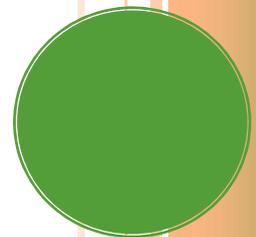




Community Health Assessment (CHA) Report

2017 Wakulla Wellness Task Force

The Community Health Assessment serves to inform the Wakulla County community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans.



COMMUNITY HEALTH ASSESSMENT (CHA) REPORT

2017 Wakulla Wellness Task Force

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Assessment Report 2017 was drafted, there may be subsequent data and developments, including legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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INTRODUCTION

Health is more than the absence of illness; health is a “dynamic state of complete physical, mental, spiritual, and social well-being.” (*National Center for Cultural Competence, Georgetown University, Winter 2001*). By this definition, it involves a variety of community organizations, agencies, groups, and individuals.

Community Health Assessment (CHA) has been defined by National Association of County & City Health Officials (NACCHO) as a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. NACCHO describes the ideal assessment as including information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. Ultimately, the goal of the CHA is to identify issues using data from various sources and develop strategies to address the community’s health needs. It is recommended that a CHA be conducted every three to five (3-5) years to track progress and address any new issues in the community.

So, what makes a community healthy? Depending on who you ask, the answer could be many things. Looking at what impacts health the potential responses become a broader list – education, income, clean environment, safety, recreational opportunities, values, and social services.

With leadership of DOH-Wakulla, the Wakulla Wellness Task Force had taken ownership for providing guidance and making decisions regarding the development of the CHA and the Community Health Improvement Plan (CHIP). This grew out of their involvement in implementation of the 2012 CHA.

The Task Force worked through the previous issues identified, revised the CHIP, and continued to meet regularly to discuss health related activities in the community, share resources, and discuss emerging issues (e.g., hunger, mental health, etc.). Due to their continued efforts, there were some lessons learned and that contributed to the efforts to create a document that would provide information to aid in making data-driven decisions for the 2017-2022 Plan. The lessons learned were:

- Increase understanding of the benefits of creating a CHA – data for decision-making
- Broader understanding of the local public health system – who is involved
- More community involvement, engagement and communication – ensure awareness
- Better understanding of social determinants of health and health inequity – increase knowledge about health care

After discussions by several individuals involved in the use of the 2012 CHA and the implementation of the resulting CHIP, it was decided that there was value in creating a new CHA and CHIP rather than updating the previous version.

In June 2016, the Florida Department of Health-Wakulla began the process to support the community in conducting a community health assessment. using the Mobilization for Action through Planning and Partnership (MAPP) process. The MAPP process is a community-driven strategic planning process for improving community health. The process helps communities apply strategic thinking to identify and prioritize health issues and identify resources to address them.

On June 27, 2016, the Wakulla Wellness Task Force met and were asked to serve as the advisory group for the CHA. Those in attendance agreed to serve as the advisory group to make decisions during the process.

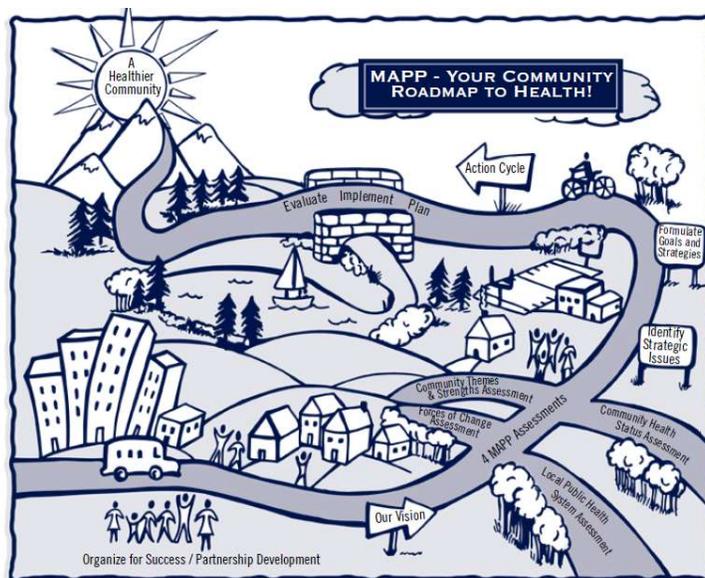


Illustration 1: MAPP Roadmap showing the steps

Wakulla Wellness Task Force (hereinafter referred to as “Advisory Group”)

Name	Organization	Name	Organization
Sabrina Williams	Wakulla Refuge House	Emily Kohler	Big Bend AHEC
Vacant	Big Bend Rural Health Network	Lori Lawhon	FDOH-Wakulla, School Health
Donna Clark	FDOH-Wakulla, SRA	Clyde Preston	Grace Embraced Ministry
Tanya English	Wakulla County School Board	Marva Preston	Grace Embraced Ministry
Stacey Harvey	Wakulla County Sheriff Department	Dr. Alan Rowan	Florida State University, College of Public Health
Tonya Hobby	FDOH-Wakulla, Assistant Administrator	Samantha Kennedy	University of Florida, Institute for Food and Agricultural Sciences
Grace Keith	FDOH-Wakulla, Health Educator	Charlean Lanier	National Alliance on Mental Health
Judy Harris	St. Marks Powder	Pat Walker	Wakulla Medical Center (Federally Qualified Clinic)

The internal goal was for a collaborative process and a base understanding of the process for long-term sustainability of the CHA and finally the CHIP. During the meeting (6/27/2016), the Task Force participated in a visioning exercise. The result of the exercise was the creation of a vision statement –

WAKULLA COUNTY: HEALTHIEST COUNTY IN THE STATE OF FLORIDA

The values expressed by the Advisory Group were for a community that is healthy, safe, spiritual, and financially resourceful.

This Community Health Assessment serves to inform the Wakulla County community of the decision making, the prioritization of health problems, and the development, implementation, and monitoring data for the community health improvement plans.

The Advisory Group met on April 24, 2017 to discuss the results of the four assessments (see page 10 for a list and description) and identify priority areas to include in the community health improvement plan development process. The priority issue areas identified are:

Issue Area 1: Neighborhood and Built Environment

Issue Area 2: Economic Stability

Issue Area 3: Social and Community Context

During the discussion, the Advisory Group members felt that addressing the areas above should have a cascading impact on two other areas.

- Education
- Health and Health Care

DATA SOURCES

Qualitative Data

During late 2016 and early 2017 meetings and assessments were conducted with Wakulla County residents and members of the local public health system to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns. This qualitative data provided the opportunity to compare perceptions with the quantitative data to make data-driven decisions.

Quantitative Data

Data for this report was drawn from county, state, and national sources to develop a social, economic and health snapshot in time of Wakulla County. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, and Florida Department of Health. Types of data included self-report of health behaviors using the Behavioral Risk Factor Surveillance System (BRFSS), public health surveillance data from Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), as well as vital statistics based on birth and death records.

American Community Survey (ACS)

<http://census.gov/programs-surveys/acs>

The ACS helps local officials, community leaders and business understand the changes taking place in their communities. It is a source for detailed information about the people and workforce. The ACS is conducted every year to provide up-to-date information about the social and economic needs of the community. The ACS shows how people live – our education, housing, jobs and more. Results may be used to decide where new schools, hospitals, and emergency services are needed.

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.floridacharts.com/charts/brfss.aspx>

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology.

Target population of BRFSS are people 18 years and older, who reside in a Florida household. In Florida, BRFSS started in 1986. Since then, it has been conducted annually. This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States.

Because BRFSS respondents are randomly selected, measures of prevalence and mean are subject to random sample errors. Each measure listed in the data tables includes the 95% confidence interval (CI). If the confidence intervals overlap, there is no statistically significant difference in the prevalence rates. However, if the confidence intervals do not overlap, there is a statistically significant difference. The significance of measures with very wide confidence intervals should be interpreted with caution. Measures of prevalence and mean are excluded from the tables for any subpopulation with a sample size less than 30, which would yield statistically unreliable estimates.

CDC Diabetes Interactive Atlas

The National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three years of data from CDC's Behavioral Risk Factor

Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program. The county-level estimates are based on indirect model-dependent estimates. Bayesian multilevel modeling techniques are used to obtain estimates

County Health Rankings

<http://www.countyhealthrankings.org/app/florida/2016/overview>

The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

Florida Cancer Registry

<http://www.floridahealth.gov/diseases-and-conditions/cancer/cancer-registry/index.html>

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami, Miller School of Medicine. Florida Statute 385.202 requires that each hospital and outpatient facility licensed in Florida report to the Department of Health each patient admitted for treatment of cancer. Information to be reported on each patient include routine personal and demographic data, diagnosis, stage of disease at diagnosis, medical history, laboratory data, tissue diagnosis, and initial course of treatment.

Florida CHARTS

<http://www.flhealthcharts.com>

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is a database of Florida public health statistics and community health data. Data from this tool is used to gather demographic information, provide information for community health assessments and initial research, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

Florida Department of Highway Safety and Motor Vehicles (FLHSMV)

<http://www.flhsmv.gov/resources>

FLHSMV collects data and conducts research in order to provide lawmakers, partners and stakeholders, the media, and citizens with important facts and valuable information related to public safety and motor services. The Department compiles and analyzes traffic and safety data and emerging trends, and disseminates this research to support public safety education efforts and policy decisions.

Florida Department of Law Enforcement (FDLE)

<http://fdle.state.fl.us/FSAC/FSAC-home.aspx>

The Florida Statistical Analysis Center, housed and administrated by FDLE, analyzes criminal justice data and prepares statistical reports for policy makers, planners, and program developers. These reports cover a wide range of criminal justice issues and are available to the general public.

Florida Department of Transportation (FDOT)

<http://flto.dot.state.fl.us/website/FloridatrafficOnline/viewer.html>

The FDOT provides data regarding traffic counts for multiple roadways around the state. For this report, US 319 (Crawfordville Highway), south of Mimosa, was selected to gather information about the number of vehicles using the highway.

Florida Environmental Public Health Tracking

<http://www.floridatracking.com/HealthTrackFL/default.aspx>

Environmental Public Health Tracking system collects and organizes reliable health and environmental data on a systematic, ongoing basis. Tracking, or surveillance, helps us understand the status of the community's health and how it might be changing over time.

Florida HealthFinder

<http://www.floridahealthfinder.gov/index.html>

The HealthFinder is maintained by the Florida Agency for Health Care Administration. This searchable health database system provides a variety of information for hospital inpatient, ambulatory (outpatient) surgery, and emergency department.

Florida Youth Tobacco Survey (FYTS)

http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm

The Florida Youth Tobacco Survey (FYTS) tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth for the Florida Department of Health's Bureau of Tobacco Prevention and Control. The first FYTS was administered in 1998. Since then, the FYTS has been conducted annually by the Florida Department of Health. County-level data have been collected in even years since 2000, except for 2004.

United States Census Bureau

<http://quickfacts.census.gov/qfd/states/12000.html>

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

Limitations

Several limitations related to the assessment research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Wakulla County and should not be interpreted as definitive. While the most current BRFSS and CHARTS data was used, this data is at least one-year-old due to the nature of the reporting systems used. In some cases, data from CHARTS is aggregated across multiple years to increase sample size (e.g., rolling three-year rates). In other cases, CHARTS and BRFSS data could not provide information stratified by race/ethnicity, gender, or age due to small sample sizes.

Self-reported data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

Finally, the results of the forums and workshops should not be generalized as being representative of the larger Wakulla County community due to the non-random recruiting techniques and small sample size. Recruitment for these events was conducted with community health partners, and participants may have already been involved and/or interested in community health issues.

METHODOLOGY

MAPP provides the framework for convening the various organizations, groups, and individuals that comprise the local public health system to create and implement a community health improvement plan (CHIP).

This report is the result of a collaborative and participatory approach to community health planning and improvement. MAPP gathers data using four unique assessments:

- **Community Themes and Strengths Assessment (CTSA)** provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.
- **Community Health Status Assessment**

(CHSA) provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health. Factors at multiple levels were analyzed

- lifestyle behaviors (e.g., diet and exercise)
- clinical care (e.g., access to health care services)
- social and economic factors (e.g., employment opportunities)
- physical environment (e.g., rural community aspects).

Each factor in conjunction with all the others impacts the health of Wakulla County residents.

- **Forces of Change Assessment (FoCA)** provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health. During the FOC exercise, participants engage in a brainstorming activity to identify forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.
- **Local Public Health System Assessment (LPHSA)** is completed using the local instrument of the National Public Health Performance Standards Program (NPHPSP). The NPHPSP instrument measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards. The LPHSA involves a broad range of organizations and entities that contribute to public health in the community and answers the questions:
 - "What are the components, activities, competencies, and capacities of our local public health system?" and
 - "How are the Essential Services being provided to our community?"



Illustration 2: Depicts the relationships between the assessments and the development of the community health assessment and the community health improvement plan:

SOCIAL DETERMINANTS OF HEALTH (SDOH)

It is recognized that health is influenced by many factors in the dynamic relationship between people and their environments. The social determinants of health framework address the distribution of wellness and illness within a population. The Wakulla County community represented by the data within this report live and work within an economic, social, and political context that is enabled and constrained by the network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Wakulla County community. The social determinants of health framework focus attention on the factors which most impact health within the larger social and economic context.



Illustration 3: Social Determinants of Health -Healthy People 2020

The social determinants of health are the economic and social conditions and their distribution among the population that influence individual and group differences in health status. These are the conditions in which people are born, grow, live, work, and age.

The community's health is impacted by multiple factors including:

- Neighborhood and Built Environment
- Health and Health Care
- Social and Community Context
- Education
- Economic Stability

These five areas reflect critical components/key issues that make up the underlying factors in the arena of SDOH. When considering the SDOH, it is important to review the areas that are contained within the larger SDOH area.

- Neighborhood and Built Environment
 - Environmental Conditions
 - Crime and Violence
 - Quality of Housing
 - Access to Healthy Foods
- Health and Health Care
 - Health Literacy
 - Access to Health Care
 - Access to Primary Care
- Social and Community Context
 - Social Cohesion
 - Civic Participation
 - Discrimination
 - Incarceration
- Education
 - Language and Literacy
 - Early Childhood Education and Development
 - High School Graduation
 - Enrollment in Higher Education
- Economic Stability
 - Poverty
 - Employment
 - Food Security
 - Housing Stability

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment (CTSA) seeks to answer questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

The Community Themes and Strengths Assessment (CTSA) identifies assets in the community and issues that are important to community members. The CTSA seeks to answer the following questions:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

The Advisory Group decided to use a survey to gather information for the CTSA. The survey was developed based on samples from other local health departments locally and nationally. With the vision of encouraging people to participate, the survey was designed to be one-page front and back and contained questions regarding personal health, community health, access to health care, payment for services, ability to obtain services, and demographics (race/ethnicity, gender, birth year, and zip code).

To gather input from the community, the Advisory Group decided that using a survey would be the most effective method. Each Task Force member was given paper (TA-1a) and electronic versions of the survey for use in gathering responses. In addition, the Florida Department of Health-Wakulla placed a link to the electronic version on their internet website.

A total of 366 surveys have been used to provide information on the perceptions of the community. Results of the Community Themes and Strengths Assessment surveys provided the perception of the community on various issues. A summary analysis of the results is found in Technical Appendix (TA-1b).

Zip code was used to determine whether responses should be used or not. If the zip code was for a neighboring county or left blank, responses were not included in the results for the CTSA. Wakulla County has 5 zip codes within its jurisdictional boundaries. The table below provides population data by zip code with the gender and number of responses to the CTSA.

Table 1: Number of Responses to CTSA survey by zip code with population estimate and gender demographic.

Zip Code	Community or Town Associated	Population Estimate¹	Male	Female	# of Responses
32327	Crawfordville	27,694	15,794	11,900	324
32346	Panacea	1,625	813	812	21
32358	Sopchoppy	1,963	847	1,116	16
32355	St. Marks	255	109	146	3
32326	Crawfordville	Unavailable	Unavailable	Unavailable	2

¹ 2011-2015 American Community Survey 5-Year Estimates

Those responding ranged in year of birth from 1922 to 2000, which makes the ages between 94 and 16 years of age. Though most of the respondents indicated they worked full-time, retired individuals made up the second largest population of respondents.

Responses to the Community Themes and Strengths Assessment were in alignment with the values expressed by the Advisory Group. When asked about the most important factors that define a “Healthy Community,” the tops responses were:

- Low crime /safe neighborhoods
- Good schools
- Access to health care / other services
- Good jobs / healthy economy
- Strong family life
- Healthy behaviors / lifestyles
- Religious / spiritual values

When considering race/ethnicity, the White (Caucasian) population provided over 80% of the responses and African American (Black) accounted for nearly 9%. Nearly 6% indicated something other than white or black.

Florida CHARTS for 2014 indicated a population in Wakulla County that was 81.4% white; 15.5% black, and 3.1% other. Most of those responding were female (80%).

Table 2: Population for Wakulla County by Race; 2014 Florida CHARTS data.

<i>Population by Race - 2014</i>			
	<i>County</i>		<i>State</i>
<i>Race</i>	<i>Population</i>	<i>Percentage</i>	<i>Percentage</i>
<i>White</i>	25,695	81.4	78.2
<i>Black</i>	4,843	15.4	16.8
<i>Other</i>	974	3.2	5.2
<i>Hispanic Population - 2014</i>			
	<i>County</i>		<i>State</i>
<i>Race</i>	<i>Population</i>	<i>Percentage</i>	<i>Percentage</i>
<i>Hispanic</i>	1,269	4	24
<i>Non-Hispanic</i>	30,084	96	76

Data Source: The Florida Legislature, Office of Economic and Demographic Research.

Healthy / Safe Community and Self:

This section asked the participants to rate the health of the community, level of safety in the community, and their personal health. The responses show a rate as:

- Our community as a healthy community to live in
 - Somewhat Healthy – 54.12%
 - Healthy – 35.44%
 - Very Healthy – 3.30%
- Our community as a safe place
 - Somewhat Safe – 29.75%
 - Safe – 58.96%
 - Very Safe – 9.37%
- Your own personal health
 - Somewhat Healthy – 29.28%
 - Healthy – 53.04%
 - Very Healthy – 13.81%

Community Health:

The community sees low crime and safe neighborhoods as important factors to defining a healthy community. However, when asked about health and safety problems in the community, alcohol/drug abuse ranked the highest for both health problem (53.0%) and safety problems (65.3%) in the community.

Personal Health:

This area looked at health insurance, chronic illnesses, access to care and services. Over 96% of those responding had some form of insurance (private, Medicaid HMO, Medicare). While 132 individuals did not provide a response to the reason for receiving health care outside of the community, those responding indicated choice, lack of providers for service, and not accepting their type insurance as the top reasons. Individuals or family members living with chronic illnesses had high blood pressure (66.2%) and diabetes (48.6%) at the top.

Quality of Life:

Items for this group provided some interesting information about the community and how they perceive recreation. Outdoor locations ranked in the top with church coming in third for recreation. This information may be useful for developing the community health improvement plan activities to help in identification of locations for events or recruiting community partners.

2013 Behavioral Risk Factor Surveillance System Survey

Prior to conducting the CTSA, the Behavioral Risk Factor Surveillance System (BRFSS) survey was conducted in 2013. The analysis of this data takes approximately a year. This was the fourth county-level survey conducted. It was previously conducted in 2002, 2007, and 2010. The 2013 county-level survey was developed in collaboration with state and local representatives and better designed to meet the needs of the local health department programs by offering options to add county developed questions and increase sample sizes.

Wakulla County had approximately 24,305 adult residents in 2013 at the time of the survey (FLHealth CHARTS) and 462 adults responded to the BRFSS survey (TA-2). The survey questions cover numerous topics related to health status, health-related behaviors, health-related prevention, health-related quality of life and health care access and coverage.

A summary of this data is provided here. Additional related information may be found in the County Health Status Assessment (CHSA) portion of this report. Information in the CHSA seeks to provide counts where possible instead of percentages or rates due to the small population. The full 2013 BRFSS can be found in the Technical Appendix.

2013 Florida BRFSS Data – Wakulla: Summary

Data for Black/African American and Hispanic/Latino residents were not available for Wakulla County due to size of population. Also, due to a change in weighting methodology and the inclusion of cellular telephone responses starting in 2011, data from 2013 may not be comparable to data collected before 2011.

Data presented has a 95% Confidence Interval

Note: Asterisk indicates that the difference observed between the 2013 county and state measures is statistically significant.

N/A – Not available due to respondent counts of less than 30.

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
Arthritis – percentage of adults who have ever been told they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	30.8	27.3	35.1	65 & Older	\$50,000 or more	M=32.5	<High School
Arthritis – percentage of adults who are limited in any way in any usual activities because of arthritis	16.4	12.3	21.3	65 & Older	<\$25,000	NM=18.8	High School or GED
Asthma - Percentage of adults who currently have asthma	9.3	6.6	12.6	65 & Older	\$25,000 - \$49,000	NM = 13.9	<High School
Asthma – Percentage of adults who have ever been told they had asthma	15.8	13.9	18.1	65 & Older	\$25,000 - \$49,000	NM = 18.6	<High School
Cancer Prevalence – Percentage of adults who have ever been told they had skin cancer	12.2	11.5	13.1	45-64*	\$50,000 or more	M=12.3 (0.1 more than NM)	High School or GED
Cancer Prevalence – Percentage of adults who have ever been told they had any	4.6*	2.2*	7.5	65 & Older	\$25,000 - \$49,000	M=5.1*	High School or GED

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
other type of cancer except skin cancer							
Cancer Screening / Breast – percentage of women aged 40 to 74 years who received a mammogram in the past year	63.7	N/A	63.7	65 & Older	\$50,000 or more	NM=66.3	>High School
Cancer Screening / Breast – percentage of women 18 years of age and older who had a clinical breast exam in the past year	58.9	N/A	58.9	45-64	\$25,000 - \$49,000	M=65.4	>High School
Cancer Screening / Cervical – percentage of women 18 years of age and older who received a Pap test in the past year	52.4	N/A	52.4	45-64	\$25,000 - \$49,000	M=57.1	>High School
Cancer Screening / Colorectal – percentage of adults 50 years of age and older who received a stool blood test in the past year	21.7*	28.5*	15.9	65 & Older	\$25,000 - \$49,000	M=24.2	High School or GED
Cancer Screening / Colorectal -percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	54.6	52.5	51.9	65 & Older	\$50,000 or more	NM=56.2	>High School
Cardiovascular Disease – Percentage of adults who have ever been told they had angina or coronary heart disease	5.6	3.6	8.1	65 & Older	<\$25,000	NM=8.0	<High School
Cardiovascular Disease – Percentage of adults who have	3.6	3.7*	3.6	65 & Older	<\$25,000	M=4.0	High School or GED

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
ever been told they had a heart attack							
Cardiovascular Disease – Percentage of adults who have ever been told they had a stroke	1.8*	1.6*	2.0	65 & Older	<\$25,000	M=2.0	High School or GED and >High School = 2.0
Cardiovascular Disease – percentage of adults who have ever been told they had coronary heart disease, heart attack, or stroke	8.0	6.4*	9.9	65 & Older	<\$25,000	NM=9.8	<High School
Cholesterol Awareness – Percentage of adults who have ever been told they had high blood cholesterol	30.4	27.2	34.4	65 & Older*	\$25,000 -- \$49,000	NM=31.3	High School or GED and >High School = 32.7
Chronic Obstructive Pulmonary Disease – Percentage of adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis	9.9	7.0	13.3	65 & Older	<\$25,000	NM=12.6	<High School
Depression – Percentage of adults who have ever been told they had a depressive disorder	19.0	14.4	24.6	18-44	<\$25,000	NM=22.3	<High School
Diabetes – Percentage of adults who have ever been told they had diabetes	12.5	7.2	19.1	65 & Older	\$25,000 - \$49,000	NM=18.9	<High School
Diabetes – Percentage of adults with diabetes who self-monitor	62.0	N/A	60.4	45-64	N/A	NM=70.7	>High School

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
blood glucose at least once a day on average							
Diabetes – Percentage of adults with diabetes who had two A1C tests in the past year	83.54	N/A	78.8	N/A	N/A	89.7*	N/A
Diabetes – percentage of adults with diabetes who had an annual foot exam	78.4	N/A	82.7*	65 & Older	N/A	NM=90.4*	>High School = 90.4*
Diabetes – percentage of adults with diabetes who had an annual eye exam	79.6	N/A	82.9	65 & Older	N/A	NM=89.2*	>High School = 88.4
Diabetes – percentage of adults with diabetes who ever had diabetes self-management education	60.3	N/A	65.7	45-64	N/A	NM=75.7	>High School=79.2
Diabetes – percentage of adults who have ever been told they had pre-diabetes	7.9	8.9	6.7	65 & Older	\$25,000 - \$49,000	M=9.0	High School or GED
Disability – percent of adults who are limited in any way in any activities because of physical, mental, or emotional problems	23.5	21.8	25.7	65 & Older	<\$25,000	NM=27.8	<High School
Disability – percentage of adults who use special equipment because of a health problem	8.7	9.3	7.9	65 & Older	<\$25,000	M=9.1	<High School
Hypertension Awareness – percentage of adults who have ever been told they had hypertension	33.3	31.2	35.7	65 & Older*	\$25,000 - \$49,000	NM=35.4	<High School

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
Kidney Disease – percentage of adults who have ever been told they had kidney disease	1.2*	0.9*1	1.4*	65 & Older	<\$25,000	M=1.5	>High School
Overweight & Obesity – percentage of adults who are overweight	39.1	45.6	30.2	45-64	\$25,000 - \$49,000	NM=40.2	High School or GED
Overweight & Obesity – percentage of adults who are obese	33.3	31.6	35.6*	65 & Older	\$25,000 - \$49,000	NM=33.5	High School or GED
Overweight & Obesity – percentage of adults who have a healthy weight	26.1*	21.7	32.2	18-44	\$50,000 or more	M=27.3	<High School
Vision Impairment – percentage of adults who are blind or have serious difficulty seeing, even when wearing glasses	6.3	4.7	8.4	45-64	<\$25,000	NM=9.7	<High School
Alcohol Consumption – percentage of adults who engage in heavy or binge drinking	18.9	24.0	12.9	18-44	\$50,000 or more	M=21.0	<High School
Tobacco Use & Exposure – percentage of adults who are current smokers	25.4*	27.5	22.9	45-64	<\$25,000	M=28.2*	<High School
Tobacco Use & Exposure – percentage of adults who are former smokers (currently quit smoking)	29.4	32.3	25.8	65 & Older	<\$25,000	NM=32.2	>High School
Tobacco Use & Exposure – percentage of adults (current	79.47*	83.3*	73.6	45-64	<\$25,000	M=82.0*	>High School

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
smokers) who tried to quit smoking at least once in the past year							
Tobacco Use & Exposure – percentage of adults who have never smoked	45.2*	40.2	51.3	18-44	\$50,000 or more	NM=46.7	High School or GED
Physical Activity & Nutrition – percentage of adults who are sedentary	26.0	19.2	34.2	45-64	\$25,000 - \$49,000	M=31.1	*Nearly equal for all levels – 25.3 – 26.6 range
Physical Activity & Nutrition – percentage of adults who are inactive or insufficiently active	61.4	65.2	56.9	45-64	*Nearly equal for all levels – 60.3 -61.6	M=66.0	<High School
Physical Activity & Nutrition – percentage of adults who meet aerobic recommendations	41.5	38.5	45.1	65 & Older	\$25,000 - \$49,000	NM=51.3	>High School
Physical Activity & Nutrition – percentage of adults who meet muscle strengthening recommendations	27.6	37.4	15.7*	18-44	<\$25,000	NM=40.9	High School or GED
Physical Activity & Nutrition – percentage of adults who consumed five or more servings of fruits or vegetables per day	15.3	10.2	21.6	18-44	<\$25,000	NM=23.5	>High School
HIV/AIDS Screening – percentage of adults who have ever been tested for HIV	48.2	46.5	50.2	18-44	<\$25,000	NM=50.7	<High School

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
Immunizations – percentage of adults who received a flu shot in the past year	39.3	37.4	41.6	65 & Older	\$50,000 or more	NM=48.4*	High School or GED
Immunizations – percentage of adults 65 of age and older who received a flu shot in the past year	53.1	47.8	58.8	65 & Older	\$50,000 or more	M=58.4	>High School
Immunizations – percentage of adults who have ever received a pneumococcal vaccination	26.8	22.6	31.6	65 & Older	<\$25,000	NM=30.7	<High School
Immunizations – percentage of adults 65 years of age and older who have ever received a pneumococcal vaccination	72.5	58.1	86.0*	65 & Older	<\$25,000	M=74.1	High School or GED and >High School nearly equal
Immunizations – percentage of adults who have received a tetanus shot since 2005	59.1	62.1	55.8	18-44	\$50,000 or more	NM=65.8*	>High School
Injury Prevention – percentage of adults who always or nearly always use a seatbelt when riding in a car	92.1	87.0	98.1	65 & Older	\$50,000 or more	M=94.7	<High School
Health-Related Quality of Life – percentage of adults who said their overall health was “good” or “excellent”	79.8	79.2	80.5	18-44	\$25,000 - \$49,000	M=80.8	High School or GED
Health-Related Quality of Life – percentage of adults who had poor physical health on 14 or more of the past 30 days	12.4	14.7	9.5*	65 & Older	<\$25,000	M=15.3	<High School

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
Health-Related Quality of Life – percentage of adults who had poor mental health on 14 or more of the past 30 days	18.8	18.7	18.9	18-44	<\$25,000	NM=24.3	<High School
Health-Related Quality of Life – average number of unhealthy physical days in the past 30 days	4.5	5.2	3.7	45-64 and 65 & Older nearly equal	<\$25,000	M=5.2	<High School
Health-Related Quality of Life – average number of unhealthy mental days in the past 30 days	5.5	5.5	5.5	18-44	<\$25,000	NM=6.4	<High School
Health-Related Quality of Life – average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had a least one day of poor mental or physical health)	5.5	6.3	4.5	45-64	<\$25,000	M=6.1	<High School
Health Care Access & Coverage – percentage of adults with any type of health care insurance coverage	82.5	83.5	81.4	Nearly equal among all groups	Nearly equal among all incomes	M=89.7*	>High School
Health Care Access & Coverage – percentage of adults who have a personal doctor	85.8*	81.2*	91.3*	65 & Older	\$50,000 or more	M=89.5*	>High School
Health Care Access & Coverage – percentage of adults who could not see a	13.2*	10.9*	16.1	45-64	<\$25,000	NM=17.7	<High School

	Overall	Men	Women	Highest Age Group	Highest Annual Income	Highest Marital Status (M=Married; NM=Not Married)	Highest Educational Level
doctor in the past year due to cost							
Health Care Access & Coverage – percentage of adults who had a medical checkup in the past year	72.7	70.2	75.7	65 & Older	\$50,000 or more	M=74.5	High School or GED

COMMUNITY HEALTH STATUS ASSESSMENT

Note: Counts are used where available due to the size of the county (less than 100,000 population). For each graph, a corresponding table of data is available in the technical appendix. Data tables in the technical appendix have corresponding numbers to the graphic representation of the data figures.

County Profile

Wakulla County was created from Leon County in 1843 prior to Florida becoming a state in 1845. The county has a total area of 736 square miles, of which 606 square miles is land and 129 square miles is water. Wakulla County is one of two unincorporated county seats of the 67 counties in Florida. It is part of the Tallahassee, Florida Metropolitan Statistical Area and is the 49th most populous county in Florida.

Demographic Characteristics

Demographic characteristics of a jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths, and migration patterns.

The 2015 County Health Status Summary, FLHealth CHARTS, has an estimated population of 31,547. The Florida CHARTS 2015 County Health Profile show a county that is predominantly white (slightly over 80%, which is greater than the state percentage of 77.9%) with a total non-white population of less than 20% (less than the state percentage of 22%). Race and ethnicity data was provided in the previous section, Community Themes and Strengths Assessment.

The table below provides population estimates by age and gender for the county and the state.

Table 3: Population Estimates by Age and Gender for County and State

Population by Age and Gender

Age Group	County						State		
	Male	Female	Total	Male%	Female%	Total%	Male%	Female%	Total%
< 5	855	823	1,678	4.90%	5.90%	5.40%	5.90%	5.40%	5.60%
5-14	2,060	1,858	3,918	11.90%	13.30%	12.50%	12.20%	11.20%	11.70%
15-24	2,144	1,746	3,890	12.40%	12.50%	12.40%	13.40%	12.30%	12.80%
25-44	5,443	3,587	9,030	31.40%	25.60%	28.80%	25.10%	24.00%	24.50%
45-64	4,944	4,033	8,977	28.50%	28.80%	28.60%	26.70%	27.30%	27.00%
65-74	1,270	1,205	2,475	7.30%	8.60%	7.90%	9.50%	10.50%	10.00%
> 74	632	754	1,386	3.60%	5.40%	4.40%	7.30%	9.40%	8.40%

Data Source: The Florida Legislature, Office of Economic and Demographic Research.

Socioeconomic Characteristics

Socioeconomic characteristics includes components that have been shown to influence personal health status – income, education, family structure, social associations, violent crimes, injury deaths, and employment.

According to CareerTrends.com, the cost of living in Wakulla County is 3% lower than the National Average; however, when compared to other counties in the Economic Policy Institutes' dataset, Wakulla County is the 16th most expensive in Florida. Healthcare is the category with the highest index and taxes are the lowest index.

The 2017 Asset Limited, Income Constrained, and Employed (ALICE) report (TA-3) looks at households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. The basic cost of living does not include any savings and leaves these individuals vulnerable to unexpected expenses or events.

This data is point-in-time, but can provide some perspective on what residents may be facing. So, what does it cost in Wakulla County to afford the basic necessities?

Table 4: Summary of Cost of Living Estimates from ALICE Report 2017

Household Survival Budget, Wakulla County		
	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Monthly Costs		
Housing	\$580	\$790
Child Care		\$1,014
Food	\$165	\$547
Transportation	\$322	\$633
Health Care	\$165	\$634
Miscellaneous	\$141	\$388
Taxes	\$181	\$249
Monthly Total	\$1,554	\$4,266
ANNUAL TOTAL	\$18,648	\$51,192
POVERTY ANNUAL TOTAL	\$11,770	\$24,250

Sources: 2015 Point-in-Time Data: American Community Survey. ALICE Demographics: American Community Survey, the ALICE Threshold. Budget: U.S. Department of Housing and Urban Development (HUD); U.S. Department of Agriculture (USDA); Bureau of Labor Statistics (BLS); Internal Revenue Service (IRS); Florida Department of Education, Office of Early Learning

While the median household income in Wakulla County has been higher than the state median household income since 2011; the trend indicates a decline in the median household income (see Figure 1, below). Median household income has declined nearly 1% over 5 years. This combined with the percent of households that are experiencing ALICE and Poverty can impact the health of a community. These combined households comprise:

- 34% of 1,453 households in Crawfordville Census Designated Places (CDP)
- 36% of 8,608 households in East Wakulla Census County Divisions (CCD)
- 71% of 366 households in Panacea CDP
- 50% of 2,083 households in West Wakulla CCD

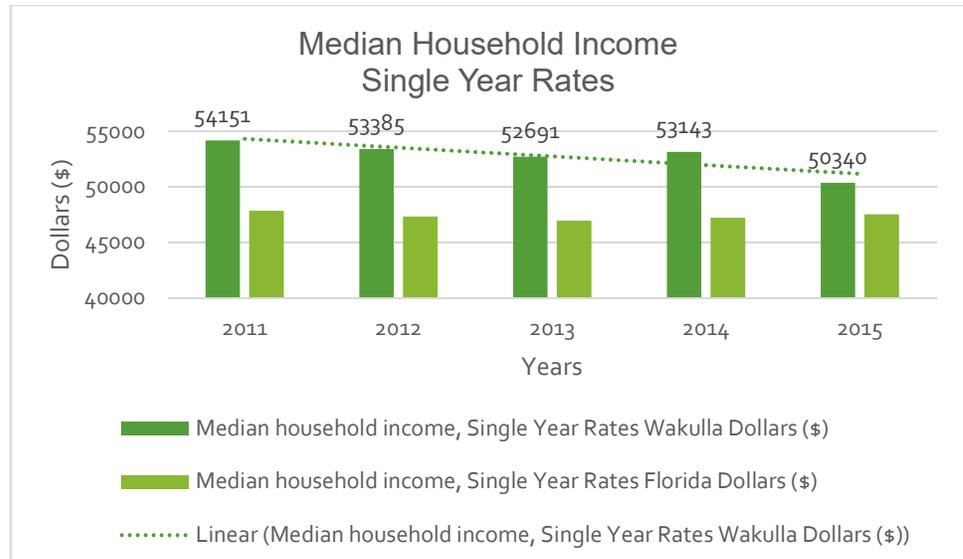


Figure 1: Compares median household incomes between Wakulla County and Florida. Linear trendline shows a decline over the past 5 years. Florida CHARTS (TA-4)

- Median household income is the amount which divides the income distribution into two equal groups, half having incomes above the median, half having incomes below the median. The median household income is considered by many statisticians to be a better indicator than average household income.

With the decline in the median income of nearly 1% from 2011 to 2015), there has been a 1.5% increase in families below the poverty level (Figure 2) between 2011 and 2014 (2015 data was not available).

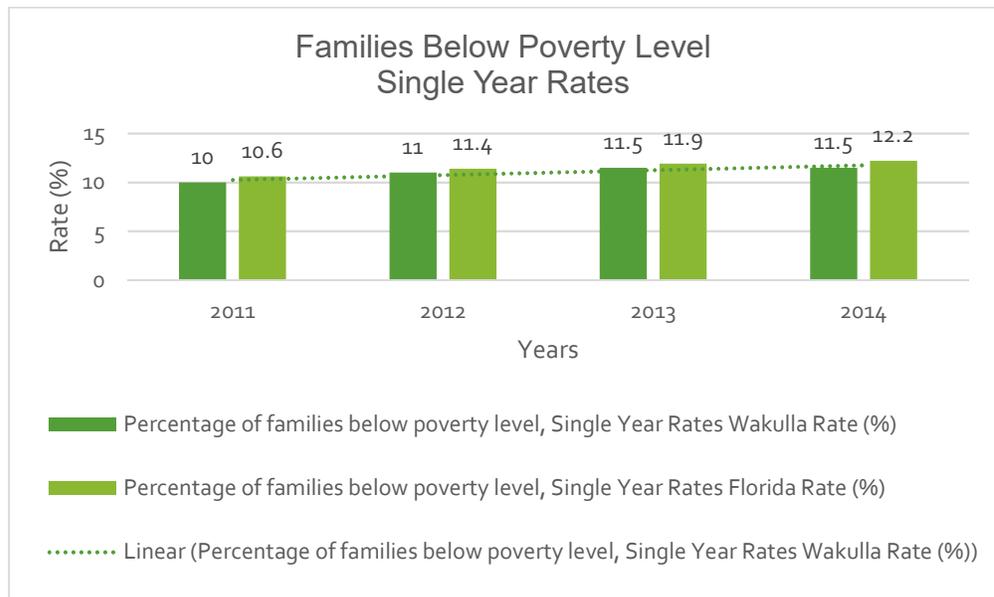


Figure 2: Compares families living below the poverty level for both Wakulla County and Florida. Linear trendline shows an increase over the past 4 years – data for 2015 was not available. Florida CHARTS (TA-5)

- Number of families below poverty level divided by the number of families, expressed as a percentage.
- A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Persons residing in the same house as the householder,

but not related to the householder are not considered as family members and their income is not included when calculating family income.

Figure 3 (below) shows the increase in the percentage of individuals living below the poverty level regardless of age, 2.1 percent (2011 – 2015).

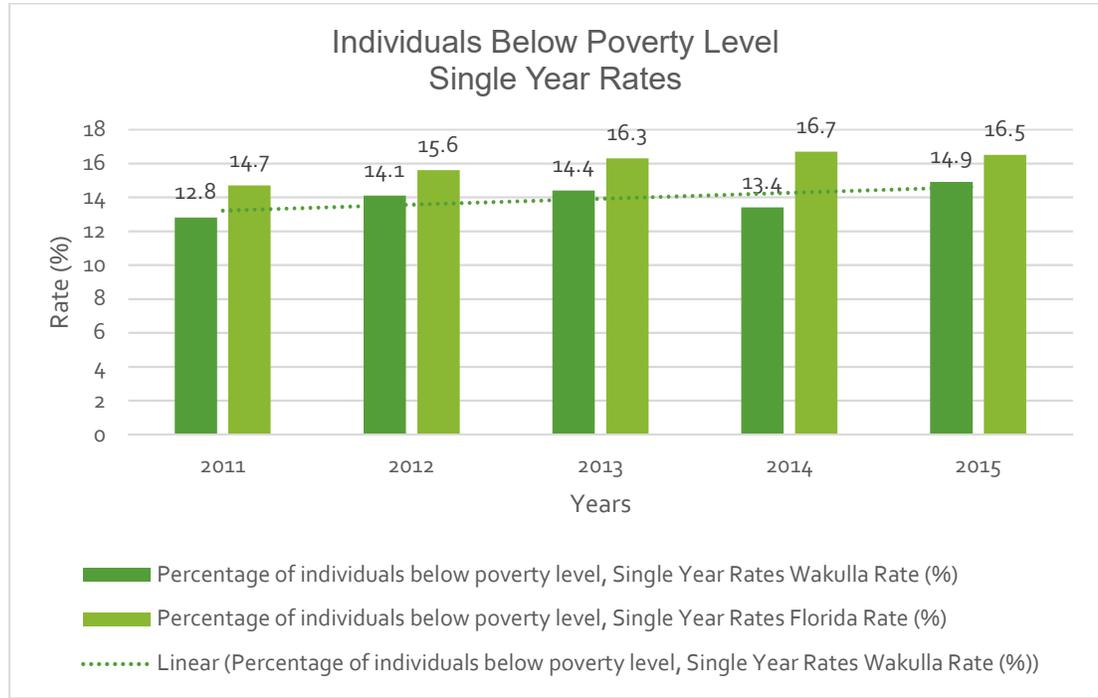


Figure 3: Individuals living below the poverty level from 2011 to 2015, Florida CHARTS (TA-6)

- Number of individuals below poverty level divided by number of individuals, expressed as a percentage

For individuals under 18 (Figure 4, below), there was a slight increase in the percentage of 2.3% from 2011 to 2015. Individuals over the age of 65 living below the poverty level saw a slightly larger increased from 2010 to 2015 of 2.7% (Figure 5, below).

The percentage has remained consistent for individuals under 18 has been less than the state percentage for three of five years for individuals under 18. However, individuals over the age of 65 living below the poverty level was higher than the state percentage for four of six years.

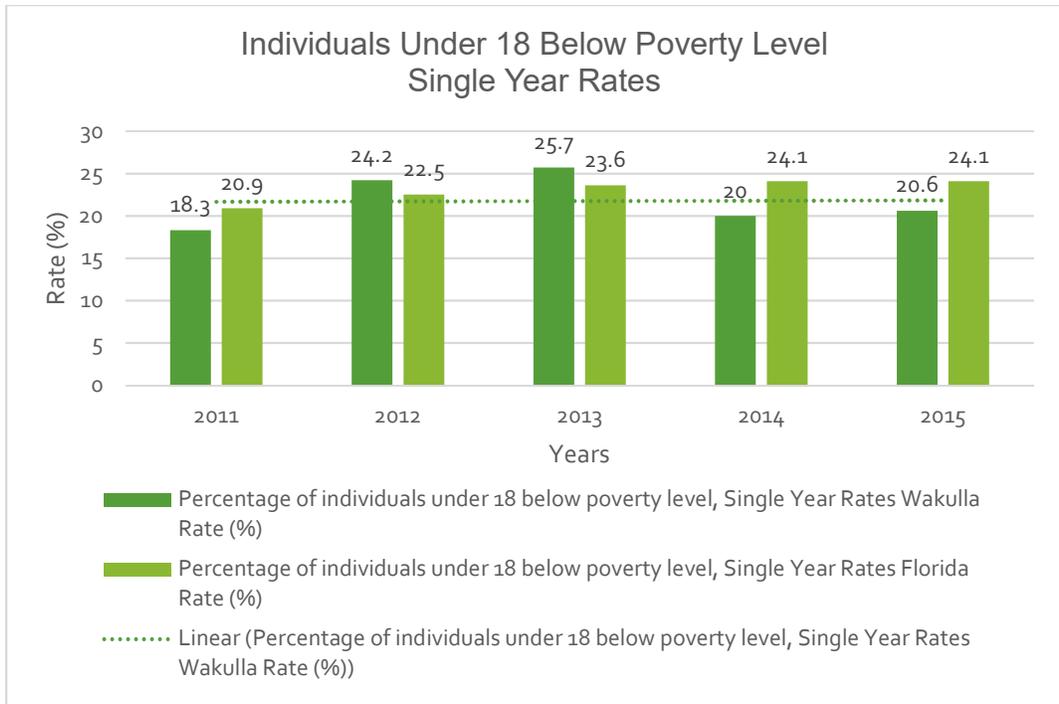


Figure 4: Individuals Under 18 years of age living below the poverty level, 2011 to 2015 Florida CHARTS (TA-7)

- Number individuals below poverty under the age of 18 divided by the number of individuals under the age of 18, expressed as a percentage

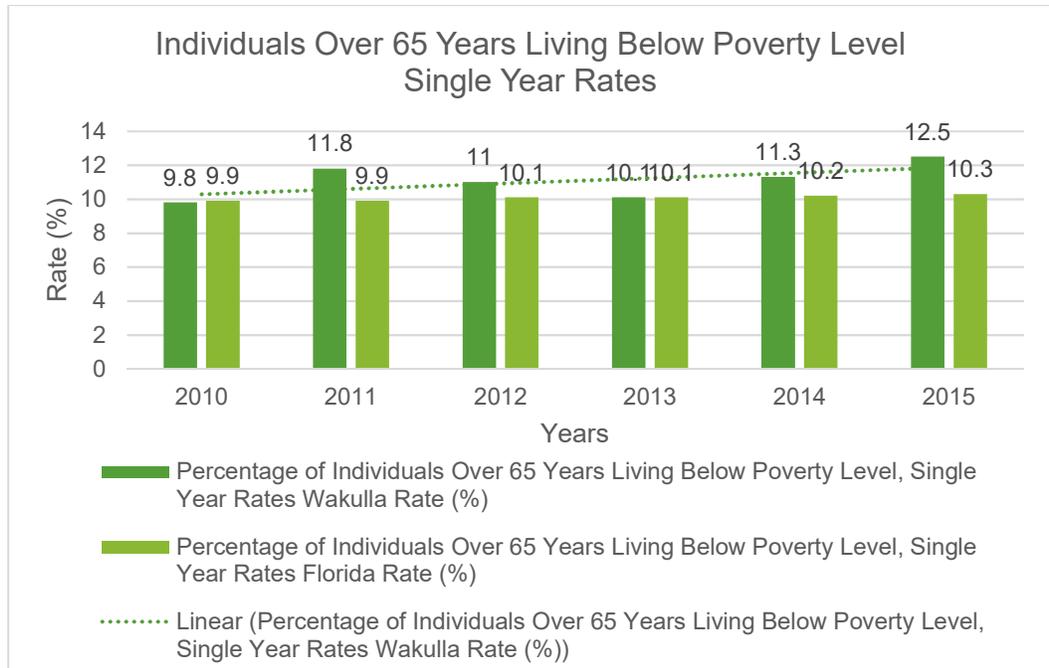


Figure 5: Individuals Over 65 years of age living below the poverty level, 2010 to 2015 Florida CHARTS (TA-8)

- Number of individuals below poverty over the age of 65 divided by the number of individuals over the age of 65, expressed as a percentage.

In 2014, families with children under the age of five (5) saw a decrease from 2013 (32.5%) to 22.9%; however, the overall trend from 2010 to 2014 has been an increase from 10% (2010) to a high of 32.5% in 2013). The decline in 2014 is the first decline in 5 years (Figure 6).

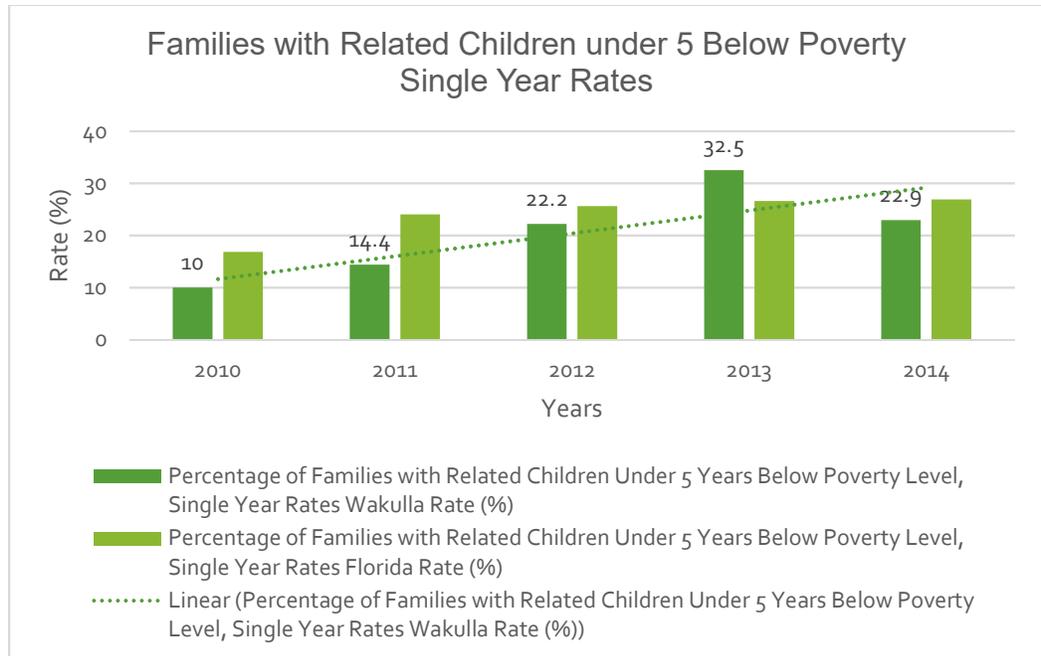


Figure 6: Families with related children under 5 years of age living below the poverty level, 2010 to 2014 Florida CHARTS (TA-9)

Families with a female head of household living below the poverty level slowed to nearly flat between 2013 to 2014 (see Figure 7). The percentage has seen a steady climb from 2010 (22%) to a high in 2014 (35.9%) in 2014.

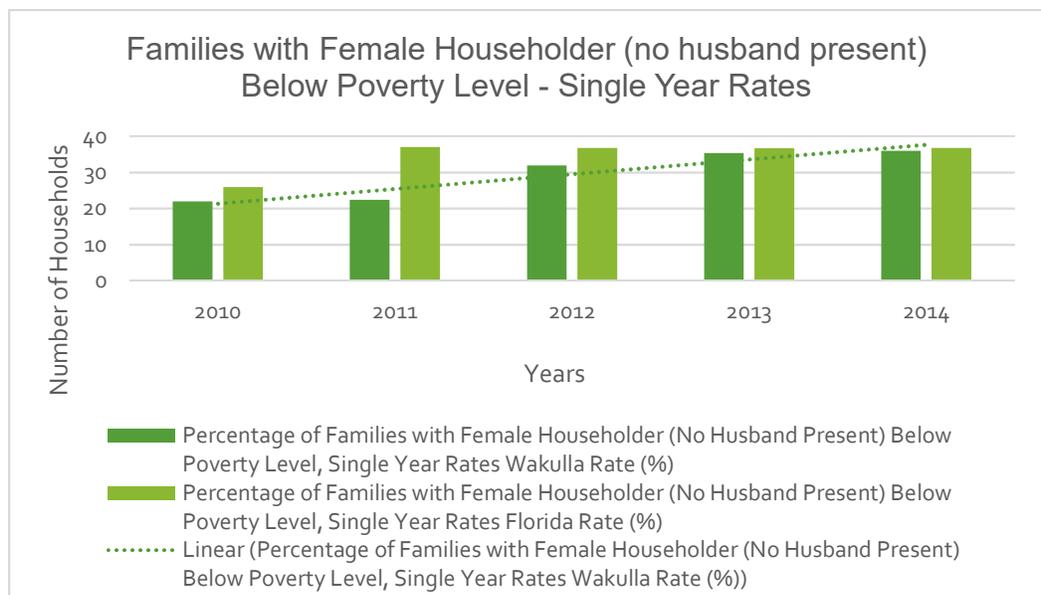
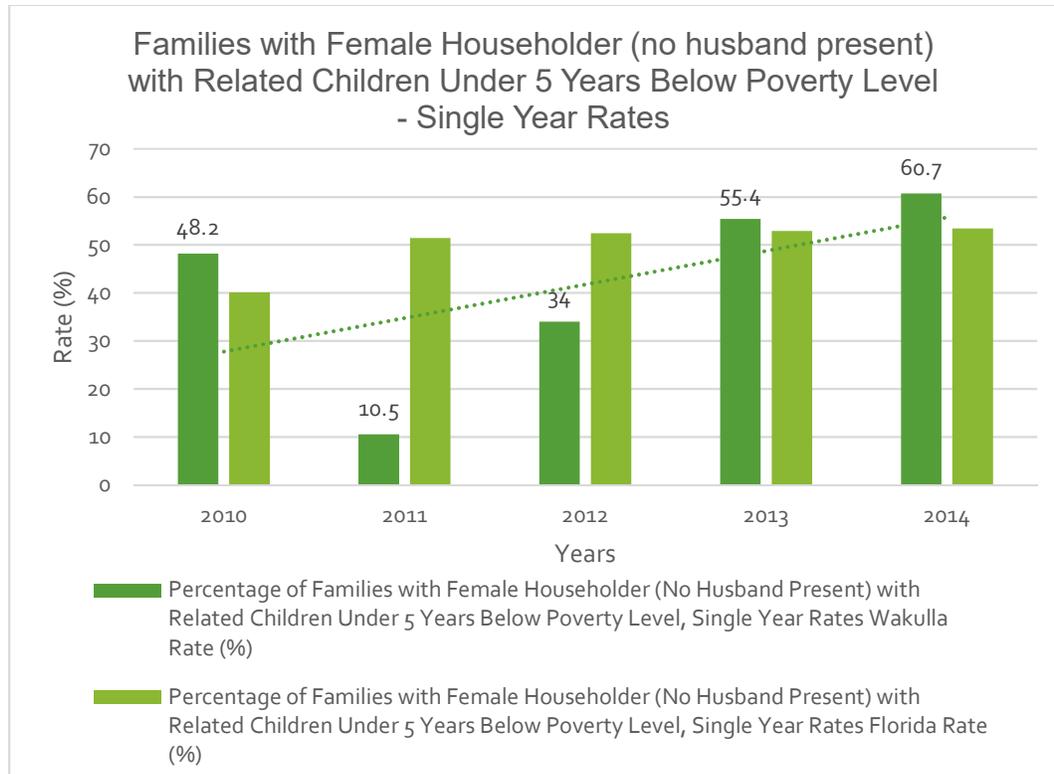


Figure 7: Families with a female head of household living below the poverty level, 2010 to 2014 Florida CHARTS (TA-10)

For households headed by a female with children under 5 years of age (see Figure 8, below), the increase is more significant. In 2011, the percentage for this segment of the population was 10.5%, which was down from a high of 48.2% (2010). Of the 5 years represented in the figure below, this was the only decline. Since 2011, the percentage has gone from 10.5% to a 60.7%.



**Figure 8: Families with female head of household, with related children under five years of age, living below the poverty level
Florida CHARTS (TA-11)**

- Number of families with female householder (no husband present) with related children under 5 years of age below poverty level divided by the number families with female householder (no husband present) with related children under 5 years of age, expressed as a percentage. Number of families with female householder (no husband present) below the poverty level divided by number families with female householder (no husband present), expressed as a percentage. A family with a female householder includes the householder and one or more other people living in the same household who are related to the householder by birth or adoption. Persons residing in the same house as the householder, but not related to the householder are not considered as family members and their income is not included when calculating family income.

Another indicator of economic stress in a community can be the percent of children eligible for free or reduced lunch in either elementary or school readiness programs. The graph below (Figure 9) shows a decline in free or reduced lunch eligibility from 2010 until 2016. However, this could change with the increase in households with children under five-years of age living below the poverty level.

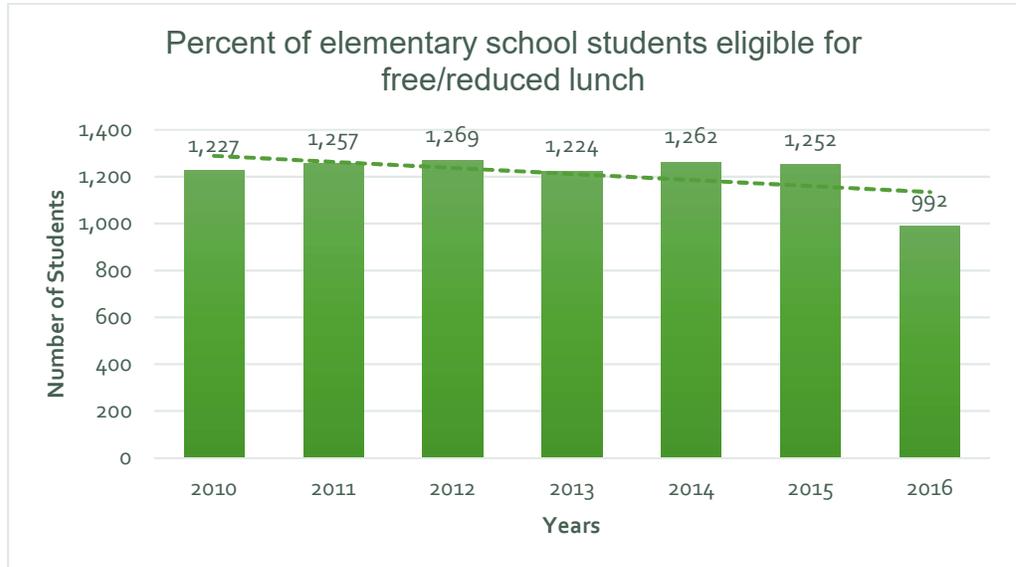


Figure 9: Percentage of elementary school students eligible for free or reduced cost lunch
Florida CHARTS (TA-12)

The students in school readiness programs that were eligible for free or reduced lunch has fluctuated between a high of 249 in 2012 to a low of 156 in 2016 (Figure 10), but has remained relatively flat over time.

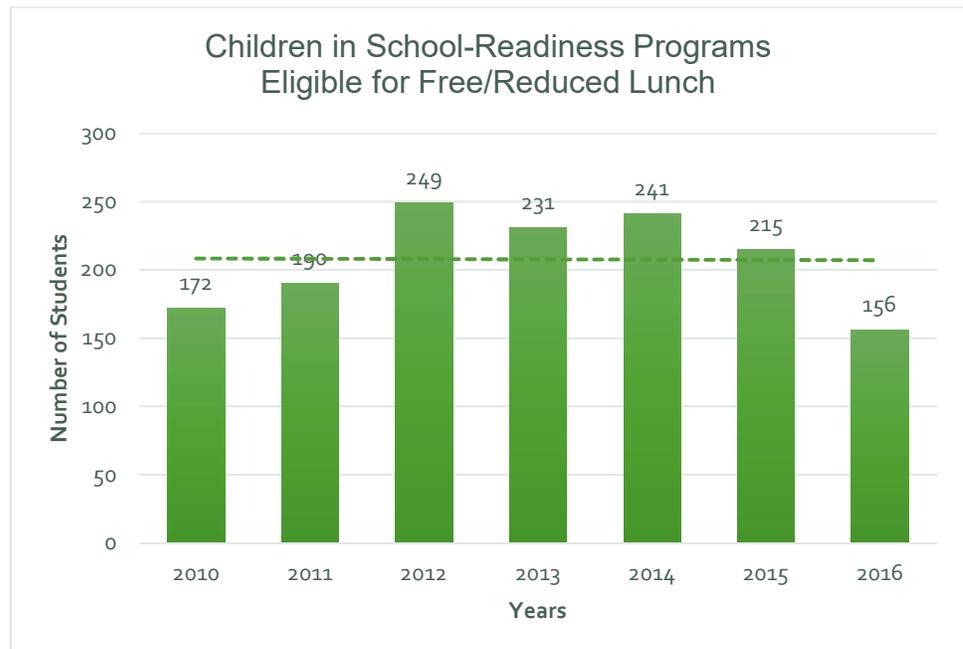


Figure 10: Number of students eligible for free or reduced lunch in a school-readiness program
Florida CHARTS (TA-13)

Education

For adults over the age of 25 with a high school diploma the percentage has exceeded the state for several years. The percentage of individuals 25 years and over with no high school diploma has fluctuations (2-3 percent) from a high of 15.6% (2010) to a low of 11.1% (2015).

Wakulla County District School offers dual enrollment for students in grades 6-12, including home education students and students with disabilities for post-secondary coursework to earn credit toward high school completion, a career certificate, an industry certification or an associate or bachelor's degree at a Florida public or eligible private institution. Dual enrollment is available with Lively Technical Center, Tallahassee Community College and Florida State University. Unfortunately, the percent of individuals with a bachelor's degree or higher in Wakulla County remains below the state rate and has shown little improvement.

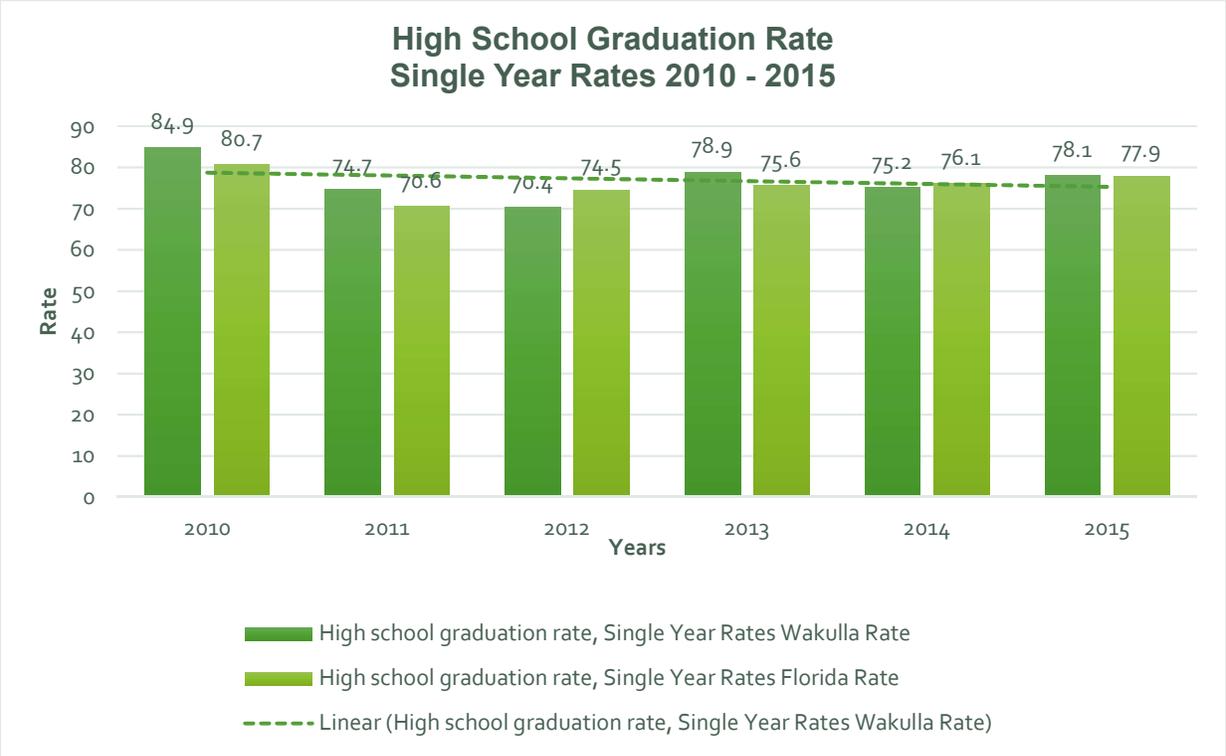
**Table 5: Individuals 25 years of age or over with a high school diploma, 2010 to 2015
Florida CHARTS**

Percentage of individuals 25 years and over with a high school diploma, Single Year Rates		
	Wakulla	Florida
Year	Rate (%)	Rate (%)
2015	39.4	29.5
2014	38.6	29.7
2013	37.9	29.8
2012	38.2	29.8
2011	37.6	30.1
2010	37.2	30.3
2009	37.2	30.5

**Table 6: Individuals 25 years of age or over with a bachelor's degree or higher, 2010 to 2015
Florida CHARTS**

Percentage of individuals 25 years and over with a bachelor's degree or higher, Single Year Rates		
	Wakulla	Florida
Year	Rate (%)	Rate (%)
2015	16.1	27.3
2014	17.2	26.8
2013	17.2	26.4
2012	16.5	26.2
2011	17.3	26
2010	17.3	25.9

The Wakulla high school graduation rate shows a slight decrease over the past five years (2010 – 2015) and nearly mirrors the graduation rate for the state overall.



**Figure 11: Comparison of high school graduation rates from 2010 to 2015
Florida CHARTS (TA-14)**

Family Structure

In a 2015 article, Pew Research Center on Social and Demographic Trends, titled, “Parenting in America” said, “there is no longer one dominant family form in the U.S. Parents today are raising their children against a backdrop of increasingly diverse and, ... constantly evolving family forms.” The graph demonstrates changes from 1960 to 2014.

The structure of the American family has seen many changes over the past decades. The traditional family structure of two parents and children is just one of several types of families in our communities or that may be coming to our communities. Below are some of the more common structures seen in communities.

Nuclear Family (Traditional) consists of two parents and children have long been considered the ideal environment to raise children because there are generally more opportunities.

Single Parent Family has one parent raising one or more children by their self. Single parent families are usually close and work together; however, finding reliable childcare can be a challenge. This family structure often has limits on income and opportunities.

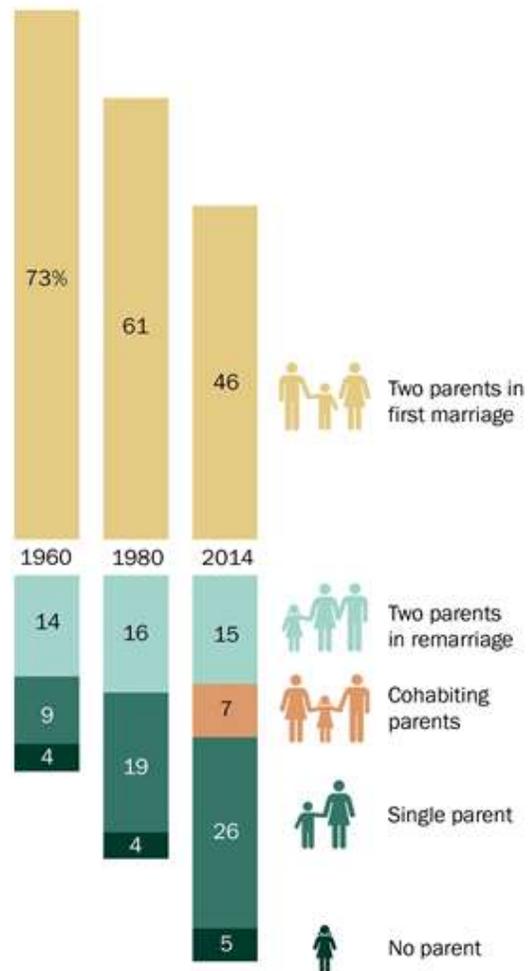
Extended Family has two or more adults who are related, by blood or marriage, living in the same home. These families work to complete common activities of raising children or maintaining a household. Many of these families form due to financial difficulties or because of aging relatives. This group is becoming increasingly common.

Childless Family has been referred to as the “forgotten family” because of it does not meet the traditional standards. Without children, this family is comprised of a husband, wife and often a pet or attachment with other family members (i.e., nieces, nephews, etc.).

Stepfamily comes from the merging of two families into a new family following a divorce. Stepfamilies have become common with the increase in divorce, but may happen following the death of a spouse. This type of family needs time to adjust and learn to work together.

For children, growing diversity in family living arrangements

% of children living with ...



Note: Based on children under 18. Data regarding cohabitation are not available for 1960 and 1980; in those years, children with cohabiting parents are included in “one parent.” For 2014, the total share of children living with two married parents is 62% after rounding. Figures do not add up to 100% due to rounding.

Source: Pew Research Center analysis of 1960 and 1980 decennial census and 2014 American Community Survey (IPUMS)

Illustration 4: Image depicts family diversity from 1960 to 2014
Pew Research Institute 2015 Article

Grandparent Family is rising as more and more grandparents are raising their grandchildren. The reasons are varied – death of parents, addictions, abandonment. Grandparent families may find it necessary to go back to work or locate additional resources to help bridge the gap in household resources.

To better understand the family structure in Wakulla County, data has been retrieved from FLHealth CHARTS for number of dissolutions of marriage by length of marriage. The table below provides data from 2011 to 2015. Additional data was gathered regarding the number of minor children impacted by the dissolution of a marriage.

Table 7: Number of dissolutions of marriage by length of marriage, 2011 to 2015

Length of Marriage	2011	2012	2013	2014	2015
<1 year	7	6		5	4
1 year	7	11	4	5	2
2 years	12	8	6	8	5
3 years	13	4	9	5	4
4 years	7	6	8	9	5
5-9 years	46	33	32	32	25
10-14 years	31	15	19	20	14
15-19 years	22	10	13	18	10
20-24 years	7	10	6	10	6
25-29 years	9	6	1	6	9
30-34 years	5	3	5	5	4
35-39 years	1		1		
40+ years				1	1
Unknown		4	2		
Yearly Total	167	116	106	124	89

A further analysis of the 89 dissolutions of marriage in 2015, reveals that a total of 30 minor children impacted. The majority of the children are in marriages with a length of 5-9 years and 10-14 years.

Table 8: Number of dissolved marriages by length and number of children, 2015

Length of Marriage	1 Child	2 Children	3 Children	Unknown
2 years	1	1		
3 years			1	
4 years	1			
5-9 years	9	3		
10-14 years	3	2	1	
15-19 years	1	2		
20-24 years	1	2		
25-29 years		1		
40+ years				1

Community Safety

In the Community Themes and Strengths, the respondents considered low crime as part of a healthy community. Safety issues expressed included production of methamphetamines, alcohol and drug use, domestic violence, and unsafe driving.

The Wakulla County Sheriff's Office has 3 programs for Community & Youth Relations. The programs are:

- Traffic Safety Team
- Crime Prevention
- School Resource Officers

Activities include crime prevention programs, daily interactions with youth and community events. Some of the programs are:

- Teen Driving Challenge,
- Youth Bicycle Safety,
- S.A.V.E. – Substance Abuse and Violence Education,
- Sheriff's Explorer Post,
- Project Graduation,
- DUI Saturation Patrols and Checkpoints and
- River Patrol / Local Search & Rescue.

The CYRS has placed several kiosks around the county for the public to see missing alerts, wanted felons and sexual predator notifications.

As part of the results of the CTSA, the community indicated domestic violence and use of drugs and alcohol as safety concerns. Data from the Florida Department of Law Enforcement (FDLE) shows a decline in drug arrests, driving under the influence from 2014 to 2015, but a slight increase for destruction/vandalism for the same period (Table 9).

Table 9: Data from Florida Department of Law Enforcement, 2012 to 2015, indicating a decline in certain types of crimes.

Type of Crime	2012	2013	2014	2015
Drug Arrests	37	106	117	97
Driving Under Influence	72	86	104	25
Destruction/Vandalism	6	18	11	14

In the CTSA, the community expressed concern for unsafe driving. Unsafe driving can involve distracted driving, medically at-risk behaviors, impaired (alcohol or drugs), and drowsiness to name a few. Since 2011, the number of vehicle crashes has risen approximately 61% from 212 in 2011 to 348 in 2015 (Figure 12).

According to Florida Highway Safety and Motor Vehicles, there was a total of 22,413 licensed drivers (age 15 to 100 in 2012). This total has fluctuated during the period 2012 to 2017, see numbers below.

- 2013 licensed drivers – 22,297
- 2014 licensed drivers – 22,370
- 2015 licensed drivers – 22,545
- 2016 licensed drivers – 22,907
- 2017 licensed drivers – 23,439

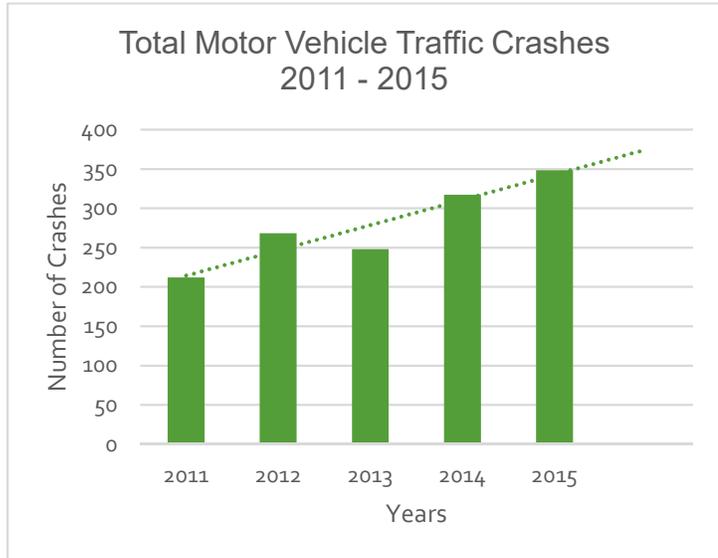


Figure 12: Total Motor Vehicle Crashes from 2011 to 2015, Florida Department of Law Enforcement (TA-15)

Crawfordville Highway (US 319) serves as a commuter route for local traffic and is a primary travel route between Tallahassee and gulf coast communities. The highway also serves as a major hurricane evacuation route for coastal areas. Since 1996, the Florida Department of Transportation has conducted several project development and environmental studies. The 2016 Historical Annual Average Daily Traffic Report for Crawfordville Highway south of Mimosa Street shows a consistent traffic count from 17,000 in 2014 to 17,100 in 2016.

Motor Vehicle Crashes

When looking at the alcohol-suspected motor vehicle traffic crashes, the counts have fluctuated from year to year (Figure 13). Applying a trendline, indicates a decrease over time. This could be attributed to two years of low numbers (2013 and 2015). Without these two years, the trendline would indicate a rise in the alcohol-suspected traffic crashes.



Figure 13: Number of vehicle crashes where alcohol was suspected, 2011 -2015 Florida CHARTS (TA-16)

Deaths from motor vehicle crashes declined from nine (9) in 2012 to three (3) in 2013 & 2014; however, 2015 saw an increase from 3 to 4 deaths. Vehicle crashes with child passengers under one-year of age had remained steady at 1 per year until 3 in 2015 (Figure 14). Child passengers age 1-5 that were injured or killed rose from 2011 (1 injury or death) to 2014 (6 injuries or deaths); however, there was a decline in 2015 (4 injuries or deaths).

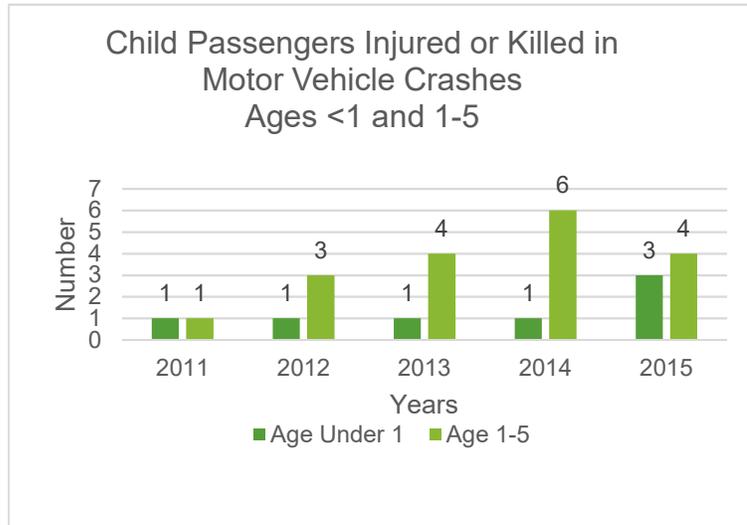


Figure 14: Number of children under age 1 or between 1 to 5 years of age injured or killed in motor vehicle crashes, 2011 – 2015 Florida CHARTS (TA-17)

Violent Crimes

Another aspect of community safety includes violent crimes (murder, forcible sex offenses, etc.), domestic violence, and property crimes (robbery). A search of FDLE data shows an increase in aggravated assault, robbery, total firearm involved crimes, and murder from 2014 to 2015 (Table 10).

Table 10: FDLE data for violent crimes, domestic violence, and property crimes, 2012 - 2015

Year	Murder	Firearm Involved Murders	Forcible Sex Offenses	Firearm Involved Forcible Sex Offenses	Robbery	Firearm Involved Robbery
2015	2	1	27	0	6	1
2014	1	0	27	0	2	0
2013	0	0	17	1	4	1
2012	0	0	31	0	4	3
Year	Aggravated Assault	Firearm Involved Aggravated Assault	Manslaughter	Firearm Involved Manslaughter	Total Firearm Crimes	
2015	67	13	0	0	15	
2014	56	8	0	0	8	
2013	56	4	0	0	22	
2012	57	12	0	0	15	

Domestic Violence Offenses

The table below breaks down the types of domestic violence offenses reported. Some areas of note are: aggravated assault and simple assault.

Table 11: Breakdown of types of domestic violence offenses from 2012 to 2015, Florida Department of Law Enforcement

Year	Murder	Manslaughter	Forcible Rape	Forcible Fondling	Stalking
2015	1	0	2	1	0
2014	0	0	1	0	0
2013	0	0	1	0	0
2012	0	0	2	0	0
Year	Aggravated Assault	Aggravated Stalking	Simple Assault	Threat or Intimidation	Total
2015	19	0	51	3	77
2014	12	0	44	0	57
2013	17	0	49	1	68
2012	14	0	62	2	80

Note: On January 1, 2013, the Federal Bureau of Investigation’s (FBI) UCR Program implemented a new definition of Rape that includes incidents previously reported as Forcible Sodomy. Therefore, beginning with the 2013 data, FDLE’s UCR modified the collection of Forcible Rape data to include forcible rape, attempted rape, and forcible sodomy. Florida has adopted a “Forcible Sex Offense” category that is not used at the Federal level. Florida’s Forcible Sex Offenses (FSO) include forcible rape, attempted rape, forcible sodomy, and forcible fondling. Users of this site will note that various reports will use either a Forcible Rape or a FSO category in Index Offenses. Through the 2012 data, when Forcible Rape is presented, it includes rape and attempted rape only, while forcible sodomy and forcible fondling are included in aggravated assault to comply with Federal UCR reporting guidelines.

Property Crimes

The table below (Table 12) shows the Florida Department of Law Enforcement Property Crime data for 2015, which indicates a drop between 2014 and 2015 of 15.4 percent.

Table 12: Property Crime Data for 2015 with population data, Florida Department of Law Enforcement

Population	Burglary	Larceny	Motor Vehicle Theft	Total Property Crime	% Change 14/15*
31,283	87	407	23	517	-15.4

* Percent change in number and rate should be interpreted with caution. In small counties with low numbers of crime, a small increase in crime can produce a large percent change.

Employment

It has long been recognized that there is a connection between education and employment. In the Economic Security Report 2016 (December 2016), *Measuring the Economic Success of Florida's Graduates* (http://www.beyondeducation.org/temp/ER_Report.pdf), students completing the career certificates program of the Wakulla County Adult and Community Education had a first-year median earning of \$22,416, which is \$4,000 more than the estimated individual cost of living estimate (ALICE report 2017). This earning capacity placed the program between Lively Technical Center (Leon County) students with a first-year median earning of \$23,860 and Gadsden Technical Institute (Gadsden County) students with a first-year median earning of \$21,184. Of the 113 completing the program, 43 (38%) received public assistance and 69% of these individuals were found in an earnings database.

The United States Department of Labor, Bureau of Labor Statistics reported an unemployment rate of 5.0 percent for Florida in February 2017. A review of the Federal Reserve Bank System's Economic Research Division (FRED) data shows an unemployment rate of 3.90% for February 2017 for Wakulla County. FRED monitors the economic and financial literature and produces research in the areas of money and banking, macroeconomics, and international and regional economics.

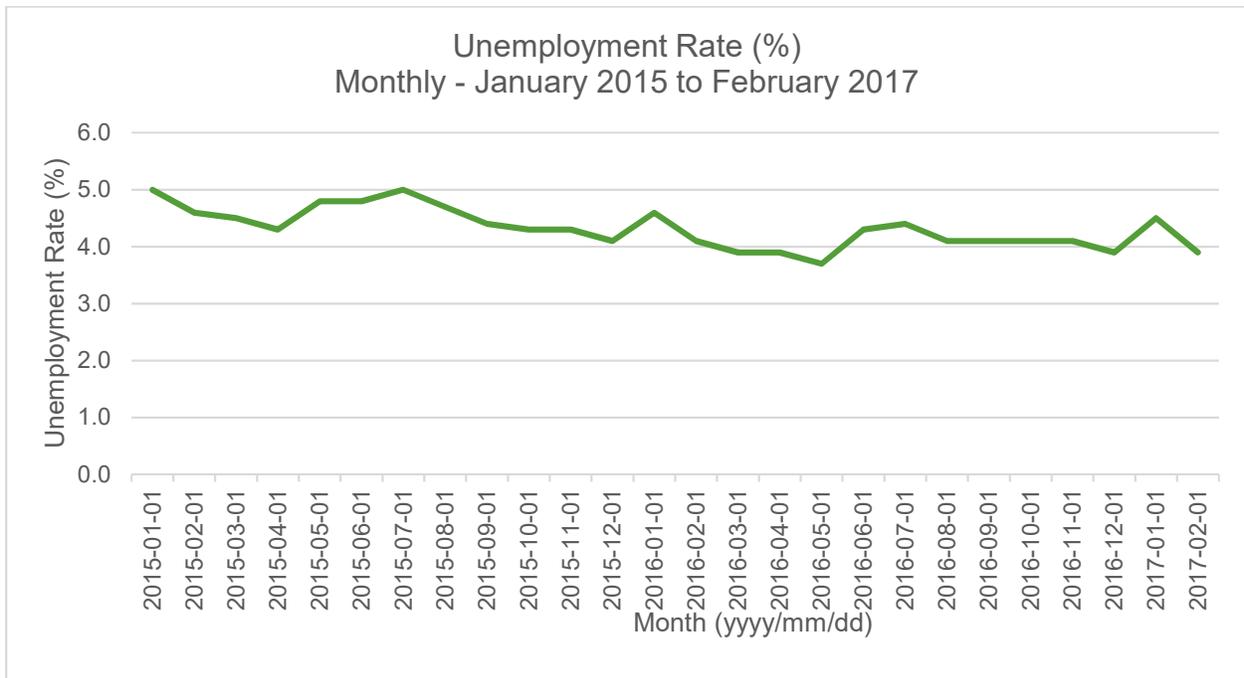


Figure 15: Line graph of the unemployment rate for Wakulla County, Florida from January 2015 to February 2017 Federal Reserve Bank System's Economic Research Division (FRED) (TA-18)

County Health Rankings 2017

The Robert Wood Johnson, University of Wisconsin annual release of County Health Rankings for 2017 (TA-19) had Wakulla County ranked 20 of 67 for overall health outcomes and 30 of 67 for overall health factors. The health rankings are composed of two sections, health outcomes and health factors. Rankings are in descending order from 1 (top) to 67 (bottom).

- Health Outcomes includes
 - length of life or premature deaths (Wakulla County ranked 32 of 67)
This examines the years of potential life lost before age 75 per 100,000 population (age-adjusted). Every death occurring before the age of 75 contributes to the total number of years of potential life lost.
 - quality of life (Wakulla County ranked 12 of 67).
While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community well-being, there are other valid dimensions of quality of life to consider, perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.
 - Poor or fair health
 - Poor physical health days
 - Poor mental health days
 - Low birthweight
- Health Factors includes
 - health behaviors (Wakulla County ranked 44 of 67),
This metric uses data related to adult smoking, adult obesity, food environment index (helps measure availability of economical, close, and nutritious food options in a community), physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births
 - clinical care (Wakulla County ranked 34 of 67),
In this component, data is used related to uninsured individuals, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetes monitoring, mammography screening
 - social and economic factors (Wakulla County ranked 12 of 67), and
Items included are: high school graduation, some college, unemployment, income inequality, children in single-parent households, social associations, violent crimes, and injury deaths
 - physical environment (Wakulla County ranked 49 of 67).
Components for this metric include: air pollution – particulate matter, drinking water violations, severe housing problems, driving alone to work, long commute – driving alone.

Health Outcomes

Health Outcome – Years of Potential Life Lost

Years of Potential Life Lost – County Health Rankings and **Premature age-adjusted mortality** (2011-2013 CDC Compressed Mortality File, CDC WONDER mortality data) - 431 deaths

For premature death (years of potential life lost), data from FLHealth CHARTS shows an upward trend (Figure 16: Resident Deaths – Individuals Under Age 75, 2005 – 2015); however, if data for 2014 (140 deaths) and 2015 (131 deaths) were extracted there was a reduction in the number of deaths compared to 2012 and 2013 (150 each).

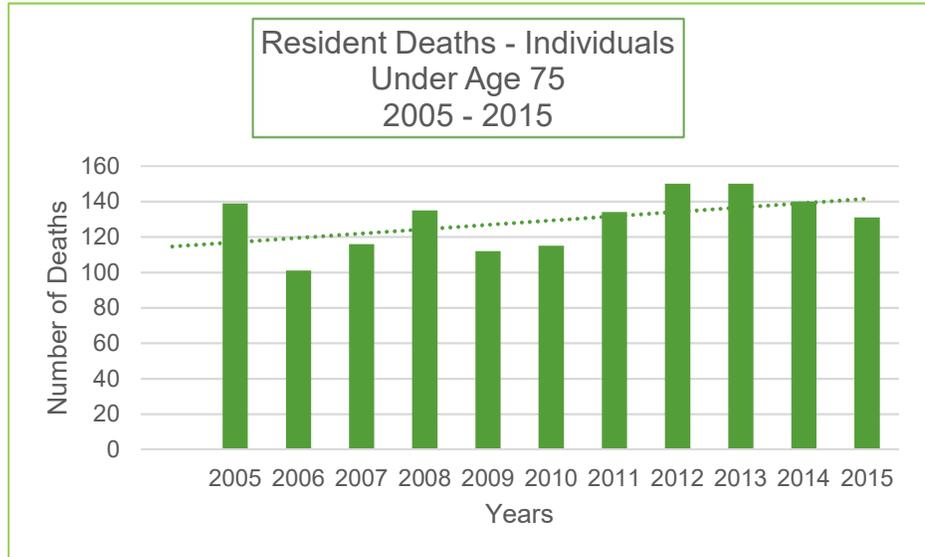


Figure 16 Number of Deaths Occurring for individuals under 75 years of age Florida CHARTS (TA-20)

Figure 17, represents the data for the period 2010 to 2015 for years of potential life lost. This shows a slight reduction over the six years. While this is positive, it is too early to conclude there has been long-term improvement. Additional information about activities conducted in 2014 and 2015 that contributed to the reduction could be beneficial to continued improvement.

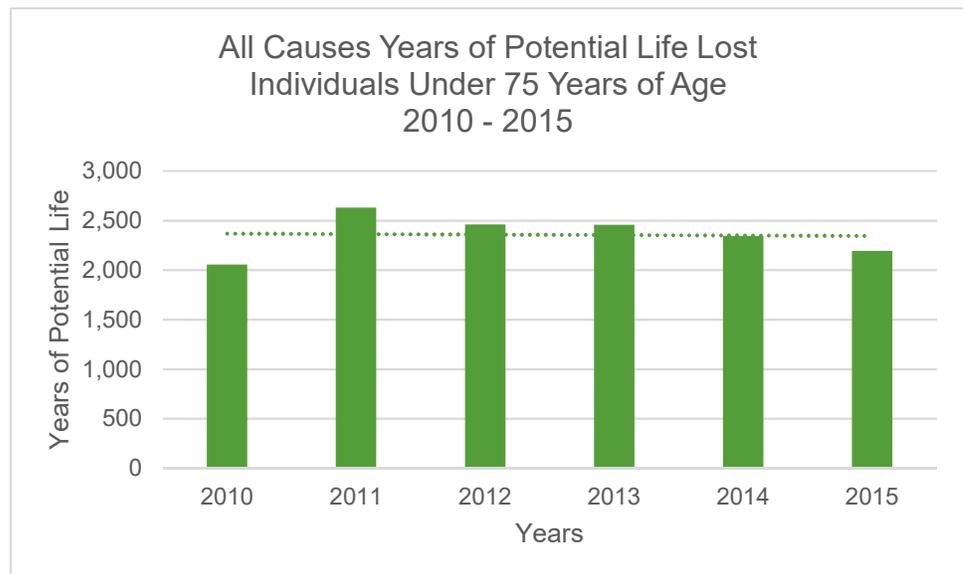


Figure 17: Years of Potential Life Lost, all causes, for Individuals under 75 years of age Florida CHARTS (TA-21)

Health Outcome – Quality of Life

Wakulla ranked number 9 out of 67 counties in the 2017 Health Rankings for Quality of Life. Quality of life components that include:

- poor or fair health,
- poor physical health days,
- poor mental health days, and
- low birthweight.

Please note that calculation for quality of life changed in 2016 due to changes in the method for conducted the Behavioral Risk Factor Surveillance Survey (BRFSS). In Figure 18 (below), the data shows Wakulla being higher than the state rate for all age groups (18-44; 45-64; 65 & Older).

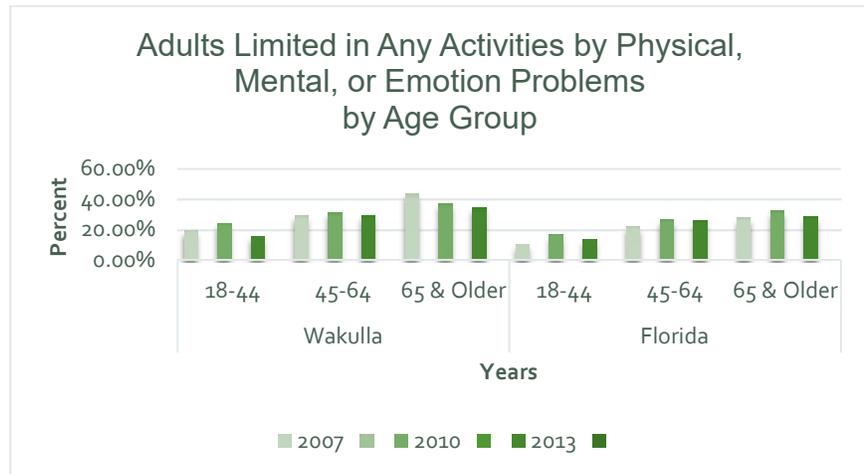


Figure 18: Percent of adults limited in any activities by physical, mental, or emotional problems, by age group, Wakulla County compared to State Florida CHARTS (TA-22)

Quality of Life - Poor or fair health

2017 County Health Rankings: Percentage of adults reporting fair or poor health (age-adjusted) – 13%

The overall Wakulla County Rate for adults (18 and over) indicating their overall health as “fair” or “poor” has remained higher than the state rate for each of the BRFSS data years (2002, 2007, 2010, 2013). Further examination shows individuals 18-44 were less than the state rate (8.9% to 13.1%), while individuals 44 or older, the rate was 6-7% higher than the state rate (Figure 19).

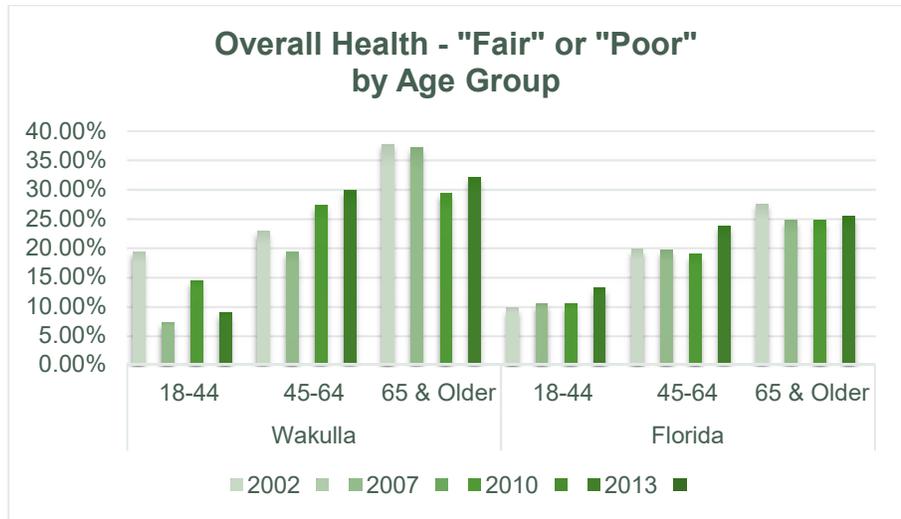


Figure 19: Adults reporting overall health as “fair” or “poor” by age group, 2002 – 2013 Florida CHARTS, BRFSS (TA-23)

Quality of Life - Poor physical health days

2017 County Health Rankings: Average number of physically unhealthy days reported in past 30 days (age-adjusted) – 3.6 days

Data for this metric has been segmented by age group to help determine which part of the population may be experiencing this type of health issue. The graph below (Figure 20) shows a decline in individuals age 46-64 and 65 & older; however, the 18-44 age group shows a steady climb for 3 administrations of the BRFSS. Note: Caution is recommended when comparing data due to changes in survey administration of BRFSS – see Data Sources for more information.

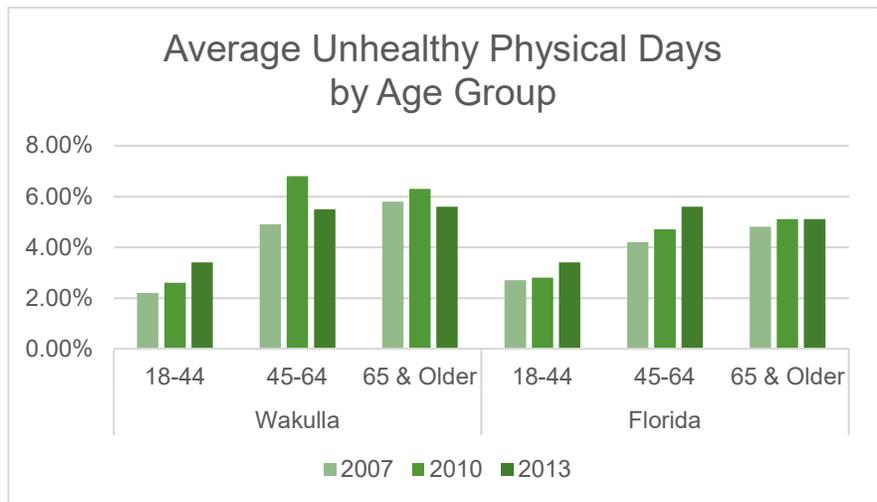


Figure 20: Average number of unhealthy physical days in the past 30 days, 2007 – 2013 Florida CHARTS, BRFSS (TA-24)

Quality of Life - Poor mental health days

2017 County Health Rankings: Average number of mentally unhealthy days reported in past 30 days (age-adjusted) – 3.9 days

Individuals that are experiencing poor mental health days has seen increases in 18-44 age group and the 65 & older. The largest increase appears to be in the 18-44 age group, which went from a 4.4% in 2010 to 6.3% in 2013 (Figure 21). Note: Caution is recommended when comparing data due to changes in survey administration of BRFSS – see Data Sources for more information.

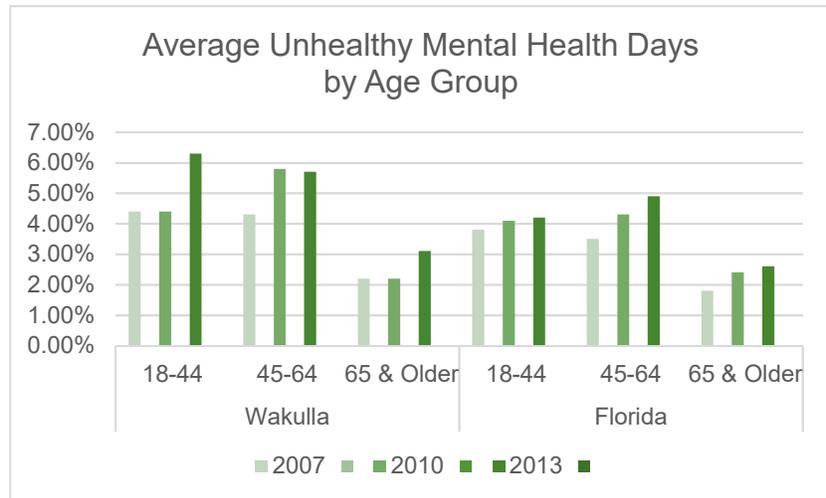


Figure 21: Average number of unhealthy mental health days in the past 30 days, 2007 – 2013 Florida CHARTS, BRFSS (TA-25)

Quality of Life - Frequent mental distress

Percentage of adults reporting more than 14 days of poor mental health per month (2013 BRFSS) – 11% [Health outcomes not included in overall county health ranking]

Note: Caution is recommended when comparing data due to changes in survey administration of BRFSS – see Data Sources for more information.

Data from FLHealth CHARTS has been broken down by age groups to determine if segments of the population that may be experiencing mental distress more than another. As with the poor mental health days, there appears to have been an increase in the 18-44 and 65 and older age groups, with the 18-44 reporting a slightly larger percentage (Figure 22). The percentage of the 18-44 age group increased 4.7% and the 65 and older group saw an increase of 3.1% from 2010 to 2013, respectively. Individuals in the 45-64 group decrease slightly from 18.70 percent to 18.50 percent.

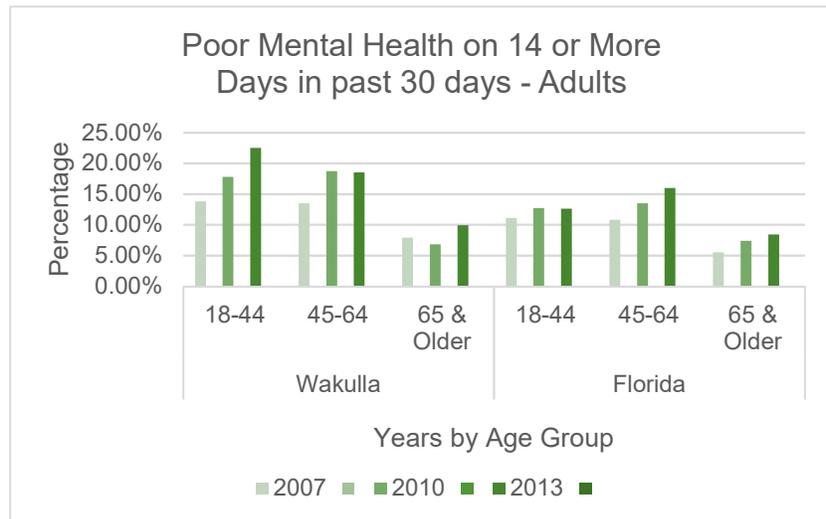


Figure 22: Adults experiencing poor mental health on 14 or more days in the past 30 days Florida CHARTS, BRFSS (TA-26)

Quality of Life - Low birthweight

Maternal and Child Health –

One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. Maternal care is correlated with birth outcomes, measures of maternal access to, or utilization of, care is included. Births to teen mothers are a critical indicator of increased risk for both mother and child.

The table to the right shows the number of births to mothers regardless of their age. The number of births for Wakulla County residents has remained stable for several years.

Table 13: Number of Births to Mothers, all age, comparing Wakulla County to Florida (2008 – 2014)

Births by Mothers - All Ages, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	335	219,905
2013	305	215,194
2012	333	212,954
2011	305	213,237
2010	327	214,519
2009	317	221,391
2008	354	231,417

2017 County Health Rankings: Percentage of live births with low birthweight (<2500 grams) – 8% (Data Source: 2007-2013 National Center for Health Statistics – Natality files)

Prenatal care is important to the health of mother and unborn child. Lack of prenatal care can contribute to low birthweight and other health concerns. The table below shows a slight increase in mothers that indicated they had not received prenatal care prior to delivery (1 in 2012 to 2 in both 2013 and 2014).

Through a local agreement, obstetric services are available at the local health department. This service allows women to receive care who may have transportation challenges.

Table 14: Number of Births to Mothers with no Prenatal Care prior to giving birth (2008 – 2014)

Births to Mothers with No Prenatal Care, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	2	2,914
2013	2	2,834
2012	1	2,868
2011	0	2,567
2010	0	2,687
2008	3	4,230
2009	2	3,316

According to the March of Dimes website, there are two main reasons for low birthweight – premature birth and fetal growth restriction. Babies born at a low birthweight (less than 2500 grams) may be more likely to have certain health conditions later in life, including:

- Diabetes
- Heart Disease
- High blood pressure
- Obesity

Data from FLHealth CHARTS for the period 2007 – 2017 (Figure 23) provides the count for each year of births < 2500 grams. If the provisional data (2016 & 2017) is validated with little or no change, there would be a decrease in the number of low birthweight infants from previous years.

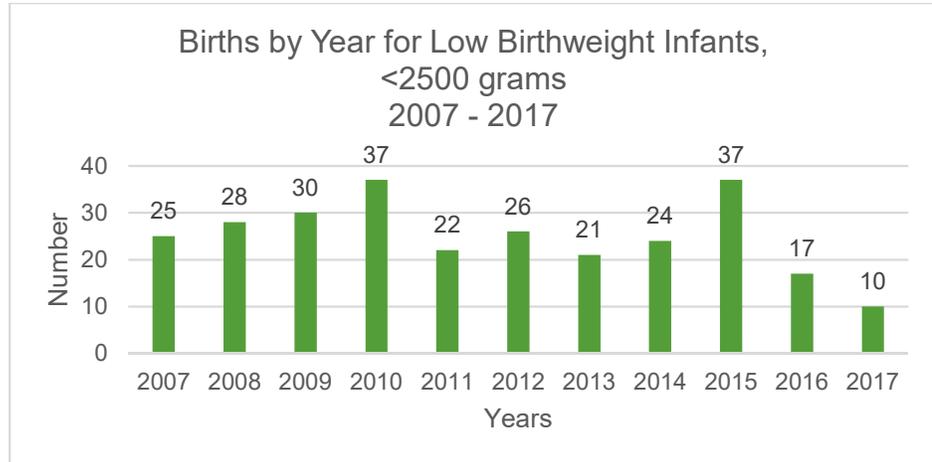


Figure 23: Births of infants weighing less than 2500 grams, 2007 – 2017
Florida CHARTS (TA-27)

In addition to the low birthweight infants, there are infants that are born weighing less than 1500 grams. Of the 335 births in 2014, 4 were delivered in a subspecialty perinatal center at a very low birthweight. Very low and extremely low birthweight infants are those born weighing less than 1500 g (3 lb. 5 oz.). In addition to the increase in health conditions for low birthweight, very low birth weight increases the risk for neurobehavioral dysfunction and poor school performance as they grow.

Table 15: Births of very low birthweight (less than 1500 grams) infants born in subspecialty perinatal centers, 2008 - 2014

Very Low Birthweight Infants Born in Subspecialty Perinatal Centers, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	4	2,766
2013	5	2,645
2012	3	2,635
2011	1	2,718
2010	8	2,794
2009	1	2,736
2008	6	3,015

Another area that can contribute to receiving prenatal care is insurance coverage. Here uninsured and insured numbers were gathered. The number of births to uninsured women (FLHealth CHARTS) indicates an increase from 2011 to 2012 (Table 16); however, this number remained at 3 through 2014. in the number of births to uninsured women of childbearing age. Births to women covered by Medicaid increased in 2014 (154) from a low in 2011 (127). It should also be noted that this increase in 2014 followed a slight decrease in 2013 (152), which was a decline from the 2012 high of 155. Note: Caution should be exercised because of the size of the population.

Table 16: Number of births to uninsured women, 2008 - 2014

Births to Uninsured Women, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	3	14,127
2013	3	15,123
2012	3	16,517
2011	1	18,373
2010	0	19,099
2009	1	20,145
2008	1	24,009

Table 17: Number of births to women covered by Medicaid, 2008 - 2014

Births Covered by Medicaid, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	154	109,607
2013	152	111,619
2012	155	108,836
2011	127	106,152
2010	148	104,721
2009	143	105,257
2008	137	102,339

Wakulla County is in the top 6 of counties with 2 or fewer births to unwed mothers (age 15-17) reported in 2014. One contributing factor could be the Sexual Risk Avoidance program taught by trained staff of the local health department to students in local schools. This evidence-based program teaches life skills to increase critical thinking and self-confidence.

The table below (Table 18) shows the decline in births to unwed mothers from 2010 (12 births) to 2014 (2 births).

Table 18: Number of births to unwed mothers, ages 15-17, 2008 - 2014

Births to Unwed Mothers, Ages 15-17, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	2	3,108
2013	3	3,549
2012	5	4,043
2011	4	4,567
2010	12	5,178
2009	9	6,010
2008	6	6,882

Another contributing factor to the health of infants is whether they were breastfed. Breastfeeding has many benefits, including fewer infections and a lower risk of obesity. Benefits extend beyond those received by the infant and the emotional satisfaction of the mother.

Studies have shown that women who breastfeed experience reduced rates of breast and ovarian cancer later in life. Other studies have found a reduction in the risk of developing type 2 diabetes, rheumatoid arthritis, and cardiovascular disease, including high blood pressure and high cholesterol. (www.healthychildren.org – American Academy of Pediatrics)

Data from Florida CHARTS shows Wakulla County mothers who initiate breastfeeding has increased slightly from 78% in 2013 to 78.8% in 2014. The table below provides the yearly count for initiation of breastfeeding.

Table 19: Number of Mothers who initiated breastfeeding, 2008 – 2014

Mothers who initiate breastfeeding, Single Year Rates		
	Wakulla	Florida
Year	Count	Count
2014	264	185,186
2013	238	177,535
2012	258	172,427
2011	225	169,717
2010	261	171,905
2009	242	174,561
2008	263	180,957

Healthy People 2020 has established targets for infants who were ever breastfed, which are provided below.

Table 20: Healthy People 2020 Yearly Breastfeeding Targets (Percentages)

Month/Year	Target
September 2012	76.1
September 2013	77.4
September 2014	78.0
September 2015	78.6
September 2016	79.2
September 2017	79.8
September 2018	80.5
September 2019	81.2
September 2020	81.9

Additional Health Outcomes

Leading Causes of Death

Death: Illness and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates; by degree of premature death (Years of Productive Life Lost); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease.

Injuries – all external causes

An injury is damage to your body. It is a general term that refers to harm caused by accidents, falls, blows, burns, weapons and more. In the U.S., millions of people injure themselves every year. These injuries range from minor to life-threatening. Injuries can happen at work or play, indoors or outdoors, driving a car or walking across the street. Injury mortality rate reflects the health and well-being of the population as well as the quality of the health care available. Injury mortality information is used by local governments and organizations to identify areas in need and designate available resources. In Wakulla, unintentional injury was the leading cause of death for persons between 15 and 34.

For major causes of death, the data is presented in rates. In small counties of less than 100,000, the use of rate should be approached with caution.

Table 21: Major Causes of Death, 3-Year Age-Adjusted Resident Death Rates (per 100,000) by year and race, 2012-2014

Major Causes of Death

3-Year Age-Adjusted Resident Death Rates	Data Year	County			State		
		White	Black	All Races	White	Black	All Races
Cancer	2012-14	228.5	151.3	215.1	159.4	156.5	158.1
Heart Disease	2012-14	190.4	194.3	190	152.6	169.8	154.5
CLRD*	2012-14	80.7	25.2	75.7	41.8	24.5	39.8
Stroke	2012-14	36.2	45.1	36.4	30.2	47.2	32.1
Diabetes	2012-14	26.1	15	24.5	17.5	39.1	19.6
Motor Vehicle Crashes	2012-14	15.8	12.1	15.1	12.6	11.6	12.2
Cirrhosis	2012-14	9.8		8.4	12.4	5.1	11.2
Pneumonia/Influenza	2012-14	5.4	18.2	6.2	9.1	11.5	9.4
HIV/AIDS	2012-14		15	1.4	2.1	18	4.4

Data Source: Florida Department of Health, Bureau of Vital Statistics.

*Chronic Lower Respiratory Disease

To aid in understanding the causes of death data, the data has been broken down to provide counts by age groups of the top 5 causes of death from 2012 to 2016. It should be noted that the 2015 and 2016 data was provisional at the time of report development. This breakdown is provided in the table that follows.

Data was extracted from the 50-leading rankable causes of death. The count by year for each age group has been provided in the table (Table 22) that follows.

Table 22: Top 5 Causes of Death by Age and Year from Resident Death Counts

Age	Cause of Death	2012	2013	2014	2015 (Provisional)	2016 (Provisional)	Total
<1	Perinatal Period Conditions		2	0	2		4
<1	Congenital Malformations		1	1			2
1-4	Malignant Neoplasm (cancer)				1		1
5-9							
10-14	Malignant Neoplasm (cancer)				1		1
15-19	Unintentional Injury			1	2	1	4
15-19	Suicide		1		1		2
15-19	Malignant Neoplasm (cancer)	1					1
20-24	Unintentional Injury	1		1		1	3
20-24	Congenital Malformations		1				1
25-34	Unintentional Injury	1	2	3	3	1	10
25-34	Malignant Neoplasm (cancer)		2		1		3
25-34	Suicide	1		1	1		3
25-34	Homicide			1			1
35-44	Malignant Neoplasm (Cancer)	4	2	2			8
35-44	Unintentional Injury	3	2				5
35-44	Heath Diseases		1		1		2
35-44	Cerebrovascular Diseases					1	1
35-44	Chronic Liver Disease & Cirrhosis		1				1
45-54	Malignant Neoplasm (cancer)	9	13	13	5		40

Age	Cause of Death	2012	2013	2014	2015 (Provisional)	2016 (Provisional)	Total
45-54	Heart Diseases	5	3	4	5		17
45-54	Unintentional Injury	4	2	1	4		11
45-54	Suicide	2	1	2			5
45-54	Chronic Lower Respiratory Disease		1	1		1	3
55-64	Malignant Neoplasm (Cancer)	14	14	14	14	4	60
55-64	Heart Diseases	4	7	17	7	3	38
55-64	Unintentional Injury	4	1	3	4	1	13
55-64	Chronic Lower Respiratory Disease	3	4	2		1	10
55-64	Chronic Liver Disease & Cirrhosis	1	3	1	2	1	8
65-74	Malignant Neoplasm	21	22	12	22	10	87
65-74	Heart Diseases	13	7	15	13	8	56
65-74	Chronic Lower Respiratory Disease	8	6	4	8	2	28
65-74	Diabetes Mellitus	1	6	2	4		13
65-74	Cerebrovascular Diseases	1	4	2	2		9
75-84	Malignant Neoplasm	9	12	21	18	10	70
75-84	Heart Diseases	16	13	16	14	8	67
75-84	Chronic Lower Respiratory Disease	10	7	8	3	2	30
75-84	Cerebrovascular Disease	2	4	6	4		16
75-84	Alzheimers Disease	2	1	2	3	1	9
85+	Heart Diseases	9	9	18	14	5	55
85+	Malignant Neoplasm (cancer)	4	9	4	7	3	27
85+	Alzheimers Disease		5	4	1	4	14
85+	Cerebrovascular Diseases	4	2	1	4		11
85+	Pneumonitis Due to Solids & Liquids	4		1	3	2	10

Infectious Disease

A disease caused by the entrance into the body of a living organism (e.g., Bacteria, protozoans, fungi, or viruses). An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person. The Florida Department of Health maintains a list of reportable diseases.

While the trend shows a decline between 2011 and 2014 (Figure 24); however, if 2011 data were removed, the three-year trend would show an increase (Figure 25). Data beyond 2014 was not available.

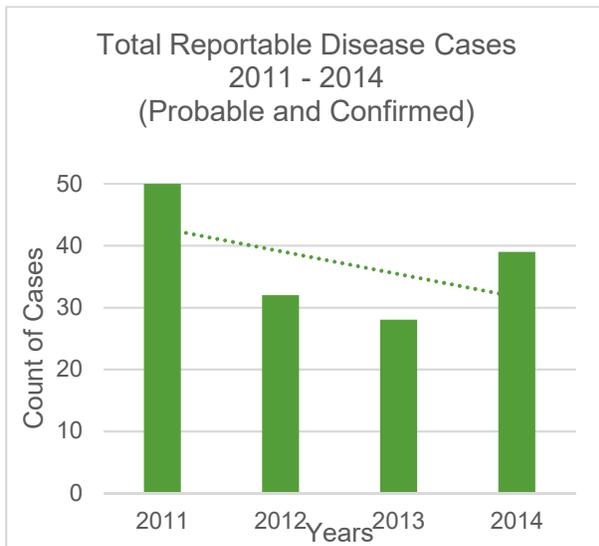


Figure 24: Reportable Infectious Disease Cases (Suspected or Confirmed) 2011 – 2014 Florida CHARTS (TA-28)

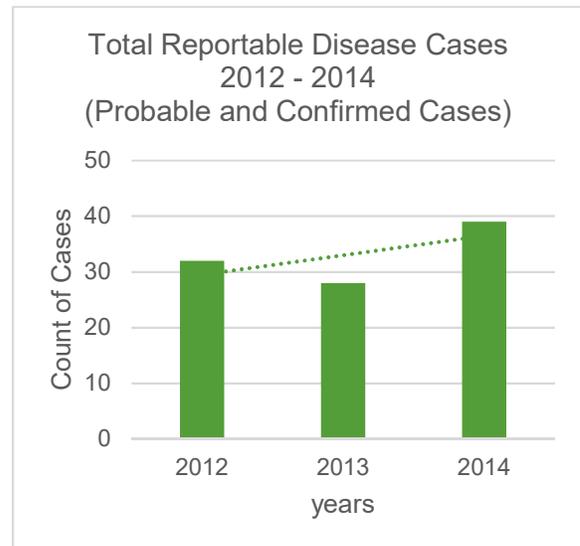


Figure 25: Reportable Infectious Disease Cases (Suspected or Confirmed 2012 – 2014 Florida CHARTS (TA-28)

The count for reportable diseases includes both probable and confirmed cases. There is an investigative process for each probable case reported with a determination of whether there was a case or not. Diseases may include: diphtheria, giardiasis, Haemophilus influenzae, leprosy, leptospirosis, measles (Rubeola), meningitis, mumps, pertussis, poliomyelitis, rubella, salmonellosis.

Since 2011, Florida CHARTS showed no cases of diphtheria, Haemophilus influenza, leprosy, leptospirosis, measles (Rubeola), mumps, poliomyelitis, and Rubella. For reportable diseases with probable and confirmed cases, the table below (Table 23) provides a breakdown by year.

Table 23: Number of reportable diseases for Wakulla County, Florida, 2011 - 2015

Disease	2011	2012	2013	2014	2015
Giardiasis	8	2	4	3	1
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	7	3	1	3	Not Available
Pertussis	1	1	2	0	0
Salmonellosis	14	13	8	5	20

Sentinel Events

These are cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely preventive services or medical care were provided. These include vaccine-preventable illness, avoidable hospitalizations (those patients admitted to the hospital in advanced stages of disease which potentially could have been detected or treated earlier), late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage or lack of primary care and/or screening. More detail is provided in the Health Resources portion of this document regarding hospitalizations.

Child mortality

Though listed as an additional metric related to health outcomes, child mortality was not included in the overall county health rankings.

Number of deaths among children under age 18 per 100,000 (2010-2013 CDC Compressed Mortality File, CDC WONDER mortality data) – Rate of 60 / Number of deaths 15 [Health outcomes not included in overall county health ranking]

Information from Florida CHARTS showed deaths occurred most frequently in individuals under the age of 1 (Years 2013, 2014 & 2015) with a total of 7. Individual 15 years of age was the next highest with total deaths of 5 for the years 2012, 2014, and 2015 (Figure 26).

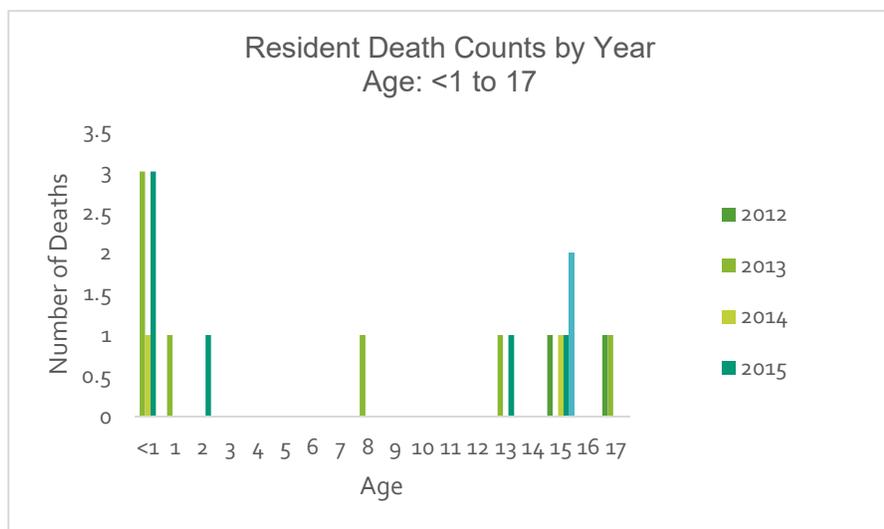


Figure 26: Number of deaths for residents less than 18 years of age, 2012 – 2015 Florida CHARTS (TA-29)

Infant mortality

Number of all infant deaths (within 1 year), per 1,000 live births (2006-2012 Health Indicators Warehouse). [Health outcomes not included in overall county health ranking]

FLHealth CHARTS indicates a total of 11 deaths of individuals less than one year for the period 2010 – 2015. Figure 27 (below) breaks down the deaths by year. Years 2013 and 2015 saw three deaths each.

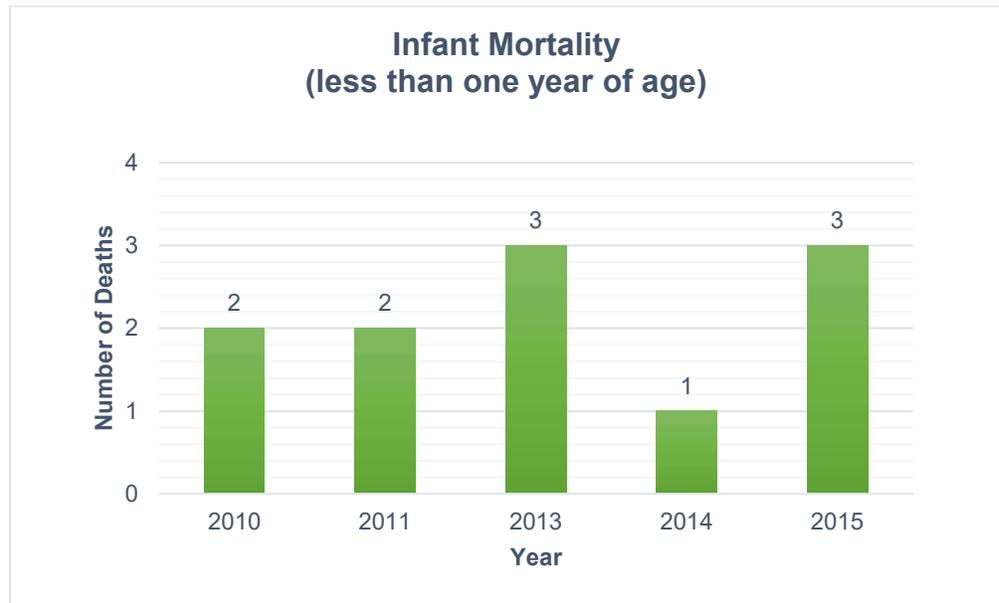


Figure 27: Number of all infant deaths within 1 year of life, 2010 – 2015
Florida CHARTS (TA-30)

Frequent physical distress

Percentage of adults reporting more than 14 days of poor physical health per month (2013 BRFSS) – 10% [Health outcomes not included in overall county health ranking]

Merriam-Webster defines distress, in part, “pain or suffering affecting the body, a bodily part, or the mind” and defines physical as, “of or relating to the body as opposed to the mind.” The figure below provides information for adult reporting more than 14 days of poor physical health per month. The 18-44 age group saw an increase between 2010 and 2013. More than 20 percent of those age 45-64 and 65 and older reported more than 14 days of poor physical health in 2010; however, the percentage for both age groups declined between 2010 and 2013 to slightly over 15 percent.

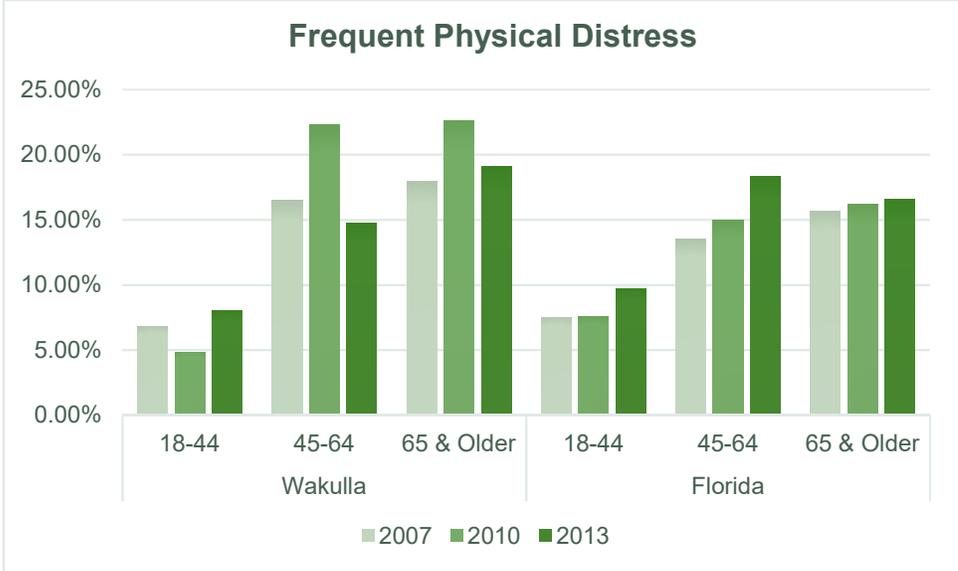


Figure 28: Adults reporting more than 14 days of poor physical health per month, by age group, 2007 – 2013
 Florida CHARTS, BRFSS (TA-31)

Tobacco Use and Exposure

Adults

The table below (Table 24) shows the results of the BRFSS 2013 for adult tobacco use and/or exposure. Please note that the BRFSS items reference smoking and not other forms of tobacco use.

Table 24: Responses by adults to the 2013 BRFSS items regarding tobacco use and exposure.

	Overall	Men	Women
Tobacco Use & Exposure – percentage of adults who are current smokers	25.4*	27.5	22.9
Tobacco Use & Exposure – percentage of adults who are former smokers (currently quit smoking)	29.4	32.3	25.8
Tobacco Use & Exposure – percentage of adults (current smokers) who tried to quit smoking at least once in the past year	79.47*	83.3*	73.6
Tobacco Use & Exposure – percentage of adults who have never smoked	45.2*	40.2	51.3

Unfortunately, comparison with previous years has been discouraged due to a change in the methodology used in 2013. Though not for comparison, below is the 2010 BRFSS data related to adults who:

- Are current smokers - 26.5%;
- Are former smokers - 31.4%;
- Tried to quit smoking at least once in the past year - 62.5%; and
- Have never smoked was 42.2%.

Following a high of 40 in 2013, tobacco-related cancer deaths has declined. In 2015, Wakulla County had a reported 28 tobacco-related cancer deaths, lowest in a decade for individuals 35 and over.

Youth

Information obtained from the Florida Youth Tobacco Survey, administered every two years) provides responses from middle and high school students regarding tobacco use based on:

- Who have ever tried
- Who currently use
- Who were exposed
- Who use on school property

Table 25, below, provides data from 2015 for each of these areas and the change overtime (2012, 2014 & 2015).

Table 25: Comparative results of the Florida Youth Tobacco Survey, 2012 - 2016



Wakulla Youth (Ages 11-17): 2012 - 2016

PERCENTAGE OF YOUTH WHO HAVE	2012		2014		2016	
	County	State	County	State	County	State
Ever tried cigarettes	32.6%	21.6%	30.0%	17.5%	23.1%	13.7%
Ever tried cigars	21.0%	16.2%	16.2%	12.8%	11.3%	9.0%
Ever tried smokeless tobacco	17.6%	7.0%	15.0%	6.1%	10.8%	5.0%
Ever tried hookah	7.9%	9.4%	9.4%	14.1%	8.2%	15.4%
Ever tried electronic vaping	6.7%	5.7%	20.8%	14.3%	25.6%	24.5%
Ever tried cigarettes, cigars, or smokeless tobacco	41.0%	27.6%	36.5%	23.4%	28.1%	18.5%
Ever tried cigarettes, cigars, smokeless, hookah, or electronic vaping	42.3%	30.2%	39.0%	30.7%	37.0%	32.8%
PERCENTAGE OF YOUTH WHO						
Currently use cigarettes	9.3%	6.1%	9.0%	4.3%	5.1%	3.0%
Currently use cigars	9.5%	6.5%	6.7%	5.1%	4.2%	3.4%
Currently use smokeless tobacco	6.5%	3.0%	7.0%	3.0%	4.8%	2.2%
Currently use hookah	3.7%	4.1%	5.3%	7.1%	2.2%	4.8%
Currently use electronic vaping	2.0%	2.3%	12.2%	7.2%	11.7%	11.6%
Currently use cigarettes, cigars, or smokeless tobacco	17.3%	11.0%	15.5%	9.0%	9.9%	6.3%
Currently use cigarettes, cigars, smokeless, hookah, or electronic vaping	19.6%	13.1%	20.0%	15.3%	17.4%	16.3%
PERCENTAGE OF YOUTH WHO WERE						
Exposed to secondhand cigarette smoke	53.2%	44.1%	46.8%	37.5%	51.4%	40.0%
Exposed to secondhand electronic vapor smoke	-	-	-	-	40.2%	29.5%
Exposed to secondhand cigarette or electronic vapor smoke	-	-	-	-	63.3%	49.7%
PERCENTAGE OF YOUTH WHO USED						
Cigarettes on school property	2.1%	2.2%	1.4%	1.1%	0.7%	0.6%
Cigars on school property	3.1%	2.1%	2.0%	1.5%	0.8%	0.8%
Smokeless tobacco on school property	3.3%	1.8%	3.5%	1.6%	1.8%	1.0%
Electronic vapors on school property	-	-	8.1%	5.5%	-	2.4%
PERCENTAGE OF YOUTH WHO						
Are committed to never using cigarettes	57.6%	65.7%	60.5%	67.1%	81.8%	80.7%

Alcohol Use

When considering the impact of alcohol use on health, alcoholic liver disease may be a good indicator. Alcoholic liver disease involves an acute or chronic inflammation of the liver induced by alcohol abuse. Alcoholic liver disease usually occurs after years of excessive drinking.

The mortality rate reflects the health and well-being of the population, as well as, the quality of the health care available. This data is used by local governments and organizations to identify areas of need and designate available resources.

Alcoholic liver disease death rate is provided below. The last reported death from alcoholic liver disease for individuals age 75 to 100 was in 1996.

Table 26: Deaths attributed to alcoholic liver disease by year and age group.

Age Group	2010	2011	2012	2013	2014	2015
18-44	0	0	0	1	0	0
45-64	0	3	1	2	0	2
65-74	0	0	1	1	0	1

In addition to deaths from alcoholic liver disease, data was reviewed for Cirrhosis deaths. Cirrhosis is the result of chronic liver disease that causes scarring of the liver and liver dysfunction. This often has many complications, including accumulation of fluid in the abdomen (ascites), bleeding disorders (coagulopathy), increased pressure in the blood vessels of the liver (portal hypertension), and confusion or a change in the level of consciousness (hepatic encephalopathy).

Common causes of chronic liver disease in the U.S. include: Hepatitis C infection and long-term alcohol abuse. Cirrhosis mortality rate reflect the health and well-being of the population as well as the quality of the health care available.

For the period 2010 to 2015, there was one reported death in 2013 from chronic liver disease and Cirrhosis in Wakulla County.

Arthritis

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

According to the 2013 BRFSS survey, 30.8% of adults have been told that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. This is higher than the state percent of 26.0. Slightly over one-third (35.1%) of White females indicated they had been told they have some form of arthritis. A little more than 32% of BRFSS respondents age 65 and older indicated that arthritis limited their usual activities, which could contribute to the increase in physical distress for 14 or more days per month.

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways, making it hard to breathe. While the disease affects people of all ages, it often starts in childhood. Symptoms include wheezing, coughing, feeling short of breath, or having tightness in the chest. While asthma cannot be cured, it can be controlled.

In the 2013 BRFSS survey, 15.8% of adults reported they had been told they had asthma. This is compared to the 9.3% that indicated they currently have asthma. The 65 and older age group were the highest reporting group and 19.6% indicated that they had been told they had asthma and 13.2% reported they currently have asthma.

Cancer Prevalence

Cancer is the number one cause of deaths in Wakulla County for all ages between 2012 to 2014 (rolling rate). When deaths were examined by age, the highest number was found for individuals ages 35-44, 45-54, 55-64, 65-74 and 75-84.

The BRFSS data for the 45-64 age group as the highest percentage reporting they have ever been told they had skin cancer; the 65 & older group reporting they have ever been told they had any other type of cancer except skin cancer. The causes of deaths appear to align with the 2013 BRFSS data for similar ages, except for the 35-44-year-old group. It should be noted that the BRFSS age group that includes the 35-44-year-old group is a range of 18-44.

Breast: The number of breast cancer incidence has declined from 25 in 2011 to 13 in 2013 (FLHealth CHARTS). Breast cancer screening for women aged 40 to 74 was at 63.7% for mammograms and 58.9% for women 18 and older receiving a clinical breast exam in the past year. The percentage (52.4%) was less for women 18 and older receiving a Pap test in the past year when compared to those receiving a clinical breast exam.

Colorectal: The CDC reports that more than 90% of colorectal cases occur in people who are 50 years old or older. The CDC website indicates other risk factors including inflammatory bowel disease (Crohn's disease or ulcerative colitis), a family history of colorectal cancer or colorectal polyps, and a genetic syndrome.

There are also lifestyle factors that may contribute:

- Lack of regular physical activity
- A diet low in fruit and vegetables
- A low-fiber and high-fat diet
- Being overweight or obese
- Alcohol consumption
- Tobacco use

The incidence of colorectal cancer (counts) was 16 in 2012. This was up from 11 in 2011. In 2013 there were no incidence recorded; however, 2014 data shows 12 incidences reported. The death rate for colorectal cancer has been declining annually from a high of 9 in 2012 to a low of 1 in 2015. These data are age-adjusted for all race and ethnicities.

Additionally, data was reviewed for individuals 50-64 and 65 & older. The 3-year rolling count for these age groups showed a decline over the same period.

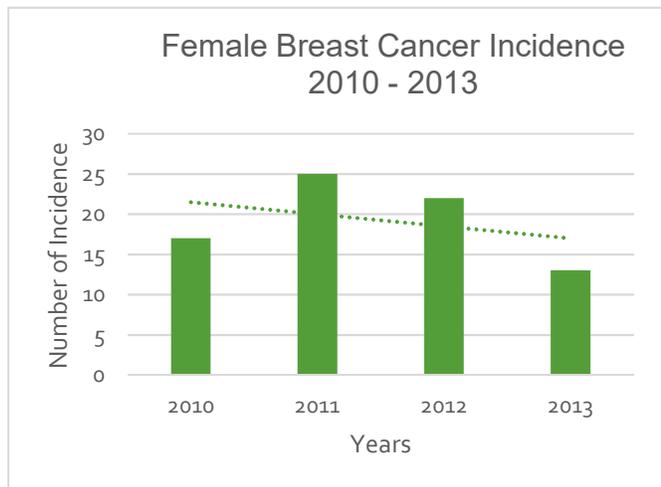


Figure 29: Female Breast Cancer Incidence, 2010-2013
Florida CHARTS (TA-32)

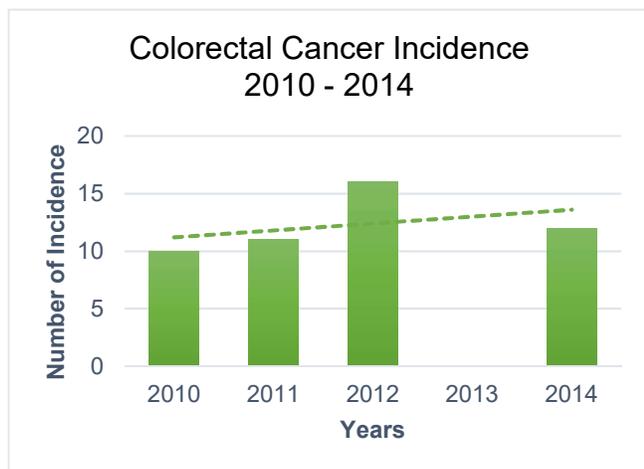


Figure 30: Colorectal Cancer Incidence, 2010 – 2013
Florida CHARTS (TA-33)

Lung: Lung cancer begins in the lungs and may spread to lymph nodes or other organs in the body, such as the brain. Lung cancers are often grouped into two types – small cell and non-small cell.

Research has found several risk factors that may increase the chance of lung cancer. Smoking is the number one risk factor for lung cancer and has been linked to about 80% to 90% of said cancers. In the United States, two out of five adults who don't smoke and half of children are exposed to secondhand smoke. Every year about 7,300 people who never smoked die from lung cancer due to secondhand smoke.

Other risk factors include:

- Radon exposure – radon is a naturally occurring gas that comes from rocks and dirt and can get trapped in houses and building.
- Exposure to substances, such as, asbestos, arsenic, diesel exhaust, and some forms of silica and chromium. For many of these substances, the risk of getting lung cancer is higher for those who smoke
- Personal or family history
- Radiation therapy to the chest
- Diet

From 2010 to 2013, data from FLHealth CHARTS shows a slight upward trend in the number of cases for the period. For the same period, the lung cancer deaths saw a more defined upward trend, primarily due to 28 deaths in 2013. However, this trend appears to be moderating when data for 2014 and 2015, are added.

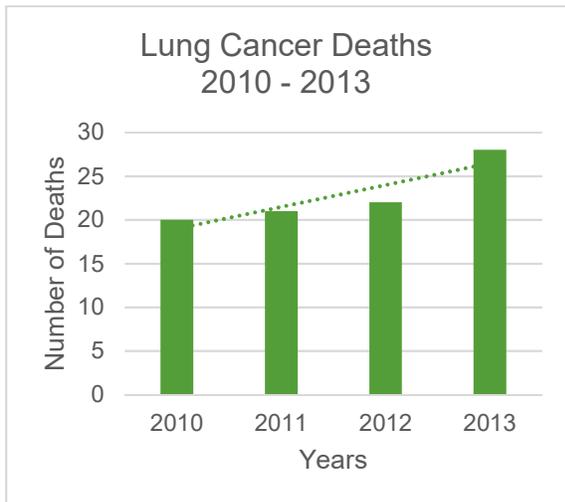


Figure 31: Lung Cancer Deaths, 2010 – 2013
Florida CHARTS (TA-34)

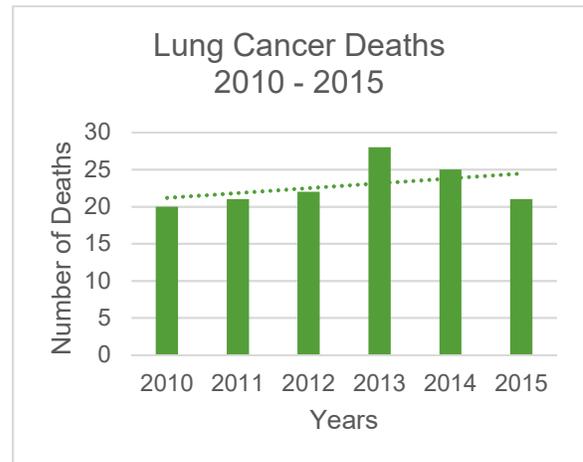


Figure 32: Lung Cancer Deaths, 2010 – 2015
Florida CHARTS (TA-34)

Prostate: Prostate cancer is the most common non-skin cancer among American men. Prostate cancers usually grow slowly. Most men with prostate cancer are older than 65 years and do not die from the disease.

The risk facts include:

- Age: The older a man is, the greater his risk
- Family History: Certain genes passed from parent to child. A man with a father, brother, or son who has had prostate cancer is two to three times more likely to develop the disease himself
- Race: Prostate cancer is more common in African-American men. It tends to start at younger ages and grow faster than in other racial or ethnic groups. Medical experts do not know why

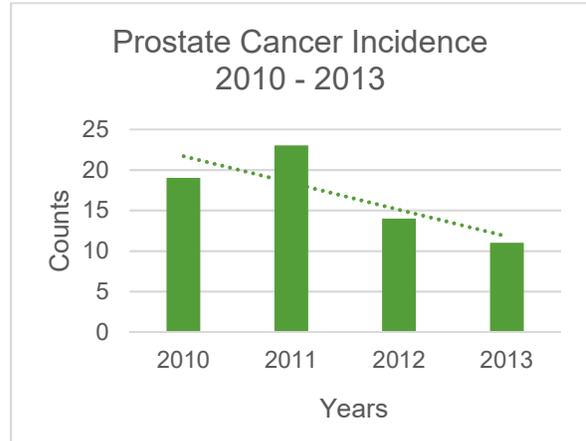


Figure 33: Prostate Cancer Incidence, 2010 – 2013
Florida CHARTS (TA-35)

Chronic-Lower Respiratory Disease (CLRD)

CLRD, sometimes called chronic obstructed pulmonary disease (COPD), is the third leading cause of death in Wakulla County. The CLRD group includes: Emphysema, chronic bronchitis and other respiratory illnesses.

The World Health Organization reports many risk factors for CLRD can be prevented. The major risk factors include: tobacco smoke (including secondhand), air pollutants, allergens, and occupational agents. Two other possible risk factors are: diet and nutrition and post infectious chronic respiratory diseases.

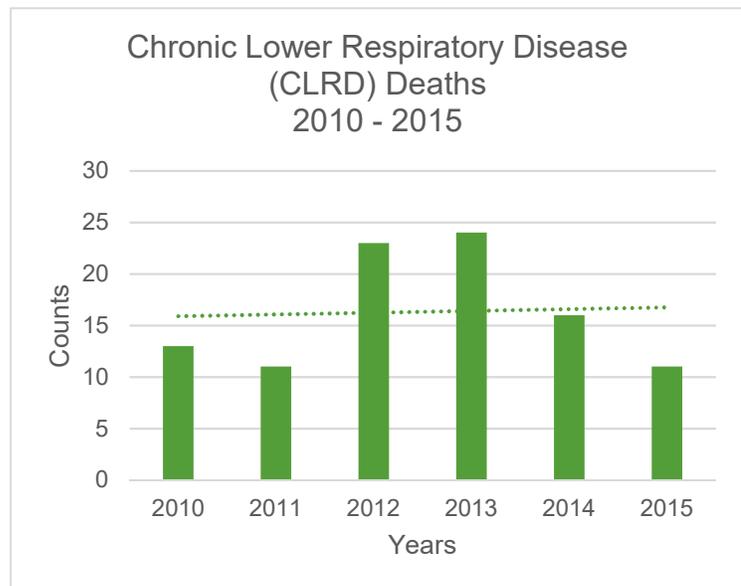


Figure 34: Number of deaths from chronic lower respiratory disease, 2010 – 2015
Florida CHARTS (TA-36)

Figure 34 indicates an increase over time; however, the past three years (2013-2015) shows a decline for the period.

Diabetes prevalence

Percentage of adults aged 20 and above with diagnosed diabetes (2012 CDC Diabetes Interactive Atlas) - 9% [Health outcomes not included in overall county health ranking]

Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can be associated with serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

Using BRFSS data from 2002 to 2013, the percentage of adults responding that have been told they had diabetes shows an increase over the four administrations of the survey with 2007 having the highest percentage (Figure 35). (Note: BRFSS is conducted every 3-years contingent on available funding.)

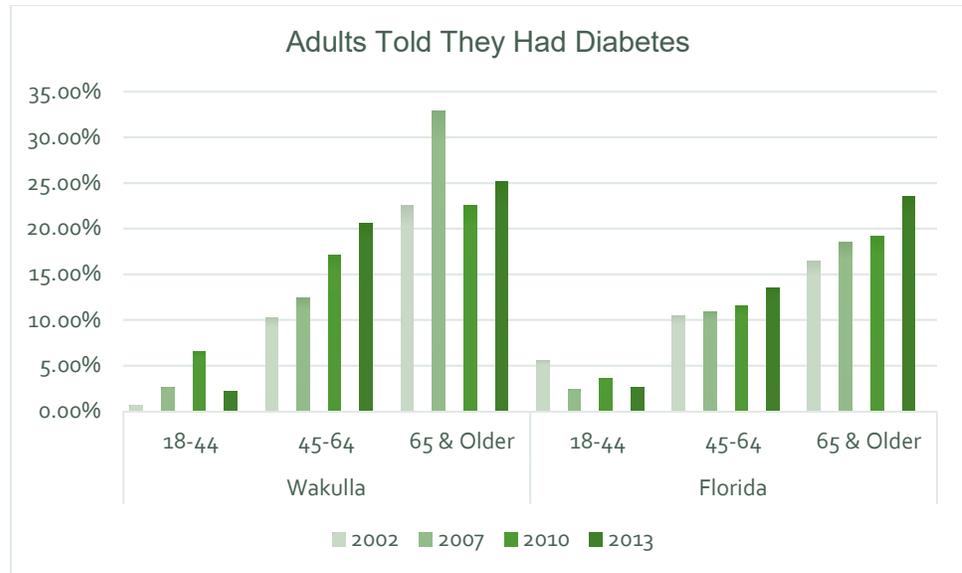


Figure 35: Adults who have ever been told they had diabetes, by age group, 2002 – 2013
Florida CHARTS BRFSS (TA-37)

While there is no cure for diabetes, the disease can be managed through diet, exercise, and medications. The trend from 2010 to 2014 shows a decrease, though there were three years with hospitalizations exceeding twenty.

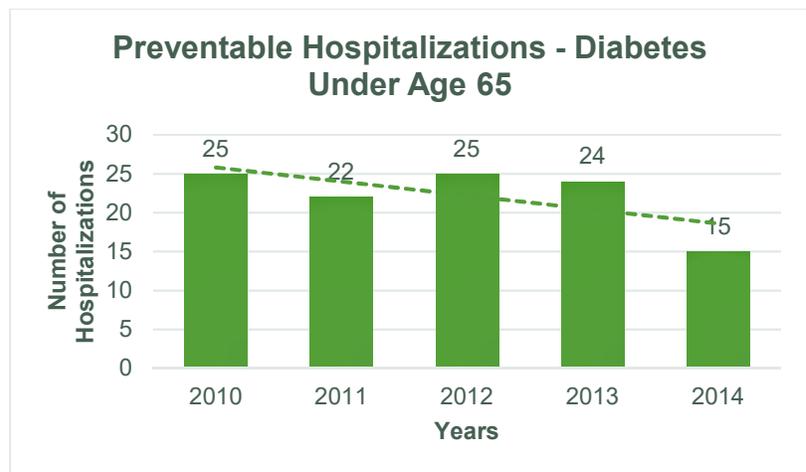


Figure 36: Number of Preventable Hospitalizations for Individuals under age 65, 2010 – 2014
Florida CHARTS (TA-38)

Data for diabetes deaths for all age groups shows a decline over the past 3 years. This data has been further segmented to determine if there were any significant differences between age groups.

The graphs below provide information for age groups 45 – 64 and 65 or older. The 18 – 44 age group data showed no deaths attributed to diabetes.

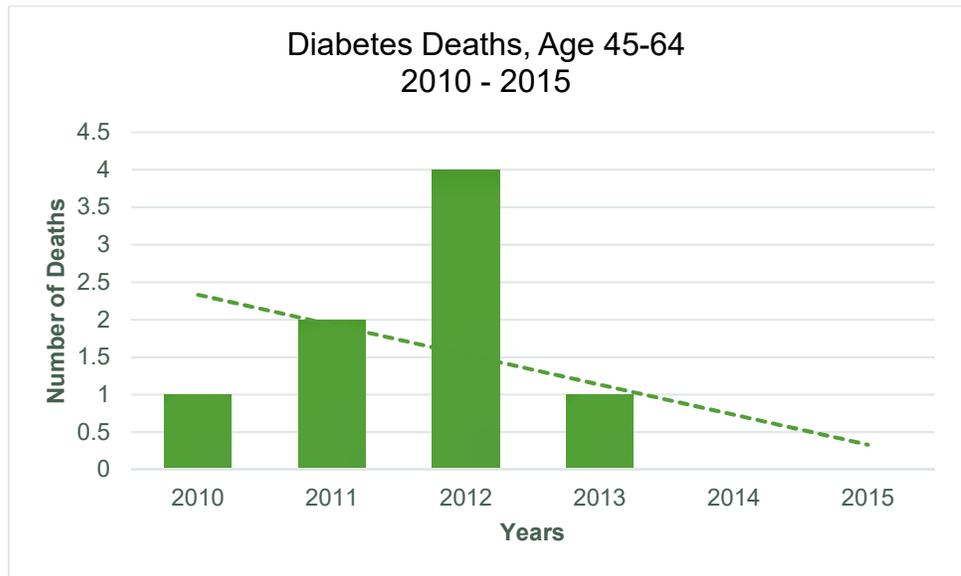


Figure 37: Diabetes Deaths for Individuals age 45 – 64 with trendline showing a decline Florida CHARTS (TA-39)

The results of looking at deaths by age range shows an increase in the number of deaths for individuals age 65 or older (65 – 100).

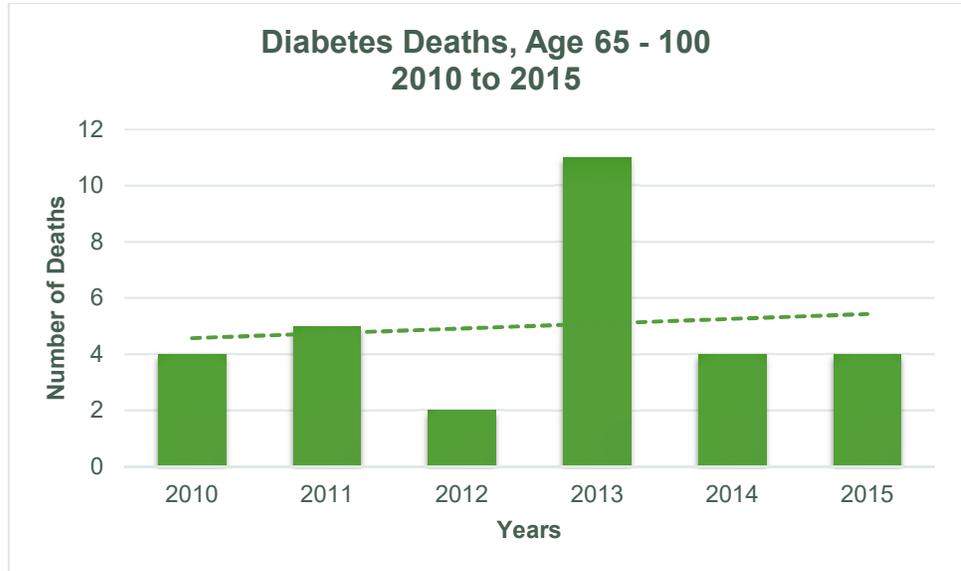


Figure 38: Diabetes deaths for individuals age 65 – 100 with trendline showing an increase, 2008 – 2015 Florida CHARTS (TA-40)

An additional breakdown of this age group was conducted – 65 to 74 and 75 to 94 years of age. While the trend shows an increase for the 75-94 age group, the 75-94 age group saw a decline with no reported deaths in 2015. Note: No diabetes deaths were found for individual over 94 years of age.

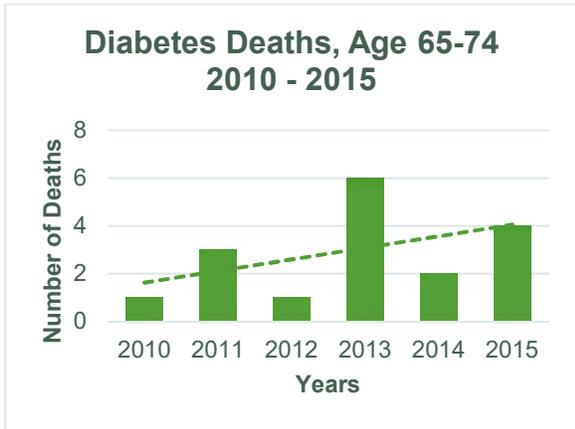


Figure 39: Diabetes deaths for individuals age 65-74 with trendline showing increase Florida CHARTS (TA-41)

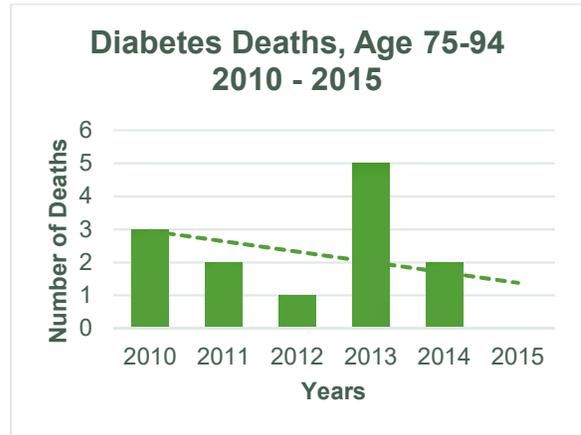


Figure 40: Diabetes deaths for individuals age 75-94, 2010 – 2015 Florida CHARTS (TA-42)

Enteric Disease

Enteric diseases are the most frequently reported non-sexually transmitted disease according to the Florida Department of Health. Enteric diseases are investigated by the local health department. Some of the diseases categorized as enteric are salmonellosis, shigellosis, cryptosporidiosis, and giardiasis.

The total enteric disease count saw an increase in 2014 with the number of cases reaching 6. Prior to 2014 there had been one case in each of years 2011 and 2013. Data at this level is considered unstable when there is fewer than 5 cases or if the population at risk is fewer than 20.

Heart Disease

Heart disease is the leading cause of death in the United States and continues to be the second leading cause of death in Wakulla County. Since 2010, there has been an average of 50 deaths associated with heart disease. A high of 70 deaths in 2014 were attributed to heart disease.

According to Mayo Clinic, the term “heart disease” is often used interchangeably with “cardiovascular disease.” Cardiovascular disease typically refers to conditions that involve narrowed or blocked blood vessels that could lead to heart attack, chest pain (angina) or stroke. Whereas, the diseases under the category of heart disease include blood vessel diseases, such as coronary artery disease, heart rhythm problems (arrhythmias), and heart defects (congenital heart defects), and others.

The risk factors are like many diseases with a few exceptions. Usual factors for many diseases include:

- age,
- sex,
- family history,
- smoking,
- poor diet,
- high blood pressure,
- high blood cholesterol levels,
- diabetes,
- obesity,
- physical inactivity, and
- stress, but poor hygiene and dental health can be risk factors.

The lack of proper hygiene, lack of regular handwashing and not establishing other healthy habits that can help prevent viral or bacterial infections can put an individual at risk of heart infections, especially if there is an underlying heart condition. Also, poor dental health may contribute to heart disease.

Data for the number of heart attack emergency department visits for all genders, races, ethnicities, and ages was not available. The data was suppressed due to low case numbers or as a requirement of complimentary suppression. [Florida Department of Health, Environmental Public Health Tracking program]

Hypertension (High Blood Pressure)

High blood pressure is a common condition. Often called the “silent killer,” individuals can have high blood pressure for years without any symptoms. For most, there is no identifiable cause of primary hypertension, but for secondary hypertension, there can be an underlying condition.

Conditions and medications can lead to secondary hypertension, include:

- Obstructive sleep apnea
- Kidney problems
- Adrenal gland tumors
- Thyroid problems
- Certain defects in blood vessels (present at birth)
- Certain medications – birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs
- Illegal drugs, such as cocaine and amphetamines
- Alcohol abuse or chronic alcohol use

While there are many risk factors, age, race, family history, being overweight or obese, not being physically active, using tobacco, high levels of salt in your diet, low levels of potassium and vitamin D in your diet, too much alcohol, stress, and certain chronic conditions (kidney disease, diabetes, and sleep apnea).

Although high blood pressure is most often found in adults, children may be at risk. Children with kidney problems or heart issues may experience high blood pressure. Poor lifestyle habits, such as unhealthy diets, obesity and lack of exercise may contribute to high blood pressure in children.

FLHealth CHARTS data for all hypertension deaths, age-adjusted, from 2010 to 2015 is provided in the graphs below. The overall trend indicates a decline for all ages; however, the numbers are extremely small – most years are 3 or less. However, when years of potential life loss is presented, the indication is that hypertension deaths are occurring in individuals that are under age 75

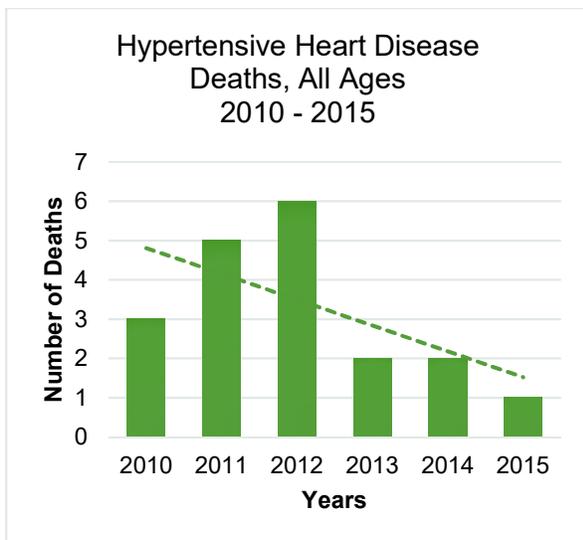


Figure 41: Hypertension deaths, all age groups, 2010 – 2015
Florida CHARTS (TA-43)

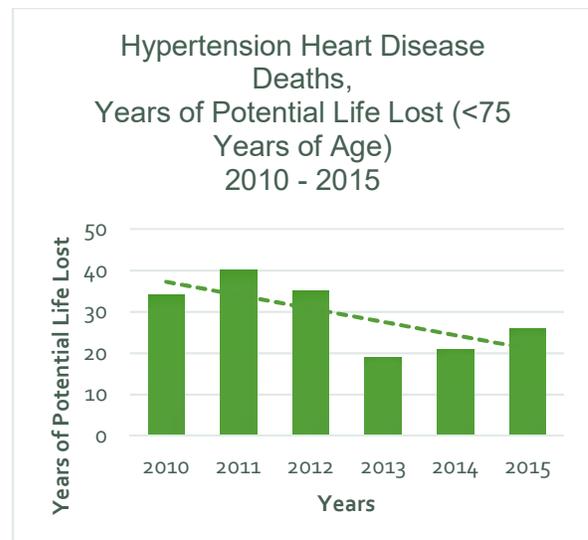


Figure 42: Years of Potential Life Lost from Hypertension Deaths, 2010 – 2015
Florida CHARTS (TA-44)

Hepatitis

There are several diseases in this group – Hepatitis A, Hepatitis B, Hepatitis C, and a few others (alcoholic hepatitis, autoimmune hepatitis, and toxic hepatitis).

Hepatitis A is a highly contagious liver infections cause by the hepatitis A virus. Hepatitis A is most often contracted from contaminated food or water or from close contact with someone who is infected.

For Hepatitis A, there has only been two reported cases in Wakulla County in nearly 20 years. Cases were reported in 1998 and 2001.

Hepatitis B is a serious liver infection caused by the Hepatitis B virus, which becomes chronic when it lasts more than six months. Chronic Hepatitis B increases your risk of developing liver failure, liver cancer or cirrhosis – a condition that causes permanent scarring of the liver.

For Hepatitis B (chronic) has been reported in small numbers (less than 8) in Wakulla County since 2000. While 2014 had 7 cases, the number returned to zero in 2015. The 2014 count was the highest in the 15 years being reported.

Hepatitis C is a viral infection that causes liver inflammation, sometimes leading to serious liver damage. The Hepatitis C virus spreads through contaminated blood and sexual contact with an infected person.

Hepatitis C (chronic) has been reported in Wakulla County for several years and from 2012 to 2015, there appears to be a growing number of cases.

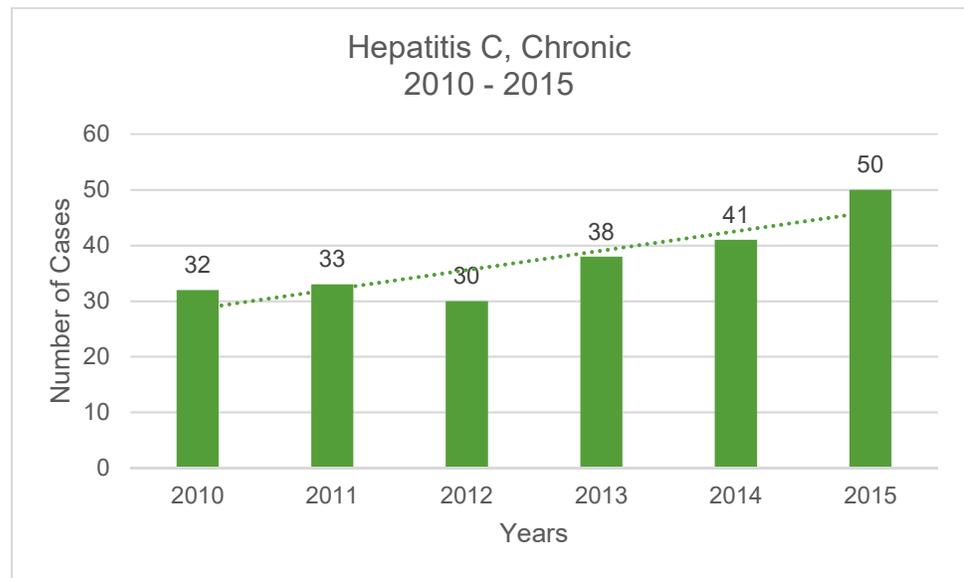


Figure 43: Number of cases of Hepatitis C, Chronic
2010 – 2015
Florida CHARTS (TA-45)

HIV prevalence

Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population (2012 National HIV Surveillance System) -

Rate of 265 / Number of HIV Cases 69 [Health outcomes not included in overall county health ranking]

The number of cases of HIV infections in Wakulla County has remained low for all transmission types.

For the graphs below, definition of the various types of transmission is provided

- MSM = Men who have sex with men,
- IDU = Injection drug use,
- MSM/IDU = Men who have sex with men and inject drugs,
- Hetero = Heterosexual,
- Other = Other risk,
- Perinatal = Perinatal,
- NIR = No identified risk

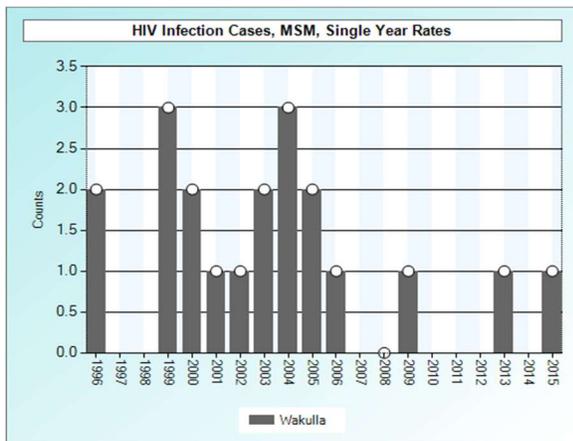


Figure 44: HIV infection cases for men who have sex with men, 1996 – 2015
Florida CHARTS (TA-46)

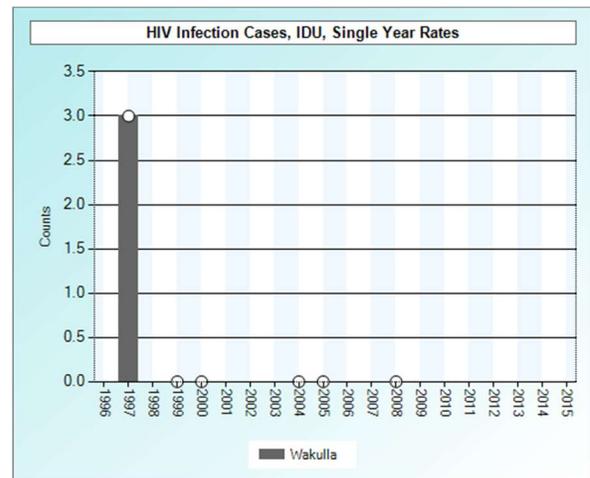


Figure 45: HIV infection cases for injection drug use, 1996 – 2015
Florida CHARTS (TA-47)

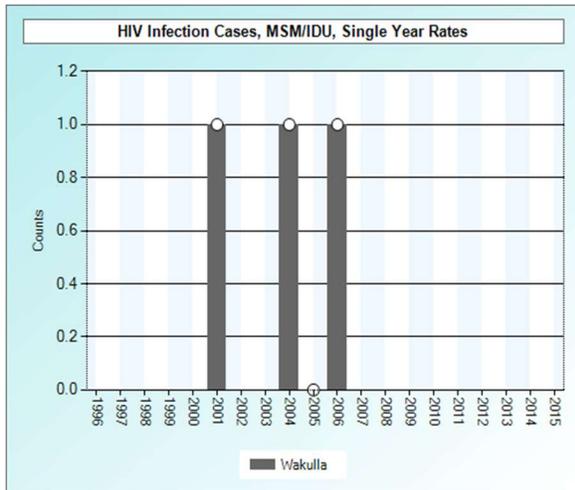


Figure 46: HIV infection cases for men who have sex with men and injection drug use, 1996 – 2015 Florida CHARTS (TA-48)

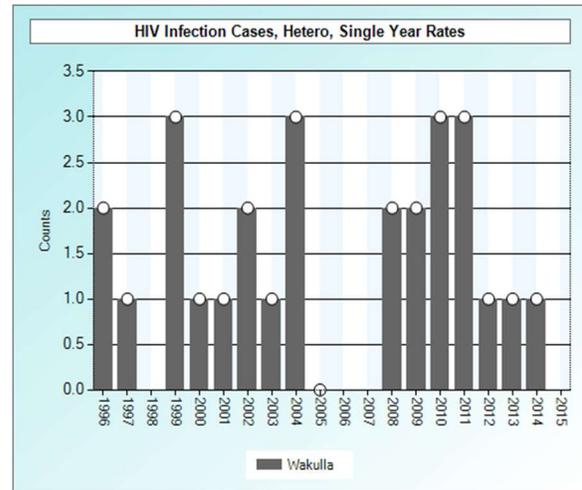


Figure 47: HIV infection cases for hetero sexual individuals, 1996 – 2015 Florida CHARTS (TA-49)

Overweight and Obesity

Obesity increases the risk of diseases and health problems, for example, heart disease, diabetes and high blood pressure. The primary causes are:

- Inactivity
- Unhealthy diet and eating habits

Overweight and obesity are calculated using self-reported height and weight to create a body mass index (BMI) score. A BMI of 25 to 29.9 is overweight, while a BMI of 30 or greater is obese.

Among youth, overweight is defined as having a BMI that was greater than the 85th percentile and less than the 95th percentile among students of the same age and gender. Obesity is defined as having a BMI that was greater than the 95th percentile among students of the same age and gender.

Among Wakulla County residents who responded to the 2013 BFRSS survey, 45.6% of White males and 30.2% of White females indicated they were overweight with the highest age group being 45-64 years of age. The percentage who said they were obese was – 31.6 White males and 35.6 White females with the highest age group being 65 & Older. The percentages of Wakulla County adults who had a healthy weight came primarily from the 18-44 age group with 21.7% being White males and 32.2% being White females.

These results may be found to have a link to access to food and lifestyle (sedentary or insufficient activity). BRFSS responses indicate that individuals 45 to 64 years of age classified their physical activity as sedentary, inactive, or insufficient. Older respondents (65 & Older) indicated they met the aerobic recommendations and younger respondents (18-44) said they met muscle strengthening recommendations. The 18-44-year-old group was the highest age group indicating that they consumed five or more servings of fruits or vegetables per day.

Research has linked social and economic factors to obesity. Being active can be difficult in areas that are not safe or does not have sufficient lighting. For some, there is a lack of

knowledge on healthy cooking, managing a food budget, or even the social circle with its activities.

The 2013 BRFSS shows the highest annual income responding to items related to consumption of fruits and vegetables and meeting the muscle strengthening recommendations was less than \$25,000 and 18-44-year-old group.

Sexually Transmitted Diseases

Sexually transmitted diseases are among the most common infectious diseases in the United States today. More than 20 STDs have been identified. Diseases include bacterial STDs, Chlamydia, Congenital Syphilis, Early Syphilis, Gonorrhea, and Infectious Syphilis.

The table below provides information on sexually transmitted infections for years 2011 to 2015. Bacterial STDs and Chlamydia have experienced a continuous increase since 2013. Gonorrhea shows an increase from 2014 to 2015, 12 to 21 cases, respectively.

Table 27: Sexually transmitted infection for bacterial STDs, Chlamydia, Early Syphilis, Gonorrhea, Infectious Syphilis, and Total for Gonorrhea, Chlamydia and Infectious Syphilis, by age groups, 2011 - 2015

Infection	Age Group	2011	2012	2013	2014	2015
Bacterial STDs	15 to 34	211	92	50	74	90
	15-19	49	45	20	33	62
	15-24	116	91	58	70	114
Chlamydia	All ages	142	110	81	104	139
	15-19	39	36	14	27	41
Early Syphilis	All ages	0	0	1	1	0
Gonorrhea	All ages	17	14	5	12	21
	15-19	2	5	0	1	4
Infectious Syphilis	All ages	0	0	1	0	0
Total Gonorrhea, Chlamydia & Infectious Syphilis	All ages	159	124	87	116	160

No cases of Congenital Syphilis for the period.

Stroke

A stroke occurs when the blood supply to part of the brain is suddenly interrupted or severely reduced, depriving brain tissue of oxygen and nutrients. Time is critical because within minutes, brain cells can begin to die.

According to Mayo Clinic (website), a stroke may be caused by a blocked artery or leaking or bursting of a blood vessel. Many factors increase the risk of stroke. In addition to personal or family history, they include being 55 or older, race (African-Americans have a higher risk), and gender (men slightly more than women).

Other factors that can increase the chance of having a heart attack. Some risk factors may be treatable, including lifestyle:

- Being overweight or obese
- Physical inactivity
- Heavy or binge drinking
- Use of illicit drugs such as cocaine and methamphetamines

In addition to lifestyle factors, there are medical factors:

- High blood pressure
- Smoking or exposure to secondhand smoke
- High cholesterol
- Diabetes
- Obstructive sleep apnea
- Cardiovascular disease.

The trend in hospitalizations has remained relatively flat for the period 2010 to 2014 (Figure 48). However, if 2010 and 2011 were removed, there would be a slight increase in hospitalizations.

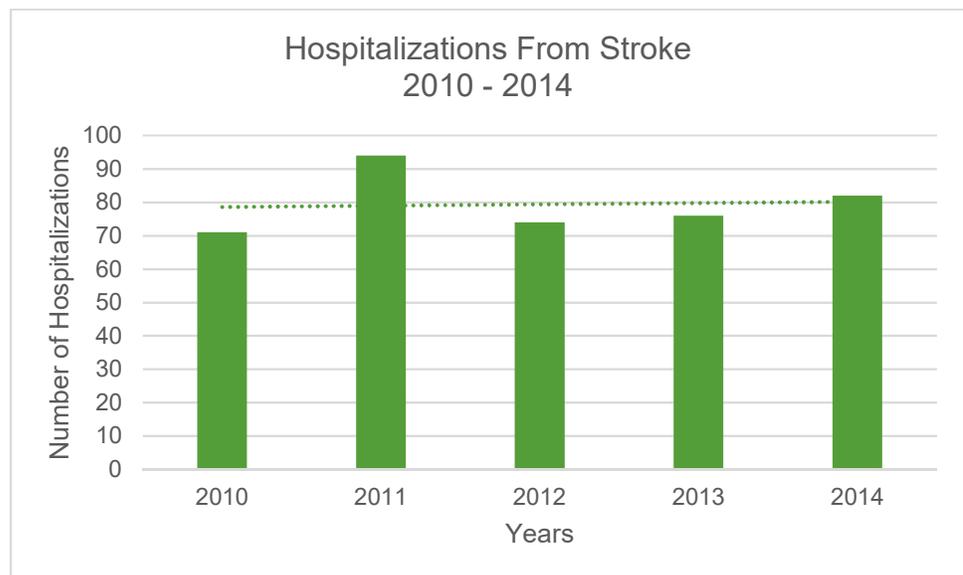


Figure 48: Hospitalizations Resulting from Stroke, 2010 – 2014
Florida CHARTS (TA-50)

Stroke Deaths: Years of Potential Life Lost due to stroke death before 75, showed a decline for the same period 2010 to 2014; however, when data for 2015 was added to the graph with a trendline, the slope of the line changed dramatically from downward to upward.

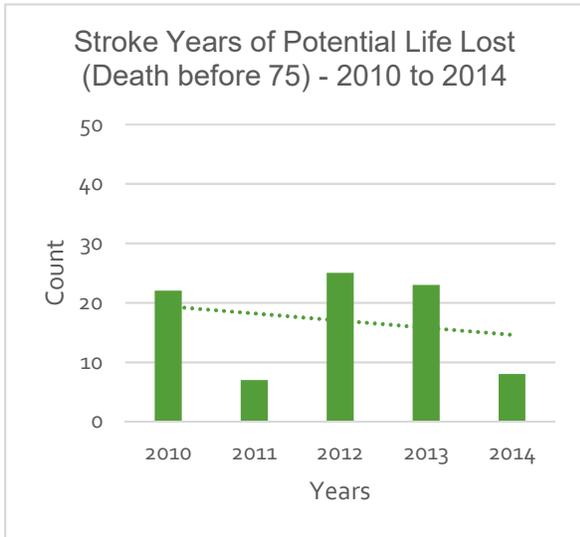


Figure 49: Years of Potential Life Lost due to death from stroke before age 75, 2010 – 2014 Florida CHARTS (TA-51)

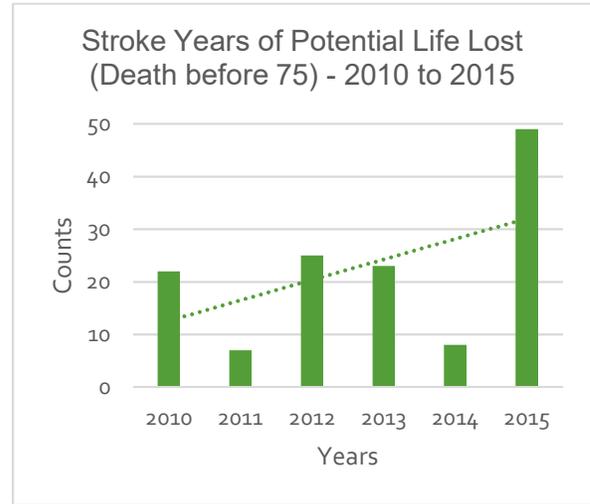


Figure 50: Years of Potential Life Lost due to death from stroke before age 75, 2010 – 2015 Florida CHARTS (TA-51)

Health Factors

Health factors consider the influences that impact the health of a community. Residents of a community are healthy or not because of their circumstances and environment. The County Health Rankings considers four types of health factors: health behaviors, clinical care, social and economic factors, and physical environment. The World Health Organization uses a similar set of factors (determinants of health) – social and economic environment, physical environment, and person's individual characteristics and behaviors. Individuals are unlikely to be able to control many of the determinants of health. Many of these factors or determinants have been addressed early in this document.

Access to Foods

Between 2010 and 2013, there was a minor reduction in the percent of the population living with a ½-mile radius of a fast food restaurant from 8.26 to 8.12 (Florida Public Health Tracking System). Similarly, using a list of all licensed grocery stores, supermarkets, and registered produce stands, the estimate of the total population living within ½ mile radius of the food source was calculated. At this time, data is only available for 2010 and 2013. The percentage for 2010 was 6.08 and the 2013 was 4.57 percent. This is a 1.51 percentage decrease in the population that lives within a ½ mile radius of a food source.

Health Resources and Access to Health Care

Availability of health resources considers factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the health resources category includes measures of access, utilization, and cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.

Access to health resources is often impacted by an individual's health insurance coverage. Health insurance may be obtained privately through an employer or purchased independently. Individuals who meet specific eligibility requirements may also qualify for government subsidized or other publicly funded health coverage programs such as Medicare, Medicaid, Military and/or VA benefits. There are also those individuals who are uninsured, including full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford the cost for adequate coverage.

Health Care Insurance Coverage

Data reported by the U.S. Census Bureau from the 2015 Small Area Health Insurance Estimates indicate that as many as 12.9% of Wakulla County residents (18 to 64) were uninsured at that time among all races, age groups, and genders. This is down from the 2011 percentage of 21.3%.

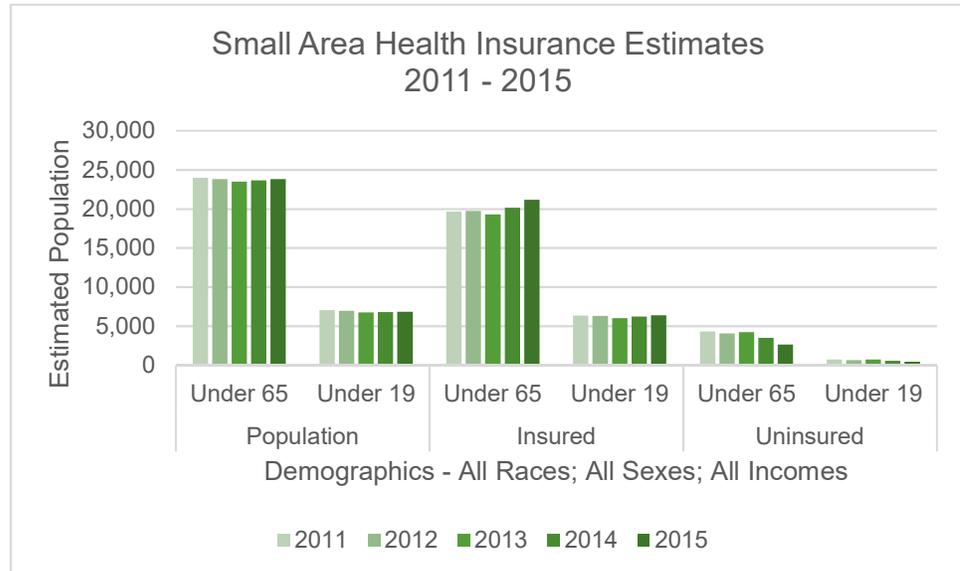


Figure 51: Small Area Health Insurance Estimate by population, insured, and uninsured for all races, sexes, and incomes, 2011 – 2015
U.S. Census Bureau (TA-52)

Health care coverage has seen many changes since the Affordable Care Act was enacted in March 2010. The Economic Impacts of Extending Health Care Coverage in Florida (March 2013) by the Florida Hospital Association indicates that uninsured population under 65 years of age is 2,857.

In the 2013 county-level BRFSS, 82.5% of Wakulla County residents responded that they had health care insurance coverage, which is better than the statewide percentage of 77.1%. Additionally, 83.5% of men reported having health care insurance and 81.4% of women.

When looking at some socio-economic factors, 95.8% had an annual income over \$50,000, 90.7% had more than a high school or GED education, and 99.1% were 65 and older. Likewise, 80.9% of persons making less than \$25,000 per year reported having health care insurance. Individuals with less than a high school education had health care insurance 68.6% at the time of the survey.

Medicare and Medicaid

Medicare – In the United States, Medicare is a single-payer, national social insurance program administered by the federal government. This program provides federal health insurance for people 65 or older and some younger people with disabilities, and people with End-Stage Renal Disease.

The different parts of Medicare help cover specific services.

- Medicare Part A (Hospital Insurance) covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care
- Medicare Part B (Medical Insurance) covers certain doctors' services, outpatient care, medical supplies, and preventive services
- Medicare Part C (Medicare Advantage Plans) is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Most Medicare Advantage Plans offer prescription drug coverage
- Medicare Part D (prescription drug coverage) adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

As of February 2017, the Medicare Enrollment Dashboard shows a total of 6,074 people enrolled in Original Medicare and Medicare Advantage & Other Health Plans. The enrollment in March 2016 was 5,961. Prescription Drug enrollment count for February 2017 was a total of 4,396. This was up from March 2016 enrollment total of 4,269.

A screenshot of a portion of the Medicare Enrollment Dashboard provides a graph of the enrollment counts over the past five years. Though the Prescription Drug Plans seemed to have leveled or declined slightly, the Medicare Advantage Prescription Drug Plans appear to show an increase (up-swing) in enrollment.

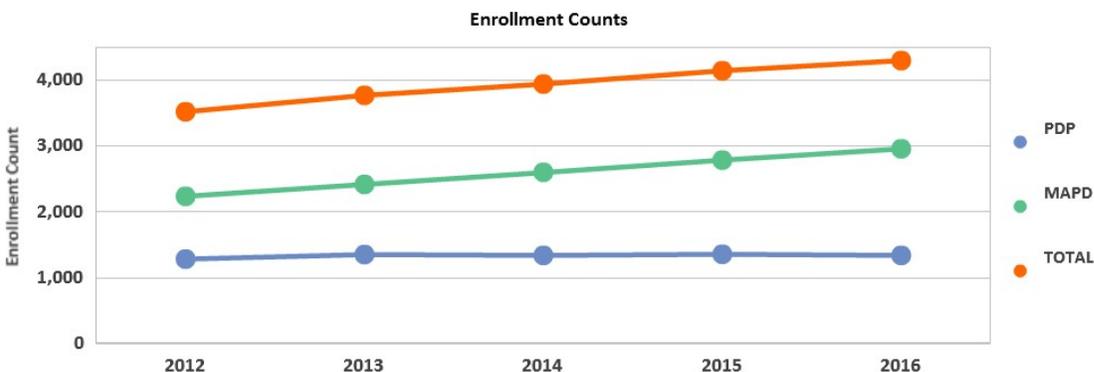


Illustration 5: The illustration above was captured from the Medicare Enrollment Dashboard, as of February 2017. It shows the enrollment in the various Medicare products available to those age 65 and older.

Medicaid – Generally, health care services are provided through a managed medical assistance (MMA) program. MMA is comprised of several types of managed care plans, such as health maintenance organizations (HMOs), provider service networks, and Children’s Medical Services network. Wakulla County is assigned to Region 2 which covers 14 counties in the Big Bend/Panhandle Area. Additional information can be found in the Technical Appendix. Standard plans are available in this region from Prestige and Staywell.

Most Medicaid recipients must enroll in the MMA program. However, there are some exceptions:

- Other creditable health care coverage, excluding Medicare;
- Eligible for refugee assistance;
- Residents of a developmental disability center;
- Enrolled in the developmental disabilities home and community based services waiver or Medicaid recipients waiting for waiver services;
- Children receiving services in a prescribed pediatric extended care center; and
- Recipients residing in a group home facility licensed under Chapter 393.

In addition to those who are not required to participate, there are individuals who are not eligible to participate. They include,

- Women who are eligible only for family planning services
- Women who are eligible through the breast and cervical cancer services program
- Persons who are eligible for emergency Medicaid for aliens
- Dual eligible recipients whose Medicaid benefits are limited (partial duals) Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Individuals
- Persons who are eligible for the Medically Needy program

A February 2016 report from the Agency for Health Care Administration for the number of Medicaid eligible by age, including MediKids A, MediKids B, and MediKids C is presented in the table below. The total for all ages in 2016 was 6,025. When the report for January 2017 was reviewed, the total for all ages had dropped to 4,660.

Table 28: Number of Medicaid eligible individuals by age, February 2016 and January 2017.

Date	Ages									
	0-5	6-10	11-18	19-20	21-35	36-59	60-64	65-74	75-84	85+
2/2016	899	695	1102	116	622	717	121	210	131	65
1/2017	902	696	1101	98	591	711	135	227	134	65

The table below (Table 28) provides the minimum covered services under the MMA program.

Table 29: Managed Medical Assistance Program Covered Services

Advanced registered nurse practitioner services	Laboratory and imaging services
Ambulatory surgical treatment center services	Medical supply, equipment, prostheses and orthoses
Assistive Care Services	Mental health services
Birth center services	Nursing care
Chiropractic services	Nursing facility services for enrollees under the age of 18 years
Dental services	Optical services and supplies
Early periodic screening diagnosis and treatment services for recipients under age 21	Optometrist services
	Physical, occupational, respiratory, and speech therapy
Emergency services	Podiatric services
Family planning services and supplies (some exception)	Physician services, including physician assistant services
Healthy Start Services (some exceptions)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services

Plans must have a sufficient provider network to serve the needs of their plan enrollees, as determined by the State. MMA plans may limit the providers in their networks based on credentials, quality indicators, and price but they must include certain providers sufficient to serve the needs of their plan enrollees. In addition, plans must include the following statewide essential providers:

- Faculty Plans of Florida Medical Schools
- Regional Perinatal Intensive Care Centers
- Specialty Children’s Hospitals
- Health Care Providers serving Medically Complex Children, as determined by the State

Emergency Department Visits and Hospitalizations

The rate of emergency department (ED) visits per 1,000 population for Wakulla County residents is 441.8, per 2015 Emergency Department Utilization Report, produced by the Agency for Health Care Administration. Visits are classified by the county of residence for each patient, not the county in which the facility is located.

The following table shows the top ten most commonly diagnosed medical conditions for outpatient ED visits (not requiring hospitalization) for all ages. Outpatient ED visits result is the highest costs for services. While this data presents statewide percentages and mean charges, it can help to inform activities to educate residents on the costs associated with using the emergency department.

Table 30: Top 10 Emergency Department Diagnosed Medical Conditions Outpatient Services, percentage of visits and the mean costs associated with provision of services

Outpatient Condition	Percentage of ED Visits	Mean Charges
Other upper respiratory infections	5.34%	\$2,012
Abdominal pain	5.06%	\$8,638
Sprains and strains	4.85%	\$3,791
Superficial injury; contusion	4.68%	\$4,058
Nonspecific chest pain	3.83%	\$11,931
Spondylosis; intervertebral disc disorders; other back problems	3.71%	\$4,467
Skin and subcutaneous tissue infections	2.81%	\$2,579
Urinary tract infections	2.80%	\$5,868
Other injuries and conditions due to external causes	2.75%	\$5,185
Open wounds of extremities	2.35%	\$2,775

Data for Preventable Hospitalizations: Preventable hospitalizations (ambulatory care sensitive conditions) are conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or conditions. Hospitalizations of this type cause a strain on health care resources and increase the overall cost of care.

Some examples of the types of events that are reported included are:

- Congenital Syphilis
- Vaccine Preventable Conditions
- Iron Deficiency Anemia
- Bacterial Pneumonia
- Dehydration

Table 31: Number of Preventable Hospitalizations for individuals under age 65, all conditions, 2008 – 2014

Preventable Hospitalizations Under 65 from All Conditions, Single Year Counts

	Wakulla	Florida
Year	Count	Count
2014	250	192,066
2013	267	190,690
2012	283	189,237
2011	275	189,967
2010	276	189,282
2009	248	188,891
2008	196	177,081

A complete list can be found in the Technical Appendix (TA-53).

Healthcare Workforce

A summary of the 2016 Physician Workforce Annual Report (see Technical Appendix for full report), 67,951 physicians, is provided below:

- Nearly two-thirds are 50 years of age and older.
- Thirteen percent plan to retire in the next five years.
- Primary care physicians comprise 33.3% of the physician workforce. Most primary care physicians are over age 40, with the highest percentage age 60 and older
- More physicians are accepting new Medicare patients (82%) than new Medicaid patients (62.7%)

Small, rural county licensed, practicing physicians located in the Big Bend/Panhandle Area of Florida (Jackson, Calhoun, Gulf, Gadsden, Wakulla, Dixie, Baker, and Desoto) had the largest percentage of physicians who reported that they are planning on retiring in the next five years.

Medical Providers

Before there can be access to health care, there must be a healthcare workforce. The primary care workforce is made up of physicians (pediatricians, family practice, and internal medicine), nurse practitioners and physician assistants. Primary care is also provided by some specialists, particularly obstetricians and gynecologists.

The table below provides by year the active total physicians and practitioners for several specialty areas indicating a Wakulla County address from FLHealth CHARTS. With a population estimate of slightly over 30,000, the ratio of physicians to residents is less than 1 physician to nearly 1,900 individuals.

Table 32: Number of physicians providing an address located in Wakulla County from Florida CHARTS, Division of Medical Quality Assurance data

	Total Physicians	Family Practice Provider	Internists	Pediatricians	GYN/OB
FY 08-09	5	2	0	0	0
FY 09-10	9	3	1	0	0
FY 10-11	15	6	1	0	0
FY 11-12	16	6	1	0	0
FY 12-13	16	5	1	0	0
FY 13-14	11	4	0	0	0
FY 14-15	17	3	1	0	0
FY 15-16	14	2	1	0	0

Though medical services are provided in Wakulla County by two hospital affiliated health care clinics, a federally qualified health center, a limited number of independent providers and the local health department, most of the counties in the region are experiencing a decline in the number of physician (see table below), the exceptions are Franklin and Liberty.

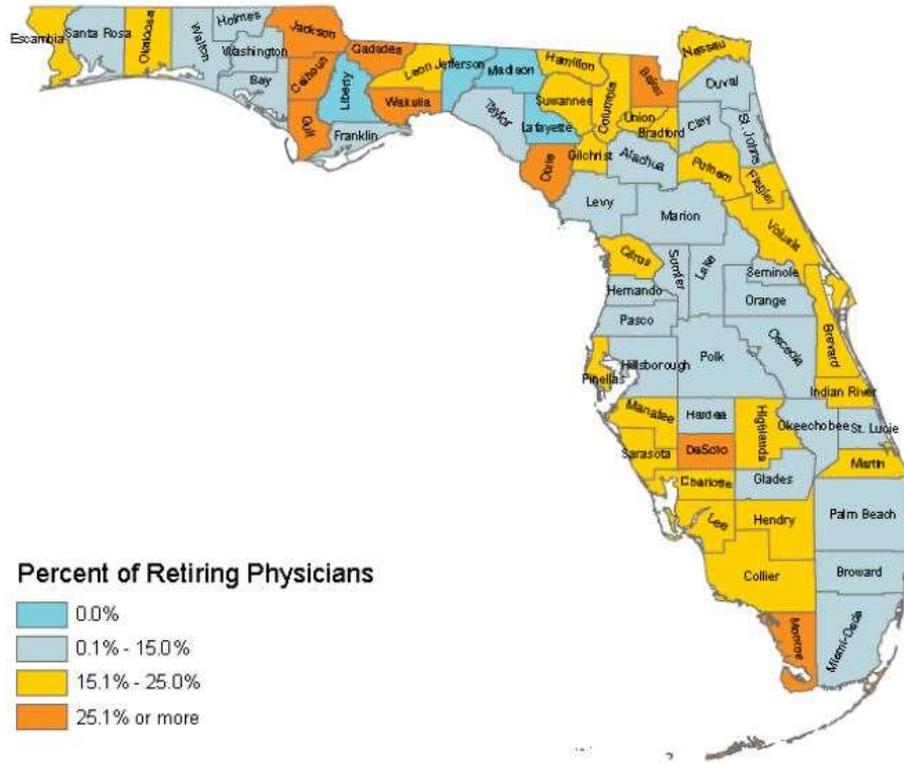
Table 33: A comparison of the number of Licensed Physicians (active license) for the region, Florida CHARTS, Division of Medical Quality Assurance

Total Licensed Physicians - Individuals with active physicians' licenses								
FY	Wakulla	Franklin	Gadsden	Jefferson	Leon	Liberty	Madison	Taylor
08-09	5	10	51	6	681	1	7	17
09-10	9	8	28	6	660	2	3	12
10-11	15	7	27	7	706	1	8	20
11-12	16	5	24	6	722	0	8	18
12-13	16	5	20	6	747	0	7	19
13-14	11	8	36	8	803	1	9	17
14-15	17	7	22	7	801	0	4	13
15-16	14	8	20	7	793	2	0	10

The map below was taken from the 2016 Physician Workforce Report (November 2016). The counties shaded with the orange color are expected to have a more than 25 percent loss of physicians in the next five years.

The complete report is available in the Technical Appendix (TA- 54)

Figure 20: Florida's Physicians Planning to Retire in the Next Five Years
2015 – 2016



This map illustrates the percentage of licensed, practicing physicians in each county who reported that they are planning on retiring in the next five years. Of the 45,746 licensed, practicing physicians 6,282 (14.2%) said that they were planning on retiring.

Illustration 6: Figure 20: Florida's Physicians Planning to Retire in the Next Five Years 2015-2016 from the 2016 Physician Workforce Report, published in November 2016

Dental Providers

Research indicates that good dental care impacts a person's overall health. The number of individuals with an active license to practice dentistry and indicating Wakulla County as their practice address has remained constant at 4 since the reporting period of fiscal year 2008-2009. Data for licensed dental hygienists was only available for 2014 and 2015, which was 26 and 25, respectively.

Neighborhood and Built Environment

Air Quality

Air quality monitors the air pollution in the area. While air pollution is usually considered a problem in the cities, it occurs everywhere. Pollutants include various gases and tiny particles; they may be gases, liquids, or solids. Data for air quality looks at ozone, particulate matter (PM 2.5), and busy roadways.

Limited data is available regarding air quality in Wakulla County. Currently, there is one air monitoring site (St. Marks Wildlife Refuge) which monitors ozone and particle pollution daily.

Housing

Research has shown that housing can play an important role in health. Housing considerations include year built, type of heating, lacking complete plumbing, and availability.

According to the U.S. Census Bureau data for 2000, the number of housing units was 12,851. Of these units,

- 0.40 percent lacked complete plumbing
- 451 were constructed prior to 1950
- 17.66 were reported vacant
- 22.10 were built between 1950 and 1979

Census, Quick Facts provided the following housing information

- 74.8% owner-occupied
- Median value of owner-occupied housing was \$122,200 (2011-2015)
- Building permits 136 (2015)
- Median gross rent, 2011-2015 was \$827

There are 3 low income housing apartment complexes (2 in Panacea; 1 in Crawfordville) with a total of 98 subsidized apartments for rent. In Wakulla County, the fair market rents range from \$635 to \$1,229. To qualify for low income housing, a family of four generally earns less than \$31,050.

Land Use Planning and Development

Community availability and access to parks and trails can contribute to various health issues, such as heart disease, diabetes, and obesity/overweight. This often requires local policies or ordinances that require specific amenities. The Community Themes and Strengths Assessment data indicated safety concerns about the availability of sidewalks.

The Wakulla County Building Department website provides information on construction requirements and fees. The Building Department is primarily responsible for administering and enforcing the Florida Building Codes, Florida Fire Prevention Code and the adopted Ordinances of Wakulla County.

Changes to Ordinances are noticed through the local newspaper of general circulation and on the Wakulla County website. In 2015, Ordinance 2015-15 was approved by the Board of County Commissioners. This Ordinance established standards for sidewalks.

The requirements are outlined below:

- Crawfordville Area District. New subdivisions within the Crawfordville Area District shall provide access sidewalks in accordance with Section 5-62(9) of this Code.
- Outside of the Crawfordville Area District. New subdivisions located outside of the Crawfordville Area District shall provide public access sidewalks on at least one side of the street when the average lot size is less than 1 acre in size.

Note: Section 5-62(9) provides regulations for the Crawfordville Area District. Also of interest is that as the county seat is unincorporated.

The Florida Environmental Public Health Tracking system shows the population of residents living within a ten-minute walk of an off-street trail system has declined from 8.13 in 2010 to 8.08 in 2013. When data for the population that live within a ten-minute walk (1/2 mile) of a park was identified, only 2010 was available. In 2010, this was 5.57 percent of the population. However, several parks have been added or refurbished in the past few years.

Water Quality

The Florida Department of Health-Wakulla is responsible for monitoring and reporting for beach sampling and on-site sewage disposal systems (i.e., septic tanks)

- Beach water quality sampling occurs weekly. Samples check the level of fecal coliform and enterococci bacteria. In Wakulla County, samples are taken at Shell Point and Mashers Sands. If samples indicate high bacterial counts at any time, the beach will be posted with warning signs; signs remain until bacteria levels have returned to acceptable limits.
- Onsite Sewage Treatment and Disposal Systems (OSTDS) are a safe and effective means of wastewater disposal. Properly designed, constructed, and maintained systems protect Florida's ground water, which provides the majority of Florida's drinking water. The intent of the program is to provide sufficient sewage treatment while preserving the Florida Aquifer. This program has specific guidelines for the installation of the systems. Each system is specific to the site and soils found, along with the size and intended use of the structure.

FORCES OF CHANGE ASSESSMENT

Forces of Change is used to identify forces and associated opportunities and threats that can affect, now or in the future, the community and local public health system. The forces can be trends, factors, or events, which may be occurring locally, regionally, at the state-level, or nationally.

To conduct the Forces of Change Assessment, community leaders and partners were invited to participate in the Forces of Change Assessment on March 28, 2017. Several invitations were hand delivered by the local health department. A diverse group of leaders and community partners attended representing local government, employers, faith-based organizations, colleges and universities, and others from the public health system.

The group brainstormed strengths, weaknesses, opportunities, and threats using a set of questions developed using items from the MAPP User's Handbook. Responses were written on post-it note paper and attached to large flip chart sheets. The questions were:

- What has occurred recently (within the past year/12 months) that may affect our local public health system or community?
- What may occur in the future?
- Are there any trends occurring that will have an impact?
- What forces are occurring that you are aware of locally? Regionally? State-level? Nationally?
- What characteristics of our local or state jurisdiction may pose an opportunity or threat?
- What may occur that may pose a barrier to achieving the shared vision of a healthier Wakulla County?

In addition to attendance, community leaders and partners were offered the option of providing responses via an electronic survey. The electronic survey responses were included in the discussion.

Once the responses were gathered, a review of the responses by question was conducted and a request was made for anything that was missing. During this period, there was discussion about the impact of some of the forces identified. Next, the participants identified five major categories to guide creation of the summary. The categories are:

1. Personal Health
2. Environmental Change & Response
3. Economic Development
4. Infrastructure
5. Political Leadership

Responses to the questions were summarized and incorporated into one or more of the categories. The focus has been placed on threats posed and opportunities created. Original responses will be retained for use by community health improvement plan workgroups.

Table 34: Summary of comments received as part of the Forces of Change Assessment conducted March 28, 2017

Forces	Impact Threats Posed	Potential Opportunities Created
<i>Personal Health – Population Dynamics</i>	<ul style="list-style-type: none"> • Changes in insurance coverage, programs, and availability/access to services; • Lack of local awareness about mental, behavioral, and emotional issues citizen suffer from – willful ignorance in some cases; • Lack of funding from federal and state government to assist local government in meeting needs; • Local policy changes related to health; • Uncertainty that medical care is available to those with need 	<ul style="list-style-type: none"> • Increase community involvement and collaboration with members of the local public health system (business, government, faith-based organizations, civic groups, etc.); • Engage faith-based community; • Desire of youth for information on various social media and health topics; • Increase education on needs for a proactive rather than reactive approach of personal health
<i>Environmental Change & Response</i>	<ul style="list-style-type: none"> • Changes in regulations and/or funding for environmental issues (oyster fishing, fracking, oil drilling, waterway, floodplain management; • Climate change and the introduction of tropical diseases; emerging pathogens 	<ul style="list-style-type: none"> • Educate those regulated on fiduciary responsibility and impact on employees, community, and environment; • Local government listening to community issues/concerns
<i>Economic Development – Community Growth</i>	<ul style="list-style-type: none"> • Loss of jobs; • Decrease in tax revenue and local services; • Availability of unhealthy eating options; • Urbanization 	<ul style="list-style-type: none"> • Planning and zoning to meet economic and local needs; • Increase in opportunities for recreation; • emphasis on eating local food and making health decisions;

Forces	Impact Threats Posed	Potential Opportunities Created
<i>Infrastructure – Communication</i>		<ul style="list-style-type: none"> • Citizens meet and share about community issues
	<ul style="list-style-type: none"> • Perceived lack of communication between various agencies; • Community engagement in decisions impacting community 	<ul style="list-style-type: none"> • Expansion of communication methods; • Enlist community partners to provide information for healthy community (low crime, high graduation rates, etc.);
<i>Infrastructure – Building & Construction</i>	<ul style="list-style-type: none"> • Changes in statutes impacting local authority; • Potential to outgrow infrastructure; • Loss of local businesses and community services 	<ul style="list-style-type: none"> • Explore local options regarding infrastructure and the maintenance; • Options for increasing a more walkable community (not just parks); • Communicate using local utilized social media platforms
<i>Political Leadership – Political Environment at all levels of government</i>	<ul style="list-style-type: none"> • Federal budget cuts or elimination of various programs and block grant options; • Regional impact of school choice; state legislative changes to local rule; • Local implementation of new statutes; • Impact of crime on the community 	<ul style="list-style-type: none"> • Participation in new health initiatives from state; • Expansion of services provided by licensed professionals; • Involvement of non-profits in providing services in collaboration with employers and government agencies

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The standards for the Local Public Health System Assessment describe the optimal level of performance rather than provide minimum expectations. This is intended to be used for continuous quality improvement by serving as a guide for learning about public health activities throughout the system and determine how to make improvements.

The LPHS is designed around the 10 Essential Public Health Services.

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partners to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

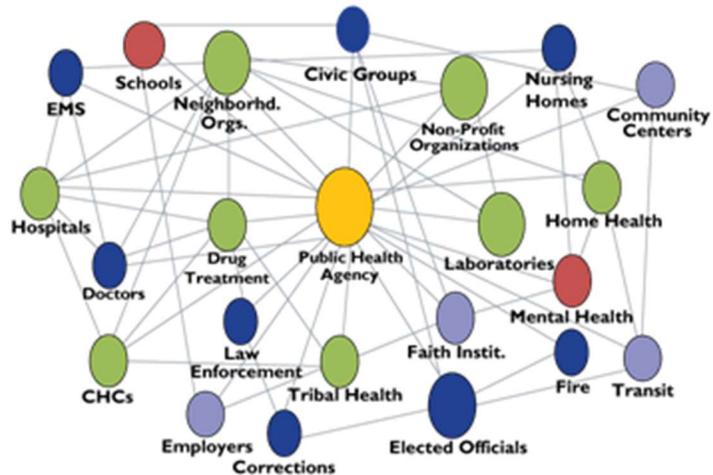


Illustration 7: Depicts the relationship between the various community partner organizations for the local public health system

As part of an integrated public health system in Florida, the Department of Health – Wakulla shares responsibility with the State Health Office for the performance in activities related to the 10 Essential Services. A complete listing of the 10 Essential Public Health Services is provided in the Technical Appendix (TA-55).

This shared responsibility was evident when the LPHS Assessment was discussed with community partners on April 17, 2017. Prior to the face-to-face meeting, community partners were asked to rate their knowledge of the local public health system activities using a scale of

- No Activity
- Minimal
- Moderate
- Significant
- Optimal
- No Knowledge

Staff from the local health department and members of the Advisory Group reviewed the initial responses provided by members of the Wakulla Wellness Task Force (community partners), discussed activities in the community, and came to consensus regarding the Local Public Health System and the work of the local health department.

Using the scale, several local areas were identified as opportunities for improvement for the local health department. Items scoring less than significant or optimal are listed below.

- **Essential Service 1 – Monitor Health Status**
Activities related to the development, communication, use and update of the community health assessment
- **Essential Service 3 – Inform, Educate, Empower People About Health Issues**
Provide policymakers, stakeholders, and the public with ongoing analysis of community health status and related recommendations for health promotion policies; Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities.
- **Essential Service 4 – Mobilize Community Partnerships to Identify and Solve Health Problems**
Follow an established process for identifying key constituents related to overall public health interests and particular health concerns; assess how well community partnership and strategic alliances are working to improve community health
- **Essential Service 5 – Develop policies and plans that support individual and community health**
Ensure that the local health department has enough resources to do its part in providing Essential Public Health Services; contribute to public health policies by engaging in activities that inform the policy development process, alert policymakers and the community of the possible public health effect (both intended and unintended) from current and/or proposed policies, connect organizational strategic plans with the CHIP.
- **Essential Service 6 – Enforce laws and regulations that protect health and ensure safety**
Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances, participate in changing existing laws, regulations, and ordinances, and/or creating new laws regulations, and ordinances to protect and promote public health, provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances.
- **Essential Service 7 – Link People to Needed Services**
Define partner roles and responsibilities to respond to the unmet needs of the community, coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need (lack of capacity)
- **Essential Service 8 – Assure a Competent Public and Professional Workforce**
Base the hiring and performance review of members of the public health workforce in public health competencies (locally), develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases, continually train the public health workforce to deliver services in a cultural competent manner and understand the social determinants of health, provide access to formal and informal leadership development opportunities for employees at all organizational levels (locally)

- **Essential Service 9 – Evaluate the effectiveness, accessibility and quality of personal and population-based health services**

Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury, use evaluation findings to improve plans, processes, and services, identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services, evaluate how well LPHS activities meet the needs of the community at least every 5 years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services, assess how well the organizations in the LPHS are communicating, connecting, and coordinating services, use results from the evaluation process to improve the LPHS

- **Essential Service 10 – Conduct research for new insights and innovative solutions to health problems**

Activities related to or promotion of research for new insights and innovative solutions to health problems at all levels of the integrated public health system in Florida (universities, state health office, etc.)

IDENTIFICATION OF PRIORITY AREAS

On April 24, 2017, the Advisory Group met to determine the priority areas that would move forward for development of the community health improvement plan. Prior to selection, a brief review of the summary of the LPHS Assessment results was provided with an explanation of how this information would be used by the local health department.

Using a summary matrix (TA-56), the Advisory Group discussed the results of the Community Themes and Strengths, Community Health Profile, and the Forces of Change Assessments.

Using Healthy People 2020 Social Determinants of Health, the Advisory Group prioritized areas to be addressed in the Wakulla Wellness Plan (a.k.a. Community Health Improvement Plan). In order of priority the areas are:

Issue Area 1: Neighborhood and Built Environment

Issue Area 2: Economic Stability

Issue Area 3: Social and Community Context

In addition, the Advisory Group felt that two remaining other social determinants of health, Education and Health and Health Care, would be impacted by spillover from activities to improve the three areas selected.

LIST OF SUPPORTING DOCUMENTATION

These documents provide detailed information. Supporting documents can be found in the Technical Appendix.

TA #	Description
1a	Community Themes and Strengths Assessment – paper version
1b	Community Themes and Strengths Assessment – electronic version with results
2	2013 Behavioral Risk Factor Surveillance Survey
3	2017 Asset Limited, Income Constrained, and Employed (ALICE) Report
4	Figure 1 – Median Household Income 2011 – 2015
5	Figure 2 – Families Below Poverty Level 2011 – 2014
6	Figure 3 – Individuals Below Poverty Level 2011 – 2015
7	Figure 4 – Individuals Under 18 Below Poverty Level 2011 – 2015
8	Figure 5 – Individuals Over 65 Living Below Poverty Level 2010 – 2015
9	Figure 6 – Families with Related Children under 5 Below Poverty 2010 – 2014
10	Figure 7 – Families with Female Householder (no husband present) Below Poverty Level 2010 – 2014
11	Figure 8 – Families with Female Householder (no husband present) with Related Children Under 5 Years Below Poverty Level 2010 – 2014
12	Figure 9 – Percent of elementary school students eligible for free/reduced lunch 2010 - 2016
13	Figure 10 - Children in School-Readiness Programs Eligible for Free/Reduced Lunch 2010 - 2016
14	Figure 11 – High School Graduation Rate 2010 – 2015
15	Figure 12 – Total Motor Vehicle Traffic Crashes 2011 – 2015
16	Figure 13 – Total Motor Vehicle Traffic Crashes, Alcohol Suspected 2011 – 2015
17	Figure 14 – Child Passengers Injured or Killed in Motor Vehicle Crashes, Ages less than one and one year of age and 1 to 5 fives of age 2011 – 2015
18	Figure 15 – Unemployment Rate, Monthly January 2015 to February 2017
19	2017 County Health Rankings
20	Figure 16 – Resident Death Count 2010 – 2015
21	Figure 17 – Years of Potential Life Lost, Death Before Age 75 (2010 – 2015)
22	Figure 18 – Rate of Adults (18 years of age and older) Limited in Any Activities by Physical, Mental, or Emotional Problems by Age Group 2007 – 2013
23	Figure 19 – Overall Health reported as “fair” or “poor” by age groups 2002 – 2013
24	Figure 20 – Average Unhealthy Physical Days by age group 2007 – 2013
25	Figure 21 – Average Unhealthy Mental Days by age group 2007 – 2013
26	Figure 22 – Poor Mental Health on 14 or More Days of Past 30 days 2007-2013
27	Figure 23 – Births by Year for Low Birthweight Infants (<2500 grams) 2007 - 2017
28	Figure 24 – Total Reportable Disease Cases (Probable and Confirmed) 2011 - 2014 Figure 25 – Total Reportable Disease Cases (Probable and Confirmed) 2012 - 2014
29	Figure 26 – Resident Death Counts by Year (Age <1 to 17) 2012 – 2015
30	Figure 27 – Infant Mortality (within 1 year of life) 2010 – 2015
31	Figure 28 – Frequent Physical Distress - Adults Reporting More Than 14 days of Poor Physical Health Per Month, by age group 2007 – 2013
32	Figure 29 – Female Breast Cancer Incidence 2010 – 2013
33	Figure 30 – Colorectal Cancer Incidence 2010 -2013
34	Figure 31 – Lung Cancer Incidence 2010 – 2013 Figure 32 – Lung Cancer Incidence 2010 – 2015

TA #	Description
35	Figure 33 – Prostate Cancer Incidence 2010 – 2013
36	Figure 34 – Chronic Lower Respiratory Disease (CLRD) Deaths 2010 – 2015
37	Figure 35 – Adults who have ever been told they had diabetes, by age group 2002 – 2013
38	Figure 36 – Preventable Hospitalizations Under Age 65 from Diabetes 2010 – 2014
39	Figure 37 – Diabetes Deaths, Age 45 – 64, Rolling Rate 2008-2010 to 2013-2015
40	Figure 38 – Diabetes Deaths, Age 65 – 100, Rolling Rate 2008-2010 to 2013-2015
41	Figure 39 – Diabetes Deaths, Age 65 – 74, Rolling Rate 2008-2010 to 2013-2015
42	Figure 40 – Diabetes Deaths, Age 75 – 94, Rolling Rate 2008-2010 to 2013-2015
43	Figure 41 – Hypertension Deaths 2010 – 2015
44	Figure 42 – Hypertension Deaths, Years of Potential Life Lost (<75 Years of Age) 2010 - 2015
45	Figure 43 – Hepatitis C, Chronic 2010 – 2015
46	Figure 44 – HIV Infection Cases, MSM 1996 – 2015
47	Figure 45 – HIV Infection Cases, IDU 1996 – 2015
48	Figure 46 – HIV Infection Cases, MSM/IDU 1996 – 2015
49	Figure 47 – HIV Infection Cases, Hetero 1996 – 2015
50	Figure 48 – Hospitalizations from Stroke 2010 – 2014
51	Figure 49 – Stroke Years of Potential Life Lost 2010 – 2014 Figure 50 – Stroke Years of Potential Life Lost 2010 - 2015
52	Figure 51 – Small Area Health Insurance Estimates 2011 – 2015
53	Preventable Hospitalizations, Ambulatory Care Sensitive Conditions, Definitions
54	2016 DOH Physician Workforce Report
55	10 Essential Public Health Services
56	Summary Matrix of Results of Assessments