**Framework for Analysis**
This assessment is guided by a model of population developed by the Population Health Institute at the University of Wisconsin (UWPHI) and used by the Robert Wood Johnson Foundation for its annual evaluation of county population health. This model, shown in Figure 1, has three major components. **Health Outcomes** represent the health of a county’s population as a function of two measures: how long people live (longevity) and their health-related quality of life, including how well they feel and their infants’ health over the first year of life. **Health Factors** represent county health as a function of residents’ health-related behaviors (e.g., tobacco use), their access to health care and the quality of that care, county social and economic characteristics (e.g., average income, crime rates), and the physical environment (e.g., air quality, availability of quality housing). **Policies and Programs**, implemented at the local, state, and federal levels, may influence population health in many ways. Some policies are designed to impact population health directly (e.g., requiring childhood immunizations for school enrollment). Others affect health less directly, by influencing residents’ health-related knowledge and behaviors (e.g., public service announcements highlighting the dangers of smoking). It is also important to note that programs and policies not designed specifically to influence health (e.g., community safety programs) may also have health-related effects. In sum, this model of population health highlights the important role of **Programs and Policies** in shaping the **Health Factors** that determine a population’s **Health Outcomes**. **Health Outcomes** are improved when **Programs and Policies** are in place to improve **Health Factors**.

**Indicator Selection and Sources**
This assessment is based on the most recent available data for 180 health status indicators and 31 demographic indicators. Indicators were selected to maximize comparability to previous assessments for Taylor County and to assessments for other North Florida counties. Indicator data were drawn from multiple sources, including Florida CHARTS, Florida Agency for Health Care Administration, Centers for Disease Control and Protection, the Center for Medicare and Medicaid Services, and the U.S. Census Bureau. A complete list of the indicators, their measurement, and their sources are included in the Appendix A.

**Benchmarking**
The implications of county-level population health indicators are more readily apparent when considered in relation to their counterparts for another population. We use state-level data as a benchmark for interpreting the health of Taylor County; therefore, the detailed tables include data for both Taylor County and the state of Florida.

**Florida’s Population Health in National Context**
To provide a national context for the benchmarked comparisons, we draw on *America’s Health Rankings 2015*, produced by the United Health Foundation, a non-profit foundation committed to improving community health (http://www.unitedhealthfoundation.org/Default.aspx). *Health Rankings* summarizes a comprehensive, state-by-state analysis of health determinants and outcomes that yields a ranking of all 50 states on five core dimensions. Table 1 lists these dimensions and provides Florida’s overall ranking and its ranking on each dimension. Rankings range from one to 50, with lower values indicating a healthier population. Overall, UHF ranked Florida 33rd in its 2015 rankings, a drop from its 32nd place ranking in 2014. The
dimension-specific rankings ranged from just below the 50th percentile (27th with respect to health behaviors) to nearly the bottom of the distribution (47th with respect to health policy).

Results Summary
Taylor County residents live fewer years than the typical Florida resident. A comparison of the county and state age-adjusted mortality rates by cause provides insight into the causes of death that underlie Taylor County’s higher rate of premature death. Figure 2 summarizes the results. Each bar represents a specific cause of death; bars to the left of the vertical axis represent causes that are less prevalent in Taylor County than in the state as a whole and bars to the right represent causes that are more prevalent. Age-adjusted mortality rates are higher in Taylor County, relative to the state, for 11 of 19 causes. Two causes account for a substantial share of Taylor County’s premature mortality. Heart disease is responsible for an excess of 48 deaths per 100,000 population and cancers account for an additional 47 deaths per 100,000.

Tables 2 through 7 summarize similar county-state comparisons for the full set of 180 health status indicators (specific values for each indicator are presented in Appendix B). The tables are organized following the UWPHI model, with each table presenting multiple indicators of one model component. The top panel of each lists the indicators of the specified component that negatively impact the health of Taylor County relative to the state as a whole; the lower panel lists the indicators on which Taylor County performed better than the state.

Overall, Taylor County performed worse than the state on 77 of the 180 indicators, and better than the state on 47 indicators. (Differences on the remainder were either zero or sufficiently close to zero to be judged immaterial to Taylor’s health status relative to the state.) The results that follow show that Taylor County residents are disadvantaged in comparison to the typical Floridian not only by their higher rates of premature death but also by higher morbidity, the prevalence of health-depleting behaviors, and below-average access to health care.
Table 1. Florida’s Ranking on Core Dimensions of Population Health, 2015

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>33</td>
</tr>
<tr>
<td>Behaviors</td>
<td>27</td>
</tr>
<tr>
<td>Community &amp; environment</td>
<td>30</td>
</tr>
<tr>
<td>Policy</td>
<td>47</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>33</td>
</tr>
<tr>
<td>Outcomes</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: United Health Foundation’s America’s Health Rankings
Table 2. Length of Life (Mortality) Indicators

A. Taylor County had **higher rates** than the state for:
   - Lung Cancer Deaths
   - Prostate Cancer Deaths
   - Deaths from Smoking-related Cancers
   - Cancer (All) Deaths
   - Chronic Liver Disease, Cirrhosis Deaths
   - Chronic Lower Respiratory Disease Deaths
   - Diabetes Deaths
   - Heart Disease Deaths
   - Stroke Deaths
   - Suicide Deaths
   - Motor Vehicle Accident Deaths

B. Taylor County had **lower rates** than the state for:
   - Infant Mortality
   - Neonatal Deaths (0-27 days)
   - Post-neonatal Deaths (28-364 days)
   - Breast Cancer Deaths
   - Colon, Rectal or Anus Cancer Deaths
   - HIV/AIDS Deaths
   - Nephritis, Nephritic Syndrome, and Nephrosis Deaths
   - Pneumonia, Influenza Deaths
### Table 3. Health-Related Quality of Life (Morbidity) Indicators

**A. Compared to the state, county levels on these indicators are less conducive to good health:**

- Low Birth Weight
- AIDS
- Tuberculosis
- Whooping Cough (Pertussis)
- Overweight/Obesity (Youth)
- Breast Cancer Incidence
- Colon and Rectum Cancer Incidence
- Lung Cancer Incidence
- Prostate Cancer Incidence
- Total Cancer Incidence

**From self-reports:**
- Asthma (Adult)
- Diabetes (Adult)
- Healthy Weight (Adult)
- Heart Disease (Adult)
- High Blood Pressure (Adult)
- High Blood Pressure Controlled (Adult)
- Obesity (Adult)
- Poor or Fair Health
- Unhealthy mental days interfered with daily activities

**B. Compared to the state, county levels on these indicators are more conducive to good health:**

- Preterm Birth
- Births to Obese Mothers
- Births to Overweight Mothers
- Chicken Pox (Varicella)
- Hepatitis C, Acute
- HIV
- Meningitis, Other Bacterial, Cryptococcal, or Mycotic
- Vaccine Preventable Disease for All Ages
- Cervical Cancer Incidence
- Melanoma Cancer Incidence

**From self-reports:**
- High Cholesterol (Adult)
- Overweight (Adult)
- Unhealthy Mental Days
Table 4: Health Behavior Indicators

A. Compared to the state, county levels on these indicators are less conducive to good health:

- Breast feeding initiation
- Alcohol Consumption in Lifetime (Youth)
- Alcohol Consumption in past 30 days (Youth)
- Binge Drinking (Youth)
- Cigarette Use (Youth)
- Secondhand Smoke exposure (Youth)
- Smoked in last 30 days (Youth)
- Births to Mothers Ages 10-14
- Births to Mothers Ages 10-16
- Births to Mothers Ages 15-19
- Live births where mother smoked during pregnancy
- Prenatal Care Begun in First Trimester
- Prenatal Care Begun Late or No Prenatal Care
- Alcohol-Related Motor Vehicle Traffic Crash Deaths
- Alcohol-Related Motor Vehicle Traffic Crashes
- Diabetic monitoring

From self-reports:

- Cancer Screening – Mammogram
- Cancer Screening: Sigmoidoscopy or Colonoscopy (Adults 50 and up)
- Flu Vaccination in the Past Year (Adult age 65 and up)
- Flu Vaccination in the Past Year (Adult)
- Pneumonia Vaccination (Age 65 and up)
- Pneumonia Vaccination (Adult)
- Smokers (Adult)
- Tobacco Quit Attempt (Adult)
- Former Smokers (Adult)
- Never Smoked (Adult)
- 5 Daily Servings Fruits and Vegetables (Adult)
- Sedentary Adults
- Cancer Screening: PSA in past 2 years (Men 50 and up) *
- Vigorous physical activity recommendations met (Adult) *

B. Compared to the state, Taylor County levels on these indicators are more conducive to good health:

- Infectious Syphilis
- Sexually transmitted infections
- Vaccination (Kindergarten)
- Marijuana or Hashish Use (Youth)

From self-reports:

- Diabetic Annual Foot Exam (Adults)
- Diabetic Semi-Annual A1C Testing (Adult)

An * indicates that data were collected prior to 2013.
Table 5. Clinical Care Indicators

A. Compared to the state, county levels on these indicators are **less conducive to good health**:

- Acute care beds
- Adult psychiatric beds
- Adult substance abuse beds
- Lack of Prenatal Care
- Pediatric psychiatric beds
- Rehabilitation beds
- Skilled nursing beds
- Practicing physicians:
  - Anesthesiology
  - Dermatology
  - Emergency Medicine
  - Family Medicine
  - General Surgery
  - Internal Medicine
  - OB/GYN
  - Pediatric Subspecialist
  - Pediatrics
  - Psychiatry
  - Radiology
  - Surgical Specialist
  - Other Specialist

- Practicing dentists
  - General
  - Dental Public Health Administrative Services
  - Endodontics
  - Oral and Maxillofacial Pathology
  - Oral and Maxillofacial Radiology
  - Oral and Maxillofacial Surgery
  - Pediatric Dentistry
  - Periodontics
  - Prosthodontics

- Adults who could not see a doctor at least once in the past year due to cost
- Preventable Hospital Events
- Primary care access
- ED visits for:
  - Infectious and Parasitic Diseases
  - Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders
  - Diseases of the Nervous System and Sense Organs
  - Diseases of the Circulatory System
  - Diseases of the Respiratory System
  - Diseases of the Digestive System
  - Diseases of the Genitourinary System
  - Diseases of the Skin and Subcutaneous Tissue
  - Diseases of the Musculoskeletal System and Connective Tissue
  - Symptoms, Signs, and Ill-Defined Conditions
  - Injury and Poisoning

CONTINUED ON NEXT PAGE
Clinical Care Indicators, Continued

B. Compared to the state, county levels on these indicators are more conducive to good health:

- Dental Public Health Clinical Services
- Adults who have a personal doctor
- Dental Care Access by Low Income Persons
- ED visits for
  - Diseases of the Blood and Blood-Forming Organs
  - Mental, Behavioral and Neurodevelopmental Disorders
  - Pregnancy, Childbirth, and the Puerperium
  - Supplementary Classification of Factors Influencing Health Status and Contact with Health Services
Table 6. Socioeconomic Indicators

A. Compared to the state, county levels on these indicators are **less conducive to good health:**
   - Unemployment
   - Aggravated Assault
   - Domestic Violence Offenses
   - Forcible Sex Offenses
   - Violent Crime
   - Medicaid birth rate
   - Food Insecurity
   - High School Graduation
   - Per Capita Personal Income
   - Adults ages 18 – 24 without a high school diploma
   - Use of Public Transportation
   - SNAP Participants
   - Low Income Population with Low Access to Grocery Store

B. Compared to the state, county levels on these indicators are **more conducive to good health:**
   - Murder
   - Property Crimes
   - Children Eligible for Free/Reduced Price Lunch
   - Homicide
   - Injury Deaths
   - Below Poverty Level (Youths)
   - Poverty Rate
   - Public Assistance Income
   - Uninsured (Adults)
   - Uninsured (Youth)
   - Housing Cost Burden (30% or more of household income)
   - Severe housing problems (Households)
Table 7. Physical Environment Indicators

A. Compared to the state, Taylor County levels on these indicators are **less conducive to good health**:
   - Access to Exercise opportunities
   - Salmonellosis
   - Drinking water violations (% population exposed)
   - Grocery Store Access

B. Compared to the state, Taylor County levels on these indicators are **more conducive to good health**:
   - Fast Food Restaurant Access
Figure 1. Conceptual Model of Population Health

Source = http://www.countyhealthrankings.org/our-approach
Figure 2. Comparison of Cause-Specific Age-Adjusted Death Rates for Taylor County and Florida, 2012-2014

For measurement details and data sources, see Appendix A.

Community Health Status Assessment, Page 12
Taylor County 2016