Community Partner Vision:

"Develop a culture with opportunities that will engage citizens and organizations in becoming a healthier community through collaboration of all community stakeholders."

Revised 09/30/20
Published 10/01/20

2018 Community Health Assessment

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Executive Summary

Acknowledgements:

The 2018 Community Health Assessment was facilitated by the Florida State University College of Social Sciences and Public Policy, Demography Department and Public Health Program. Meeting summaries were written by Angela Peralta, Master of Public Health second year student. The Community Themes and Strengths Assessment was conducted by the FSU Demography Department. The Health Status Assessment was compiled by the Demography Department and updated by Ms. Peralta. The Public Health System Assessment and Forces of Change Assessment were facilitated by the FSU Public Health Program with assistance from the Vanessa Crowther, MPH, from the Department of Health Division of Public Health Statistics and Performance Management.

Community partners participating in these assessments included representatives from the Florida Department of Health in Liberty and Calhoun Counties (led by Rachel Bryant and Susan Chafin), Chipola Healthy Start, Liberty County Emergency Management, Big Bend Area Health Education Center, Calhoun-Liberty Hospital, University of Florida Institute of Food and Agricultural Sciences Extension Office, PanCare of Florida; Big Bend Health Council, Calhoun County Senior Citizens, Liberty County Transit, Apalachee Regional Planning Council, Gulf Coast Sexual Assault Program, CARE, Liberty County Library, and Twin Oaks Juvenile Development Center.

Overview:

The Mobilizing for Action through Planning and Partnerships (MAPP) process is a strategic planning tool that is driven by the community to improve the well-being of the public. The MAPP process shifts how we see public health planning from an agency based, operational planning and medically oriented model to a community based, strategic planning and broad definition of health model.

An important part of the MAPP process includes four assessments:

Community Themes and Strengths Assessment *which is comprised of identifying the issues that the residents of the community deem as the most important along with distinguishing any resources available to aid in improving the health of the community.*

Local Public Health System Assessment *which puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services are being delivered.*

Community Health Status Assessment *which analyses specific data elements (indicators), looking at trends and comparing them to a benchmark (the state of Florida) The*

analysis used the County Health Rankings model that emphasizes the impact of health factors such as behavior, clinical care, social and economic factors and the physical environment on morbidity (length of life) and mortality (quality of life).

Forces of Change Assessment *which focuses on recognizing external forces or factors/trends, both positive and negative, that could affect the health of the community and the local public health system.*

Major findings from the assessments include:

Community Themes and Strengths:

The community felt that the most important characteristics of a great community include:

Calhoun County

- ✓ Access to health services, family doctors, and specialists
- ✓ Good schools/quality education
- ✓ Low number of STDs

Liberty County

- ✓ Access to health services, family doctors, and specialists
- ✓ Good schools/quality education
- ✓ Arts and cultural events

Local Public Health System Assessment:

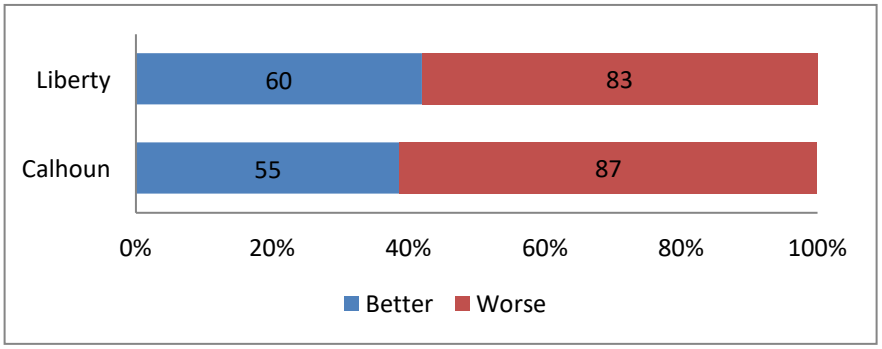
The community members voted that the local public health system performed the strongest as well as needed improvement in the following essential services (ES):

Strongest Performance	Needs Improvement
ES 5: Developing policies and plans that support individual and community health efforts (78.18%)	ES 10: Researching new insights and innovative solutions to health problems (39.17%)
ES 3: Informing, educating, and empowering people about health issues (68.92%)	ES 1: Monitoring health status to identify community health problems (37.12%)
ES 2: Diagnosing and investigating health problems and health hazards (66.56%)	ES 7: Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable (54.81%)

62.7% of the model standards fell within the *Significant Activity* category (greater than 50% but not more than 75% of the activity described within the question is met).

Community Health Status Assessment

Of 144 health indicators, Liberty County was better than the state in 60 of the indicators (42%) and worse than the state in 83 of the indicators (57%) and the same as the state in one of the indicators (1%) Calhoun County performed better than the state in 55 of the indicators (39%), worse than the state in 87 of the indicators (60%) and the same as the state in two of the indicators (1%).



Mental Health/Substance Abuse	Access	Obesity
• 19 related health indicators • Calhoun County performed worse than the state in 10 indicators • Liberty County performed worse than the state in 12 indicators	• 55 related health indicators • Calhoun County performed worse than the state in 29 indicators • Liberty County performed worse than the state in 28 indicators	• 36 related health indicators • Calhoun County performed worse than the state in 29 indicators • Liberty County performed worse than the state in 28 indicators

Forces of Change Assessment

Major forces of change and threats associated with these forces which were identified by community partners include:

Key Forces

- Drug use.
- Lack of activities for the youth.
- Acceptance of fast food as a way of life.
- Sedentary lifestyle.
- Unemployment rate
- Poverty rate
- Budget cuts to Medicaid
- Unknown future for Affordable Care Act
- Telemedicine

Threats

- Crime.
- No access to Narcan.
- There is a lack of interest in change.
- Obesity, heart disease, and diabetes.
- There is a lack of fresh fruits and vegetables.
- There is a lack of personal motivation

Overview and Methodology

The Mobilizing for Action through Planning and Partnerships (MAPP) process is a strategic planning tool that is driven by the community to improve the well-being of the public. The MAPP process shifts how we see public health planning from an agency based, operational planning and medically oriented model to a community based, strategic planning and broad definition of health model.

The six MAPP phases are as follows:

1. Phase 1: Organize for Success and Partnership Development: In this first phase, a structured planning process is developed to efficiently identify, organize and engage community stakeholders.

2. Phase 2: Visioning: The second phase, provides participants an opportunity to create collective vision for the ideal future of the community. The visioning phase is typically completed early in the MAPP process and can be used as a guide for future phases.

3. Phase 3: The Four Assessments

   a. Community Themes and Strengths Assessment -The Community Themes and Strengths Assessment is comprised of identifying the issues that the residents of the community deem as the most important along with distinguishing any resources available to aid in improving the health of the community. A community survey was developed and fielded in Calhoun county between May 10-30, 2016. A total of 241 surveys were completed by residents of Calhoun County and verified by zip code. Surveys to support this assessment were fielded in Liberty County between June 15-18, 2016 at various locations, including grocery and convenience stores, the local ER and doctor's offices. A total of 133 surveys were completed by residents of Liberty County (verified by zip code). The assessment tool and complete response details can be found in Appendices IV - VII.

   b. Local Public Health System Assessment -The Local Public Health System Assessment (LPHSA) puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services (ES) are being delivered. The LPHSA for Calhoun and Liberty Counties was conducted on May 24, 2017 from 9 AM to 12 PM at the Heritage Room of the Calhoun County Library. A total of 22 community partners participated in this assessment. A complete report on the LPHSA can be found in Appendix VIII.

   c. Community Health Status Assessment -. The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues. The review of these data was conducted on July 24 from 1 – 4 PM at the Veteran's Memorial Civic Center with a total of 15 participants. The report of this workshop can be found in Appendix X.

d. Forces of Change Assessment -The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system. This assessment was conducted on July 10th, 2017 from 1:00pm-4:00pm EST in the Liberty County Civic Center. Sixteen community members representing a variety of partners attended the meeting. The report of this workshop can be found in Appendix IX.

4. Phase 4: Identify Strategic Issues -The fourth phase, Identifying Strategic Issues, is where participants create and prioritize a list of the major issues impacting the community. Priority areas were identified immediately following review of the Community Health Status data during the community meeting on July 24 noted above.

5. Phase 5: Formulate Goals and Strategies -During the fifth phase, the participants will formulate multiple goals and strategies for the strategic issues identified and prioritized in the fourth phase.

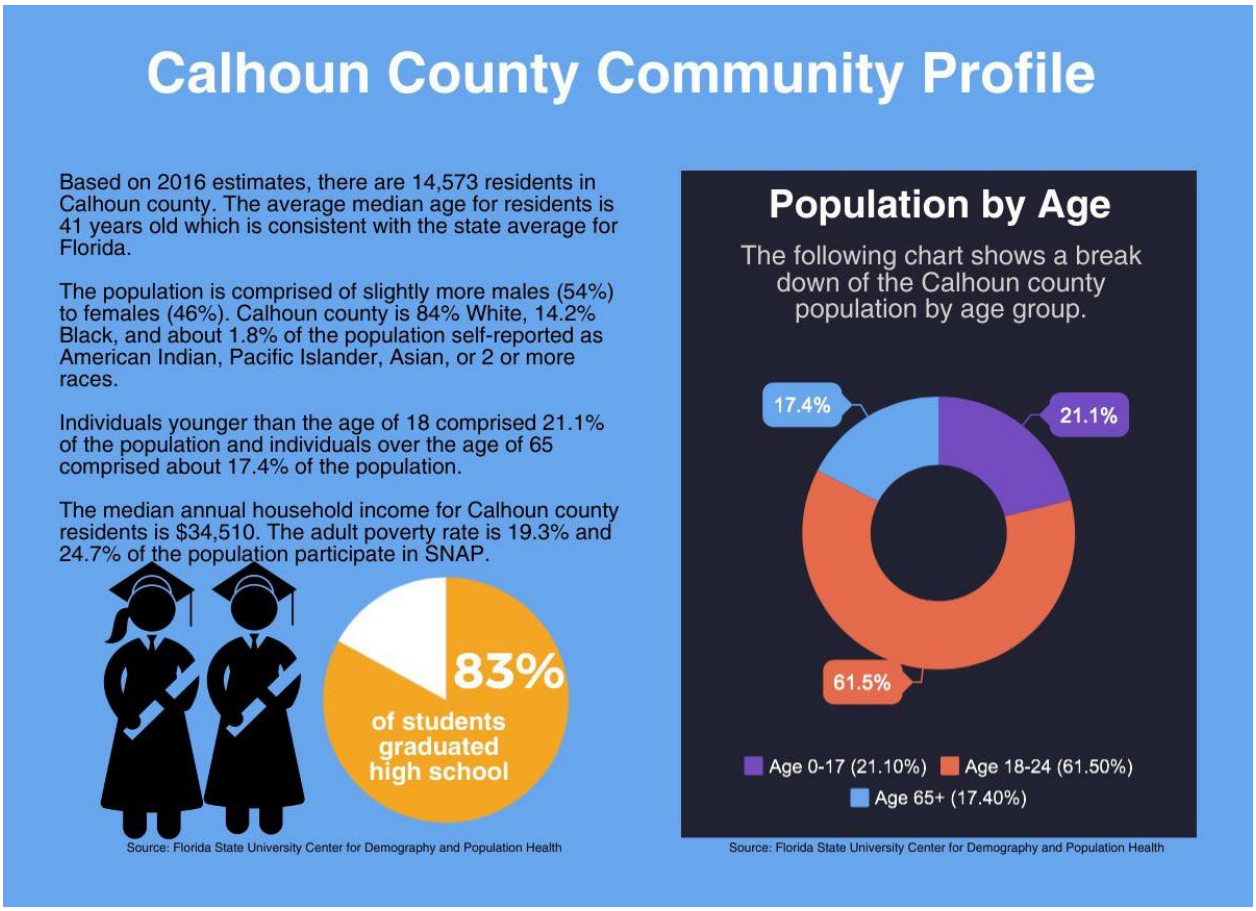
6. Phase 6: Action Cycle - . The Action Cycle incorporates three parts: planning, implementation and evaluation. The planning component involves recruiting participants, developing achievable and measurable objectives and creating an action plan. The implementation element includes implementing the plan and monitoring any action plans put in place. The evaluation component incorporates designing, answering and justifying evaluation questions and subsequently disseminating the results of the evaluation.

Phase 5 and 6 will be conducted during the fall of 2017.

Description of the Community

Calhoun and Liberty County are rural, sparsely populated counties in Northwest Florida. The scarcity of population contributes to many barriers to improving health outcomes including; lack of access to health care, lack of mental health resources and lack of available options to promote healthy behaviors. Without public transportation available in the county, those without transportation have great difficulty accessing health care. Often those without transportation must rely on friends or family to bring them to a health care provider or pay an individual to bring them to their health care provider, drug store or other essential functions. Additionally, the availability of healthy food choices is severely limited with only 2 grocery store options between the two counties. Compounding these barriers is the lack of insurance, poverty level and education level.

Calhoun County encompasses 567 square miles in the Panhandle of Northwest Florida. Calhoun County is bordered by Jackson County (north), Gulf County (south), Bay County (west), and Liberty County (east). The Apalachicola River runs along the county's eastern border. The county seat and largest city is Blountstown. The county's 2016 population comprised an estimated 14,573 residents, less than 0.1% of the estimated population for the state as a whole. The estimated median age of Calhoun County's population in 2015 was 40.5 years; children (i.e., individuals ages 17 and under) made up a little more than one-fifth (21.1%) of the population and adults ages 65 and older comprised 17.4%. The population was more homogeneous racially than the typical Florida county; about 84% of county residents identified as White, 14.2% as Black, and the remainder were either American Indian , Asian , or some other race or combination of races . Almost 8% of residents claimed Hispanic origins in 2016 reflecting a very slight upward trend since 2012.



The 2016 high school graduation rate was higher in Calhoun County (82%) than in the state overall (80.7%). Survey estimates indicate that the share of persons aged 25 and older with a high school diploma or its equivalent (37.5%) was also higher than the state estimate (29.5%) However, the estimated share with a college, graduate, or professional degree (10.5%) was almost three times less

than the statewide estimate (27.3%). Consistent with the low percentage of foreign-born residents, fewer than 2% of residents have limited English proficiency.

Demographics	Florida	Calhoun County	Liberty County
Population			
Total	20,209,604	14,573	8,743
White	79.9%	84.0%	80.4%
Black	17.2%	14.2%	18.2%
Other	2.9%	1.8%	1.4%
Median Age	41.4	40.5	37.6
Population Age 0-17	20.9%	21.1%	20.7%
Population Age 18-64	60.3%	61.5%	67.6%
Population Age 65+	18.8%	17.4%	11.7%
Education			
High School Graduation Rate (2016)	80.7%	82.9%	75.0%
>25 with a High School Diploma (2015)	29.5%	37.5%	43.5%
≥25 with a Bachelor's Degree or Higher (2015)	27.3%	10.5%	11.2%
Economic			
Median Household Income (2015)	$47,507	$34,510	$39,406
At or Below Federal Poverty Level	16.5%	19.3%	18.4%
SNAP Participants	14.8%	24.7%	20.5%

Liberty County encompasses 843 square miles in the panhandle of Northwest Florida. Liberty County is bordered by Gadsden County (northeast), Jackson County (northwest), Leon and Wakulla counties (east), Gulf County (southwest) and Franklin County (south). The Apalachicola River runs along the western boarder of Liberty County and separates Liberty County from Calhoun County. The county seat as well as the largest city is Bristol. The population of Liberty County in 2016 was estimated to be 8,743 residents. The projected median age in 2015 was 37.6 years. Children (i.e., individuals ages 17 and under), encompassed just over one-fifth (20.7%) of the population and adults over the age of 65 comprised 11.7% of the population. Liberty County was more homogenous than the average Florida County; as nearly 80.4% of the population identified as white, 18.2% as Black and 1.4% as other (American Indian, Asian, or some other race or combination of races). In 2016, about 9.4% of the population reported being of Hispanic descent which is a 3% increase from 2015.

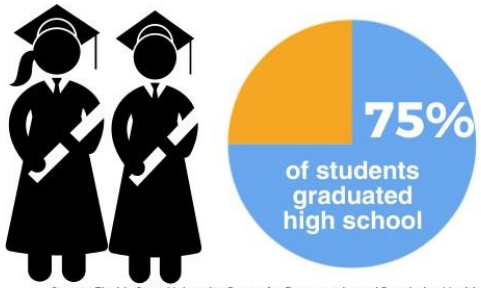
Liberty County Community Profile

Based on 2016 estimates, there are 8,743 residents in Liberty county. The average median age for residents is 38 years which is slightly lower than the state average for Florida is about 38 years old.

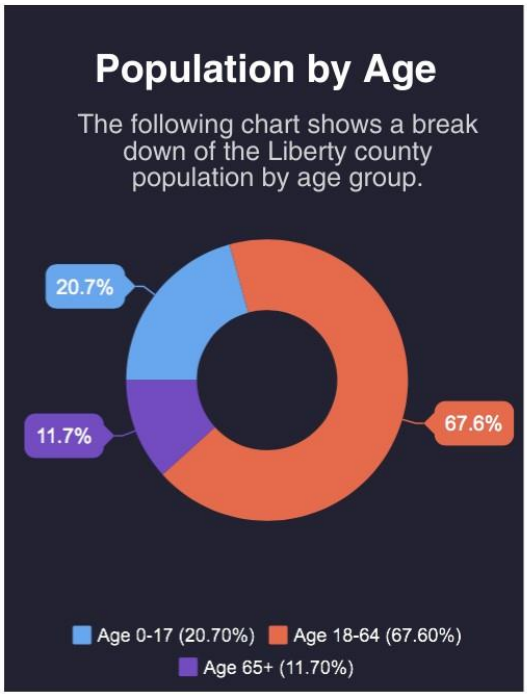
The population is comprised of more males (62%) than females (38%). Liberty county is 80.4% White, about 18.2% Black and roughly 1.4% of the population self-reported as American Indian, Pacific Islander, Asian, or 2 or more races.

Individuals younger than the age of 18 comprised 20.7%% of the population and individuals over the age of 65 comprised 11.7% of the population.

The median annual household income for Liberty residents is county $39,406. The adult poverty rate is 18.4% and 20.5%%of the population participates in SNAP.



Source: Florida State University Center for Demography and Population Health



Source: Florida State University Center for Demography and Population Health

The 2016 high school graduation rate was lower in Liberty County (75%) than in the state overall (80.7%). Survey estimates indicate that the share of persons aged 25 and older with a high school diploma or its equivalent (43.5%%) was higher than the state estimate (29.5%). However, the estimated share with a college, graduate, or professional degree (11.2%) was less than half of the statewide estimate (27.3%). Consistent with the low percentage of foreign-born residents, fewer than 2% of residents have limited English proficiency.

Summary of Findings

Community Themes and Strengths Assessment

The Florida State University Center for Demography and Population Health conducted a Community Health Survey from May 10-30, 2016 in Calhoun County with a total of 241 completed surveys. They also conducted the survey in Liberty County between June 15-18, 2016 at various locations, including grocery and convenience stores, the local ER and doctor's offices. A total of 133 surveys were completed. The survey was conducted using a convenience sample method which means that the results may shed some light on the opinions of the community however the results below are not a statistically valid representation of the opinions of the whole county. Those responding were categorized as either General Population or Vulnerable Population as noted below:

County	General Population	Vulnerable Population	Total Respondents
Calhoun	150	91	241
Liberty	92	41	133

Members of the Vulnerable Population were identified based on answers to survey questions about health insurance coverage, reason for any delay in medical care in the preceding year and usual place of care when ill.

The survey consisted of 18 questions asking residents about their opinions about the what makes a healthy community, the most critical health issues in the community along with questions about the individual's overall health and access to various types of health care. A copy of the survey is included as Appendices V and VII and a detailed summary of the surveys conducted in Calhoun County is included as Appendix IV and of the surveys in Liberty County as Appendix VI.

An abbreviated online survey was conducted in July 2017 consisting of eight questions with very limited responses (16). The online survey was sent to community partners with respondents more likely to be aware of community health issues and more educated about healthy lifestyles.

2017 Community Health Survey Data
Calhoun County

From May 10 -May 30, 2016, a convenience sample was conducted with a total of 241 participants. There were 150 general participants and 91 vulnerable respondents. The vunerable population was defined as individuals were more likely not to receive timely medical care.

Question	General Population *	Vulnerable Population *
Characteristics of a great community	access to health services; good schools; arts & cultural events	access to health services; good schools; few STDs/ low rate of obesity
Most important health issues	homicide/ infant death/ fire arm related injuries/ HIV/AIDs; accidental injuries/ sexual assault/ suicide; infectious disease	homicide; accidental injuries/ motor vehicle crashes/ infant death/ lung disease/ HIV/AIDS; fire arm-related injuries/ suicide
Most concerning unhealthy behaviors	unprotected sex; drug abuse; excess weight	unprotected sex; drug abuse; excess weight
Difficult to get healthcare services	emergency medical care/ prescriptions; family planning/ physical therapy; primary medical care	prescriptions; family planning/ lab services; physical therapy/ primary medical care
Where medical care is obtained	my family doctor	hospital emergency room; I usually go without care; my family doctor
Where mental health services are obtained	my family doctor; I don't know where to go; private mental health practitioner	I don't know where to go; my family doctor; mental health clinic in this county
Reasons for not eating healthy/being active	fear of failure; it is not safe to exercise in my neighborhood; I don't want to be more active	it is not safe to exercise in my neighborhood; I don't want to be more active; fhealthy food is not available in my neighborhood

2017 Community Health Survey Data
Liberty County

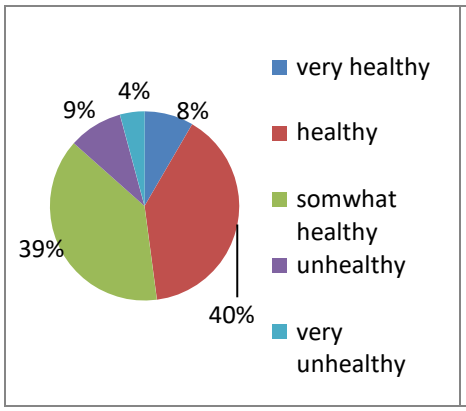
From June 15 - July 30, 2016, a convenience sample was conducted with a total of 133 participants. There were 92 general participants and 92 vulnerable respondents. The vunerable population was defined as individuals were more likely not to receive timely medical care.

Question	General Population *	Vulnerable Population *
Characteristics of a great community	access to health care services; good schools; low obesity rate/ arts and cultural events/few STDs	access to health services; good schools; arts and cultural events/few STDs/ low tobacco use
Most important health issues	homicide/ infant death; suicide; fire arm-related injuries/ lung disease	homicide/ infant death; suicide/ fire-arm related injuries; lung disease
Most concerning unhealthy behaviors	drug abuse; poor eating habits/ not seeing doctor or dentist; unprotected sex	unprotected sex; drug abuse; not using seat belts/ poor eating habits
Difficult to get healthcare services	preventative health care; family planning; primary medical care	family planning; hospital care; preventive health care/ presciptions/ alternative therapies
Where medical care is obtained	my family doctor	hospital ER; I usually go without care
Where mental health services are obtained	my family doctor; I don't know where to go; mental heatlh clinic in this county	I don't know where to go; mental health clinic in this county; my family doctor
Reasons for not eating healthy/being active	It is not safe to exercise in my neighborhood; I don't want to be more active/ fear of failure; I don't want to change what I eat/ I don't know how to change my diet	It is not safe to exercise in my neighborhood; I don't want to be more active; I don't know how to change my diet

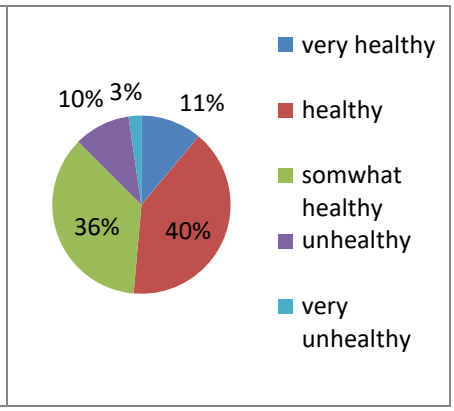
ON-LINE SURVEY	
Question	General Population *
Characteristics of a great community	good employment opportunities; access to health services; low crime/safe neighborhoods
Most important health issues	obesity/excess weight; cancers; mental health problems/heart disease
Most concerning unhealthy behaviors	drug abuse; not seeing a doctor or dentist; excess weight/poor eating habits
Difficult to get healthcare services	specialty medical care; alcohol, drug abuse treatment; mental health services;
	* responses ranked in order

My Health Today

Liberty



Calhoun



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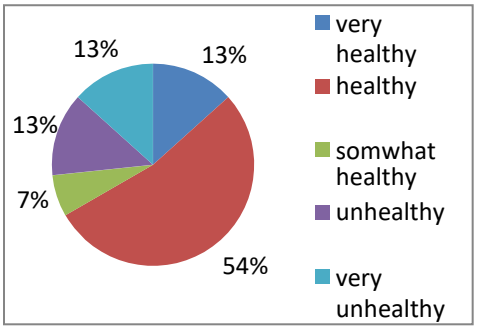
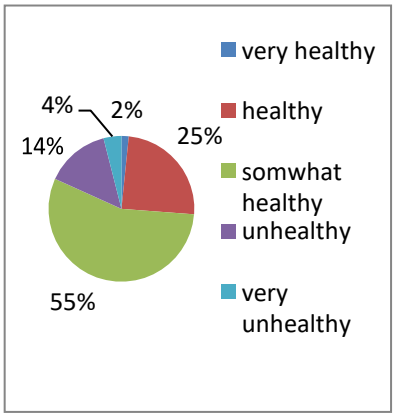
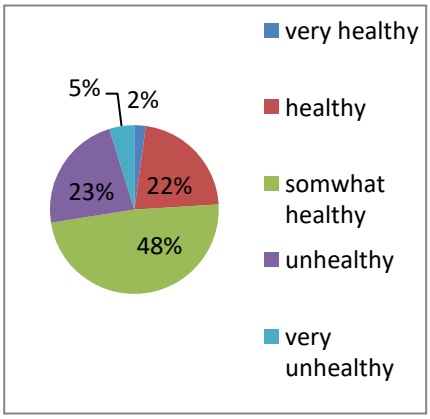


Community's Health

Liberty



Calhoun



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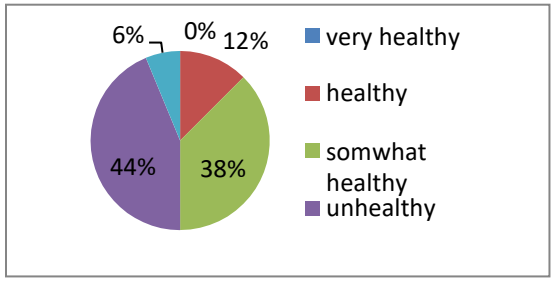


Assets Inventory

The Community Themes and Strengths Assessment is comprised of identifying the issues that the residents of the community deem as the most important along with distinguishing any resources available to aid in improving the health of the community. Many community partners provide valuable programs to improve the health outcomes of the citizens of Calhoun and Liberty County. Resources available to specifically address the priority areas include but are not limited to: The Florida Department of Health in Calhoun and Liberty County and Liberty County IFAS are recipients of the SNAP-Ed grant that provides educational opportunities to improve obesity among the SNAP-Ed recipients. PanCare, a Federally Qualified Health Center, provides primary care and mental health services to clients on a sliding fee scale basis. Panhandle Primary Care Clinic and Community Wellness Counseling and Support Services provide mental health services. Additional community assets are listed below:

Calhoun and Liberty Collective Asset Inventory	
Public/Private Institutions	***Associations/Organizations***
Apalachee Center	21st Century
Board of County Commissioners	4-H Extension Office

Calhoun County Library	AHEC
Calhoun/Liberty Hospital	Chamber of Commerce
Chipola College	Department of Health
Down Home Fitness	Emergency Management
Florida State University	Health Advisory Committee
Fusion Church	Healthy Start
Gym Life	Kiwanis Club
Liberty Community Healthcare	Liberty Community Healthcare

Liberty EMS	Liberty County Children's Coalition
PanCare	Library
Shock Fitness	PAEC
School Board	Senior Citizens
TD Program	Sheriff's Department
Teloqia Church	Tallahassee Memorial Hospital
Veteran's Civic Center	Tobacco Free Partnership
WT Neal Civic Center	WIC
	Women's Club
Individuals	***Other***
Ben Hall	Calhoun/Liberty Newspaper
Bonnie Wertenberger	Garden of Eden
Senator Bill Montford	Greenway
	Railroad
	Toreya State Park
	Veterans Park

Forces of Change Assessment

The Forces of Change Assessment, held on July 10, 2017 with 16 community members, involved recognizing forces or factors/trends that will affect the health of the community and the local public health system. The forces can be **trends** or patterns over time (such as an aging population or migration in or out of the community), individual **factors** (such as the rurality of a community), or a one-time **event** (such as a natural disaster). After explaining what comprises forces of change and how to identify them, the community health partners were asked to think about any forces of change that were beyond their control and that could potentially directly or indirectly affect the community.

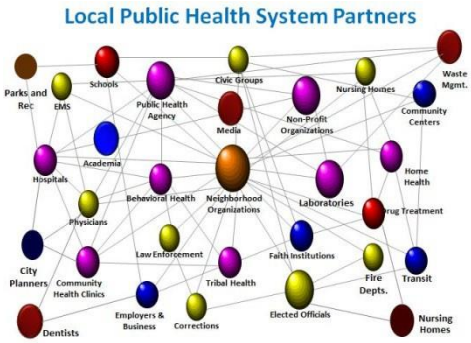
Calhoun and Liberty Counties Forces of Change		
Force	Threats	Opportunities
Social		
• Drug use specifically opioids and methamphetamines. • The desire to remain in the area. • Lack of activities for the youth. • Acceptance of fast food as a way of life. • Sedentary lifestyle. • Shift to e-cigarettes.	• Crime. • Family Destruction and individual health. • No access to Narcan. • The youths are leaving the community due to lack of opportunities. • There has been a collapse of industries that offer employment.	• We must get ahead of drug abuse before it becomes an epidemic. • Calhoun and Liberty counties can learn lessons from other areas. • Opportunities for trade programs by collaborating with organization of higher education.

• A need for leaders specifically in the minority population.	• There is a lack of interest in change. • Calhoun and Liberty counties are not in a major corridor. • Obesity, heart disease, and diabetes. • There is a lack of fresh fruits and vegetables. • There is a lack of personal motivation • Unknown health consequences of e-cigarettes. • E-cigarettes are adopted quicker by the younger population.	• There are opportunities to increase bandwidth in order to increase telecommuting opportunities. • The youth with help from the parents must develop better habits earlier in life. • Development of healthier food chains. • The county should market the local parks and trains. • Increasing education about E-cigarettes.
Economic		
• Affordable Care Act (ACA) and its funding. • Budget cuts to the Medicaid program. • Railroad up and running again. • Dessert Cattle Ranches • Employment availability. • Unemployment rate. • Poverty rate. • Economic growth. • The golden triangle area.	• Unknown future of the ACA. • Unstable market with managed care organizations (MCOs). • ACA funding. • Push back from the railroad. • Hazardous material from railroad and possible derailment.	• Individuals of the community can be educated about health plans acquired under the ACA. • Opening the railroad will increase economic activity. • New industry in the area (Cattle). • Exploration through the Mississippi golden triangle area.
Technological		
• Internet availability. • Bandwidth. • Clean energy. • Infrastructure growth • Social media. • Robots performing more jobs.	• There is not enough internet availability or bandwidth. • There is a lack of grants/matching funding for bigger companies to come to the area (i.e.: AT&T). • There is an initial investment to increase bandwidth. • There are no county managers to negotiate deals.	• The sole internet provider in Calhoun and Liberty counties was just bought out. • Increasing bandwidth will decrease the monthly internet/phone/TV bills.

	• There is no one to make good knowledge-based financial decisions for the counties.	• Telemedicine capabilities are developing and maturing.
Environmental		
• Severe weather. • Wide-spread disease outbreaks. • Forest fires. • Sparsely populated.	• Severe weather such as hurricanes, forest fires and flooding. • Difficulty with transportation during severe weather. • The smaller populations in Calhoun and Liberty yield a lower priority in emergencies. • Infrastructure damage. • A decrease in immunization rates. • A decrease in belief of science. • Antibiotic abuse	• The infrastructure of buildings can withstand severe weather. • Experience handling severe weather will improve overall recovery times. • Florida receives assistance from neighboring states after a natural disaster. • New approaches to disease through genomics.
Political		
• Change/turnover of elected officials. • Medical Marijuana.	• Priorities change with new officials. • Open enrollment for schools.	• Senator Montford is accessible, passionate about his work and a great resource. • Hiring a lobbyist/political advocate can help with increasing funding.
Scientific		
• Climate change.	• N/A	• N/A
Legal		
• Legal changes that affect the logging industry.	• The discontinuation of the logging industry due to the animal population.	• N/A

The Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) Workshop for Liberty and Calhoun counties was conducted using the National Public Health Performance Standards (NPHPS) which help the local public health system identify areas of improvement to address the public health issues of the community. The LPHSA workshop for Liberty/Calhoun was held on May 24, 2017 from 9:00am-12:00pm in the Heritage room at the Calhoun county library. A local public health system is a vast network of organizations and agencies that work collectively to provide essential public health services to their community. The diagram to the right accurately depicts how complex a public health system is and how different entities must work together to provide the best for their community. The purpose of the local public health system assessment is to identify areas for improvement, to strengthen the network of entities, and to measure the local public health system against a nationally-recognized standard.



The participants voted on how well they thought the local public health system met each of the Ten Essential Public Health Services (see below). Prior to each poll, the Essential Service and the corresponding National Public Health Performance Standard or Model Standard was explained in detail by the facilitator to ensure that all participants understood them; the standard was discussed and questions clarified by the group. Participants ranked each performance standards as noted below.

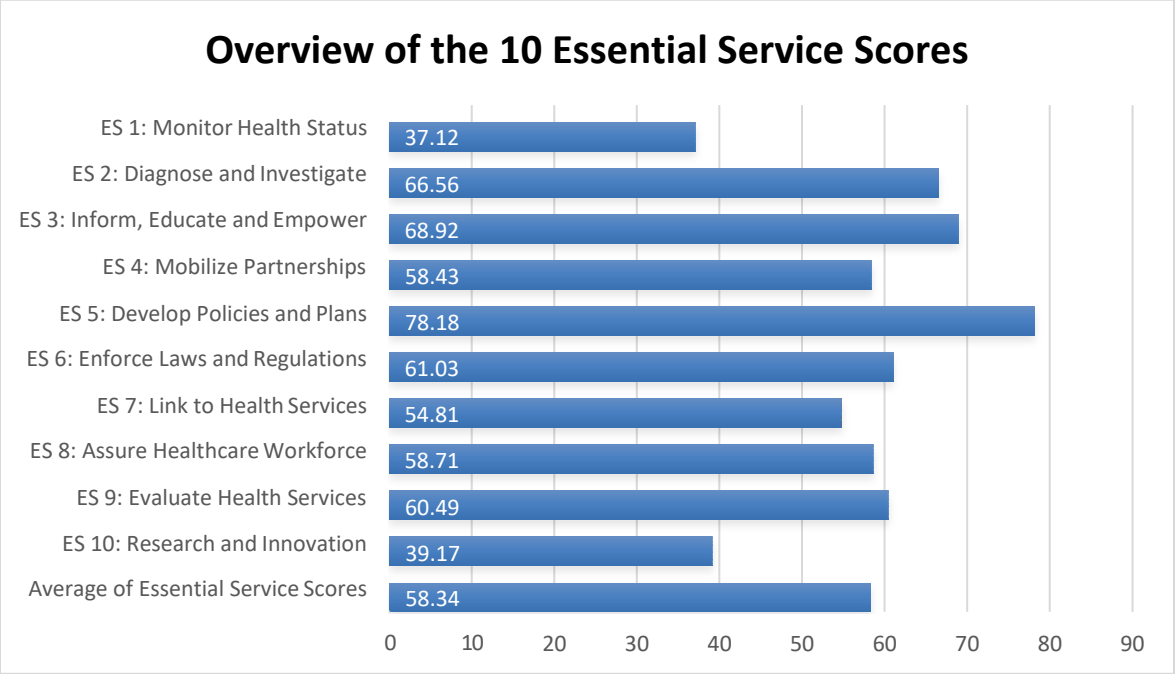
No activity (0%)	0% or absolute no activity
Minimal Activity (1%-25%)	Greater than zero, but no more than 25% of the activity described within the question is met within the public health system.
Moderate Activity (26%-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.
Significant Activity (51%-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.
Optimal Activity (76%-100%)	Greater than 75% of the activity described within the question is met within the public health system.

<u>Ten Essential Public Health Services:</u>

1. **Monitoring health status** to identify community health problems comprises the following:
2. **Diagnosing and investigating health problems** and health hazards comprises the following:

3. **Informing, educating, and empowering** people about health issues comprises the following:
4. **Mobilizing** community partnerships to identify and solve health problems comprises the following:
5. **Developing policies and plans** that support individual and community health efforts comprises the following:
6. **Enforcing laws and regulations** that protect health and ensure safety comprises the following:
7. **Linking people to needed personal health services** and assure the provision of healthcare when otherwise unavailable comprises the following:
8. **Ensuring a competent public health and personal healthcare workforce** comprises the following:
9. **Evaluating effectiveness, accessibility, and quality** of personal and population-based health services comprises the following:
10. **Researching new insights and innovative solutions** to health problems comprises the following:

The following graph illustrates the average score for each of the ten essential services as voted on by the meeting participants. There is also a total average of the essential services included. This graph distinctly demonstrates what the participants at the LPHSA meeting deem as the strengths and weaknesses in Calhoun and Liberty counties.



The community members selected that the local public health system performed the strongest in the following 3 essential services:

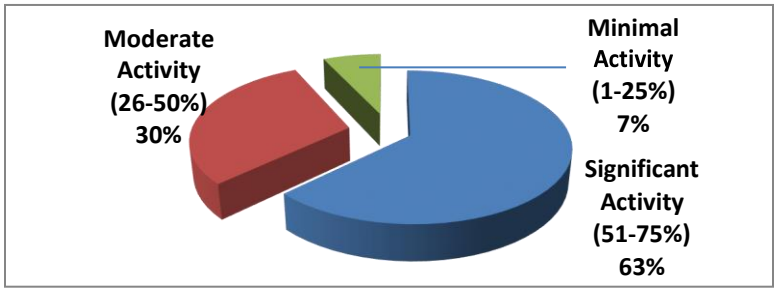
- ES 5: Developing policies and plans that support individual and community health efforts (78.18%).

- ES 3: Informing, educating, and empowering people about health issues (68.92%).
- ES 2: Diagnosing and investigating health problems and health hazards (66.56%).

The community members selected that the local public health system could improve upon the following 3 essential services:

- ES 10: Researching new insights and innovative solutions to health problems (39.17%).
- ES 1: Monitoring health status to identify community health problems (37.12%).
- ES 7: Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable (54.81%).

Below is the percentage of the system's model standards that scored in each of the activity categories:

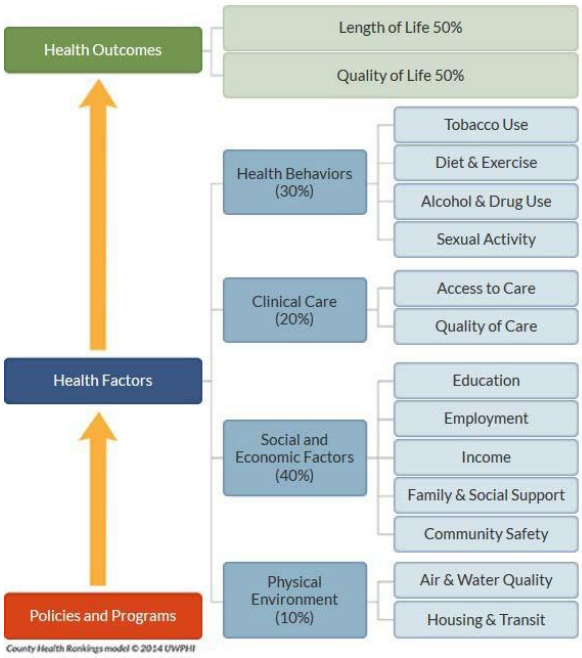


The community did not score any of the model standards as having either optimal activity or no activity.

Community Health Status Assessment

Framework for Analysis

This assessment is guided by a model of population health developed by the Population Health Institute at the University of Wisconsin (UWPHI) and used by the Robert Wood Johnson Foundation for its annual evaluation of county population health. This model has three major components. **Health Outcomes** represent the health of a county's population as a function of two measures: how long people live (mortality) and their health-related quality of life (morbidity), including how well they feel and their infants' health over the first year of life. **Health Factors** represent county health as a function of residents' health-related behaviors (e.g., tobacco use), their access to health care and the quality of



that care, county social and economic characteristics (e.g., average income, crime rates), and the physical environment (e.g., air quality, availability of quality housing). **Policies and Programs**, implemented at the local, state, and federal levels, may influence population health in many ways. Some policies are designed to impact population health directly (e.g., requiring childhood immunizations for school enrollment). Others affect health less directly, by influencing residents' health-related knowledge and behaviors (e.g., public service announcements highlighting the dangers of smoking). It is also important to note that programs and policies not designed specifically to influence health (e.g., community safety programs) may also have health-related effects. In sum, this model of population health highlights the important role of *Programs and Policies* in shaping the *Health Factors* that determine a population's *Health Outcomes*. *Health Outcomes* are improved when *Programs and Policies* are in place to improve *Health Factors.*

Indicator Selection and Sources

This assessment is based on the most recent available data for 144 health status indicators, which have been selected to maximize comparability to previous assessments for Calhoun and Liberty counties and to assessments for other North Florida counties. Indicator data were drawn from multiple sources, including Florida CHARTS, Florida Agency for Health Care Administration, Centers for Disease Control and Prevention, the Center for Medicare and Medicaid Services, and the U.S. Census Bureau. A complete list of the indicators, their measurement, and their sources are included in Appendices I-III.

Benchmarking

The implications of county-level population health indicators are more readily apparent when considered in relation to their counterparts for another population. We use state-level data as a benchmark for interpreting the health of Calhoun and Liberty counties.

Florida's Health Status in Context

2016 America's Health Rankings - Florida	
Dimension	**Rank**
Overall	**36**
Behaviors	22
Community & Environment	34
Policy	50

Clinical Care	36
Outcomes	35

To provide a national context for the benchmarked comparisons, we draw on *America's Health Rankings 2016*, produced by the United Health Foundation (UHF), a non-profit foundation committed to improving community health. *Health Rankings* summarizes a comprehensive, state-by-state analysis of health determinants and outcomes that yields a ranking of all 50 states on five core dimensions. The table here lists these dimensions and provides Florida's overall ranking and its ranking on each dimension. Rankings range from one to 50, with lower values indicating a healthier population. Overall, UHF ranked Florida 36th in its 2016 rankings, a drop from its 33nd place ranking in 2015. The dimension-specific rankings ranged from 22 best (around the 54th percentile) related to health behaviors to the bottom of the distribution (50th with respect to health policy).

The Robert Wood Johnson Foundation's (RWJF) *County Rankings* is similar to America's Health Rankings.

County Health Rankings-2017	***Rank (of 67)***	
Dimension	**Calhoun**	**Liberty**
Health Outcomes	**27**	**44**
Length of Life (Mortality)	12	46
Quality of Life (Morbidity)	48	39
Health Factors	**56**	**47**
Health Behaviors	63	59
Clinical Care	57	37
Social & Economic Factors	38	43
Physical Environment	28	31

The RWJF rankings are based on the University of Washington Public Health Institute population health model used to organize this assessment. Calhoun County ranks 27th of 67 Florida counties with respect to *Health Outcomes*. In other words, Calhoun County falls in the middle third of the counties in Florida with respect to population health. This placement reflects its rankings on the two health outcomes: length of life (12th) and quality of life (48th). With respect to *Health Factors*, which comprise the proximate determinants of health outcomes, Calhoun County performed poorly, with a 56th place, which is due, in part, to very low scores for health behaviors and clinical care.

Liberty County ranks 44th of 67 Florida counties with respect to *Health Outcomes*. In other words, Liberty County falls at the bottom of the middle third of counties in Florida with respect to population health. This placement reflects its rankings on the two health outcomes: length of life (46th) and quality of life (39th). With respect to *Health Factors*, Liberty County performed slightly better than Calhoun, with 47th place. As with Calhoun, Liberty County performed relatively poorly in health behaviors.

Results Summary

Both Calhoun and Liberty County residents have a greater number of expected premature deaths than the state as a whole (7,000 and 9,200 respectively compared to 6,800 projected statewide) The table

below summarizes county-state comparisons for the full set of 144 health status indicators (specific values for each indicator are presented in Appendices I and II). The tables are organized following the UWPHI model, with each section presenting multiple indicators of one model component. The first table lists the indicators of the specified component that positively impact the health of Calhoun and Liberty Counties relative to the state as a whole; the second table lists the indicators on which these communities performed worse than the state.

Overall, Calhoun County performed better than the state on 55 of the 144 health status indicators, but worse than the state on 82 indicators and equal to the state on two indicators. Liberty County rated better than Calhoun's with a better performance than the state on 60 of the health status indicators, but worse on 81 of them and equal to the state on one indicator. The results that follow show that both Calhoun and Liberty County residents are disadvantaged in comparison to the typical Floridian not only by their higher rates of premature death but also by higher morbidity, the prevalence of health-depleting behaviors, and below-average access to health care.

FAVORABLE HEALTH FACTORS (the indicators below performed *better* than the state)					
Mortality -Length of Life			Morbidity - Quality of Life		
	Calhoun	Liberty		Calhoun	Liberty
Infant Mortality		x	Low Birthweight		x
Neonatal Deaths	x	x	Births to Obese Mothers		x
Post Neonatal Deaths		x	Births to Overweight Mothers	x	x
Breast Cancer Deaths	x	x	AIDS	x	x
Colon, Rectal. Anus Cancer Deaths		x	Chicken Pox	x	
Prostate Cancer Deaths	x	x	Hepatitis C, Acute		x
Deaths from All Cancers		x	HIV	x	x
Chronic Liver Disease, Cirrhosis Deaths	x	x	Tuberculosis	x	
HIV/AIDS Deaths	x	x	Whooping Cough	x	x
Pneumonia, Influenza Deaths		x	Meningitis, Other Bacterial	x	x
Stroke Deaths	x	x	Vaccine Preventable Disease	x	x
Suicide Deaths	x	x	High Blood Pressure Controlled	x	x
			Overweight (Adult)	x	
Healthy Behaviors			Breast Cancer Incidence	x	x
Infectious Syphilis	x		Cervical Cancer Incidence		x
Sexually Transmitted Infections	x	x	Colon, Rectal Cancer Incidence		x
Vaccination (Kindergarten)	x	x	Melanoma Cancer Incidence	x	x
Middle School Students Reporting Binge Drinking		x	Prostate Cancer Incidence	x	x
Adults Reporting Binge Drinking	x		Total Cancer Incidence	x	x
Marijuana or Hashish Use (Youth)		x			
Births to Mothers 10-14		x	**Clinical Care**		
First Trimester Prenatal Care		x	Adults Not Seeing MD Due to Cost		x
Prenatal Care Begun Late/No Prenatal Care	x		Adults with a Personal Doctor	x	x
Mammogram	x		HIV Testing (Adults 65+)	x	x
Cancer Screening Pap		x	Preventable Hospital Events	x	x
Cancer Screening Sig/Colonoscopy	x	x	Dental Access by Low Income	x	x
Flu Vaccine in Past Year (Age 65+)	x				
Pneumonia Vaccination (Adult 65+)	x	x	**Socioeconomic**		
Pneumonia Vaccination (Adult)	x		Aggrevated Assault	x	x
Smokers (Adult)	x		Domestic Violence Offenses	x	x
Tobacco Quit Attempt (Adult)	x		Forcible Sex Offenses	x	x
Driving Alone to Work		x	Murder	x	
Diabetic Monitoring		x	Property Crimes	x	x
			Violent Crimes	x	x
Physical Environment			Children Eligible for Free Lunch		x
Drinking Water Violations	x		Homicide	x	x
Fast Food Restaurant Access	x	x	Below Poverty Level (Youth)	x	x
Air Pollution	x	x	High School Graduation	x	
			Households with No Motor Vehicles		x
			Public Assistance Income		x
			Uninsured Adults		x
			Use of Public Transportation	x	
			Housing Cost Burden	x	x
			Severe Housing Problems	x	x

UNFAVORABLE HEALTH OUTCOMES (the indicators below performed *worse* than the state)

Mortality -Length of Life	Calhoun	Liberty
Premature Death	x	x
Infant Mortality	x	
Post Neonatal Deaths	x	
Lung Cancer Deaths	x	x
Deaths from Smoking-related Cancers	x	
Cancer (all) Deaths	x	
Chronic Lower Respiratory Disease Deaths	x	x
Diabetes Deaths	x	x
Heart Disease Deaths	x	x
Nephritis, Nephritic Syndrom, Nephrosis Deaths	x	x
Pneumonia, Influenza Deaths	x	
Stroke		x
Motor Vehicle Accident Deaths	x	x
Healthy Behaviors		
Breast Feeding Initiation	x	x
Infectious Syphilis		x
High School Students Reporting Binge Drinking	x	x
Middle School Students ReportingBinge Drinking	x	
Adults Reporting Binge Drinking		x
Alcohol Consumption in Lifetime (Youth)	x	x
Alcohol Consumption in Last 30 Days (Youth)		x
Binge Drinking (Youth)		x
Cigarette Use (Youth)	x	x
Marijuana or Hashish Use (Youth)	x	
Secondhand Smoke Exposure (Youth)	x	x
Smoked in Last 30 Days (Youth)	x	x
Alcohol-Related Motor Vehicle Traffic Crashes	x	x
Alcohol-Related MV Traffic Crash Deaths	x	
Births to Mothers 10-14	x	
Births to Mothers 10-16	x	x
Births to Mothers 15-19	x	x
Live Births to Mothers who Smoked	x	x
First Trimester Prenatal Care	x	
Late or No Prenatal Care		x
Mammograms		x
Diabetic Annual Foot Exam (Adult)	x	x
Diabetic Semi-Annual A1C Testing (Adult)	x	x
Flu Vaccine in Last Year (Age 65 +)		x
Flu Vaccine in Last Year (Adult)	x	x
Pneumonia Vaccination (Adult)		x
Smokers (Adult)		x
Tobacco Quit Attempt (Adult)		x
Former Smokers (Adult)	x	x
Never Smoked (Adult)	x	x
5 Servings of Fruits/Vegetables	x	x
Sedentary Adults	x	x
Vigorous Physical Activity Recs Met	x	x
Driving Alone to Work	x	
Diabetic Monitoring	x	
Physical Environment		
Access to Exercise Opportunities	x	x
Salmonellosis	x	x
Drinking Water Violations		x
Grocery Store Access	x	x

Morbidity - Quality of Life	Calhoun	Liberty
Preterm Birth	x	x
Low Birthweight	x	
Births to Obese Mothers	x	
Chicken Pox		x
Hepatitis C, Acute	x	
Tuberculosis		x
Healthy Weight (Youth)	x	x
Obesity/Obesity (Youth)	x	x
Asthma (Adult)	x	x
Diabetes (Adult)	x	x
Healthy Weight (Adult)	x	x
Heart Disease (Adult)	x	x
High Blood Pressure (Adult)	x	x
High Cholesterol (Adult)	x	x
Obesity (Adult)	x	x
Overweight (Adult)		x
Poor or Fair Health Days	x	x
Cervical Cancer Incidence	x	
Colon/Rectum Cancer Incidence	x	
Lung Cancer Incidence	x	x
Adults with Good to Excellent Health	x	x
Clinical Care		
Acute Care Beds	x	x
Adult Psychiatric Beds	x	x
Adult Substance Abuse Beds	x	x
Lack of Prenatal Care	x	x
Pediatric Psychiatric Beds	x	x
Rehabilitation Beds	x	x
Nursing Home Beds		x
Practicing Physicians per 10,000 all specialists	x	x
Practicing Dentists per 10,000 all specialists	x	x
Adults Not Seeing MD Due to Cost	x	
Primary Care Access	x	x
Socioeconomic		
Unemployment		
Murder	x	
Children Eligible for Free Lunch		x
Medicaid Birth Rate	x	
Homicide	x	x
Injury Deaths		x
Food Insecurity	x	x
High School Graduation	x	x
Households with No Motor Vehicle		x
Per Capita Personal Income	x	
Population without a High School Diploma	x	x
Poverty Rate	x	x
Public Assistance Income	x	x
Uninsured Youth	x	
Use of Public Transportation	x	x
SNAP Participants		x
Low Income with Low Access to Grocery Stor	x	x

2018 Community Health Priority Areas

The community partners used a two-step process for selecting priority areas for the 2018 Community Health Improvement Plan. After considering the data presented from the four assessments and immediately following the review of data from the community health status assessment, the group brainstormed about various health-related issues considering the following questions:

- What data stands out the in your mind?
- What seems the most critical issue to address?

After discussion of the various issues identified and probing into possible causes, the group further refined the priority list by considering these questions:

- Are resources available in the community to address the issue?
- Is this an issue the local public health community can reasonably expect to impact?

Throughout the various assessments a common theme emerged related to the need for individual accountability and self-determination. Resources have been made available in the past, but have not necessarily been utilized to their fullest extent. Behavior change depends not only on the knowledge of healthy behaviors but on the individual will to make that change. In both community's surveys, one of the top three answers to why the respondent would not eat healthier food or be more active was "*I don't want to be more active"* (second most popular response in both counties). *"Fear of failure*" was the third-ranked response in Calhoun County as well.

During the priority-setting deliberations, conversations repeatedly centered around action steps rather than setting broader community health priorities. Because it takes more than the local health department and health care providers to improve the health of the community, it was important to get consensus from all the partners at the table. Success is highly dependent on obtaining community support and buy in from the broadest array of constituents possible. Two discussion points were how to encourage citizens to live a healthier lifestyle and how to increase the citizen's knowledge about health services available and empower them to utilize appropriate services. With these core actions agreed upon, the priority areas identified were:

- ***Mental Health/Substance Abuse***
- ***Access***
- ***Obesity***

SUBSTANCE ABUSE/MENTAL HEALTH

The World Health Organization (WHO) defines mental health as **"**a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It is estimated that only about 17% of U.S adults are considered to be in a state of optimal mental health. There is emerging evidence that positive mental health is associated with improved health outcomes. Mental illness is defined as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." (NIMH, 1999) Aligning with the WHO definition of health as *a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,* mental health and physical health are closely intertwined. Mental health plays a major role in an individual's ability to achieve and maintain healthy behaviors. Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep.

Likewise, the WHO defines substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. The effects of substance abuse can be cumulative and usually escalate, contributing to costly social, educational, physical, and public health problems, such as:

- Teen pregnancy
- HIV/AIDS
- Sexually transmitted diseases
- Domestic violence
- School drop out rates
- Child abuse
- Motor vehicle crashes
- Crime
- Suicide

Substance Abuse and Mental Health-Related Indicators

Health Outcomes					
Indicator	**Data Period**	**Calhoun**	**Trend**	**Liberty**	**Trend**
Mortality - Length of Life					
Infant Mortality	2014-16	7.1	↑	0	↓
Neonatal Deaths	2014-16	2.4	↔	0	↓
Post Neonatal Deaths	2014-16	4.7	↑	0	↔
Chronic Liver Disease, Cirrhosis Deaths	2014-16	3.1	↓	8.3	↓
HIV/AIDS Deaths	2014-16	3.8	↑	0	↔
Nephritis, Nephritic Syndrome Deaths	2014-16	24.5	↑	29.1	↑
Suicide Deaths	2014-16	10.5	↑	6.8	↑
Motor Vehicle Accident Deaths	2014-16	27.2	↑	26.2	↑
Morbidity - Quality of Life					
Low Birth Weight	2013-15	9.2	↓	7.4	↓
AIDS	2016	0	↓	0	↔
Hepatitis C, Acute	2015	6.9	↑	0	↔
Adults with Poor Mental Health 14 of Past 30 Days	2013	14.0	↓	13.6	↓
Unhealthy Mental Days Interfered w/ADLs	2013	5.6		6.6	
Health Factors					
Healthy Behaviors					
Sexually Transmitted Infections	2013-15	466	↓	344	↓
Alcohol Consumption in Lifetime (Youth)	2016	44.3	↓	39.9	↓
Alcohol Consumption in Past 30 Days (Youth)	2016	21.4	↑	21.8	↓
Binge Drinking (Youth)	2016	8.8	↑	12.8	↑
Marijuana or Hashish Use (Youth)	2014	12.5	↑	8.7	↓
Births to Mothers Aged 10-16	2014-16	5.1	↓	2.9	↓
Births to Mothers Aged 15-19	2014-16	42.7	↓	36.1	↓
Prenatal Care Begun Late or No Prenatal Care	2014-16	2.9	↓	8.1	↑
Alcohol-Related Motor Vehicle Traffic Crashes	2014-16	113.9	↓	88.1	↑
Alcohol-Related Motor Vehicle Traffic Deaths	2014-16	6.8	↑	3.8	↔
Clinical Care					
Adult Psychiatric Beds	2014-16	0		0	
Adult Substance Abuse Beds	2014-16	0		0	
Children Ages 1-5 receiving Mental Health Treatment Services per 100,000	2016	20.7		0	
Socioeconomic					
Unemployment	17-Jul	5.3	↑	4.7	↑
Domestic Violence Offenses	2016	171.5		0	
Murder	2016	0		11.4	
Property Crimes	2016	576.1		80.1	
Violent Crimes	2016	205.8		22.9	
Homicide	2014-16	2.7	↓	6.6	↑
Population without a High School Diploma (Adults 18-24)	2011-15	16.9	↓	27.1	↓

County Performance	Trend	
Worse than Florida	Worsening (increasing or decreasing)	↑ ↓
Better than Florida	Improving (Increasing or decreasing)	↑ ↓
Same as Florida	No change	↔

Several concerning trends stand out with the associated health indicators. Youth binge drinking is increasing. While deaths due to chronic liver disease (associated with alcohol use) has decreased slightly in both counties, deaths due to suicide and motor vehicle crashes have increased. Unemployment has also increased, while treatment beds for both mental health and substance use are not available in either county.

Additional support for this priority area is evidenced by the Calhoun community survey identifying three issues strongly correlated to substance abuse and mental health as the most important health issues negatively impacting the optimal health: homicide; HIV/AIDS; and fire arm related injuries. Drug abuse was noted as the second most destructive unhealthy behavior for the overall health of the community behind unprotected/unsafe sex. 11.7% of those surveyed noted they had been told by a health care provider that they had depression and 2% that they had mental health problems. Also noteworthy is that 27.5% of the respondents do not know where to seek mental health services.

Similarly, Liberty county survey respondents listed homicide, motor vehicle crashes, suicide and fire arm related injuries as the most important health issues in their community. Drug abuse was listed as the most important unhealthy behavior. 10.3% of those surveyed noted they had been told by a health care provider that they had depression and 4.4% that they had mental health problems. In Liberty county, 26% of the respondents do not know where to seek mental health services.

The Forces of Change Assessment identified drug use and unemployment as major forces which could impact the health of the community including the following threats and opportunities:

Force	Threat	Opportunity
Drug Use, specifically opiods and methamphetamines	- No access to Narcan - Crime	- Able to learn successful strategies from others who have addressed opiod crisis
Unemployment	- Concern about transport of hazardous materials with railroad proposal	- Increased economic opportunity with railroad - Other new industry possibilities

Resources in Calhoun and Liberty County to address this priority issue include:

- Apalachee Center
- Health Advisory Committee
- Healthy Start
- Sheriff's Department
- Calhoun/Liberty Newspaper
- National Suicide Hotline

- Florida Suicide Hotline
- 211 Big Bend

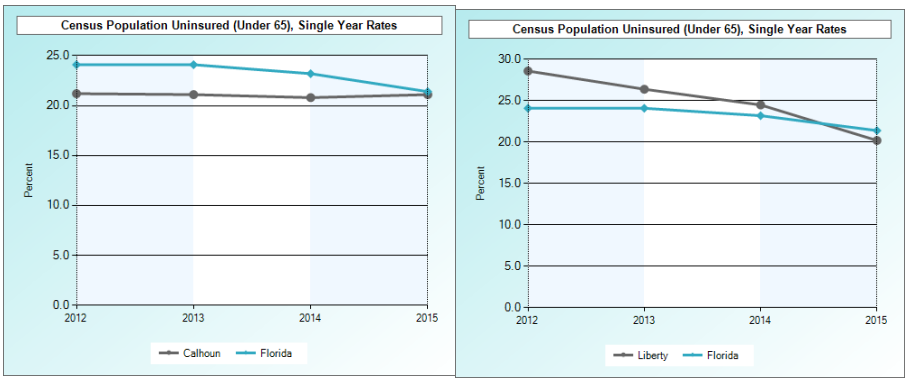
ACCESS

Access to comprehensive, quality health care services is traditionally a struggle for rural communities but it is crucial for the achievement of health equity and for increasing the quality of life for everyone. Access to health care impacts:

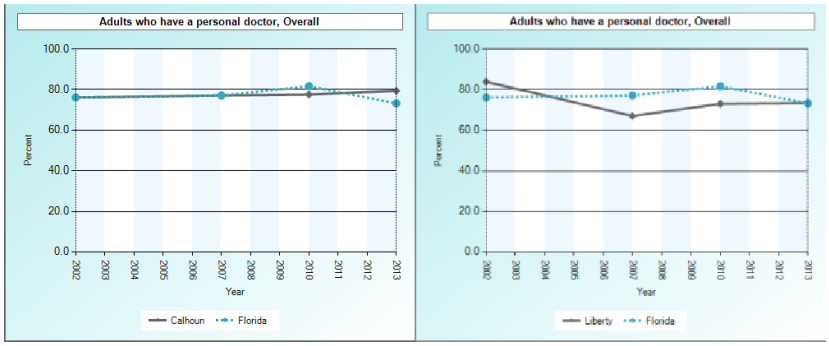
- Prevention of disease and disability
- Preventable hospitalization
- Overall physical, social, and mental health status
- Detection and treatment of disease and health conditions
- Preventable death
- Quality of life
- Life expectancy

Access to health services is a broad and complex issue that encompasses four main components:

Coverage Although merely obtaining insurance does not guarantee that people will access health care services, data show that uninsured people are less likely to receive medical care, less likely to be screening and diagnosed in the more manageable stages of disease, more likely to die early and more likely to be in poor health.



Services - People who have a usual and customary source of care have better health outcomes at a lower cost. Health equity is more easily achieved when everyone has a source of health care. The Health Resources and Services Administration (HRSA) defines areas and populations as Medically Underserved based on four weighted variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over.



Timeliness – The time between when a health care need is identified and when tests or treatment can be initiated can make a profound difference in health outcomes. Actual and perceived difficulties or delays in obtaining care when patients are ill or injured may be a significant barrier to care.

Workforce – Primary care physicians are a key to health maintenance and early discovery of adverse health conditions. These physicians, besides providing acute and preventive health care, develop a meaningful and sustained relationship with the patient, enabling them to understand patient needs and behaviors in the context of their family and community. Rural communities often suffer from not only a lack of specialty care providers but of primary care providers as well.

Access Related Indicators

Health Outcomes

Indicator	Data Period	Calhoun	Trend	Liberty	Trend
Mortality - Length of Life					
Premature Death	2016	7,000		9,200	
Cancer Deaths	2014-16	198.2	↓	147.3	↓
Breast Cancer Deaths	2014-16	17.2	↑	16.7	↓
Colon, Rectal or Anus Cancer Deaths	2014-16	11.7	↓	3.6	↓
Lung Cancer Deaths	2014-16	63	↑	56.4	↑
Prostate Cancer Deaths	2014-16	15.8	↑	0	↓
Deaths From Smoking Related Causes	2014-16	231.1	↑	170.6	↑
Chronic Liver Disease, Cirrhosis Deaths	2014-16	3.1	↓	8.3	↓
Chronic Lower Respiratory Disease Deaths	2014-16	99.0	↑	46.7	↓
Diabetes Deaths	2014-16	37.4	↑	36.7	↑
Heart Disease Deaths	2014-16	218.7	↑	205.0	↑
Stroke Deaths	2014-16	34.5	↑	44.5	↑
HIV/AIDS Deaths	2014-16	3.8	↑	0	↔
Nephritis, Nephritic Syndrome, Nephrosis Deaths	2014-16	24.5	↑	29.1	↑

Pneumonia, Influenza Deaths	2014-16	19.8	↑	5.4	↑
Infant Mortality	2014-16	7.1	↑	0	↓
Neonatal Deaths	2014-16	2.4	↔	0	↓
Post Neonatal Deaths	2014-16	4.7	↑	0	↔
Morbidity - Quality of Life					
AIDS	2016	0	↓	0	↔
Chicken Pox (Varicella)	2015	0	↔	11.5	↑
Tuberculosis	2014-16	0	↔	22.9	↑
Whooping Cough (Pertussis)	2015	0	↔	0	↔
Meningitis, Other Bacterial Cryptococcal or Mycotic	2014	0	↔	0	↔
Vaccine Preventable Diseases All Ages	2014	0	↔	0	↔
Adults with Good to Excellent Health	2013	63.3	↓	72.2	↓
Adults with Poor Mental Health 14 of Past 30 Days	2013	14.0	↓	13.6	↓

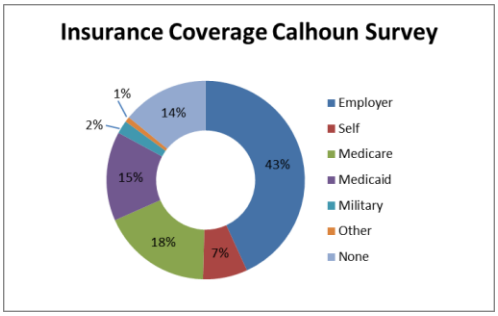
Health Factors

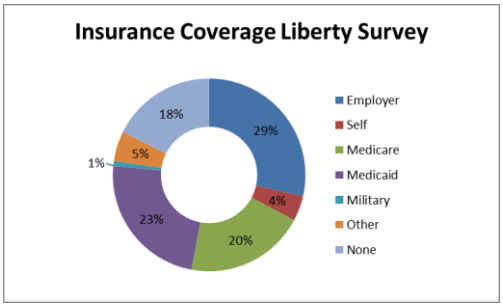
Indicator	Data Period	Calhoun	Trend	Liberty	Trend
Clinical Care					
Uninsured Adults	2011-15	14.5	↓	16.3	↓
Uninsured Children	2011-15	8.5	↓	7.6	↓
Adults who could not see a doctor at least once in the past year due to cost	2013	23.3	↔	15.7	↓
Medicaid Birth Rate	2014-16	69.3	↓	58.6	↓
Dental Care Access Low Income Persons	2010-2012	32.7	↓	54.2	↓
Primary Care Access	2014	41.2	↓	0	↔
Mental Health Providers	2015-16	1		0	
Emergency Medicine	2015-16	2		0	
Family Medicine	2015-16	3		1	
OB/GYN	2015-16	0		0	
Pediatrics	2015-16	0		1	
Dentists	2015-16	4		2	
Acute Care Beds	2014-16	170.9		0	
Adult Psychiatric Beds	2014-16	0		0	
Adult Substance Abuse Beds	2014-16	0		0	
Rehabilitation Beds	2014-16	0		0	
Nursing Home Beds	2014-16	391.5	↔	0	↔
Prenatal Care Begun in First Trimester	2014-16	78.8	↑	80.1	↓
Prenatal Care Begun Late or No Prenatal Care	2014-16	2.9	↓	8.1	↑
Adults Who Have a Personal Doctor	2013	79.4	↑	73.4	↑

Mammogram	2013	58.1	↓	37.1	↑
Pap Test	2013	51.4	↑	51.6	↓
Sigmoidoscopy or Colonoscopy	2013	58.3	↑	60.8	↑
Diabetic Annual Foot Exam (Adult)	2013	63.3	↓	48.7	↓
Diabetic Semi-Annual A1C Test (Adult)	2013	69.1	↓	64.6	↑
Flu Vaccination in the Past Year (Adult)	2013	36.1	↓	26.6	↑
Pneumonia Vaccination (Adult)	2013	36.1	↑	29.4	↑
Vaccination (kindergarten)					
Socioeconomic					
Unemployment	17-Jul	5.3	↑	4.7	↑
Public Assistance Income	2011-15	39.2	↓	29.7	↓
Below Poverty Level (Youth)	2011-15	21.5	↓	16.8	↑
Poverty Rate	2011-15	19.3	↓	18.4	↓
SNAP Participants	2011-15	24.7	↑	20.5	↑
Physical Environment					
Household with No Motor Vehicle	2011-15	8.3	↑	5.1	↑
Use of Public Transportation	2011-15	0	↔	3.4	↑

County Performance	Trend	
Worse than Florida	Worsening (increasing or decreasing)	↑ ↓
Better than Florida	Improving (Increasing or decreasing)	↑ ↓
Same as Florida	No change	↔

The community surveys shed additional light on access to care issues in Calhoun and Liberty counties. While 43% of the respondents in Calhoun County did have insurance through an employer or union, 18% were on Medicaid, 14% received Medicare and almost 15% had no health insurance. Liberty County residents reflected even lower insurance coverage, with 28% having coverage through their employer while 23% received Medicaid, 20% received Medicare and almost 18% had no insurance coverage.



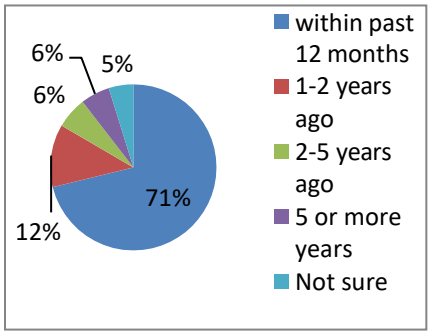


When asked how long it had been since the respondent had visited the doctor for a wellness visit, less than ¾ (70%) of the total in either Calhoun or Liberty counties had done so in the past 12 months. This includes only 50% of the vulnerable population in Calhoun and 40% of the vulnerable population in Liberty. 10.5% of the Calhoun respondents and 12 percent of the Liberty respondents either had not

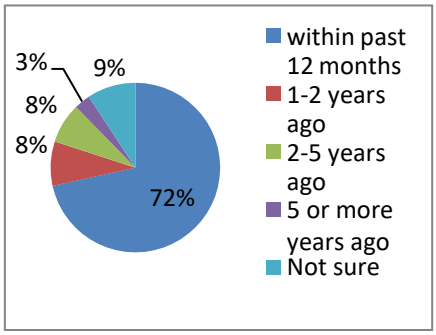
been to the doctor the past five years or could not remember the last time they visited a health care provider for a wellness visit. Likewise, only 42% of the survey responses in Calhoun County indicated a dentist visit in the past year and 31% in Liberty County. This includes 24% and 14% of the vulnerable population in Calhoun and Liberty counties respectively. An alarming 27% of Calhoun respondents and 39% of Liberty respondents either had not visited a dentist in five years or could not remember their last visit.

Last Wellness Visit

Calhoun

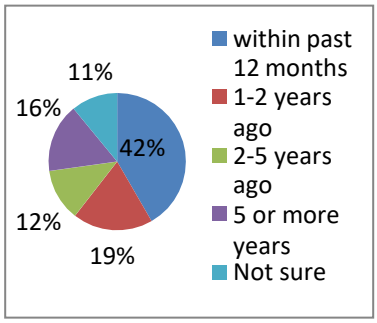


Liberty

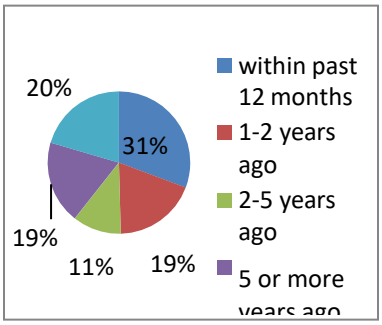


Last Dental Exam

Calhoun



Liberty



Of the health care services listed in the survey, the most difficult to get locally (in rank order) were:

Calhoun	*Liberty*
• Prescription/pharmacy services • Family planning • Physical therapy/rehabilitation • Emergency medical care	• Family planning • Preventative health care • Prescription/pharmacy services • Primary medical care

The Forces of Change Assessment identified several trends and factors which could impact the success of initiatives aimed at impacting access to care in the community including the following threats and opportunities:

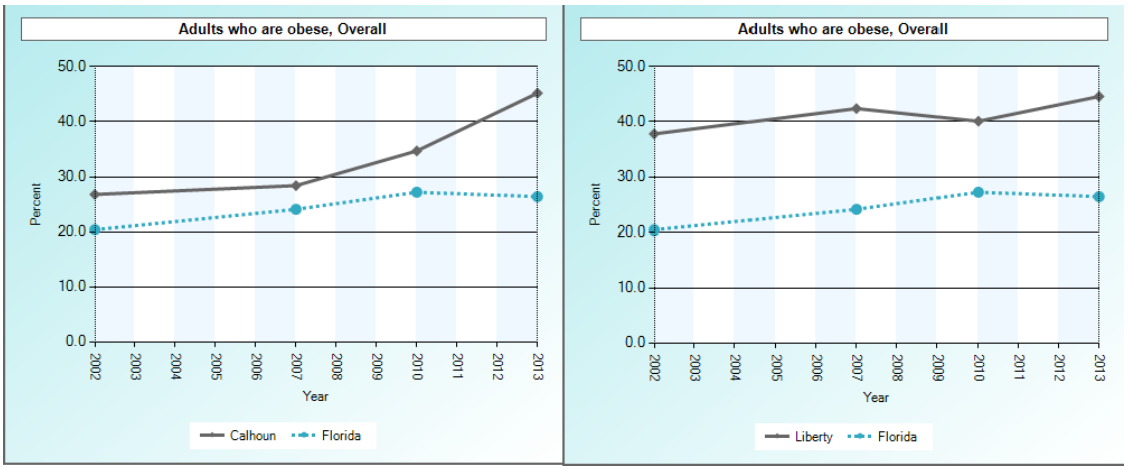
Force	Threat	Opportunity
• Affordable Care Act (ACA) and its funding. • Budget cuts to the Medicaid program • Telemedicine	• Unknown future of the ACA. • Unstable market with managed care organizations • ACA funding • There is a lack of interest to change	• Individuals of the community can be educated about health plans acquired under the ACA. • Telemedicine capabilities are developing and maturing

Possible assets available in Liberty and Calhoun Counties to address this priority issue include:

- Board of County Commissioners
- Calhoun County Library
- Calhoun/Liberty Hospital
- Apalachee Center
- Liberty Community Healthcare
- Liberty EMS
- PanCare
- Area Health Education Center
- Department of Health
- Health Advisory Committee
- Healthy Start
- Tallahassee Memorial Hospital
- WIC
- Tobacco Free Partnership

OBESITY

Obesity is a complex health issue to address. Obesity is defined by the Centers for Disease Control and Prevention as weight that is higher than what is considered as a healthy weight for a given height and is the result of a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.



According to the Florida Department of Health, currently, only 36 percent of Floridians are at healthy weight. On our current trend, by 2030, almost 60 percent will be obese. Additionally, six out of ten children born today will be obese by the time they graduate high school. Over the next 20 years in Florida, obesity is expected to contribute to millions of cases of preventable chronic diseases such as type 2 diabetes, heart disease and cancer, costing an estimated $34 billion.

Social determinants of health, the structural conditions in which people are born, work, live, grow and age, are important to take into account when addressing the issue of obesity. It is important to understand the personal, social, economic, and environmental barriers to change as well as facilitators of changes in diet or physical activity, such as:

Diet	***Physical Activity***
• Skills • Social support • Knowledge and attitudes • Access to and availability of healthier foods • Eating out habits • Cultural and societal norms	• Low income • Rural residency • Lack of support from others (peers, family, spouse) • Age or disability (inaccessibility) • Lack of transportation to facilities • Lack of time and/or low motivation

- Food and agriculture policies
- Food assistance programs/food banks
- Economic price systems
- Marketing/advertising (especially to children)
- Fear of injury
- Physical environment- sidewalks, lighting, public transportation, play areas, recreational equipment
- Overweight/obesity (physical and mental barriers)

Obesity Related Health Indicators

Health Outcomes

Indicator	Data Period	Calhoun	Trend	Liberty	Trend
Mortality - Length of Life					
Breast Cancer Deaths	2014-16	17.2	↑	16.7	↓
Colon, Rectal or Anus Cancer Deaths	2014-16	11.7	↓	3.6	↓
Diabetes Deaths	2014-16	37.4	↑	36.7	↑
Heart Disease Deaths	2014-16	218.7	↑	205.0	↑
Stroke Deaths	2014-16	34.5	↑	44.5	↑
Morbidity - Quality of Life					
Preterm Birth	2014-16	10.6	↓	11.9	↓
Births to Obese Mothers	2014-16	26.7	↑	17.6	↑
Births to Overweight Mothers	2014-16	14.7	↑	12.7	↑
Healthy Weight (Youth)	2014	60.8		62.4	
Overweight/Obesity (Youth)	2014	35.2		35.4	
Diabetes (Adult)	2013	13.1	↑	16.6	↑
Healthy Weight (Adult)	2013	29.6	↑	16.5	↓
High Blood Pressure (Adult)	2013	37.9	↓	38.1	↑
High Cholesterol (Adult)	2013	35.4	↓	38.1	↓
Obesity (Adult)	2013	45.2	↑	44.6	↑
Overweight (Adult)	2013	23.7	↓	37.6	↓
Breast Cancer Incidence	2012-14	68.5	↑	91.9	↓
Colon and Rectum Cancer Incidence	2012-14	38.9	↑	31.3	↓

Health Factors

Indicator	Data Period	Calhoun	Trend	Liberty	Trend
Healthy Behaviors					
Breastfeeding Initiation	2016	67.6	↑	77.9	↑

Mammogram	2013	58.1	↓	37.1	↑
Diabetic Annual Foot Exam (Adult)	2013	63.3	↓	48.7	↓
Diabetic Semi-Annual A1C Test (Adult)	2013	69.1	↓	64.6	↑
5 Daily Servings of Fruits and Vegetables (Adult)	2013	7.9	↓	10.2	↓
Sedentary Adults	2013	33.9	↓	28.8	↑
Vigorous Physical Activity Recommendations Met	2007	23.9		21.6	
Diabetic Monitoring	2016	84.0	↔	87.0	↑
Clinical Care					
Acute Care Beds	2014-16	170.9		0	
Primary Care Access	2014	41.2	↓	0	↔
Socioeconomic					
Children Eligible for Free/Reduced Lunch	2014-15	67.7	↑	47.7	↑
Below Poverty Level (Youth)	2011-15	21.5	↓	16.8	↑
Food Insecurity	2011-15	17.3	↓	17.5	↓
Poverty Rate	2011-15	19.3	↓	18.4	↓
SNAP Participants	2011-15	24.7	↑	20.5	↑
Low Income Population with Low Access to Grocery Store	2010	13.0		8.0	

County Performance	Trend	
Worse than Florida	Worsening (increasing or decreasing)	↑ ↓
Better than Florida	Improving (Increasing or decreasing)	↑ ↓
Same as Florida	No change	↔

Additional support for this priority area is evidenced by the Calhoun community survey identifying excess weight as the third most destructive unhealthy behavior for the overall health of the community.. 13% of Calhoun's respondents had been told by a health care professional that they were obese. When asked the reasons that prevent you from eating healthier foods and being active, the top three responses were

- *"It is not safe to exercise in my neighborhood",*
- *"I don't want to be more active",* and
- *"Fear of failure"*

Likewise, Liberty county survey respondents listed poor eating habits/nutrition as the most important unhealthy behavior for the overall health of the community. 12% noted they had been told by a health care provider that they were obese, 21% that they had high blood pressure and 15% that they had high cholesterol. When asked the reasons that prevent you from eating healthier foods and being active, the top three responses were

- *"It is not safe to exercise in my neighborhood"*

- *"I don't want to be more active"*
- *"Healthy food is not available in my neighborhood"*

The Forces of Change Assessment identified several trends and factors which could impact the success of initiatives aimed at impacting obesity in the community including the following threats and opportunities:

Force	Threat	Opportunity
• Lack of activities for the youth • Acceptance of fast food as a way of life • Sedentary lifestyle	• There is a lack of personal motivation • There is a lack of fresh fruits and vegetables. • Obesity, heart disease and diabetes	• The youth with help from the parents must develop better habits earlier in life. • Development of healthier food chains. • The county should market the local parks and trails.

Local resources available to address this priority area include:

- Calhoun County Library
- Down Home Fitness
- Tum Life
- Shock Fitness
- 4-H Extension Office
- Health Advisory Committee
- Healthy Start
- Liberty County Children's Coalition
- WIC
- Greenway
- Torreya State Park
- Veteran's Park