaCHARTS, 2007-2009 rolling average).

An essential component of a healthy Suwannee County is having “residents that value their own health and contribute to shared healthy living” (See Vision Statement). It is vital that citizens are involved in their own and in their neighbors’ health outcomes. In order to foster an involved citizenry, it is critical to increase access to accurate information. Public health officials can work in multiple capacities to encourage an involved citizenry (see table below).

One specific area where an involved citizenry is necessary for improving a health issue is the prevalence of births to young mothers. In a survey of Suwannee residents, 34.8% stated that teenage pregnancy is one of the three most important health problems in Suwannee County. In several measures, Suwannee County has a higher proportion of births to young mothers than Florida as a whole. From 2007 to 2009, approximately 17% of all births were to adolescents, which is substantially greater than the 10% for Florida. Additionally, the birth rate (per 1,000) among 10-14 year old females is 1.4, which is again higher than the rate for

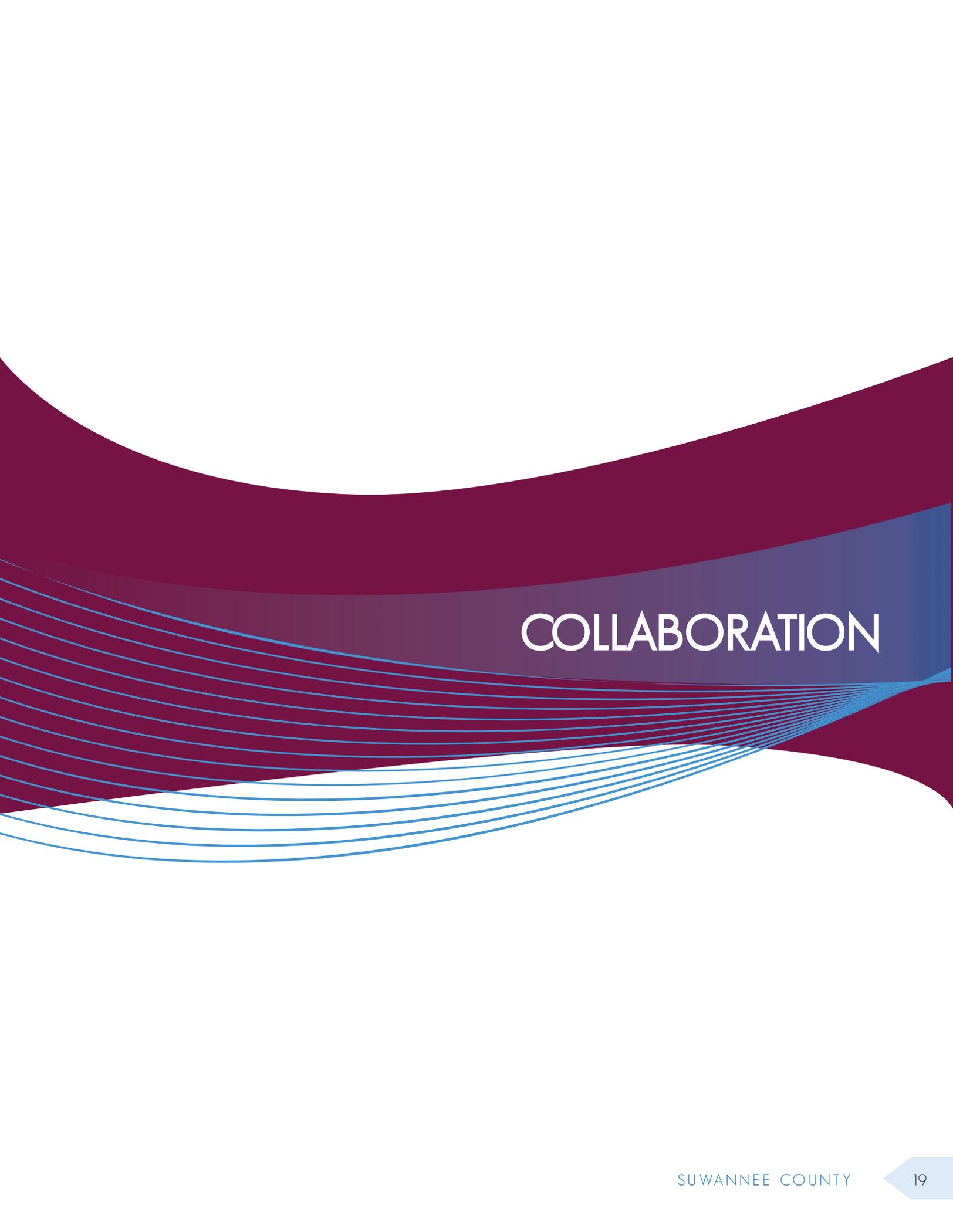
IN SUWANNEE FROM 2007-2009, THERE WERE AN AVERAGE OF 73.2 BIRTHS TO MOTHERS AGED 15-19 PER 1,000 FEMALES AGE 15-19, AS COMPARED TO 40.4 FOR FLORIDA AS A WHOLE.

(Source: FloridaCHARTS, 2007-2009 rolling average).

Florida as a whole (0.6). One goal is to decrease the Suwannee rate to the Florida rate within three years, and achieve a rate of zero births to females aged 10-14 in five years. In order to help foster an involved citizenry, it is important for public health professionals to connect with educators and individuals in the faith-based community to connect with residents. This will allow different populations to focus on the issues that they find most important.

TABLE 2. INVOLVED CITIZENRY: ISSUES, ACTIONS, AND GOALS

STRATEGIC ISSUE	SPECIFIC ACTION	STRATEGIC GOAL
Decrease birth rate among 10-14 year olds	Decrease births among 10 to 14 year olds to meet the Florida average within three years, and to zero in 5 years	<ul style="list-style-type: none"> » Compile a list of demographics that put 10-14 year old females at high risk of pregnancy, and communicate with successful peer counties to develop list of suggested programs or services for each high risk group. » Hold an assembly program outside of school for individual groups/organizations to educate one another about making healthy choices. » Have youth parents conduct courses on what life is like as a parent, incorporating both data and personal examples. » Promote healthy choices through advertisement in school venues such as yearbook, announcements, fliers, etc.
Decrease birth rate among 15-19 year olds	Decrease the birth rate among 15-19 year olds to 50 per 1,000 births within 3 years.	<ul style="list-style-type: none"> » Have trained young parents (<25 years of age) teach short “home economics” and pregnancy courses with real-world examples and data. » Initiate mentor program between responsible adults and 15-19 year olds who are particularly at risk for teenage pregnancy. » Put advertisements in schools with information about pregnancy prevention (e.g. morning program, school paper, etc.). » Increase the percentage of Associates and Bachelor’s degrees within the county. » Increase the number of mental health care providers in Suwannee County.
Increase accurate information availability to diverse population groups	Distribute information to 75% of the county’s population about good health practices within 5 years, including student educational programs.	<ul style="list-style-type: none"> » Involve leaders from the faith community to educate their constituencies, promote services, refer individuals to specific programs, and promote mental health care. » Have students work with teachers to develop a youth-specific fitness plan and then present the plan to other students on the morning announcement.
	Increase physical activity through social activities and approaches by adding two new monthly exercise groups within 2 years.	<ul style="list-style-type: none"> » Add two new exercise groups that meet monthly by the end of 2011. » Conduct a “Biggest Loser” competitions, one with students and one with faculty, by working with the school system.



COLLABORATION



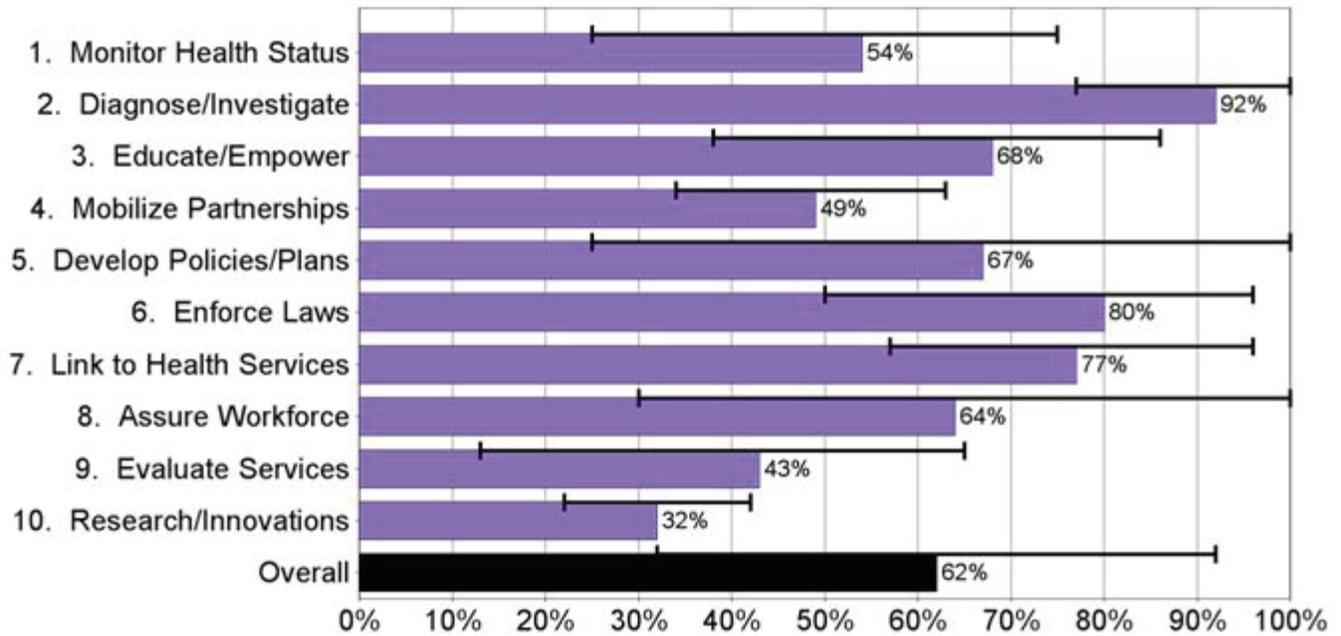
The health needs of Suwannee County are addressed by a broad array of organizations, professionals, and concerned individuals; collectively, these comprise the “local public health system.” One benefit of having a decentralized health system is that each organization can specialize in the particular health demands of different populations and health concerns; schools are uniquely adapted to aiding health education and promoting healthy behaviors, while clinics and doctors specialize in particular populations and diseases, and so on. However, one of the potential obstacles of a decentralized health system is that many health problems go beyond the jurisdiction of any single organization. For example, preventing drug abuse requires the cooperation of schools, law enforcement, and health care professionals. Thus, one of the important factors of a healthy Suwannee County is effective collaboration among the organizations and individuals involved in health care.

On August 30, 2011, the Suwannee Coalition brought together community sector representatives

to evaluate the effectiveness of the public health system. A total of 14 participants worked in subgroups to address the 10 Essential Services of the Local Public Health System, as defined by the Center for Disease Control. For each of these 10 Essential Services, a set of questions were posed about the capacity of the local public health system. Participants considered each question in turn, and arrived at a consensus evaluation. The responses were then scored by the NPHPSP online system, which then produced a report on the status of the local public health system (see the LPHSA in the Assessments section of this report for more information).

As seen in Figure 2, Suwannee County’s Local Public Health System has strengths in its ability to diagnose and investigate problems (Service 2) and in enforcing laws (Service 6) relevant to public health. However, the local public health system has limited capacity in its ability to research and develop innovations for public health (Service 10), evaluate services (Service 9), and mobilize partnerships (Service 4).

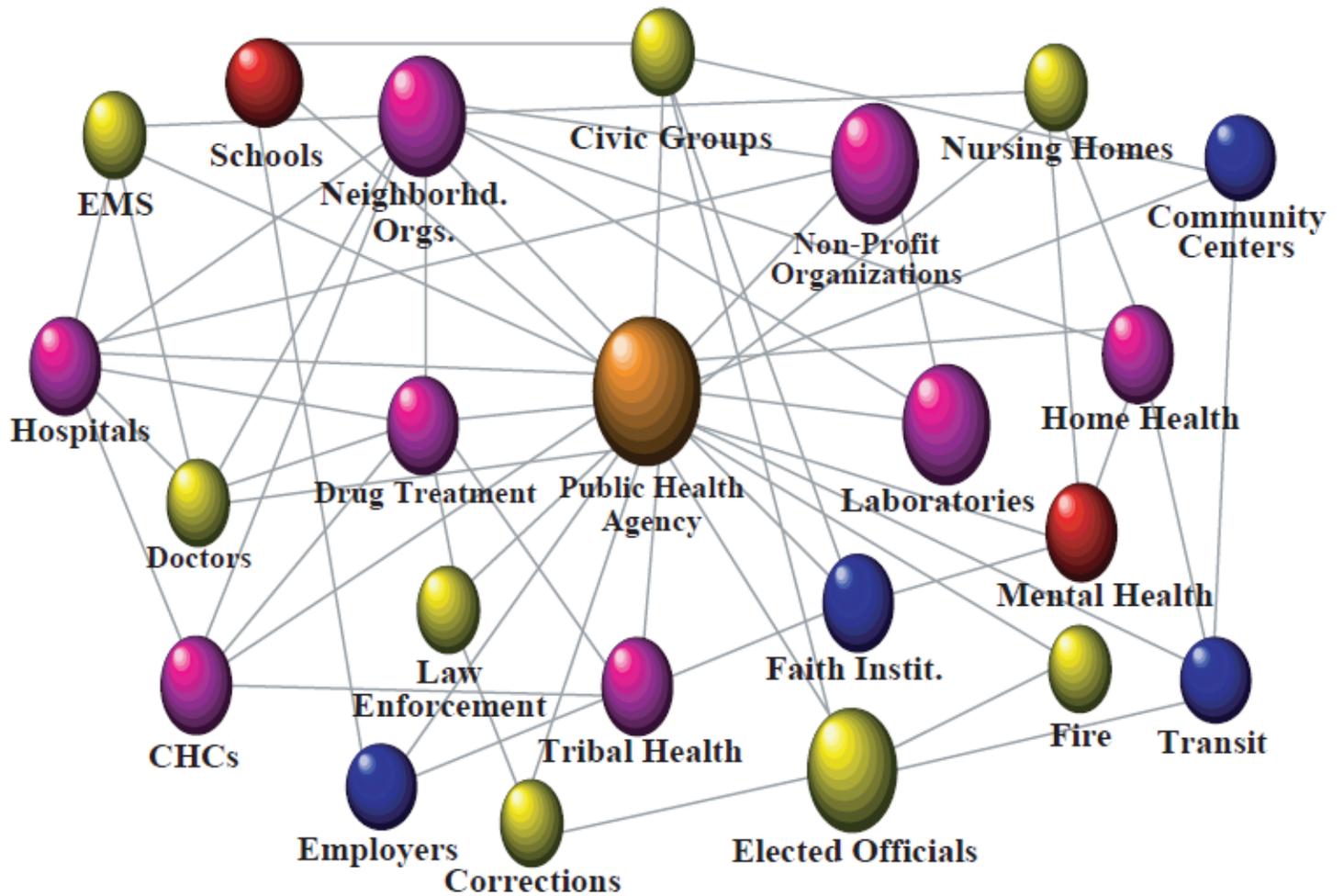
FIGURE 2. PERFORMANCE SCORES FOR THE 10 ESSENTIAL SERVICES OF THE LOCAL PUBLIC HEALTH SYSTEM.



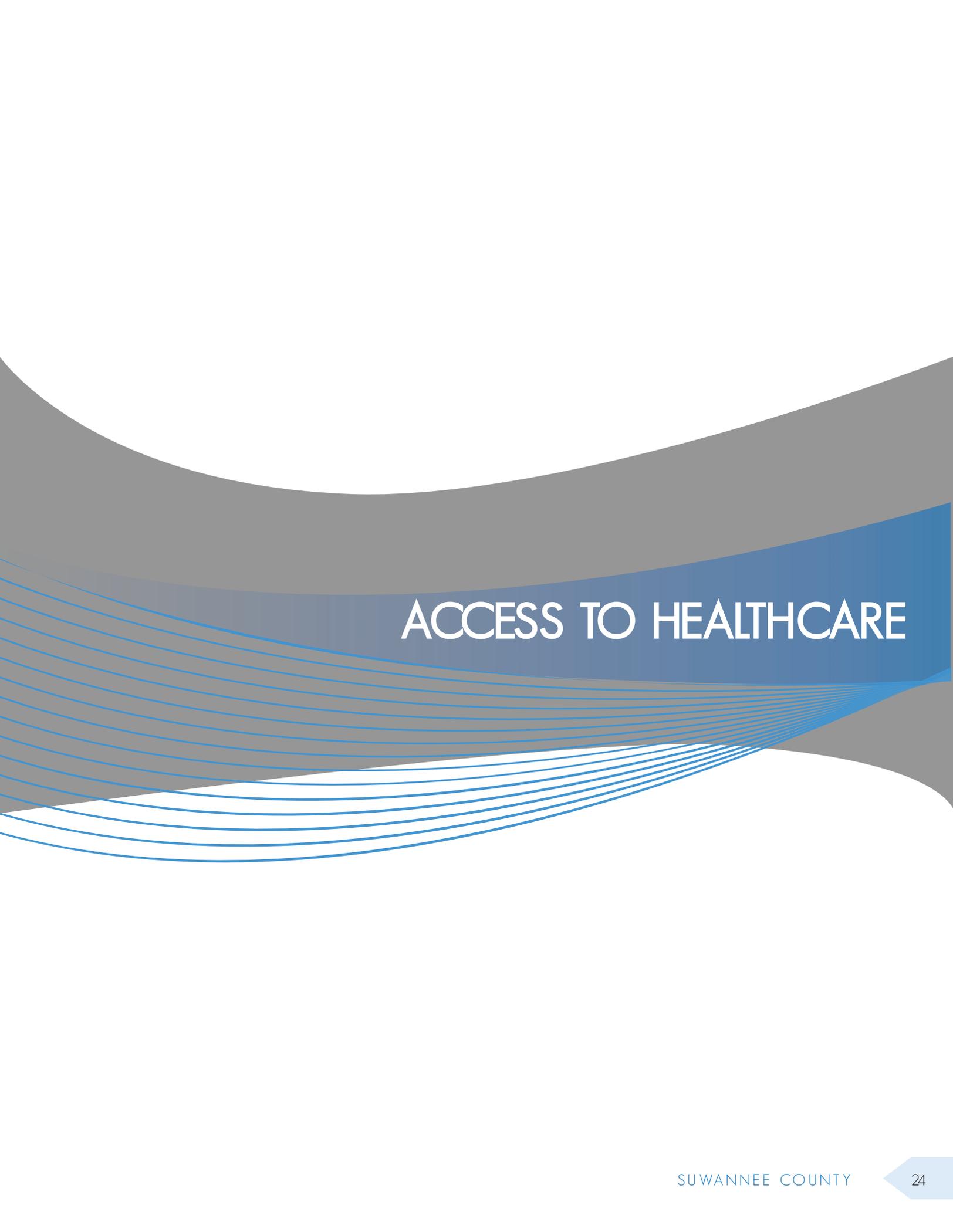
This figure displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score.

TABLE 3. COLLABORATION: ISSUES, ACTIONS, AND GOALS

STRATEGIC ISSUE	SPECIFIC ACTION	STRATEGIC GOAL
<p>How do we get organizations outside of their information silos to improve services and increase partnership?</p>	<p>Increase positive perceptions among health leaders that community-wide services are efficiently delivered and avoid unnecessary duplications, so that by 2014 70% or more of health leaders report “positive” or “very positive” perceptions.</p>	<ul style="list-style-type: none"> » Develop a website for both organizations and citizens that is user friendly. » Develop a marketing plan for the website. » Develop leadership team to constantly address duplications and increase efficiency.
	<p>Increase positive perceptions among health leaders that health organizations effectively collaborate, so that by 2014 70% or more of health leaders report “positive” or “very positive” perceptions.</p>	<ul style="list-style-type: none"> » Publicize/distribute successes of local collaboration. » Maintain on-going assessment of local collaboration. » Produce a list of existing best practices and promote it amongst health organizations.
<p>How do we increase community involvement and ownership, including involvement by diverse populations?</p>	<p>Educate 50% of health organizations about the advantages of diversity for delivering effective health services by 2014.</p>	<ul style="list-style-type: none"> » Incorporate leadership of diverse groups into the local health partnerships and this community health improvement project. » Identify best practices for increasing awareness. » Raise awareness of the types of diversity that are present in the community through workshops and training.
	<p>Develop and distribute culturally appropriate materials encouraging collaboration by 2013.</p>	<ul style="list-style-type: none"> » Identify community opinion makers and gain their support. » Identify organizations/populations that should participate in developing materials. » Develop focus group to test culturally appropriate materials.
<p>How can organizations/agencies improve communication?</p>	<p>Develop and implement an effective inter-organization communication plan by 2014.</p>	<ul style="list-style-type: none"> » Develop a directory of non-profits, ministries, government organizations and service providers. » Increase use of and participation in the community calendar.



Public health needs are addressed by a wide array of organizations. A healthy Suwannee County requires collaboration and participation from these many organizations. (Image taken from the Center for Disease Control, <http://www.cdc.gov/nphpsp/PDF/EggMap.pdf>) (Source: FloridaCHARTS, 2010)



ACCESS TO HEALTHCARE

AS OF 2010, THERE WERE

13 LICENSED PHYSICIANS IN
SUWANNEE COUNTY, FOR
A PROPORTION OF 30.8
PHYSICIANS PER 100,000
RESIDENTS

(POPULATION 41,551). THIS IS SUBSTANTIALLY LESS THAN THE
300.6 PHYSICIANS PER 100,000 RESIDENTS FOR FLORIDA
AS A WHOLE.

As of 2010, there were 13 licensed dentists in Suwannee County, for a proportion of 30.8 per 100,000 residents. For comparison, in Florida there are 61.9 licensed dentists per 100,000 residents.

Improving access to health care is a central component of the effort to make and sustain a healthy community in Suwannee County. In a survey of Suwannee residents, 51.8% of respondents disagreed or strongly disagreed with the statement that Suwannee County has “sufficient health care resources”. Improving access to health care requires not only developing local health care resources, but also communicating with residents about existing resources.

AS OF 2010,
THERE WERE
NO LICENSED
PEDIATRICIANS
OR OB/GYN
PHYSICIANS
IN SUWANNEE
COUNTY.

When asked if Suwannee County had sufficient health care resources, only 21.3% of respondents agreed, while 51.8% of respondents disagreed or strongly disagreed, and 26.9% were neutral.

IN 2010, THERE WERE 71.1 HOSPITAL BEDS PER 100,000 IN SUWANNEE COUNTY, COMPARED TO 319.1 BEDS PER 100,000 POPULATION IN FLORIDA.



Currently, many Suwannee residents seek health care outside of the county. The 13 licensed physicians in Suwannee County (as of 2010) represent a proportion of 30.8 per 100,000 residents, which is substantially less than the 300.6 physicians per 100,000 residents for the state of Florida as a whole. Additionally, there are fewer dentists and hospital beds in Suwannee County per 100,000 residents than for Florida as a whole.

Several actions can be followed to attract and retain high quality health care professionals (see table below). It is important for local health care professionals and community members to identify the areas with the most need, and pursue strategies to attract appropriate health care professionals.

Equally important as developing local resources is to notify residents of currently existing resources so that their health care needs can be met within Suwannee County. Finally, an important issue is to make sure that all populations in Suwannee County have access to health care.

FIGURE 3. THE LOCAL PUBLIC HEALTH SYSTEM

STRATEGIC ISSUE	SPECIFIC ACTION	STRATEGIC GOAL
How do we recruit and retain quality health care providers?	Implement at least one new incentive to recruit health care providers by 2013.	<ul style="list-style-type: none"> » Identify and highlight the benefits of living in Suwannee County, including that it is a great place to raise a family, that it is close to major metropolitan areas, it has a low crime rate, and that there are few barriers to starting a business. » Offer loan repayment (e.g. through rural health care programs).
	Increase number of family practitioners and specialty health care providers by at least two by the year 2012.	<ul style="list-style-type: none"> » Offer economic incentives, such as loan repayment services. » Identify a local champion to recruit medical professionals. » Conduct head hunting (recruitment) at medical schools. » Develop relationship with local medical schools (e.g. UF, FSU).
Develop and implement a marketing plan.	Increase awareness of health care options available in Suwannee County.	<ul style="list-style-type: none"> » Use church bulletins. » Develop campaigns to target specific groups. » Use social media. » Provide/identify incentives to use local health care providers. » Come up with catch phrases/slogans /"marketing language." » Invite health care providers to write articles for newspaper (electronic media, blogs, etc.).
	Produce and distribute comprehensive list of health care services by 2014.	<ul style="list-style-type: none"> » Decide on distribution outlets (print, website, fliers). » Research health care providers in Suwannee County. » Create directory of services. » Provide Spanish version of directory. » Contact all health care providers.

CONTINUED ON NEXT PAGE

FIGURE 3. THE LOCAL PUBLIC HEALTH SYSTEM (CON'T)

STRATEGIC ISSUE	SPECIFIC ACTION	STRATEGIC GOAL
<p>How do we increase utilization of health care by “nontraditional” Groups</p>	<p>Reach agreements to disseminate information about health services at hightraffic areas utilized by non-traditional groups by 2014.</p>	<ul style="list-style-type: none"> » Deliver mobile services to where people live and work. » Develop list of high-traffic areas, including: grocery stores, Pilgrim’s Pride, Laundromats, churches, farms, convenience stores, etc. » Host events that target specific non-traditional groups.
	<p>Co-opt influential leaders in non-traditional groups to be partners by speaking with friends and family about accessing health care more frequently, and gain 10 new leaders from non-traditional groups by 2013.</p>	<ul style="list-style-type: none"> » Identify and recruit key leaders (within specific groups). » Train and educate leaders. » Get commitment from leaders. » Focus efforts on relevant health care issues. » Conduct focus groups to determine what is important to the specific population.

TABLE 5. HEALTH RESOURCE AVAILABILITY MEASURES, 2010

	SUWANNEE COUNTY	FLORIDA		
	COUNT	PROPORTION	COUNT	PROPORTION
LICENSED PRIMARY CARE PHYSICIANS				
Total Licensed Physicians	13	30.8 per	56,561	300.6 per
Total Licensed Family Practice Physicians	8	19.0 per	3,704	19.7 per 100,000
Total Licensed Pediatricians	0	0 per 100,000	2,795	14.9 per 100,000
Total Licensed OB/GYN	0	0 per 100,000	1,480	7.9 per 100,000

ASSESSMENTS

IN THIS SECTION

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FORCES OF CHANGE ASSESSMENT

During the Camp Weed meeting on July 13th, participants held an open discussion to identify and evaluate potential “forces of change”—the factors that may modify the health demands in Suwannee County. This conversation lasted approximately one hour, and participants were invited to offer their input and to comment on each others’ suggestions. The list of issues below has been developed as an outcome of this discussion. This list is not prioritized and is not intended to direct efforts toward specific actions. Rather, this list serves as a reminder of potential issues that the community should be aware of and look for how these might change local health demands.

- National insurance and health care
 - a) Local health care will be influenced by national policy
- Economic factors
 - a) Jobs and insurance—when people lose jobs they lose insurance
 - b) Losing funding for local services
 - c) Inflation, affects different communities differently
 - i) Less disposable income for many
- Unknown and unpredictable health demands in the next 10-20 years
 - a) Federal health insurance policy
 - b) New flu strains, will the county get vaccines in time?
- Technology: how are people alerted and how do they communicate with health care providers?
 - a) General challenges in rural communities
 - b) E-records
 - c) Broadband internet availability:
 - i) Coming to Suwannee, which should help
 - ii) However, there can be a digital divide between young and old, those with internet, those without it
- Age of population
 - a) Aging population requires particular services
- Natural disasters—beyond local control
 - a) Flood and drought
 - b) Hurricanes are rare, but limited preparedness as a result
 - c) Water resources
- Medicare and Medicaid reform
- Population and population growth
 - a) Geographic shifts to rural, lower-income areas
 - b) Prisoner families

- Technology opportunities and challenge
 - a) Electronic treatment, E-records, surveys, communication
 - i) Potential use of Facebook, Twitter, etc.
 - ii) WebMD.com helps inform the population, but problems of self-diagnosis
 - b) Lack of access and need for education on technology use
 - c) Cell phone service
 - d) Video games
 - i) Limit activity and exercise
 - ii) “Kinect” and “Wii” increase physical activity, but not the same as outdoor exercise
 - e) Education and knowledge of opportunities
- Religious institutions
 - a) Churches face challenges in addressing the community
 - b) Need to innovate
 - c) Younger population is not as involved in the faith-based community
 - d) With economic downturn, giving to churches has decreased
- Changing communication patterns
 - a) Changing forms of interaction
 - i) Influences mental and social health
 - b) Age-Divide over Communication Expectations
 - c) How do we maintain intergenerational communication?
 - d) Are people disrespectful over electronic communication?
 - e) Convenience
- Potential effects of terrorist attacks
 - a) Fear and less acceptance of diversity
 - b) New issues with specific populations
- Immigration
 - a) Interactions among different populations
 - b) Language conflicts
 - c) Increasing diversity
 - d) Illegal immigration
- Mental health and economic stress
 - a) Rising need for mental health services
 - b) Stigma of mental health
 - i) Individuals are reluctant to seek counselors
 - c) Limited availability

FORCES OF CHANGE

- Substance abuse and addiction
 - a) Stigma
 - b) Availability of treatment
- Transportation
 - a) Gas prices increasing
 - i) Affects disposable income and access to health care
- Local availability of health care:
 - a) Malpractice and specialized fields
 - b) Insurance Rules
 - i) Sending patients to Tampa, other locations
 - c) Size of county vs. size of population
- Federal debt ceiling, beyond the control of the local population
 - a) This discussion indirectly influences local debt, bonds
- Education and who decides education policy
 - a) National testing and uniformity across states
 - b) Finding qualified educators, providing incentives
 - c) Tenure
 - d) Graduation requirements
- Privatization and anti-government feelings
- Public servant jobs as “high-level” locally, but low-level in cities
 - a) Government cuts therefore affect “good” jobs
- Changing agricultural base, declining business model
 - a) Fewer family farms, dairies going out of business
 - b) Will there be increasing demand for organic food?
- Nuclear energy concerns
 - a) Japan’s earthquake and natural disaster
 - b) Nearness of Crystal River plant
- Applebee’s opening
 - a) Is this a “marker” of local growth?
 - b) Will more chains come?



COMMUNITY HEALTH STATUS ASSESSMENT

COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) SUWANNEE COUNTY, FLORIDA

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EXECUTIVE SUMMARY

WHAT IS THIS DOCUMENT?

In order to set health priorities for Suwannee County, it is important to have data on the county's current health. This document compiles data from multiple sources to produce a summary overview of health in Suwannee County across aspects of individual health, access to health resources, demographic indicators, illness and disease rates, health behaviors, and perceptions of health.

These data are not answers to the important questions of how to make Suwannee County a healthier community – in fact, these data raise questions about how to make sense of the numbers and what can be done to improve health and hence affect these numbers. It is the role local health officials and community partners to interpret these data in light of the local knowledge they have of Suwannee County and to decide, given the local conditions and culture, how to have a realistic impact through adjustments to the local public health infrastructure, education systems, county and city policies, and health professional availability.

Highlights and Key Findings

The percentage of residents with income below the poverty level is substantially higher in Suwannee County (19.7%) than for Florida (15%), and this difference is even more pronounced among children: 30.5% of children in Suwannee County are below the poverty level.

The proportion of adults in Suwannee County with a high school diploma or GED (77.6%) is smaller than the state as a whole (84.9%), and this difference is even greater when comparing the proportion of adults with a Bachelor's degree (8.8% and 25.6% respectively).

An estimated 20.5% of Suwannee residents do not have health insurance.

Suwannee County has a smaller proportion of total licensed physicians compared to the rest of Florida (30.8 per 100,000 people in Suwannee County vs. 300.6 per 100,000 people on average in Florida), although the proportion of family practice physicians in Suwannee County is similar to the state as a whole.

Currently, an estimated 28.5% of Suwannee residents use tobacco, which is significantly higher than the state average of 17.1%.

Approximately 27.4% of Suwannee residents are obese, which is comparable to the state average (27.3%).

Women in Suwannee County are also less likely to have had important health screenings over the prior year than women in the state as a whole.

Although domestic violence is slightly less prevalent in Suwannee County than in Florida, there is a higher rate of alcohol related motor vehicle injury and mortality.

Births to adolescent mothers (<18) comprise a higher proportion of total births in Suwannee County (47.8%) than they do in Florida as a whole (29.7%).

Suwannee County residents reported in 2007 a 31% higher rate of reporting lower satisfaction with their health compared to the Florida State average.

Suwannee County residents report more sick days than the state average, and experience higher rates of cancers, cardiovascular disease, and both stroke occurrences as well as deaths from strokes compared to the rest of Florida.

Over 98% of kindergarten students are appropriately immunized in Suwannee County, compared to an average of 94% across Florida.

More Suwannee County residents age 65 and older have received pneumonia immunizations than the Florida average,

In terms of sexually transmitted diseases (STDs), Suwannee County is healthier than the state average across the board for syphilis, gonorrhea, chlamydia, and both HIV and AIDS.

Of interest is that while Suwannee County has 0.22% of Florida's population, it has 0.38% of the state's work-related injuries – which means Suwannee County has 70% more work-related injuries than the state average.

Suwannee County has a 12% higher rate for late stage diagnosis of breast cancer compared to the rest of Florida, with a 37.3% rate of late stage diagnosis in Suwannee County compared to the Florida average of 33.2% late stage diagnosis.

WHY WAS THIS REPORT PRODUCED?

The Community Health Status Assessment was produced as part of a collaborative effort initiated by the Suwannee County Health Department and the Suwannee Coalition. This information provides the basis upon which community health programs and interventions can be targeted, developed and evaluated with the ultimate goal of improving the health of the community and its members. These data were compiled as part of the Community Health Profile, following the format provided in the Mobilizing for Action through Planning and Partnership (MAPP).

SECTION 1: DEMOGRAPHIC CHARACTERISTICS

Suwannee County experienced substantial growth between 2000 and 2010, with a current population of 41,551. This includes an African American population of 4,754 (11.4%), which is a slightly lower proportion than for the state as a whole (16%). Additionally, 3,596 (8.7%) Suwannee residents report being Hispanic or Latino.

TABLE 1.1: TOTAL POPULATION, 2000 AND 2010

	2000 POPULATION	2010 POPULATION	NET CHANGE	POPULATION DENSITY
Suwannee County	34,844	41,551	6,707	60/sq. mile
Florida State	15,982,378	18,801,310	2,818,932	351/sq. mile

Source: US Census Bureau, American Fact Finder, 2000 and 2010. http://factfinder.census.gov/home/saff/main.html?_lang=en

TABLE 1.2: AGE AND SEX DISTRIBUTION, 2010

	SUWANNEE COUNTY						FLORIDA STATE		
	NUMBER			PERCENT			PERCENT		
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
<5	1,338	1,236	2,574	3.2	3	6.2	2.9	2.8	5.7
5-9	1,343	1,252	2,595	3.2	3	6.2	2.9	2.8	5.7
10-14	1,315	1,297	2,612	3.2	3.1	6.3	3.1	2.9	6
15-19	1,438	1,216	2,654	3.5	2.9	6.4	3.4	3.2	6.6
20-24	1,283	984	2,267	3.1	2.4	5.5	3.3	3.2	6.5
25-29	1,301	1,128	2,429	3.1	2.7	5.8	3.2	3.1	6.3
30-34	1,225	1,026	2,251	2.9	2.5	5.4	3	3	6
35-39	1,251	1,088	2,339	3	2.6	5.6	3.1	3.2	6.3
40-44	1,250	1,241	2,491	3	3	6	3.3	3.3	6.6
45-49	1,467	1,406	2,873	3.5	3.4	6.9	3.7	3.8	7.5
50-54	1,467	1,535	3,002	3.5	3.7	7.2	3.5	3.7	7.2
55-59	1,318	1,443	2,761	3.2	3.5	6.7	3	3.4	6.4
60-64	1,467	1,458	2,925	3.4	3.5	6.9	2.8	3.2	6
65-69	1,198	1,298	2,496	2.9	3.1	6	2.4	2.7	5.1
70-74	948	1,004	1,952	2.3	2.4	4.7	1.9	2.2	4.1
75-79	665	753	1,418	1.6	1.8	3.4	1.5	1.8	3.3
80-84	417	637	1,054	1	1.5	2.5	1.1	1.5	2.6
85 and older	326	604	930	0.8	1.5	2.3	0.8	1.5	2.3
Total	20,945	20,606	41,551	50.4%	49.6%	100%	48.9%	51.1%	100%

Source: US Census Bureau, American Fact Finder, 2010. http://factfinder.census.gov/home/saff/main.html?_lang=en

TABLE 1.3: RACE* DISTRIBUTION, 2010

	SUWANNEE COUNTY		FLORIDA STATE
	NUMBER	PERCENT	PERCENT
White	34,299	82.5%	75%
Black or African American	4,754	11.4%	16%
American Indian or Alaska Native	2,11	0.5%	0.4%
Asian	228	0.5%	2.4%
Native Hawaiian or Pacific Islander	15	0%	0.1%
Other	1,271	3.1%	3.6%

Source: US Census Bureau, American Fact Finder, 2010. http://factfinder.census.gov/home/saff/main.html?_lang=en

*Note: Following US Census Bureau practice, race and Hispanic/Latino ethnicity are considered separate categories.

TABLE 1.4: HISPANIC OR LATINO ETHNICITY,* 2010

	SUWANNEE COUNTY		FLORIDA STATE
	NUMBER	PERCENT	PERCENT
Total Hispanic or Latino (of any race)	3,596	8.7%	22.5%
Mexican	1,992	4.8%	3.3%
Puerto Rican	365	0.9%	4.5%
Cuban	635	1.5%	6.5%
Other Hispanic or Latino	604	1.5%	8.2%
Not Hispanic or Latino	37,995	91.3%	77.5%

Source: US Census Bureau, American Fact Finder, 2010. http://factfinder.census.gov/home/saff/main.html?_lang=en

*Note: Following US Census Bureau practice, race and Hispanic/Latino ethnicity are considered separate categories.

SECTION 2: SOCIOECONOMIC CHARACTERISTICS

Unemployment remains elevated in Suwannee County, with an estimate of 9% in April of 2011. Although this is moderately lower than the figure for Florida as a whole (10.8%), it is a substantial increase from 2001. The percentage of residents with income below the poverty level is substantially higher in Suwannee County (19.7%) than for Florida (15%), and this difference is even more pronounced among children: 30.5% of children in Suwannee County are below the poverty level.

The proportion of adults in Suwannee County with a high school diploma or GED (77.6%) is smaller than the state as a whole (84.9%), and this difference is even greater when comparing the proportion of adults with a Bachelor's degree (8.8% and 25.6% respectively).

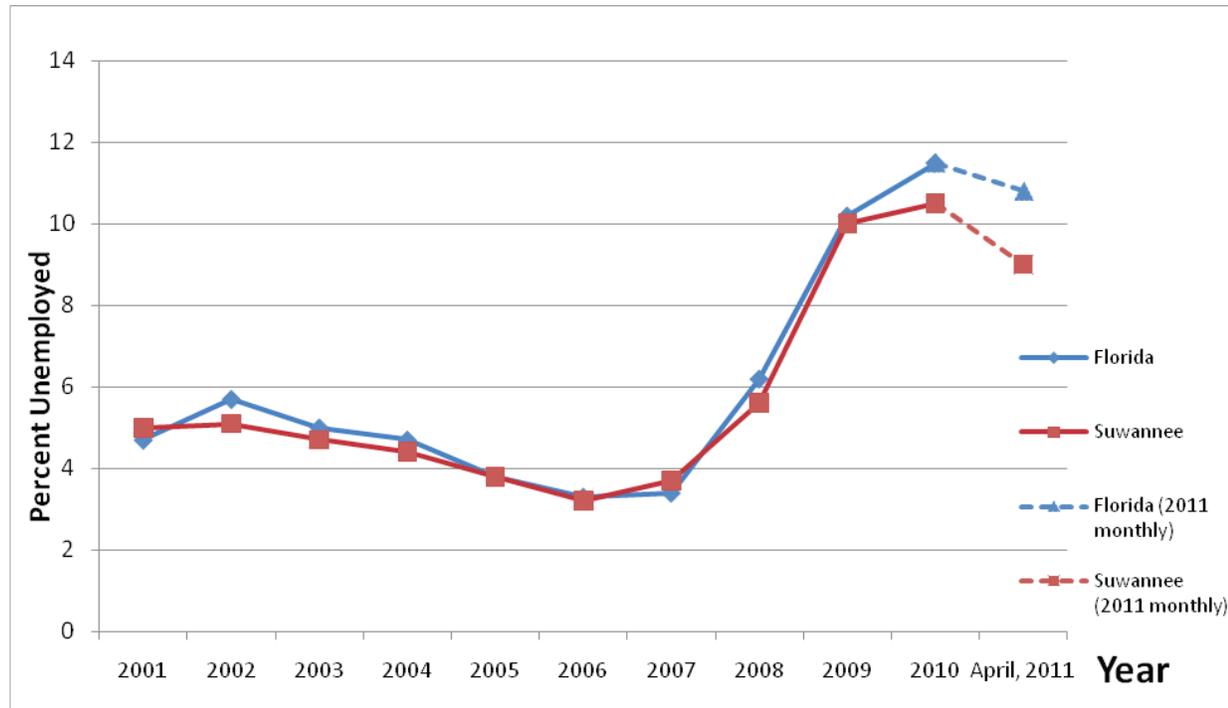
An estimated 20.5% of Suwannee residents do not have health insurance.

TABLE 2.1: UNEMPLOYMENT, 2001 AND 2011 (MONTHLY DATA)

	SUWANNEE COUNTY		FLORIDA STATE	
	APRIL 2001	APRIL 2011	APRIL 2001	APRIL 2011
Percent Unemployed	5%	9%	4.1%	10.8%

Source: Bureau of Labor Statistics, <http://www.bls.gov/data/#unemployment>

FIGURE 1: UNEMPLOYMENT RATE BY YEAR (INCLUDING APRIL, 2011 DATA)



Source: Florida Department of Health, Florida Charts <http://www.floridacharts.com> Bureau of Labor Statistics, <http://www.bls.gov/data/#unemployment>

TABLE 2.2: PERCENT BELOW POVERTY LEVEL AND MEDIAN HOUSEHOLD INCOME, 2000 AND 2009

	SUWANNEE COUNTY		FLORIDA STATE	
	2000	2009	2000	2009
Percent Below Poverty Level, Total	18.5%	19.7%	12.5%	15%
Percent Below Poverty Level, Children (0-17)	22.3%	30.5%	17.3%	21.5%

Source: USDA Economic Research Service, 2000 and 2009. <http://www.ers.usda.gov/data/povertyrates/>

TABLE 2.3: MEDIAN HOUSEHOLD INCOME, 2000 AND 2010

	SUWANNEE COUNTY		FLORIDA STATE	
	2000	2010	2000	2010
Median Household Income	\$29,963	\$34,157	\$38,819	\$47,450

Source: US Census Bureau, 2000 and 2010. http://factfinder.census.gov/home/saff/main.html?_lang=en

TABLE 2.4: SCHOOL DISTRICT GRADUATION RATES (MOST RECENT AVAILABLE 3-YEAR ROLLING AVERAGE)

	SUWANNEE HIGH (2008-2009)	BRANFORD HIGH (2008-2009)	SUWANNEE-HAMILTON TECHNICAL CENTER (2007-2008)	SUWANNEE SCHOOL DISTRICT (2008-2009)	FLORIDA (2008-2009)
Percent of students graduating who entered 9th grade 3 years prior	69.3%	72.3%	50%	69.7%	76.2%

Source: Florida Department of Education. http://doeweb-prd.doe.state.fl.us/eds/nclbspar/year0910/nclb0910.cfm?dist_schl=61_43

TABLE 2.5: EDUCATION ATTAINMENT, 2005-2009 AMERICAN COMMUNITY SURVEY

	SUWANNEE COUNTY	FLORIDA STATE
Percent of Adults 25 and over who have attained a HS diploma or higher	77.6%	84.9%
Percent of Adults 25 and over who have attained a Bachelors degree or higher	8.8%	25.6%

Source: US Census Bureau, 2005-2009. http://factfinder.census.gov/home/saff/main.html?_lang=en

TABLE 2.6: SPECIAL POPULATIONS

	SUWANNEE COUNTY		FLORIDA STATE	
	NUMBER	PROPORTION OF TOTAL POPULATION	NUMBER	PROPORTION OF TOTAL POPULATION
Homeless persons (2009)*	724	1.7%	34,432	.2%
Non-English Speaking, speak English "less than very well" (2000)**	1,666	4.0%	1,979,927	11.6%

*Source: University of Florida, 2009 data http://flhousingdata.shimberg.ufl.edu/docs/RMS_Homeless_w_cover_v1.pdf

**Source: US Census Bureau, 2000 data. http://factfinder.census.gov/home/saff/main.html?_lang=en

TABLE 2.7: PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE, SUWANNEE COUNTY

	SUWANNEE COUNTY			FLORIDA STATE	
	2006 TOTAL NUMBER	2010 POPULATION	2006 DATA AS A PERCENT OF 2010 POPULATION*	2009 TOTAL NUMBER	2009 DATA AS A PERCENT OF 2010 POPULATION*
Persons without health insurance	8,506	41,551	20.5%	3,809,900	20.3%

Source: Suwannee County data is available from the US Department of Health and Human Services, CHSI: <http://www.communityhealth.hhs.gov/homepage.aspx?j=1>. Florida data available from State Health Facts, <http://www.statehealthfacts.org/profileind.jsp?sub=40&rgn=11&cat=3>

*Note: Data on population and persons without health insurance not available in the same year. This introduces a small amount of error.

TABLE 2.8: PERCENT SINGLE PARENT FAMILIES, 2000

	SUWANNEE COUNTY		FLORIDA STATE	
	OF ALL HOUSEHOLDS	OF ALL HOUSEHOLDS WITH CHILDREN UNDER AGE OF 18	OF ALL HOUSEHOLDS	OF ALL HOUSEHOLDS WITH CHILDREN UNDER AGE OF 18
Single parent families	6.7%	19.59%	9.2%	30.56%

Source: US Census Bureau, 2000. http://factfinder.census.gov/home/saff/main.html?_lang=en

SECTION 3: HEALTH RESOURCE AVAILABILITY

In several areas, health care resources are less available in Suwannee County than for the state as a whole. Notably, Suwannee County has a smaller proportion of total licensed physicians compared to the rest of Florida (30.8 per 100,000 people in Suwannee County vs. 300.6 per 100,000 people on average in Florida), although the proportion of family practice physicians in Suwannee County is similar to the state as a whole. Additionally, Suwannee County has fewer hospital beds per 100,000 persons (71.1) than the state as a whole (319.1). Taken together, these figures suggest that some Suwannee residents may need to seek healthcare outside of the local community.

TABLE 3.1: HEALTH RESOURCE AVAILABILITY MEASURES, 2010

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	PROPORTION	COUNT	PROPORTION
Medicaid eligibles to participating physicians	9,124	20%	2,920,197	15%
Licensed dentists	13	30.8 per 100,000	11,647	61.9 per 100,000
LICENSED PRIMARY CARE PHYSICIANS				
Total Licensed Physicians	13	30.8 per 100,000	56,561	300.6 per 100,000
Total Licensed Family Practice Physicians	8	19.0 per 100,000	3,704	19.7 per 100,000
Total Licensed Pediatricians	0	0 per 100,000	2,795	14.9 per 100,000
Total Licensed OB/GYN	0	0 per 100,000	1,480	7.9 per 100,000

Source: Florida Department of Health, Florida Charts, 2010. <http://www.floridacharts.com>

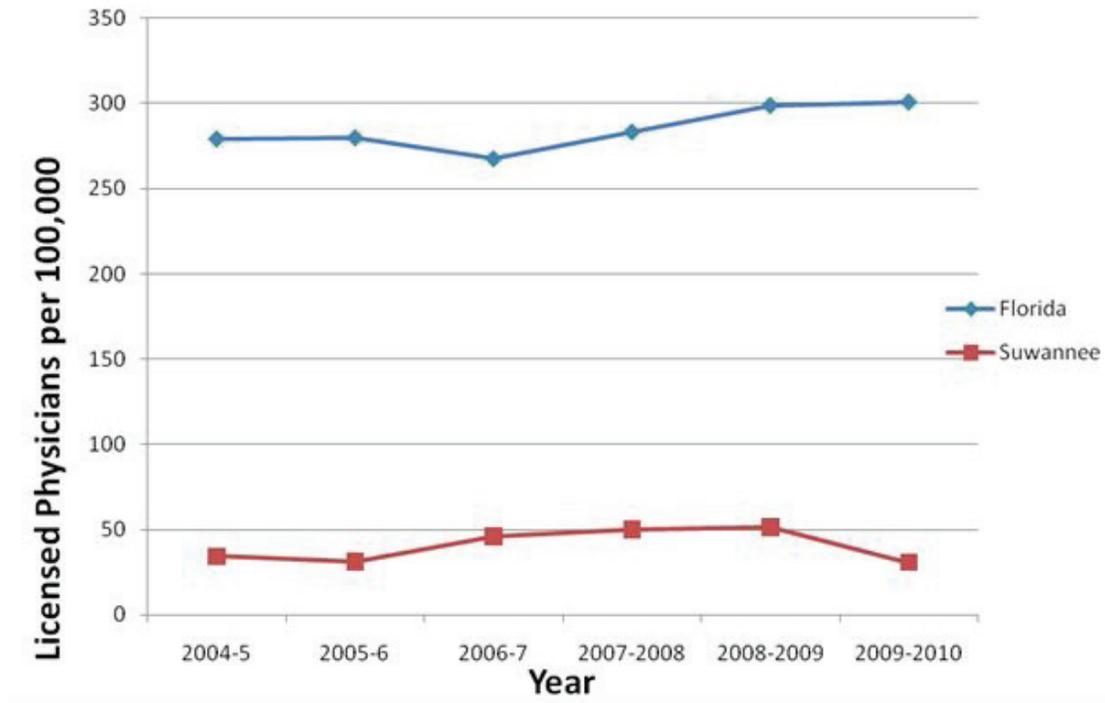
TABLE 3.2: ADDITIONAL HEALTH RESOURCE AVAILABILITY MEASURES, 2010

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	PROPORTION	COUNT	PROPORTION
Home health Agencies*	3 for 10,993 persons age 60+	27.3 per 100,000 persons age 60+	2,379 for 4,454,625 persons age 60+	53.4 per 100,000 persons age 60+
% of Adults who could not see a doctor at least once in the past year due to cost	N/A	22.8%	N/A	15.1%
Median Monthly Medicaid Enrollment	8,934	21,180 per 100,000	2,678,520	14,233 per 100,000
LICENSED HOSPITAL BEDS				
Total	30	71.1 per 100,000	60,059	319.1 per 100,000
Acute	30	71.1 per 100,000	49,765	264.4 per 100,000
Specialty	0	0 per 100,000	10,337	54.9 per 100,000
Total Nursing Home Beds	401	950.7 per 100,000	82,538	438.6 per 100,000

Source: Florida Department of Health, Florida Charts, 2010. <http://www.floridacharts.com>

*Source: Florida Department of Elder Affairs, http://elderaffairs.state.fl.us/english/pubs/stats/County_2010projection/Counties/Suwannee.pdf

FIGURE 2: LICENSED PHYSICIANS



Source: Florida Department of Health, Florida Charts <http://www.floridacharts.com>

SECTION 4: QUALITY OF LIFE

When asked to rate their satisfaction with the quality of life in the community, an overwhelming majority of Suwannee County residents report being “satisfied.” Additionally, a large proportion of registered voters had voted in the 2008 General Election, which may reflect the overall degree of community involvement.

TABLE 4.1: SATISFACTION WITH QUALITY OF LIFE, 2010

	SUWANNEE COUNTY	FLORIDA STATE
Proportion of persons satisfied with the quality of life in the community	92.3%	93.1%

Source: Florida Department of Health, 2010. http://www.doh.state.fl.us/disease_ctrl/epi/BRFSS_Reports/2007BRFSS/Suwannee.pdf

TABLE 4.2: PERCENT OF REGISTERED VOTERS WHO VOTED IN 2008 GENERAL ELECTION

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	PERCENT	COUNT	PERCENT
Percent of registered voters who voted in 2008 General Election	17,811 (of 24,791 registered)	72%	8,456,329 (of 11,247,634)	75%

Source: Florida Department of State, Division of Elections. <http://enight.dos.state.fl.us>

SECTION 5: BEHAVIORAL RISK FACTORS

Behavioral risk factors, such as the prevalence of substance abuse, nutrition, and health screening are an important indicator of overall community health. Currently, an estimated 28% of Suwannee residents use tobacco, which is higher than the state average and a modest increase since 2002. Approximately 33% of Suwannee residents are obese, which is also greater than the state average (24.1%). Women in Suwannee County are also less likely to have had important health screenings over the prior year than women in the state as a whole.

Tobacco use is more prevalent among the non-Hispanic White population (28.6%) than the non-Hispanic Black population (20.7%). Additionally, residents with less than a High School degree are more likely to use tobacco (26.9%) as are those with less than \$25,000 of income (34.6%). The size of the Hispanic population was too small to report data on these behavioral risk factors.

Finally, in 2010, 11 fatalities were attributed to a lack of seatbelt use, resulting in a proportion of 2.65 deaths per 10,000. This is a significantly higher proportion than for the state as a whole (.48/10,000).

TABLE 5.1: BEHAVIORAL RISK FACTORS IN SUWANNEE COUNTY AND FLORIDA STATE, 2002, 2007, AND 2010

	SUWANNEE COUNTY			FLORIDA STATE		
	2002	2007	2010	2002	2007	2010
SUBSTANCE USE AND ABUSE						
Tobacco use	23.8%	28%	28.5%	22.2%	19.3%	17.1%
Binge drinking	10.7%	15.9%	14.4%	16.3%	16.2%	15.0%
LIFESTYLE						
Percentage of adults who consume at least 5 servings of fruits & vegetables per day	25.4%	29.5%	N/A	25.7%	26.2%	N/A
Obesity	26.6%	33%	27.4%	20.4%	24.1%	27.2%
Overweight or Obese	65.1%	67.2%	66.3%	57.9%	62.1%	65.0%
Sedentary lifestyle	35%	25%	N/A	26.4%	25.4%	N/A
SCREENING						
Pap Smear (Percent of age-specific female population)	65.1%	56.1%	51.2%	70.7%	64.8%	57.1%
Mammography (Percent of women 40 or over)	53%	58.3%	49.0%	65.3%	64.9%	61.9%

Source: Florida Behavioral Risk Factor Surveillance System, 2010. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 5.2: BEHAVIORAL RISK FACTORS BY LIFE STAGE, 2010

	SUWANNEE COUNTY, 2010			
	TOTAL	18-44	45-64	65 AND OLDER
SUBSTANCE USE AND ABUSE				
Tobacco use	28.5%	30.9%	33.9%	16.9%
Binge drinking	14.4%	18.7%	18.4%	2.1%
LIFESTYLE				
Obesity	27.4%	26.2%	30.5%	24.1%
Overweight or Obese	66.3%	56.7%	71.0%	68.6%
SCREENING				
Pap Smear (Percent of age-specific female population)	51.2%	59.6%	53.8%	20.8%
Mammography (Percent of women 40 or over)	49.0%	N/A	52.6%	54.8%

Source: Florida Behavioral Risk Factor Surveillance System, 2010. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 5.3: BEHAVIORAL RISK FACTORS BY RACE, 2010

	TOTAL	NON-HISPANIC WHITE	NON-HISPANIC BLACK
SUBSTANCE USE AND ABUSE			
Tobacco use	28.5%	29.2%	N/A
Binge drinking	14.4%	15.4%	N/A
LIFESTYLE			
Obesity	27.4%	24.1%	N/A
Overweight or Obese	66.3%	66.0%	N/A
SCREENING			
Pap Smear (% of age-specific female population)	51.2%	50.5%	NA
Mammography (Percent of women 40 or over)	49.0%	47.8%	N/A

Source: Florida Behavioral Risk Factor Surveillance System, 2010. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 5.4: BEHAVIORAL RISK FACTORS BY EDUCATION AND INCOME, 2010

	TOTAL	EDUCATION			INCOME		
		LESS THAN HS	HS OR GED	MORE THAN HS	<\$25,000	\$25,000 - 49,999	\$50,000 OR MORE
SUBSTANCE USE AND ABUSE							
Tobacco use	28.5%	39.0%	36.7%	18.8%	42.7%	19.3%	19.2%
Binge drinking	14.4%	13.4%	16.6%	13.1%	13.6%	7.6%	22.4%
LIFESTYLE							
Obesity	27.4%	29.9%	25.0%	28.4%	28.9%	35.1%	24.9%
Overweight or Obese	66.3%	73.1%	61.0%	68.3%	60.2%	72.4%	70.0%
SCREENING							
Pap Smear (% of age-specific female pop.)	51.2%	N/A	42.3%	58.6%	39.7%	49.9%	72.6%
Mammography (% of women 40 or over)	49.0%	35.9%	48.3%	53.3%	50.2%	39.9%	54.5%

Source: Florida Behavioral Risk Factor Surveillance System, 2010. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 5.5: NUTRITION AND SEDENTARY LIFESTYLE BY AGE AND RACE, 2007

	SUWANNEE COUNTY						FLORIDA
	TOTAL	18-44	45-64	65 AND OLDER	NON-HISPANIC WHITE	NON-HISPANIC BLACK	TOTAL
Adults who consume at least 5 servings of fruits and vegetables a day	29.5%	30.4%	28.4%	28.4%	31.3%	13.5%	26.2%
Sedentary Lifestyle	25.0%	15.2%	20%	36.8%	24.2%	38.7%	25.4%

Source: Florida Behavioral Risk Factor Surveillance System, 2007. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 5.6: NUTRITION AND SEDENTARY LIFESTYLE BY EDUCATION AND INCOME, 2007

	TOTAL	EDUCATION			INCOME		
		LESS THAN HS	HS OR GED	MORE THAN HS	<\$25,000	\$25,000 - 49,999	\$50,000 OR MORE
Adults who consume at least 5 servings of fruits and vegetables a day	29.5%	21.3%	25.2%	36.0%	32.5%	29.8%	27.3%
Sedentary Lifestyle	25.0%	33.2%	31.1%	16.8%	36.2%	24.2%	11.4%

Source: Florida Behavioral Risk Factor Surveillance System, 2007. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 5.7: FATALITIES DUE TO A LACK OF SEATBELT USE, 2010

	SUWANNEE COUNTY		FLORIDA STATE	
	TOTAL	PER 10,000	TOTAL	PER 10,000
Fatalities Due to a Lack of Safety Belt Use	11	2.65	908	.48

Source: Click It Or Ticket Florida, 2010 http://www.clickitfla.com/facts_and_stats/

TABLE 5.8: YOUTH SUBSTANCE ABUSE, 2010, PERCENTAGES OF SUWANNEE COUNTY YOUTH AND FLORIDA STATEWIDE YOUTH WHO REPORTED HAVING USED VARIOUS DRUGS IN THEIR LIFETIMES*

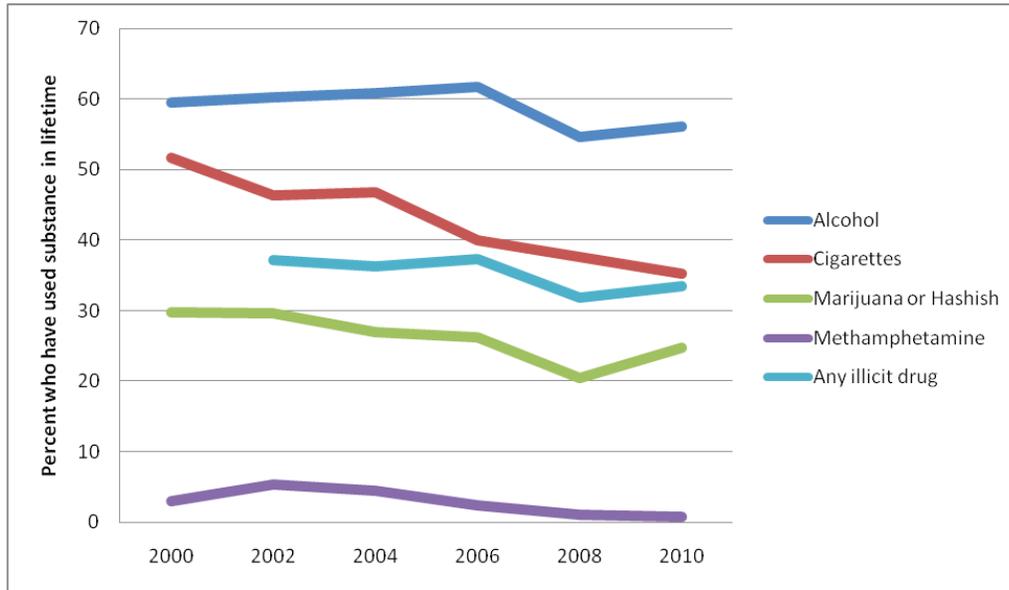
	SUWANNEE COUNTY							FLORIDA STATE						
	MIDDLE SCHOOL	HIGH SCHOOL	FEMALE	MALE	AGES 10-14	AGES 15-17	TOTAL	MIDDLE SCHOOL	HIGH SCHOOL	FEMALE	MALE	AGES 10-14	AGES 15-17	TOTAL
Alcohol	44.1	66.1	58.7	53.5	44.0	63.7	56.1	35.3	63.9	53.0	50.2	35.9	63.4	51.5
Cigarettes	26.0	43.0	32.9	37.8	24.6	43.1	35.2	16.6	33.0	25.4	26.5	16.0	32.6	25.9
Marijuana or Hashish	14.0	33.7	21.7	28.1	13.4	33.6	24.8	10.5	33.8	22.0	25.5	10.5	33.5	23.8
Inhalants	11.3	7.6	8.6	10.0	11.1	7.5	9.3	12.5	8.0	11.0	8.9	12.4	8.3	10.0
Club Drugs	2.7	4.1	2.0	5.0	2.2	4.2	3.5	1.7	5.2	3.5	3.9	1.7	5.0	3.7
LSD, PCP or Mushrooms	4.2	5.5	1.9	7.9	3.6	6.1	4.9	1.9	5.4	3.2	4.7	1.9	5.2	3.9
Methamphetamine	0.7	0.9	0.2	1.4	0.4	1.1	0.8	1.3	1.3	1.2	1.3	1.2	1.3	1.3
Cocaine or Crack Cocaine	1.1	3.4	1.1	3.6	1.6	2.8	2.3	1.8	3.8	2.7	3.1	1.7	3.6	2.9
Heroin	0.4	0.5	0.2	0.7	0.5	0.6	0.5	0.9	1.1	1.0	1.1	0.9	1.1	1.0
Depressants	4.2	6.2	4.5	6.0	3.8	6.7	5.3	2.8	8.2	6.5	5.2	2.8	7.9	5.8

(CON'T)

	SUWANNEE COUNTY							FLORIDA STATE						
Prescription Pain Relievers	7.4	12.5	8.4	12.0	7.5	13.2	10.2	4.4	9.7	8.0	6.9	4.3	9.7	7.4
Prescription Amphetamines	2.1	6.2	2.7	6.0	1.7	6.3	4.3	1.6	5.2	3.9	3.3	1.6	4.9	3.6
Steroids (without a doctor's order)	1.2	1.4	1.0	1.7	0.7	1.8	1.3	0.7	0.8	0.4	1.2	0.7	0.8	0.8
Over-the-Counter Drugs	4.1	10.3	7.5	7.8	4.0	12.0	7.5	4.8	8.0	6.9	6.2	4.7	8.0	6.6
Any illicit drug	24.8	40.9	32.0	35.3	24.3	40.1	33.5	22.8	40.7	32.7	33.2	22.7	40.6	33.0
Any illicit drug other than marijuana	19.1	24.9	21.7	22.9	19.0	24.9	22.2	18.3	23.1	22.0	20.0	18.1	23.2	21.0
Alcohol only	24.8	28.8	30.3	23.2	25.0	27.6	27.0	18.7	27.0	24.8	22.2	19.3	27.0	23.4
Alcohol or any illicit drug	49.0	69.6	62.2	58.0	48.4	67.6	60.2	41.5	67.5	57.4	55.3	41.9	67.4	56.3
Any illicit drug, but no alcohol	5.2	3.7	3.6	5.0	5.0	4.2	4.4	6.3	3.8	4.5	5.3	6.1	4.1	4.9

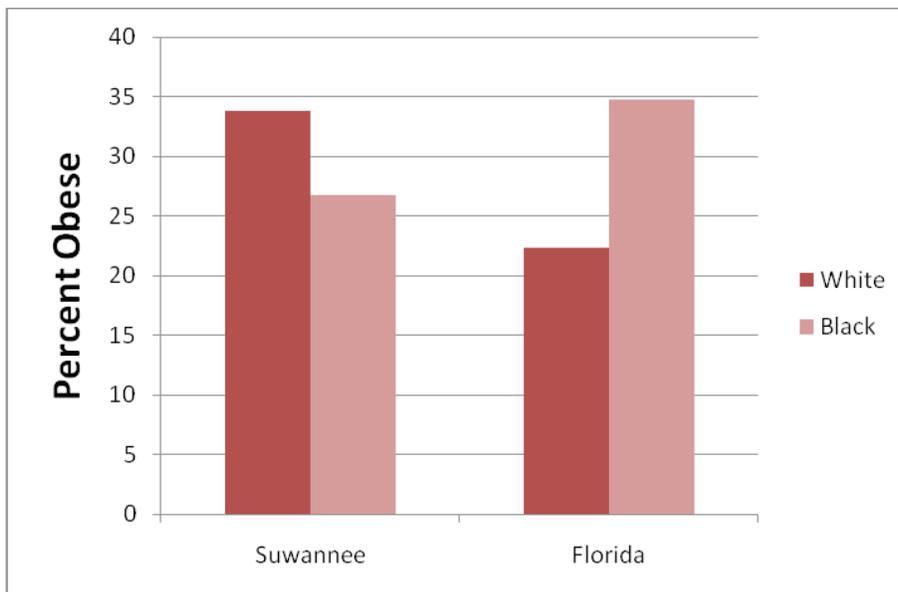
*Note: Data from the 2010 Florida Youth Substance Abuse Survey. There were 758 respondents from Suwannee County, producing a margin of error of 6.1% for Middle School and 6.2% for High School students. <http://www.dcf.state.fl.us/programs/samh/publications/fysas/>

FIGURE 3: LIFETIME TREND IN ALCOHOL, TOBACCO, OR OTHER DRUG USE FOR SUWANNEE COUNTY YOUTH, 2010



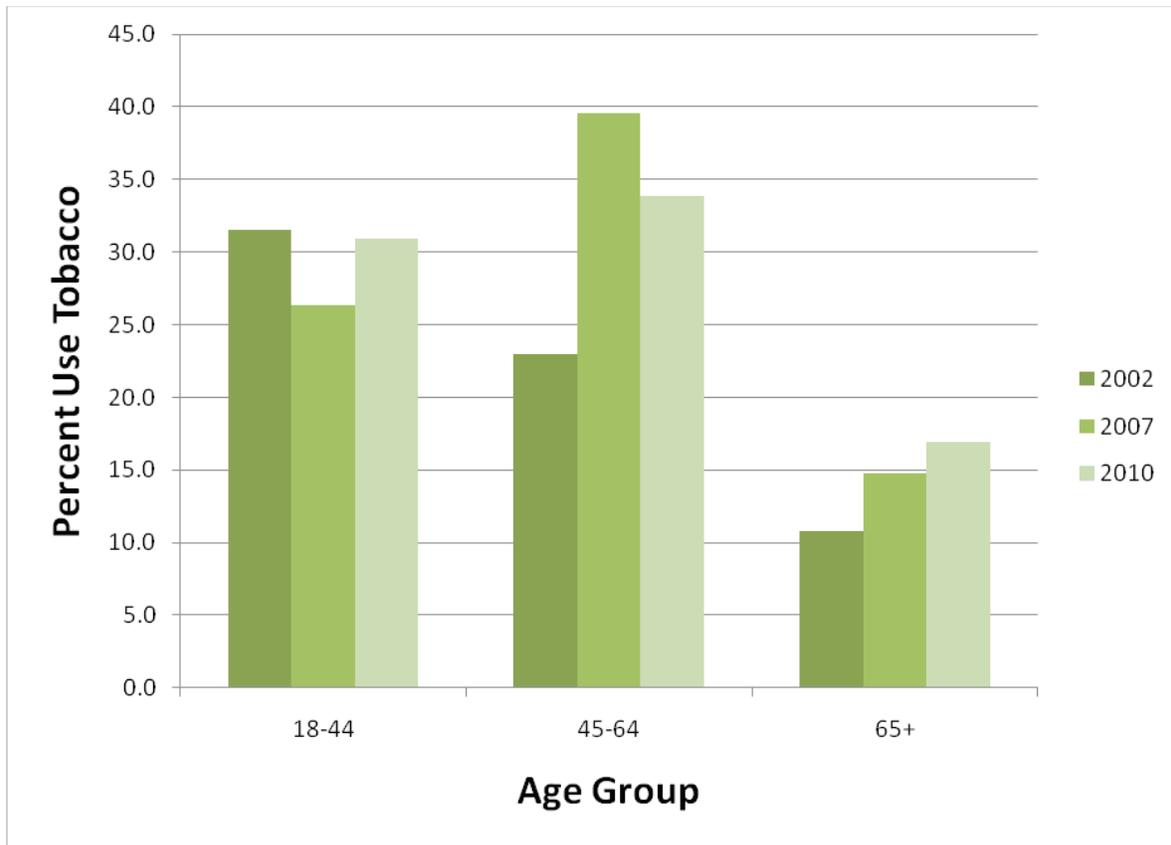
Source: 2010 Florida Youth Substance Abuse Survey <http://www.dcf.state.fl.us/programs/samh/publications/fysas/>

FIGURE 4: OBESITY BY RACE, 2007



Source: Florida Behavioral Risk Factor Surveillance System, 2007 http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

FIGURE 5: TOBACCO USE BY AGE, 2002, 2007, AND 2010



Source: Florida Behavioral Risk Factor Surveillance System, 2007 http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

SECTION 6: ENVIRONMENTAL HEALTH INDICATORS

Environmental health is an important contributor to overall community health. Suwannee County has met the National Air Quality Standards for all measured substances. Suwannee County also has a smaller rate of lead poisoning cases among children than the state as a whole. One cause for concern has been the higher rate of reported cases of salmonella in Suwannee than for the state as a whole.

TABLE 6.1: ENVIRONMENTAL HAZARDS, 2008

ENVIRONMENTAL HAZARD	MEASURE
Toxic Chemicals Released Annually	346,806 pounds
Percent of public facilities designated tobacco-free	100% (under Florida Indoor Clean Air Act)
NATIONAL AIR QUALITY STANDARDS MET:	
Carbon Monoxide	Yes
Nitrogen Dioxide	Yes
Sulfur Dioxide	Yes
Ozone	Yes
Particulate Matter	Yes
Lead	Yes

Source: US Department of Health and Human Services, CHSI, 2008 data: <http://www.communityhealth.hhs.gov/homepage.aspx?j=1>

TABLE 6.2: LEAD POISONING CASES IN CHILDREN UNDER 6, 3-YEAR ROLLING AVERAGES, 2007-2009

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	RATE PER 100,000	COUNT	RATE PER 100,000
Lead Poisoning Cases in Children under 6, per 100,000	0.3	11.6	233	17.7

Source: Florida Department of Health, Florida Charts, 2007-2009. <http://www.floridacharts.com>

TABLE 6.3: FOOD SAFETY, FOODBORNE DISEASE, 3-YEAR ROLLING AVERAGES, 2008-2010

DISEASE	SUWANNEE CASES	SUWANNEE RATE PER 100,000	FLORIDA RATE PER 100,000
E.Coli	0.3	0.8	0.5
Salmonella	19.0	44.9	32.5
Shigella	0.0	0.0	4.4

Source: Florida Department of Health, Florida Charts, 2008-2010 <http://www.floridacharts.com>

TABLE 6.4: WATER HEALTH AND RABIES, 3-YEAR ROLLING AVERAGES, 2008-2010

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	RATE PER 100,000	COUNT	RATE PER 100,000
Rabies in animals	3	7.9	140	0.7

Source: Florida Department of Health, Florida Charts, 2008-2010 <http://www.floridacharts.com>

TABLE 6.5: POPULATION WITH FLUORIDATED WATER SUPPLIES, 2010

	SUWANNEE COUNTY			FLORIDA STATE		
	COUNT	POPULATION ON COMMERCIAL WATER	PERCENT	COUNT	POPULATION ON COMMERCIAL WATER	PERCENT
Population with fluoridated water supplies	8,010	11,106	72.1%	13,409,119	17,215,308	77.9%

Source: Florida Department of Health, Florida Charts, 2010 <http://www.floridacharts.com>

SECTION 7: SOCIAL AND MENTAL HEALTH

The rate of suicide in Suwannee County is slightly higher than the rate for the United States as a whole, but within the range of peer counties. On average, adults surveyed in Suwannee County report 4.1 days over the prior 30 were days in which their mental health was “not good,” as compared with 3.5 for the state as a whole. Although domestic violence is slightly less prevalent in Suwannee County than in Florida, there is a higher rate of alcohol related motor vehicle injury and mortality.

TABLE 7.1: “VERIFIED” CHILD ABUSE AND NEGLECT, 2006-2007

	SUWANNEE COUNTY			FLORIDA		
	CASES	POPULATION, AGE 0-17	RATE*	CASES	POPULATION, AGE 0-17	RATE*
Number of “verified” cases of child abuse and neglect among children (for reports closed during FY 2006-2007)	95	8,510	.011	33,821	4,183,399	.008

Source: Florida Department of Children and Family, 2006-2007. http://www.dcf.state.fl.us/programs/abuse/publications/ChildAnnualReport06_07.pdf ,

Population estimates from Florida Charts, 2007 <http://www.floridacharts.com>

*Note: The Department of Children and Family does not report rates. For this report, a simplified rate was calculated by dividing the number of verified cases by the population of children aged 0-17.

TABLE 7.2: TOTAL DOMESTIC VIOLENCE OFFENCES, 3-YEAR ROLLING AVERAGES, 2008-2010

	SUWANNEE COUNTY		FLORIDA	
	COUNT	RATE PER 100,000	COUNT	RATE PER 100,000
Total Domestic violence Offences	223	526.6	114,349	608

Source: Florida Department of Health, Florida Charts, 2008-2010 <http://www.floridacharts.com>

TABLE 7.3: ALCOHOL RELATED MOTOR VEHICLE INJURIES AND DEATHS, 3-YEAR ROLLING AVERAGES, 2007-2009

	SUWANNEE COUNTY		FLORIDA	
	COUNT	RATE PER 100,000	COUNT	RATE PER 100,000
Alcohol related motor vehicle injuries	43	105.7	15,358	81.7
Alcohol related motor vehicle mortalities	4	8.9	1,139	6.1

Source: Florida Department of Health, Florida Charts, 2007-2009 <http://www.floridacharts.com>

TABLE 7.4: MENTAL HEALTH, 2003-2009

	SUWANNEE COUNTY	FLORIDA
During the past 30 days, average number of days for which adults report that their mental health was “not good”		
Total	4.1	3.8
White	3.8	3.1
Black	2.3	4.1

Source: County Health Rankings, 2010, <http://m.countyhealthrankings.org/florida/Suwannee>

TABLE 7.5: SUICIDE, 3-YEAR TOTAL, 2007-2009

	SUWANNEE COUNTY		FLORIDA	
	COUNT	AGE-ADJUSTED RATE	COUNT	AGE-ADJUSTED RATE
Suicide	18	12.7	8,147	13.7

Source: Florida Department of Health, Florida Charts, 2007-2009 <http://www.floridacharts.com>

SECTION 8: MATERNAL AND CHILD HEALTH

Births to adolescents comprise a higher proportion of total births in Suwannee County (47.8%) than they do in Florida as a whole (29.7%). Infant mortality rates are highest among African American mothers, who also have a lower rate of entrance into prenatal care in the 1st trimester.

The rate of child mortality (age 1-14) in Suwannee County is higher than the rate for Florida (59.9 and 18.2 per 100,000, respectively). However, because of the small number of data points this calculated rate is unstable, and is thus not a reliable comparative measure.

TABLE 8.1: INFANT MORTALITY AND BIRTH DATA, 2007-2009 AVERAGE

	SUWANNEE COUNTY	FLORIDA STATE
Births to adolescents (ages 10-17) as a proportion of total live births	47.8%	29.7%
INFANT MORTALITY (DEATH WITHIN 1ST YEAR), PER 1,000 BIRTHS		
Total	12.2	7.1
White	9	5.2
Black	34	13.1
Hispanic	13	5.9
ENTRANCE INTO PRENATAL CARE IN 1ST TRIMESTER PER 1,000 BIRTHS		
Total	68.8	77
White	70.4	79.4
Black	59	68.6
Hispanic	57.5	74.8
BIRTHS TO MOTHERS AGE 10-14 PER 1000 BIRTHS		
Total	1.4	0.6
White	1.4	0.4
Black	1.8	1.4
Hispanic	2.7	0.7
BIRTHS TO MOTHERS AGE 15-19 PER 1000 BIRTHS		
Total	73.2	40.4
White	74.2	34.7
Black	72.1	60.6
Hispanic	129	49.2
VERY LOW BIRTHWEIGHT (LESS THAN 1,500 GRAMS), PER 1000 BIRTHS		
Total	1.5	1.6
White	1.1	1.2
Black	3.9	3.1
Hispanic	1.3	1.3

Source: Florida Department of Health, Florida Charts, 2007-2009 <http://www.floridacharts.com>

TABLE 8.2: CHILD MORTALITY, AGE 1-14, 2009

	SUWANNEE COUNTY	FLORIDA
Deaths in 2009, age 1-14	4	581
Population of Children aged 1-14	6,676	3,191,414
Child mortality, per 100,000 (age 1-14)	59.9	18.2

Source: Florida Department of Health, Florida Charts, 2009 <http://www.floridacharts.com>

TABLE 8.3: NEO- AND POSTNATAL MORTALITY, 2009

	SUWANNEE COUNTY	FLORIDA
NEONATAL MORTALITY, PER 1,000 LIVE BIRTHS		
Total	6.4	4.5
White	3.8	3.3
Black	24.3	8.2
Hispanic	4.3	4.0
POST NEONATAL MORTALITY: PER 1,000 LIVE BIRTHS		
Total	5.8	2.5
White	5.3	1.8
Black	9.7	4.9
Hispanic	8.7	1.9

Source: Florida Department of Health, Florida Charts, 2009. <http://www.floridacharts.com>

SECTION 9: DEATH, ILLNESS, AND INJURY

Over 24% of Suwannee County residents reported their health as “fair” or “poor” (and not as “excellent,” “very good” or “good”) on a 1997 survey. While that number improved to 21.8% by 2007, the state average in 2007 was only 16.6%, so the residents of Suwannee County continued to have a higher rate of reporting lower satisfaction with their health compared to the Florida State average.

Many of the factors influencing why Suwannee County residents report lower satisfaction with their health compared to the Florida State average can be found in this section. Suwannee County residents report more sick days than the state average, and experience higher rates of cancers, cardiovascular disease, and both stroke occurrences as well as deaths from strokes. It is also important to note that deaths from strokes occur at significantly higher rates for the black population of Suwannee County compared to white residents.

TABLE 9.1: PERSONAL HEALTH STATUS, 2007

	SUWANNEE COUNTY	FLORIDA STATE
Report personal health status as either “Fair” or “Poor” (2007)	21.8%	16.6%

Source: Florida Department of Health, Florida Charts, 2007. <http://www.floridacharts.com>

TABLE 9.2: AVERAGE NUMBER OF UNHEALTHY PHYSICAL DAYS WITHIN PAST MONTH, 2010

	SUWANNEE COUNTY	FLORIDA STATE
Average number of unhealthy physical days within the past month	5.5	4.1

Source: Florida Department of Health, Florida Charts, 2010. <http://www.floridacharts.com>

TABLE 9.3: ALL DEATHS, 3-YEAR TOTAL, 2007-2009

	SUWANNEE COUNTY		FLORIDA	
	COUNT	RATE	COUNT	RATE
All Deaths	1,461	861.5	508,035	666.7

Source: Florida Department of Health, Florida Charts, 2007-2009. <http://www.floridacharts.com>

TABLE 9.4: NUMBER OF DEATHS IN SUWANNEE COUNTY, 2009

	TOTAL	WHITE	NON-WHITE	MALE	FEMALE
All causes	477	441	36	255	222

Source: Florida Department of Health, Florida Charts, 2009. <http://www.floridacharts.com>

TABLE 9.5: DEATHS BY AGE, 2009

	TOTAL	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	UNKNOWN
All Deaths	477	3	3	0	1	1	2	5	17	35	60	111	131	107	1

Source: Florida Department of Health, Florida Charts, 2009. <http://www.floridacharts.com>

TABLE 9.6: CANCER MORTALITY IN SUWANNEE COUNTY, 2009

	TOTAL	WHITE	NON-WHITE
All cancers	119	111	8

Source: Florida Department of Health, Florida Charts, 2009. <http://www.floridacharts.com>

TABLE 9.7: YEARS OF PRODUCTIVE LIFE LOST, 2005-2007, PER 100,000

	SUWANNEE COUNTY	FLORIDA	RANGE IN FLORIDA
Years of Productive Life Lost (YPLL): number of YPLL under age 75 per population	10,636	7,896	5,921-21,088

Source: County Health Rankings, 2005-2007. <http://m.countyhealthrankings.org/node/515/1>

TABLE 9.8: CAUSES OF DEATH, 3-YEAR TOTAL DEATHS, 2007-2009

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	AGE ADJUSTED RATE	COUNT	AGE ADJUSTED RATE
Coronary Heart Disease	231	124.6	88,116	108.5
Unintentional Injury	93	71.2	26,717	44.0
Lung cancer	114	68.4	35,426	46.9
Stroke	87	47.7	25,572	31.6
Breast cancer (Female)	29	32.0	8,023	20.4
Motor vehicle injuries	37	31.8	8,920	15.7
Colorectal cancer	42	24.6	11,159	14.7
Suicide	18	12.7	8,147	13.7
Homicide	5	4.4	3,755	7.1

Source: Florida Department of Health, Florida Charts, 2007-2009 <http://www.floridacharts.com>

TABLE 9.9: LIVER DISEASE, DIABETES, AND CLRD, 3-YEAR ROLLING AVERAGES, 2007-2009

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	RATE	COUNT	RATE
Chronic liver disease and cirrhosis	14	9.4	6,928	10.2
Diabetes	51	29.5	15,145	20.0
CLRD*	120	67.3	29,634	37.1

Source: Florida Department of Health, Florida Charts, 2007-2009. <http://www.floridacharts.com>

*Chronic Lower Respiratory Disease (CLRD) includes emphysema, chronic bronchitis and asthma.

TABLE 9.10: ADULTS WITH DIAGNOSED DIABETES IN 2007

	SUWANNEE COUNTY	FLORIDA
Adults with diagnosed diabetes in 2007	8.8%	8.7%

Source: Florida Department of Health, Florida Charts, 2007. <http://www.floridacharts.com>

SECTION 10: COMMUNICABLE DISEASE

Suwannee County is, overall, above average when it comes to communicable disease prevention compared to the rest of Florida. Over 98% of kindergarten students are appropriately immunized in Suwannee County, compared to an average of 91% across Florida.

In terms of sexually transmitted diseases (STDs), Suwannee County is healthier than the state average across the board for syphilis, gonorrhea, chlamydia, and both HIV and AIDS. Suwannee County has higher rates of tuberculosis over the three-year period of 2008-2010 than the rest of Florida, but for 2010 alone Suwannee County's tuberculosis rate dropped to 0.

TABLE 10.1: ELDERLY IMMUNIZATION, 2010

	SUWANNEE COUNTY	FLORIDA
Proportion of adults aged 65 and older who have been immunized in the past 12 months for influenza	61.3%	65.3%
Proportion of adults aged 65 and older who have ever been immunized for pneumococcal pneumonia	67.0%	69.9%

Source: Florida Behavioral Risk Factor Surveillance System, 2010. http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm

TABLE 10.2: CHILDREN'S IMMUNIZATION, 2010

	SUWANNEE COUNTY	FLORIDA
Percent of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices	N/A	81.1%
Percent of appropriately immunized children in Kindergarten	98.5%	91.3%

Source: Florida Department of Health, Florida Charts, 2010. <http://www.floridacharts.com>

TABLE 10.3: COMMUNICABLE DISEASE RATES, 3-YEAR ROLLING RATES, PER 100,000, 2008-2010

	SUWANNEE COUNTY	FLORIDA
Tuberculosis	6.5	4.9
Syphilis cases	0.8	5.8
Gonorrhea cases	85.8	113.9
Chlamydia cases	336.1	387
HIV cases	11.8	31.8
AIDS cases	9.1	18.4
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	0.8	1.1

Source: Florida Department of Health, Florida Charts, 2008-2010. <http://www.floridacharts.com>

TABLE 10.4: HEPATITIS (A AND B) INCIDENCE, 2010

	SUWANNEE COUNTY	FLORIDA
Hepatitis A cases, reported incidence	2	178
Hepatitis B cases, reported incidence	0	315

Source: Florida Department of Health, Florida Charts, 2010. <http://www.floridacharts.com>

SECTION 11: SENTINEL EVENTS

The Joint Commission, an independent agency that certifies health care organizations, defines a sentinel event as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness, and so for purposes of this data set sentinel events also include diseases that could have been prevented via vaccine as well as cancers that could have been caught by routine screenings.

Suwannee County has a higher rate for late stage diagnosis of breast cancer compared to the rest of Florida, with a rate of 37.0 per 100,000 population compared to the Florida rate of 33.3 per 100,000. (See Table 11.2) Additionally, Suwannee County has a significantly higher rate of unintentional injury deaths, with a rate of 71.2/100,000 compared to the state rate of 44.0/100,000 (See Table 11.2)

Due to the small population size of Suwannee County, there are many sentinel event data points that are not available or are too small to give reliable measures.

TABLE 11.1: VACCINE PREVENTABLE DISEASE, 2010

	SUWANNEE COUNTY		FLORIDA	
	COUNT	RATE PER 100,000	COUNT	RATE PER 100,000
Measles cases	0	0.0	1	0.0
Rubella cases	0	0.0	0	0.0
Mumps	0	0.0	10	0.1
Pertussis	0	0.0	328	1.7
Tetanus	0	0.0	5	0.0

Source: Florida Department of Health, Florida Charts, 2010. <http://www.floridacharts.com>

TABLE 11.2: ADDITIONAL SENTINEL EVENTS, MOST RECENT 3-YEAR ROLLING AVERAGES

	SUWANNEE COUNTY		FLORIDA STATE	
	COUNT	RATE PER 100,000	COUNT	RATE PER 100,000
Cervical Cancer, Advanced Stage at Diagnosis 3-year rolling average (2006-2008)	2	N/A (too few cases)	420	46.8
Breast Cancer, Advanced Stage at Diagnosis 3-year rolling average (2006-2008)	10	37.0	4,419	33.3
Number of deaths from unintentional injuries 3-year rolling average (2007-2009)	93	71.2	26,717	44.0

Source: Florida Department of Health, Florida Charts <http://www.floridacharts.com>

A large, stylized blue wave graphic that curves across the page. It features a solid blue upper section and a lower section composed of many thin, parallel white lines that create a sense of motion and depth.

COMMUNITY THEMES & STRENGTHS ASSESSMENT

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

As of August 24th, 118 Suwannee County residents have expressed their perceptions of health and health care priorities through the Community Themes and Strengths Assessment (CTSA) survey instrument. This document briefly summarizes key findings.

For many survey respondents, a healthy community requires not just individual physical health, but overall health of the community as a whole: nearly half (45.8%) of survey respondents felt that access to “good jobs and a healthy economy” was one of the three most important factors for a healthy community. This factor was closely followed by “low crime” (4.15%). Being a “good place to raise children” and “access to health care” were each cited by more than a third of respondents (37.3% each) as one of the top three factors (See Table 1)

TABLE 1: IN THE FOLLOWING LIST, WHAT DO YOU THINK ARE THE THREE MOST IMPORTANT FACTORS FOR A “HEALTHY COMMUNITY?”

ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Good jobs and healthy economy	45.8%	54
Low crime / safe neighborhoods	41.5%	49
Good place to raise children	37.3%	44
Access to health care (e.g., family doctor)	37.3%	44
Good schools	32.2%	38
Healthy behaviors and lifestyles	26.3%	31
Religious or spiritual values	24.6%	29
Clean environment	16.1%	19
Strong family life	13.6%	16
Affordable housing	8.5%	10
Parks and recreation	5.9%	7
Low adult death and disease rates	5.1%	6
Excellent race relations	4.2%	5
Low level of child abuse	4.2%	5
Arts and cultural events	2.5%	3
Low infant deaths	0.8%	1
Other (please specify)	1.7%	2
answered question	118	
skipped question	0	

When asked to single out the three most important health problems, many respondents identified cancer (42.9%), followed by teen pregnancy (34.8%) and heart disease and stroke (30.4%). (See Table 2)

TABLE 2: IN THE FOLLOWING LIST, WHAT DO YOU THINK ARE THE THREE MOST IMPORTANT “HEALTH PROBLEMS” IN OUR COMMUNITY?

ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Cancers	42.9%	48
Teenage pregnancy	34.8%	39
Heart disease and stroke	30.4%	34
Diabetes	25.9%	29
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	22.3%	25
Mental health problems	19.6%	22
Child abuse / neglect	17.9%	20
Sexually Transmitted Diseases (STDs)	17.9%	20
High blood pressure	15.2%	17
Domestic Violence	17.0%	19
Motor vehicle crash injuries	14.3%	16
Dental problems	13.4%	15
Respiratory / lung disease	8.9%	10
Infectious Diseases (e.g., hepatitis, TB, etc.)	7.1%	8
HIV / AIDS	8.0%	9
Suicide	2.7%	3
Firearm-related injuries	0.9%	1
Rape / sexual assault	0.9%	1
Homicide	0.0%	0
Infant Death	0.0%	0
Other (please specify)	5.2%	5
answered question	112	
skipped question	6	

A majority of respondents agreed that drug abuse (53.1%) is one of the three most important risky behaviors in Suwannee County. Being overweight, unsafe sex, and alcohol abuse were each listed by approximately one third of respondents as being one of the most important risky behaviors. (See Table 3)

TABLE 3: IN THE FOLLOWING LIST, WHAT DO YOU THINK ARE THE THREE MOST IMPORTANT “RISKY BEHAVIORS” IN OUR COMMUNITY?

ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Drug abuse	53.1%	60
Alcohol abuse	34.5%	39
Being overweight	33.6%	38
Unsafe sex	33.6%	38
Poor eating habits	26.5%	30
Tobacco use	25.7%	29
Lack of exercise	24.8%	28
Not using birth control	19.5%	22
Dropping out of school	17.7%	20
Impaired Driving	13.3%	15
Not using seat belts / child safety seats	10.6%	12
Racism	7.1%	8
Not getting “shots” to prevent disease	3.5%	4
Other (please specify)	0.0%	0
answered question	113	
skipped question	5	

Survey respondents were also asked to provide ratings as answers to a set of questions on health in Suwannee County. Although low average ratings were given for the health of the community as a whole (Q4), the availability of health and social services (Q7), and the level of economic opportunity (Q8), respondents mostly agreed that the community is a safe place to live (Q6) and a good place to raise children (Q9).

QUESTIONS WITH RATING SCALES (1-5)

- » Q4: How would you rate our community as a “Healthy Community?”
Average=2.64 (1=Very unhealthy, 5=Very healthy)
- » Q5: How would you rate your own personal health?
Average=3.59 (1=Very unhealthy, 5=Very healthy)
- » Q6: Is the community a safe place to live?
Average=3.48 (1=Very unsafe, 5= Very safe)
- » Q7: Do you agree or disagree that there is a sufficient number of health and social services in Suwannee County?
Average=2.54 (1=Strongly disagree, 5=Strongly agree)
- » Q8: Do you agree or disagree that there is economic opportunity in Suwannee County?
Average=2.03 (1=Strongly disagree, 5=Strongly agree)
- » Q9: Do you agree or disagree that Suwannee County is a good place to raise children?
Average=3.47 (1=Strongly disagree, 5=Strongly agree)

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LOCAL PUBLIC HEALTH ASSESSMENT

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

An important component of the MAPP process is an assessment of the Local Public Health System. The Local Public Health System consists of all organizations, civic groups, health care professionals, and concerned individuals involved in responding to the health care needs of Suwannee County. Because the Local Public Health System is broader than any individual organization, this assessment was conducted in order to evaluate how these separate organizations and individuals work together to meet Suwannee County's health needs.

On August 30, 2011, the Suwannee Coalition brought together community sector representatives to evaluate the effectiveness of the public health system. A total of 14 participants worked in subgroups to address the 10 Essential Services of the Local Public Health System, as defined by the Center for Disease Control. For each of these 10 Essential Services, a set of questions were posed about the capacity of the local public health system. Participants considered each question in turn, and arrived at a consensus evaluation. The responses were then scored by the NPHPSP online system, which then produced a report on the status of the local public health system

The performance scores for the 10 Essential Services reveals that Suwannee County's Local Public Health System has strengths in its ability to diagnose and investigate problems (Service 2) and in enforcing laws (Service 6) relevant to public health. However, the local public health system has limited capacity in its ability to research and develop innovations for public health (Service 10), evaluate services (Service 9), and mobilize partnerships (Service 4). See figures 2 and 3 below for detailed information on the capacity of the Local Public Health System.

FIGURE 1. SCORING THE ESSENTIAL SERVICES OF THE LOCAL PUBLIC HEALTH SYSTEM

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.

FIGURE 2. PERFORMANCE SCORES FOR THE 10 ESSENTIAL SERVICES OF THE LOCAL PUBLIC HEALTH SYSTEM.

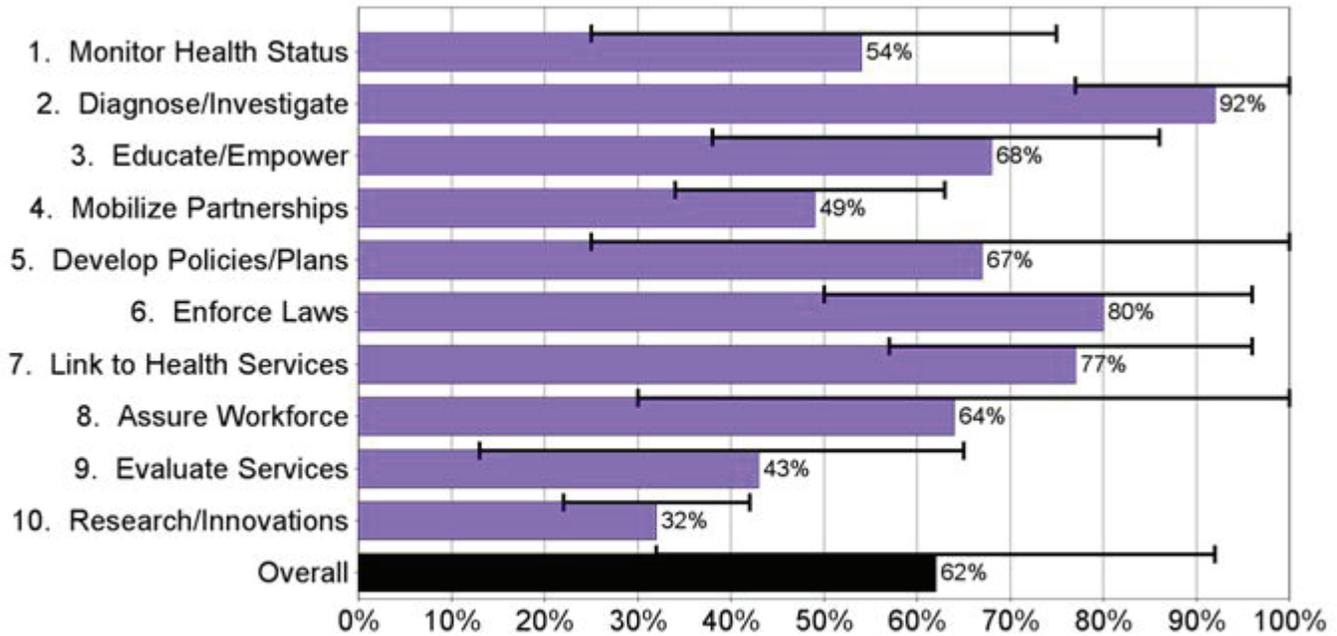


Figure 2 displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score.

Table 1. 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	54
1.1 Population-Based Community Health Profile (CHP)	25
1.1.1 Community health assessment	50
1.1.2 Community health profile (CHP)	26
1.1.3 Community-wide use of community health assessment or CHP data	0
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	63
1.2.1 State-of-the-art technology to support health profile databases	63
1.2.2 Access to geocoded health data	50
1.2.3 Use of computer-generated graphics	75
1.3 Maintenance of Population Health Registries	75
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	50
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	92
2.1 Identification and Surveillance of Health Threats	77
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	50
2.1.3 Resources to support surveillance and investigation activities	81
2.2 Investigation and Response to Public Health Threats and Emergencies	99
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	97
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	68
3.1 Health Education and Promotion	79
3.1.1 Provision of community health information	75
3.1.2 Health education and/or health promotion campaigns	63
3.1.3 Collaboration on health communication plans	100
3.2 Health Communication	38
3.2.1 Development of health communication plans	0
3.2.2 Relationships with media	38
3.2.3 Designation of public information officers	75
3.3 Risk Communication	86
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	75
3.3.3 Crisis and emergency communications training	100
3.3.4 Policies and procedures for public information officer response	69

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	49
4.1 Constituency Development	63
4.1.1 Identification of key constituents or stakeholders	66
4.1.2 Participation of constituents in improving community health	63
4.1.3 Directory of organizations that comprise the LPHS	75
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	34
4.2.1 Partnerships for public health improvement activities	52
4.2.2 Community health improvement committee	50
4.2.3 Review of community partnerships and strategic alliances	0
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	67
5.1 Government Presence at the Local Level	61
5.1.1 Governmental local public health presence	96
5.1.2 Resources for the local health department	75
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	13
5.2 Public Health Policy Development	25
5.2.1 Contribution to development of public health policies	50
5.2.2 Alert policymakers/public of public health impacts from policies	25
5.2.3 Review of public health policies	0
5.3 Community Health Improvement Process	81
5.3.1 Community health improvement process	79
5.3.2 Strategies to address community health objectives	100
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	80
6.1 Review and Evaluate Laws, Regulations, and Ordinances	95
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	100
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	50
6.2.1 Identification of public health issues not addressed through existing laws	50
6.2.2 Development or modification of laws for public health issues	50
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	50
6.3 Enforce Laws, Regulations and Ordinances	96
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4 Provision of information about compliance	100
6.3.5 Assessment of compliance	79

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	77
7.1 Identification of Populations with Barriers to Personal Health Services	96
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	100
7.1.3 Assessment of personal health services available to populations who experience barriers to care	88
7.2 Assuring the Linkage of People to Personal Health Services	57
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	54
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	25
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	64
8.1 Workforce Assessment Planning, and Development	65
8.1.1 Assessment of the LPHS workforce	75
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	71
8.1.3 Dissemination of results of the workforce assessment / gap analysis	50
8.2 Public Health Workforce Standards	100
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	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	61
8.3.1 Identification of education and training needs for workforce development	75
8.3.2 Opportunities for developing core public health competencies	58
8.3.3 Educational and training incentives	63
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	30
8.4.1 Development of leadership skills	44
8.4.2 Collaborative leadership	25
8.4.3 Leadership opportunities for individuals and/or organizations	25
8.4.4 Recruitment and retention of new and diverse leaders	25

Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	43
9.1 Evaluation of Population-based Health Services	51
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	28
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	65
9.2.1 In Personal health services evaluation	75
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	50
9.2.4 Information technology to assure quality of personal health services	50
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	13
9.3.1 Identification of community organizations or entities that contribute to the EPHS	50
9.3.2 Periodic evaluation of LPHS	0
9.3.3 Evaluation of partnership within the LPHS	0
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	32
10.1 Fostering Innovation	22
10.1.1 Encouragement of new solutions to health problems	13
10.1.2 Proposal of public health issues for inclusion in research agenda	0
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	0
10.2 Linkage with Institutions of Higher Learning and/or Research	42
10.2.1 Relationships with institutions of higher learning and/or research organizations	50
10.2.2 Partnerships to conduct research	25
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	31
10.3.1 Access to researchers	25
10.3.2 Access to resources to facilitate research	50
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	0

The page features a decorative design with a large, solid blue wave-like shape at the top. Below it is a horizontal band of a lighter blue color, which contains the word 'APPENDICES' in white, uppercase letters. Underneath the band are several thin, parallel blue lines that curve and taper off towards the right side of the page.

APPENDICES

APPENDIX 1: THEMES AND COMMENTS ON A HEALTHY COMMUNITY

Participants in the June 23rd Visioning meeting were asked to answer three questions.

1. What are important characteristics of a healthy community for all who live, work, and play here?
2. What behaviors do you expect to take place in a healthy community?
3. What issues do you think are important to address in a healthy community plan?

Participants offered a wide range of answers, but some themes became apparent, which are listed below.

1. Important **characteristics** of a healthy community include:

- Holistic health
 - Mental, physical and spiritual health
 - Citizens that model and maintain high ethical and moral standards
 - Education is valued and sought after by community members and everyone has an ability to attain desired educational level
 - Community prioritizes health as important
- Access to health education so the community is aware of issues, and healthcare providers that are responsive to educated input:
 - Importance of education and money management skills in community
 - Importance of education of what health is and how to become healthy
 - Everyone is aware of projects that have started in community and engaging in those projects
 - Providers communicate about existing programs, projects, etc.
 - Providers have the right channel for community suggestions to be heard
 - Accessibility of opportunities for all populations and members; taking advantage of assets
- Healthiness for the community and individuals means:
 - Vibrant, energetic people
 - Children involved in many activities
 - A drug-free community; including both illicit and misused prescription
 - Universal access to healthcare
 - Preventative components (trails, paths, gyms)
 - A system in place to identify and take care of disenfranchised members and populations (homeless, aging, and children)
 - Healthy nutrition emphasized
 - Access to dental care for all populations and members
 - Programs in community are available and accessible for all members
 - Level of nursing home facilities is positive for size of community
 - Lower crime rate
 - Tobacco free community
 - Clean, safe environment
 - Available transportation to access programs/resources

2. A healthy community has these kinds of **behaviors**:

- Community involvement, volunteering, and helping others:
 - Individuals initiate and contribute to the betterment of the community (non-monetary)
 - Personal responsibility and community responsibility are emphasized
 - Increase in volunteerism: coalition, civic clubs, churches, local government
 - Families take care of their members
 - Everyone is neighborly; helping neighbors; awareness of the needs of those around us
- Economic growth:
 - Growth is a positive improvement
 - The business community promotes general health in community through their businesses and personnel
 - Need activities to recruit specific groups of people for additional tax revenue
- Well-functioning organizations:
 - Cooperation in public health system among community entities and members
 - Organizations and departments working together to utilize existing resources and predict need
 - Recognize emerging trends and being proactive
 - Collaborations within community among all Suwannee county healthcare agencies
- Specific healthy behaviors:
 - Good nutrition and healthy weight, physically active
 - Healthy community takes care of its animals; mindful and compassionate about their animals

3. Suwannee County currently faces several **issues** regarding health:

- Limited access to healthcare
 - Unbalanced supply and demand of healthcare
 - Limited availability of primary care providers
 - Related to economic growth: can the community support healthcare professionals (monetary and attractiveness)?
 - Economy generally: attracting business; creating healthy tax base; education, etc.
 - Identify strengths and weaknesses of community
 - Accessing healthy food sources
 - Limited transportation
 - Language barriers
 - We are a single hospital community
 - Group of people that fall between government provided insurance and fully insured; middle ground of uninsured; what are limitations on entities that do insure
 - Upcoming gap in primary care providers; public acceptance of recruited providers and specialists; public demand to be taken care of locally

- Well functioning healthcare providers, agencies, and government
 - Good communications between agencies
 - Morbidity and mortality and health indicators can help
 - Where is cost of programs being assessed (front, back end costs)?
 - Are the positives of the community coming through in data being accounted for?
 - Need to ensure that the definition of community truly reflects those present in our community
- Special populations and equal access to healthcare
 - Branford has no senior citizen center, no agricultural extension office; distance to Live Oak is too great for some community members
 - Are all components of our community being included in planning, etc.; are their needs being considered (needs specific to populations within our community that may not be readily visible)?
 - How is funding for entities being restricted in the future and what partnerships could be created to overcome that and better utilize available financial resources?
 - How do different segments of the community perceive the health system?

One recurring theme is that physical health and economic well-being are closely connected:

- “You see people walking around without teeth because there’s no way for them to afford dentures, and people have gum disease and all those kind of things that will shorten their life because they can’t afford for that exam and Medicaid doesn’t pay for it.”
- “Right now 80% of all inpatients go outside of our community to get their healthcare. Which is an amazing statistic, it blows my mind.”
- “Those that have insurance, they’re going outside. And the providers of health here, are only getting what’s left.”

APPENDIX 2: VISIONING PARTICIPANTS

1. Barry Baker, Suwannee County Clerk of Court
2. Pam Blackmon, County Health Department
3. Pauline Blalock, Ebenezer AME/Retired teacher
4. Myriah Brady, Meridian Behavioral
5. Wanda Crowe, County Health Department
6. Jordan Daniels (facilitator), Daniels Funeral Home
7. Ricardo Diaz, Shands Live Oak
8. Jay Harrison, Cheek & Scott
9. Ray Kelly, Ministerial Alliance
10. Marlene Mitchell, Public Library
11. Sharon Neeland, Department of Juvenile Justice
12. Sonny Nobles, City of Live Oak
13. Brittney Pineda, SWAT and NF Com College
14. Ken Saunders, Branford Town Council
15. Steven Schneitman, Youth Advocacy Partnership
16. Greg Scott, Parks & Rec
17. Dana Taylor (facilitator), Sellers, Taylor & Morrison, PA
18. Mary Taylor, Suwannee Coalition and Youth Advocacy Partnership
19. Juanita Torres, Suwannee District Schools Migrant Program
20. Margaret Wooly, School Health Director