



STRATEGIC PLAN

Community Health Needs Assessment

2013-2018

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the 2013-2018 Strategic Plan was drafted, there may be subsequent data and developments, including recent legislative actions, which could alter the information provided herein.

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TABLE OF CONTENTS

CONTRIBUTORS TO THE STRATEGIC PLAN	2
EXECUTIVE SUMMARY	5
OVERVIEW – DOCUMENTATION OF CHNA	9
DESCRIPTION OF COMMUNITY SERVED	11
DESCRIPTION OF PROCESS AND METHODS	11
DESCRIPTION OF COMMUNITY INPUT	15
DESCRIPTION OF COMMUNITY HEALTH NEEDS	16
DESCRIPTION OF HEALTHCARE FACILITIES AND RESOURCES	20
STRATEGIC PLANNING PROCESS & ACTION PLANS	23
STRATEGIC PLAN ALIGNMENT	25
STRATEGIC PLANNING PROCESS	26
CALHOUN-LIBERTY HOSPITAL 2013-2018 STRATEGIC ACTION PLANS	33
CHRONIC DISEASE	35
WORKFORCE EDUCATION	43
ACCESS TO HEALTHCARE	49
CALHOUN & LIBERTY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT	55
DATA SOURCES	56
METHODS	57
SOCIAL DETERMINANTS OF HEALTH FRAMEWORK	57
PROCESS & ENGAGEMENT OF COMMUNITY HEALTH PARTNERS	57
QUANTITATIVE DATA	58
QUALITATIVE DATA	58
LIMITATIONS	58
DEMOGRAPHIC & SOCIOECONOMIC CHARACTERISTICS	61
GEOGRAPHY AND GOVERNANCE	61
DEMOGRAPHIC/POPULATION PROFILE	61
HOUSEHOLD CHARACTERISTICS	63
SOCIOECONOMIC PROFILE	63
POVERTY	66
EDUCATION	67
LAW ENFORCEMENT	68
COUNTY GOVERNMENT EXPENDITURES	69
HEALTH STATUS	70
COUNTY HEALTH RANKINGS	70
HEALTH RISK FACTORS	71
MORTALITY	71
COMMUNICABLE DISEASES	76
MATERNAL AND CHILD HEALTH	82
HEALTH RESOURCE AVAILABILITY	86
HEALTH ACCESS	87

QUALITY OF LIFE AND PERCEPTIONS OF HEALTH RELEVANT TO THE COMMUNITY ...	90
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM	90
SUBSTANCE ABUSE	94
SOCIAL & MENTAL HEALTH	97
HEALTH ISSUES & DISTRIBUTION	100
STRATEGIC ISSUE 1: POVERTY	101
STRATEGIC ISSUE 2: EDUCATION	101
STRATEGIC ISSUE 3: OBESITY.....	104
STRATEGIC ISSUE 4: HEALTHCARE ACCESS.....	114
HEALTH ASSETS & RESOURCES	124
HEALTH INSURANCE COVERAGE	124
COVERAGE FOR CHILDREN	128
PRIMARY CARE	129
HEALTHCARE FACILITIES	132
ACUTE CARE	132
EMERGENCY ROOM	136
LONG-TERM CARE	138
MENTAL HEALTH AND SUBSTANCE ABUSE	140
DENTAL CARE	141
CALHOUN & LIBERTY COUNTY PHYSICAL ASSETS	143
HEALTH POLICIES	145
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT	151
CALHOUN & LIBERTY COUNTY GOALS & STRATEGIES.....	159
BACKGROUND	161
METHODS.....	161
GOALS & STRATEGIES.....	167
SUMMARY/KEY FINDINGS.....	173
FORCES OF CHANGE.....	175
BACKGROUND	177
METHODS.....	177
IDENTIFICATION OF FORCES.....	181
SUMMARY/KEY FINDINGS.....	189
APPENDICES.....	191
APPENDIX 1: CALHOUN-LIBERTY HOSPITAL WORKSHOP AGENDA	193
APPENDIX 2: DATA SOURCES	197
APPENDIX 3: WORKSHOP NOTES.....	199
APPENDIX 4: GOALS & STRATEGIES AGENDA	211
APPENDIX 5: GOALS & STRATEGIES PARTICIPANTS	214
APPENDIX 6: FORCES OF CHANGE AGENDA & WORKSHEET	215
APPENDIX 7: FORCES OF CHANGE PARTICIPANTS	219

EXECUTIVE SUMMARY

The Calhoun-Liberty Hospital recognizes the importance of strategic planning and the impact this process can have on shaping future outcomes. As a result of process improvements and lessons learned, the *2013-2018 Strategic Plan* incorporated the *Community Health Needs Assessment (CHNA)*. The ***Calhoun-Liberty Hospital 2013-2018 Strategic Plan*** will be continuously reviewed and revised, with changes grounded in new data, trend analyses, improved processes, benchmarking and best practices.

The mission of Calhoun-Liberty Hospital is to provide the most dedicated and advanced primary, preventive and diagnostic healthcare to the communities served, to provide quality patient care at the most reasonable cost and to provide, and promote and support community involvement in the delivery of healthcare in the communities.

Calhoun-Liberty Hospital is dedicated to the growth of community-centered health care delivery systems and to continuing to offer healthcare to the surrounding rural communities. Calhoun-Liberty Hospital plans on fulfilling this goal through progressive healthcare that focuses on enhancing local, affordable and personal quality care.



The CHNA for the geographic area of Calhoun and Liberty counties was conducted in conjunction with the Community Health Improvement Process for the Florida Department of Health in Calhoun and Liberty counties. A more extensive CHNA was developed for this report.

This strategic plan enables the Calhoun-Liberty Hospital to focus on a common direction. Program business plans, the department budget, and individual performance evaluations will be aligned to the strategic plan to ensure all aspects of the department are working in unison. Program managers were consulted to ensure they were involved

in developing performance indicators that met strategic goals and objectives that are relevant to the individual programs, and would impact community health concerns. During this process, the workshop participants identified a critical gap that continues to impact the hospital organization's ability to assess the health needs of the community served. This gap was communication with the population served and the literacy of the population including a lack of knowledge of disease processes and a lower than average education level. This communication and knowledge gap was addressed in the *2013-2018 Strategic Plan* Action items.

This plan incorporates three key aspects of community health indicators: ***Chronic Disease, Workforce Education, and Access to Healthcare.***

The standards used within the strategic plan and the planning process require an understanding of certain assumptions made during the creation of this plan. These assumptions include:

- This plan will remain in alignment with the strategies and priorities of Florida and federal public health plans.
- Senior management and program managers will make business and policy decisions based on this plan.
- Calhoun-Liberty Hospital staff are familiar with the basic concepts of this plan.
- This plan focuses on strategies and priorities of importance to the Calhoun and Liberty county residents
- Objectives and performance indicators will support Calhoun-Liberty Hospital strategies and priorities.

Information from the *Community Health Needs Assessment* informed the Strategic Planning Process by providing health indicators for Calhoun and Liberty County residents. The following objectives were established for the ***Calhoun-Liberty Hospital 2013-2018 Strategic Plan:***

CHRONIC DISEASE

Reduce the Coronary Heart Disease hospitalization rate by 5% in Calhoun County from 83 to 78 by April 1, 2018.

Reduce the Coronary Heart Disease hospitalization rate by 10% in Liberty County from 47 to 37 by April 1, 2018.

Reduce percentage of adults who have diabetes by 2% in Calhoun County from 11.5% to 9.5% by April 1, 2018.

Reduce percentage of adults who have diabetes by 2% in Liberty County from 12.2% to 10.2% by April 1, 2018.

Reduce percentage of adults who are obese by 2% in Calhoun County from 34.7% to 32.7% by April 1, 2018.

Reduce percentage of adults who are obese by 2% in Liberty County from 40.1% to 38.1% by April 1, 2018.

WORKFORCE EDUCATION

Calhoun-Liberty Hospital will become a CEU provider by June 1, 2015.

Calhoun-Liberty Hospital will partner with high schools and colleges to increase the number of student volunteers by 10 by December 31, 2014

ACCESS TO HEALTHCARE

Recruit 4 new doctors (ER and family practice) by December 31, 2017.

Provide blood pressure and diabetic screening exams to 25% of Calhoun and Liberty county adults by December 31, 2017.

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OVERVIEW

Documentation of Community Health Needs Assessment (CHNA)

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OVERVIEW

Section 501(r)(3)(A)(i) requires a hospital organization to conduct a CHNA that meets the requirements of section 501(r)(3)(A)(i) at least once every three taxable years. This written report includes the following information:

1. Description of the community served by the hospital facility.

Pursuant to section 3.05, “a hospital facility’s community will be defined by geographic location.” The Calhoun-Liberty Hospital is geographically located in Calhoun County, and serves the population in both Calhoun and Liberty counties. As a rural facility, Calhoun-Liberty Hospital is not located in a Metropolitan Statistical Area or Micropolitan Statistical Area as identified in the February 2013 U.S. Census Bureau report (see http://www.census.gov/population/metro/files/metro_micro_Feb2013.pdf). A more complete discussion of the community served by the Calhoun-Liberty Hospital can be found in the CHNA on pages 61-97.

Calhoun-Liberty Hospital is located in Blountstown, which is in Calhoun County. The hospital also provides service to Liberty County, which does not have a hospital. Calhoun-Liberty Hospital is the primary health care provider for the residents of Calhoun and Liberty Counties. The service area was determined through an admissions report with zip codes. Calhoun and Liberty counties are both rural counties in the panhandle of Florida.

2. Description of the process and methods used to conduct the CHNA.

The Calhoun-Liberty Hospital used NACCHO’s MAPP model for community health planning which provided a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment

- Community Strength and Themes Assessment
- Local Public Health System Assessment
- Forces of Change Assessment

4. Identifying strategic issues

5. Formulating goals and strategies

6. Action (program planning, implementation, and evaluation)

Working with the Florida Department of Health in Calhoun and Liberty County, the Calhoun-Liberty Hospital participated in the *Forces of Change Workshop* in April 2013. Using the MAPP framework, this workshop was designed to answer the questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?



The Forces of Change Assessment focused on issues that potentially affected the local public health system or community in six categories:

- Economic Forces
- Environmental Forces
- Political Forces
- Health Forces
- Social Forces
- Technological Forces

For each category or Force of Change, workshop participants from the public health community identified Forces (broad all-encompassing category that included trends, events, and factors), Events (one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation), and Factors (discrete elements,

such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway. Information related to the Forces of Change workshop can be found in Appendices 6-7.

The Florida Department of Health in Calhoun and Liberty County hosted a *Community Goals & Strategies* workshop in May 2013. Members of the public health community



participated in this full-day workshop in order to identify critical health issues impacting the residents of Calhoun and Liberty counties. A list of Resources and barriers were generated which could “help” or “hinder” community efforts to address the health issues. Participants then developed Goal, Strategies, and Timelines for the most critical health issues. Information related to

the *Goals & Strategies* workshop can be found in Appendices 4-5.

The Florida Department of Health in Calhoun and Liberty County's Community Health Status Assessment provided a foundation for the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions for the *Community Health Needs Assessment* included in this report. Data from the 2010 U.S. Census, U.S. Bureau of Labor Statistics, and the Florida Department of Health, Department of Motor Vehicles, Legislative Office of Economic and Demographic Research, Department of Children and Families, Department of Education, Department of Law Enforcement, and Agency for Health Care Administration was utilized in the Community Health Status Assessment. In addition, data from the 2012 County Health Rankings, compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, and the Local Public Health Performance Standards Program was included.

Quad R, LLC conducted the Community Health Needs Assessment using the data set contained in Appendix 2. Quad R, LLC was contracted in 2013 to provide Florida

Department of Health in Calhoun and Liberty County with a Community Health Assessment and Community Health Improvement Plan as part of the Florida Department of Health's efforts towards completing the Mobilizing for Action through Planning and Partnership (MAPP) process for state and county health accreditation. In addition, Quad R, LLC worked with Calhoun, Gulf, Holmes, Jackson, Jefferson, Liberty, Madison, Santa Rosa, Taylor, Wakulla, and Washington County Health Departments on their Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) in 2013.

Management team members of the Calhoun-Liberty Hospital met for a two-day workshop session in October 2013 to develop the *2013-2018 Strategic Plan*, which included the identifying strategic issues, formulating goals and strategies, and creating an action plan that focused on program planning, implementation, and evaluation.



Workshop participants were assigned to teams and reviewed data from the Community Health Needs Assessment. Using this information, the workgroup developed a list of critical health issues and/or needs that were currently impacting the Calhoun and Liberty County community. These health issues and/or needs were written into theme statements which resulted in a list of community health issues. The teams then identified a list of community partners who could “help” or “hinder” each health issue and/or need. A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted and reviewed by all workshop participants.

Workshop participants then prioritized the issues using a multi-voting technique. This group decision-making technique is used to reduce a long list of items to a manageable number by means of a structured series of votes. Three issues emerged; Chronic Disease, Education, and Outreach, and participants self-selected into one of the three

key health issue teams to develop action plans. A goal, objectives, strategies, activities, and evaluation measures were created for each action plan. In addition, the participants identified lead roles, community resources, and target date(s) for completion.

3. Description of how the hospital organization took into account input from person who represent the broad interest of the community served by the hospital facility.

Nathan Ebersole, CFO/Controller, and Aimee Hanvey, Infection Control Practitioner, for the Calhoun-Liberty Hospital, participated in the Community Health Improvement



process with the Florida Department of Health in Calhoun and Liberty counties. During the workshops associated with this effort, Mr. Ebersole consulted with public health community members from the following organizations: Apalachee Center Chemical Addiction Recovery Effort (CARE), Calhoun County Chamber, Chipola Adolescent Pregnancy Prevention (CAPP), Department of Corrections, Florida Department of

Health – Calhoun & Liberty Counties, Calhoun County School District, Healthy Start, Liberty County Emergency Management, Life Management Center, North Florida Child Development, Inc., Northwest Regional Library System, Panhandle Area Health Network, Rivertown Community Church, Ruth Attaway CPA, and Twin Oaks Juvenile Development. For a complete listing of individuals and their respective organizations, please see Appendices 5 & 7.

The individuals who participated in the workshops hosted by the Florida Department of Health in Calhoun and Liberty county represent the broad interests of the community served by the Calhoun-Liberty Hospital. As such, they included individuals with:

- a. Special knowledge of or expertise in public health

- b. Regional and location health departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility.
- c. Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.

In addition, the data sources used the Calhoun-Liberty Hospital in developing the *2013-2017 Strategic Plan* represent the most up to date information identifying the health needs of the Calhoun and Liberty county population. See Appendix 2 for the data sources used.

4. A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.

The Florida Department of Health in Calhoun and Liberty County's Community Health Assessment served as the foundation for the Calhoun-Liberty Hospital CHNA. The Calhoun and Liberty County Health Department and its community partners were organized for the purpose of conducting periodic extensive evaluations of the health status of the citizens of the Calhoun and Liberty County area in order to develop interventions. The goals were to develop and implement comprehensive, community-based health promotion and wellness programs in the Calhoun and Liberty County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.



Community Input was sought in April of 2012 through the Community Health Needs Assessment Survey conducted by the Florida Department of Health in Calhoun and Liberty counties. This county-wide survey was distributed through its partners by emails, flyers, and phone calls and was conducted by using the convenience sample method. Questions were asked to determine general health status and health behaviors. To ensure an accurate representation of the community, the survey was administered at sites in and around the community, not just the health department. For example, a group of community health works, commissioned by Big Bend Area Health Education Center, Inc., administered the survey and canvassed Piggly Wiggly, Dollar General, and other sites frequented by the local community. As an incentive for completing the survey, participants will be compensated with a \$10.00 gift card to be redeemed for cash or purchases. 188 persons responded to this survey. The representations to follow will demonstrate the demographics of the survey respondents



The survey consisted of 38 questions in five different areas including:

- Essential Service Section #3: Inform, Educate, and Empower Individuals and Communities about Health Issues.
- Essential Services # 4: Mobilize Community Partnerships to Identify and Solve Health Problems
- Essential Services # 5: Develop Policies and Plans that Support Individual and Community Health Efforts
- Essential Services # 7: Link People to Needed Personal Health Services and Assure the provision of Health Care when otherwise Unavailable
- Essential Services # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Based Health Services

Based on the findings from the Community Health Needs Assessment Survey, the Florida Department of Health in Calhoun and Liberty counties established the following health needs priorities for each county:

Calhoun County	Liberty County
<u>Access to Health Care</u>	<u>Access to Health Care</u>
<ul style="list-style-type: none"> ➤ 22% of respondents indicated they have private insurance, paid by their employer. ➤ 34% pay cash, and have no health insurance. ➤ 24% receive Medicaid, medical coverage for certain people, based on need. ➤ 36% indicated they could not see a doctor due to cost. ➤ 56% indicated they needed to see a dentist in the past year, but could not afford the cost. ➤ 16% indicated they had not seen a doctor in the past year 2 years. ➤ 2% indicated they had seen a doctor in the past 5 years. ➤ 12% indicated they had not seen a doctor in more than 5 years. ➤ 12% are not sure when they had last seen a doctor. ➤ 24% indicated they had seen a dentist in the past 2 years. ➤ 10% indicated they had not seen a dentist in the past 5 years. ➤ 18% indicated they had not seen a dentist in more than 5 years. ➤ 2% indicated they have never been to a dentist ➤ Nearly 56% of respondents earned less than \$20,000 per year. 	<ul style="list-style-type: none"> ➤ 32% of respondents indicated they have private insurance, paid by their employer. ➤ 17% pay cash, and have no health insurance. ➤ 23% receive Medicaid, medical coverage for certain people, based on need. ➤ 45% indicated they could not see a doctor due to cost. ➤ 60% indicated they could not afford or find a dentist in the past year. ➤ 15% indicated they had not seen a doctor in the past year. ➤ 4% indicated they had seen a doctor in the past 5 years. ➤ 6% indicated they had not seen a doctor in more than 5 years. ➤ 11% are not sure when they had last seen a doctor. ➤ 21% indicated they had seen a dentist in the past 2 years. ➤ 21% indicated they had not seen a dentist in the past 5 years. ➤ 22% indicated they had not seen a dentist in more than 5 years. ➤ Nearly 60% of respondents earned less than \$20,000 per year. ➤ 13% use the emergency room for care when they are sick. ➤ 36% report going to the health department when they are sick.

- 46% visit their health department for care when they are sick.

Health Status

- A total of 48% respondents indicated, they rate their own health as good or very good.
- 46% rate their health as somewhat healthy.
- A total of 16% rate their health as unhealthy or very unhealthy.

Health Behaviors

- 44% of respondents indicated they either stand in one place or are sedentary for most of the day.
- 36% reported eating only one serving of fruit per day.
- 18% reported eating no fruit on most days.
- 22% reported eating only 2 servings of fruit per day.
- 32% reported eating only 1 serving of vegetables per day.
- 38% reported eating 2 servings of vegetables per day.
- 6% reported eating none.
- 44% had not participated in physical activity in the past 30 days.
- 20% reported consuming 5 or more alcoholic beverages in the last 30 days.
- 24% reported they currently smoke daily.
- 22% reported they smoke some days.
- 8% use spit tobacco or snuff.

Health Status

- A total of 36% respondents indicated, they rate their own health as good or very good.
- 60% rate their health as somewhat healthy.
- A total of 4% rate their health as unhealthy or very unhealthy.

Health Behaviors

- 59% of respondents indicated they either stand in one place or are sedentary for most of the day.
- 36% reported eating only one serving of fruit per day.
- 13% reported eating no fruit on most days.
- 36% reported eating only 2 servings of fruit per day.
- 36% reported eating only 1 serving of vegetables per day.
- 23% reported eating 2 servings of vegetables per day.
- 4% reported eating none.
- 22% reported consuming alcohol in the last 30 days.
- 49% reported they currently smoke daily.
- 4% reported they smoke some days.

<p><u>Chronic Disease</u></p> <ul style="list-style-type: none"> ➤ 36% have been told by a health professional, they have high blood pressure. ➤ 24% have been told by a health professional, they have high cholesterol. ➤ 20% have been told by health professional, they have diabetes. ➤ 42% have been told they are overweight or obese. <p><u>Prevention</u></p> <ul style="list-style-type: none"> ➤ 80% of women did not have a mammogram in the past year. ➤ 96% did not have a colorectal exam in the past year. 	<p><u>Chronic Disease</u></p> <ul style="list-style-type: none"> ➤ 36% have been told by a health care professional, they are overweight. ➤ 26% have been told by a health care professional, they have high blood pressure. ➤ 32% have been told by a health care professional, they have high cholesterol. ➤ 21% have been told by a health care professional, they have diabetes. <p><u>Prevention</u></p> <ul style="list-style-type: none"> ➤ 62% of women surveyed had not had a mammogram in the last year. ➤ 89% of individuals had not had a colorectal cancer exam.
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The Calhoun-Liberty Hospital senior management team used the data from the Florida Department of Health in Calhoun and Liberty county to identify a list of health needs during their *Strategic Planning* workshop in October 2013. In conjunction with a variety of data sources (see Appendix 2), the workshop participants identified three critical health needs areas. A full description of this process can be found on pages 26-32 of this report.

5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

As part of the CHNA, a review of existing health care facilities and other resources in the Calhoun and Liberty counties community was conducted in August 2013. See pages 87-89 and 124-143 for a complete discussion of these resources.

As a rural critical access hospital with 25 beds, Calhoun-Liberty Hospital has a 24 hour Emergency Room, a radiology department with X-Ray, Cat-Scan, Ultrasound and Diagnostic Mammography, Laboratory department, Respiratory department, Pharmacy and an Inpatient department. Calhoun-Liberty Hospital offers some services such as PICC line placement and monitoring, endoscopy, physical therapy and a swingbed rehab program. Calhoun-Liberty Hospital also works with out of town specialists to provide them with space to see patients at Calhoun-Liberty Hospital to keep patients from having to travel out of town to see a specialist. Calhoun-Liberty Hospital also offers a smoke cessation program and has a Rural Health Clinic.

Calhoun-Liberty Hospital has a 186 staff members in the following areas:

- 8 Administrative
- 2 Coordinators
- 27 RNs
- 14 LPNs
- 22 CNAs
- 3 Nurse Practitioners
- 21 Clerks (Laboratory, Admissions, Accounting, Medical Records)
- 30 Technicians (Radiology, Laboratory, Respiratory)
- 9 Paramedics
- 12 Physicians
- 4 Ward Clerks (Medical Surgery)
- 5 Laboratory Plebotomists
- 14 EMTs
- 15 Staff members

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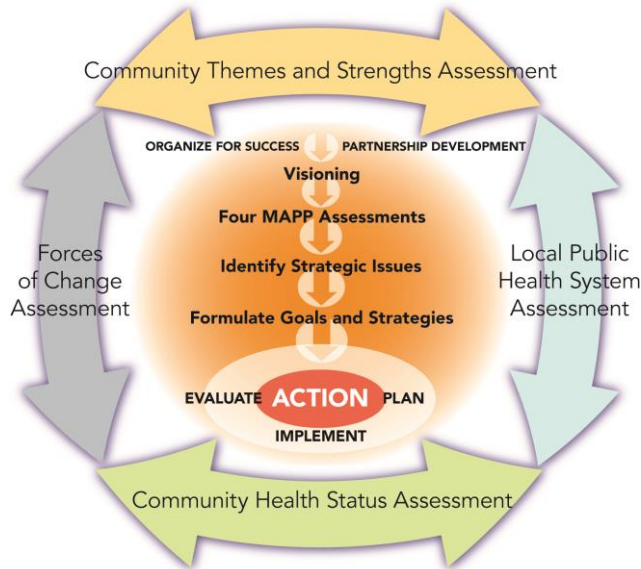
STRATEGIC PLANNING PROCESS & ACTION PLANS

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STRATEGIC PLAN ALIGNMENT

Strategic planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities.

This process follows the guidelines of the Mobilizing for Action through Planning and



Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The Calhoun-Liberty Hospital 2013-2018 Strategic Plan identifies the priorities, goals, objectives, and strategies for the public health system within Calhoun and Liberty counties. Through the integrated efforts of the Hospital and community partners, the desired health outcomes for three Calhoun-Liberty Hospital Strategic Plan priorities – **Chronic Disease, Education, Outreach** - can be addressed in a systematic and accountable manner.

Using the NACCHO model for strategic planning, the Calhoun-Liberty Hospital Strategic Plan is informed by the Community Health Needs Assessment. The Calhoun-Liberty Hospital 2013-2018 Strategic Plan acts as the guiding force for its activities and direction for the next five years. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.

STRATEGIC PLANNING PROCESS

A two-day Strategic Planning workshop was conducted Quad R, LLC with the Calhoun-Liberty Hospital Senior Management team on October 29-30, 2013 (See Appendix 1 for the agenda). The following staff were in attendance:

- Richard E. Armstrong, Plant Operations Director
- Wanda Armstrong, Case Management, LPN
- Elsie L. Canley, Medical Records Director
- Tim Creel, Respiratory Therapy
- Samuel T. Davis, Dietary Manager
- Nathan Ebersole, CFO/Controller
- Michael Flowers, IT Director
- Jan Hall, Administration
- Aimee Hanvey, LPN, Infection Control
- Phillip Hill, CEO
- Debbie Summers, CNO, LRN
- Phillip Wayne Sutton, Laboratory
- Dara Taylor, Billing Office/Registration Manager



During the Strategic Planning process, data collection, analysis, evaluation, and input from the Senior Management team was gathered to facilitate organizational direction and development of a plan tailored to the needs of Calhoun-Liberty Hospital and its community. Data was reviewed from a variety of sources including (for a complete listing see Appendix 2):

- Florida CHARTS
- STD rates/trends
- Injuries & Hospitalizations
- Budget information
- County Health Rankings Summary

After reviewing the data individually, strategic issues were identified by each workshop participant, and were written on sticky notes. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public health system operate within Calhoun and Liberty counties.



Participants were then asked to group their individual notes into themes or like categories. The following categories emerged:

- Chronic Disease
- Communicable Disease
- Crime
- Education
- Outreach
- Environment
- Non-fatal falls/injuries
- Socio-Economic/Poverty
- Substance Abuse/Tobacco

Workshop participants were instructed to use the multi-voting technique to focus on the most critical issues impacting the residents of Calhoun and Liberty County. Participants were asked to vote for the category or categories which they believed Calhoun-Liberty Hospital could most impact in order to improve the health of the community. After reviewing all of the information three categories emerged:

- Chronic Disease
- Education
- Outreach

Participants then self-selected into one of the three health areas. Each group was asked to review all the issue notes and categories, and develop a master list of strategic issues for their heading. Each group was then tasked with identifying two realistic and achievable actions which could be implemented to impact the issues identified.

Workshop participants then reviewed the work of each group and added two additional realistic and achievable actions to each of the other three categories. Upon returning to their original heading area, each group was asked to prioritize the realistic and



achievable actions by coming to consensus on the three most “do-able” actions. A mark was placed next to the most do-able actions. Each working group reviewed the list of actions for the remaining three headings and reached consensus on the three most do-able actions for each list. Each group was to review the health issues represented by the sticky notes associated with that issue in order to reach

consensus. This work is presented in Appendix 3.

The workshop participants were then given the opportunity to re-select the heading for which they wanted to develop Action Plans. Each workgroup was then tasked with reviewing the actions which had received the most “votes” and determining which 2-3 activities could be accomplished by 2018. Workshop participants were provided an Action Plan template.

The facilitator reviewed the key terms associated with SMART Objectives and Strategies on the back of the agenda with the participants, and then instructed each



work group to develop SMART Objectives for those achievable and realistic activities. Once each workgroup had developed SMART Objectives, the participants reviewed each other's work and provided feedback. This work concluded the first day of the Strategic Planning workshop.

At the start of the second day, workshop participants conducted a Strengths, Weaknesses, Opportunities, and Threats analysis (SWOT). A SWOT analysis is a strategic balance sheet of an organization, and provides information on the strengths and weaknesses in relation to the opportunities and threats faced by the organization. This served to remind participants of the resources and barriers that could impact the implementation of *2013-2018 Strategic Plan*. The SWOT is presented on the following pages.

<u>Strengths</u>	<u>Weakness</u>
<ul style="list-style-type: none"> • Teaching hospital • Good mgmt. team • Grant writing • Good customer services • Good location • Rotary • Smoking program • First responders (EMS, life flight) • Great employees • Good physicians • Good E.R. • 80% employees from county • Great ancillary programs • Case management • Stockwell – EGO/colon screenings • R.H.C. • State CAH network/hometown health • Free employee health insurance • Upgrades and improvement to structure and equipment • Infection control • Pharmacy • Outreach with community • Strong leadership • Training – annual • Insurance assistance MCD applications • Great employees • New EHR system • Local health care support • Biomedical waste control volunteer site • EMS response times • Low ER wait times 	<ul style="list-style-type: none"> • Aged facility • Limited space • Consistent cash flow • Man power • Need more bathrooms • Updated E.R., dietary and parking • Lab orp drawing program • Service plans • Trainings – equipment • Physician recruitment • Employee continue education training • Collections • We don't turn patients away(medical screenings) • Employee evaluations • Decreased consistency of MD practice in ER • Unfunded mandates form state and federal • Staff turn over • Lack of adequate staff related to cost reimbursement • Security • Plant maintenance • Poor parking lighting • Designated budgets for mandates

Opportunities

- Health department
- Schools
- Community clubs
- City and county government
- Grants
- S.W.A.T. (school)
- Affordable private insurance
- Physician recruitment
- Advancing technology
- HER incentives
- Churches
- Rural health office
- Hometown health LLC
- Community collaboration
- Designated teaching hospital FMS college/high school for nurses MD residents
- Mass casualty drill collaborative
- Conference collaboration; CMS, CAH, FHA, FMQA, CEU
- Partnerships with county colleges

Threats

- Obama care
- Private pay patients – not paying
- Small community
- Reimbursement cuts
- Reduced federal funding for rural and indigent areas
- Low state and federal funding steady low
- CMS – CAH designation
- ICD – 10
- Uninsured 300 k a month
- Medicaid expansion
- Changes CAH
- Ambulance contract
- Loss of market share
- FQHC
- Lack of care giver support: elderly
- Lack of follow up with patients
- AHCA

Using the results of the SWOT, participants reviewed their SMART Objectives to determine the ways in which they could utilize the Strengths and Opportunities to overcome the Weaknesses and Threats. Based on this discussion, the workgroups completed the Action Plan template for each of their SMART objectives. Activities were delineated for each SMART objective. Evaluation measures were identified for each activity based on the data, and the final evaluation was linked back to the baseline measure for the SMART Objective. In addition, the participants identified lead roles, resources, and target date(s) for completion for each activity contained in the Action Plan.



Each Action Plan contained the following components:

- SMART Objectives
- Performance measures with measurable and time-framed targets
- Designation of accountable persons and organizations for implementing strategies
- Measurable outcomes or indicators to monitor progress

The final product is presented on the following pages.

CALHOUN-LIBERTY HOSPITAL 2013-2018 STRATEGIC PLAN

ISSUE – CHRONIC DISEASE

Goal: Reduce chronic disease rate of coronary heart disease, obesity, and diabetes.

Objective 1. Reduce the Coronary Heart Disease hospitalization rate by 5% in Calhoun county from 83 to 78 by April 1, 2018.

Objective 2. Reduce the Coronary Heart Disease hospitalization rate by 10% in Liberty County from 47 to 37 by April 1, 2018.

Objective 3. Reduce percentage of adults who have diabetes by 2% in Calhoun county from 11.5% to 9.5% by April 1, 2018.

Objective 4. Reduce percentage of adults who have diabetes by 2% in Liberty county from 12.2% to 10.2% by April 1, 2018.

Objective 5. Reduce percentage of adults who are obese by 2% in Calhoun county from 34.7% to 32.7% by April 1, 2018.

Objective 6. Reduce percentage of adults who are obese by 2% in Liberty county from 40.1% to 38.1% by April 1, 2018.

ISSUE – WORKFORCE EDUCATION

Goal: Improve professional development opportunities through CEU education and student volunteers in order to increase clinical competency of staff.

Objective 1: Calhoun-Liberty Hospital will become a CEU provider by June 1, 2015.

Objective 2: Calhoun-Liberty Hospital will partner with high schools and colleges to increase the number of student volunteers by 10 by December 31, 2014.

ISSUE - ACCESS TO HEALTHCARE

Goal: Increase access to healthcare in Calhoun and Liberty counties.

Objective 1: Recruit 4 new doctors (ER and family practice) by December 31, 2017.

Objective 2: Provide blood pressure and diabetic screening exams to 25% of Calhoun and Liberty county adults by December 31, 2017.

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Priority Issue: Chronic Disease	
Goal: Reduce chronic disease rate of coronary heart disease, obesity, and diabetes.	
Objectives:	
<ol style="list-style-type: none"> 1. Reduce the Coronary Heart Disease hospitalization rate by 5% in Calhoun county from 83 to 78 by April 1, 2018. 2. Reduce the Coronary Heart Disease hospitalization rate by 10% in Liberty County from 47 to 37 by April 1, 2018. 3. Reduce percentage of adults who have diabetes by 2% in Calhoun county from 11.5% to 9.5% by April 1, 2018. 4. Reduce percentage of adults who have diabetes by 2% in Liberty county from 12.2% to 10.2%by April 1, 2018. 5. Reduce percentage of adults who are obese by 2% in Calhoun county from 34.7% to 32.7% by April 1, 2018. 6. Reduce percentage of adults who are obese by 2% in Liberty county from 40.1% to 38.1%by April 1, 2018. 	
Baseline:	
<u>Calhoun County –</u> Coronary Heart Disease hospitalization rate (2009-2011) 83 Percentage of adults with diabetes 11.5% Percentage of adults who are obese 34.7%	<u>Liberty County –</u> Coronary Heart Disease hospitalization rate (2009-2011) – 47 Percentage of adults with diabetes 12.2% Percentage of adults who are obese 40.1%
Data Source: Florida Department of Health CHARTS and 2010 BRFSS	

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Strategy 1: Partner with local gyms to establish collaborative to offer increased options for health and wellness to employees and community					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee a. Review and revise action plan.	<ul style="list-style-type: none"> • Department Heads 	3-31-14 4-30-14		Committee formed. Action plan reviewed and revised.	
2. Develop program plan: a. Continue act gyms/health and wellness facilities b. Contact community individual resources: ex. Individuals, churches c. Define interested employees and/or community participants d. Distribute packet/brochure outlining availabilities-educating interested parties. (services) e. Develop tracking tool/program i.e. Weight checks, blood pressure checks. f. Revise plan as needed to promote compliance, feasibility.	<ul style="list-style-type: none"> • Department Heads • CEO • CNO 	a. 7-1-14 b. 7-16-14 c. 7-16-14 d. 8-1-14 e. 8-1-14 f. 2-28-15		Plan developed. a. Gyms contacted. b. Community resources obtained. c. Participants defined. d. Educational & program opportunities distributed. e. Tracking program implemented f. Plan revised if needed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Implement plan.	<ul style="list-style-type: none"> • Department Heads • CEO • CNO 	2-28-15		Plan implemented.	
4. Monitor program plan.	<ul style="list-style-type: none"> • Department Heads • CEO • CNO 	2-28-15		Program monitored.	
5. Final assessment.	<ul style="list-style-type: none"> • Department Heads • CEO • CNO 	2-28-18		Assessment impact for partnering with local gyms to establish collaborative to offer increased options for health and wellness to employees and community.	
6. Determine next steps.	<ul style="list-style-type: none"> • Department Heads • CEO • CNO 	3-31-18		Next steps determined.	

Strategy 2: Educate adult and child Calhoun-Liberty Hospital patients on heart disease, obesity, and diabetes.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	<ul style="list-style-type: none"> • Dan • Clinic Manager • Department Heads 	3-31-14		Committee formed.	
2. Review and revise action plan.	<ul style="list-style-type: none"> • Dan • Clinic Manger • Department Heads 	4-30-14		Action plan reviewed and revised.	
3. Obtain materials: <ul style="list-style-type: none"> • Existing programs • Adults and child • Free • Assessment 	<ul style="list-style-type: none"> • Dan • Clinic Manager • Department Heads • Health Department • Local Physicians 	6-30-14		Materials obtained.	
4. Develop a tracking tool: <ul style="list-style-type: none"> • # of patients readied • Track in EHR • Obtain patient contact info 	<ul style="list-style-type: none"> • TBD 				
5. Distribute materials to different locations: <ul style="list-style-type: none"> • ER • Clinic • Patient rooms • Cafeteria 	<ul style="list-style-type: none"> • Health Department • Local Physicians 	7-15-14		Materials distributed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Load materials on to website.	<ul style="list-style-type: none"> IT Department 	7-15-14		Materials loaded on website.	
7. Educate employees of education efforts.	<ul style="list-style-type: none"> TBD 	7-16-14 Ongoing		Employee education ongoing.	
8. Create employees incentive program to educate patients.	<ul style="list-style-type: none"> TBD 	Ongoing		Incentive program created.	
9. Track education using tools <ul style="list-style-type: none"> # of patients readied track in EHR Obtain patient contact info 	<ul style="list-style-type: none"> TBD 	12-31-17		Education tracked.	
10. Monitor program.	<ul style="list-style-type: none"> TBD 	12-31-17		Program monitored.	
11. Revise as needed.	<ul style="list-style-type: none"> TBD 	2-28-18		Revised as needed.	
12. Assessment of impact.	<ul style="list-style-type: none"> TBD 	2-28-18		Impact assessed for education of adult and child Calhoun-Liberty Hospital patients on heart disease, obesity, and diabetes.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
13. Determine next steps.	<ul style="list-style-type: none">TBD	3-31-18		Next steps determined.	

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Priority Issue: Workforce Education					
Goal: Improve professional development opportunities through CEU education and student volunteers in order to increase clinical competency of staff.					
Objective 1: Calhoun-Liberty Hospital will become a CEU provider by June 1, 2015.					
Baseline Measure: Calhoun-Liberty Hospital is not currently a CEU provider.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee	<ul style="list-style-type: none"> • CNO • Department Heads • Board 	2-28-14		Committee formed.	
2. Develop program criteria	<ul style="list-style-type: none"> • CNO • Board • Department Heads • Medical Director 	6-1-14		Program developed.	
3. Develop policy and procedures. Approvals.	<ul style="list-style-type: none"> • Facility Compliance Office • CNO 	8-1-14		Written policy and procedures.	
4. Obtain approvals.	<ul style="list-style-type: none"> • TBD 	10-30-14		Approval of medical distribution and board.	
4. Obtain license and authorization and certification.	<ul style="list-style-type: none"> • CNO • Department Heads • Medical Director 	2-28-15		License obtained AHCA.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Write/submit/approved.	<ul style="list-style-type: none"> TBD 	3-30-15		Calhoun-Liberty Hospital will become a CEU provider by June 1, 2015.	
6. Determine next steps.	<ul style="list-style-type: none"> TBD 	6-1-15		Committee determines next steps.	

Objective 2: Calhoun-Liberty Hospital will partner with high schools and colleges to increase the number of student volunteers by 10 by December 31, 2014.

Baseline Measure:

Need to obtain current level of number of student volunteers.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	<ul style="list-style-type: none"> • CNO • Department Heads 	12-31-13		Committee formed.	
2. Review and revise action plan.	<ul style="list-style-type: none"> • CNO • Department Heads 	12-31-13		Action plan is reviewed and revised.	
3. Conduct assessment of current employees. a. Position b. Qualifications c. #'s d. Retirement dates	<ul style="list-style-type: none"> • CNO • Department Heads 	12-31-13		Assessment completed.	
3. Conduct assessment of current efforts for volunteers and preceptor ships.	<ul style="list-style-type: none"> • CNO • Department Heads 	1-31-14		Assessment completed.	
4. Review assessment and revise current efforts.	<ul style="list-style-type: none"> • CNO • Department Heads 	2-15-14		Assessment plan reviewed and revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Develop a plan for outreach for volunteers and students. <ul style="list-style-type: none"> • Mentors • Guidelines • Departments • Resources • Marketing • Criteria 	<ul style="list-style-type: none"> • CNO • Department Heads 	2-15-14		Plan completed.	
6. Obtain administration approval for outreach plan.	<ul style="list-style-type: none"> • CNO • CEO • Board 	3-1-14		Approval obtained.	
7. Define committee roles for implementation of plan.	<ul style="list-style-type: none"> • CNO • Department Heads • Doctors 	3-1-14		Roles defined.	
8. Implement outreach plan.	<ul style="list-style-type: none"> • CNO • Department Heads • Doctors 	3-1-14		Plan implemented.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Monitor outreach implementation: a. Revise implementation as needed b. Implement resources	<ul style="list-style-type: none"> • CNO • Department Heads • Doctors 	4-1-14		Monitoring continued.	
10. Assess implementation.	<ul style="list-style-type: none"> • CNO • Department Heads 	12-31-14		Calhoun-Liberty Hospital partnered with high schools and colleges to increase the number of student volunteers by 10 by December 31, 2014.	
10. Determine next steps.	<ul style="list-style-type: none"> • CNO • Department Heads 	12-31-14		Committee determines next steps.	

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Priority Issue: Access to healthcare.					
Goal: Increase access to healthcare in Calhoun and Liberty counties.					
Objective 1: Recruit 4 new doctors (ER and family practice) by December 31, 2017.					
Baseline Measure: Calhoun-Liberty Hospital does not have a formal recruitment program.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee	<ul style="list-style-type: none"> • CEO • CNO • HR 	1-31-14		Formed	
2. Review and revise action plan	<ul style="list-style-type: none"> • CEO • Medical Staff 	2-28-14		Reviewed	
3. Research other recruitment programs <ul style="list-style-type: none"> • Contact other hospitals • clinics 	<ul style="list-style-type: none"> • ↓ CNO 	4-1-14		Completed	
4. Develop CLH recruitment plan <ul style="list-style-type: none"> • Compensation/benefits • Community demographics 	<ul style="list-style-type: none"> • Committee 	6-1-14		Developed	
5. Approval <ul style="list-style-type: none"> • Revise the plan • Re approval 	<ul style="list-style-type: none"> • CEO • CNO • HR • Board 	7-1-14		Approved	
6. Implementation <ul style="list-style-type: none"> • Print demo packets • Track efforts • Put on website • Contact medical school 	<ul style="list-style-type: none"> • Staff ↓ • CNO 	8-1-14		Implemented	
7. Monitor progress <ul style="list-style-type: none"> • # of contacts • # of tours 	<ul style="list-style-type: none"> • committee 	9-1-14		Reviewed	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Review implementation	<ul style="list-style-type: none"> • CNO 	9-14-14		Reviewed/revised as needed	
9. Review progress/quarterly	<ul style="list-style-type: none"> • CEO 	12-1-14		Reviewed	
10. Assess for impact	<ul style="list-style-type: none"> • Committee • CEO 	12-1-15		Recruited 4 new doctors (ER and family practice) by December 31, 2017.	
11. Determine next steps	<ul style="list-style-type: none"> • Committee 	12-1-15		Reviewed	

Objective 2: Provide blood pressure and diabetic screening exams to 25% of Calhoun and Liberty county adults by December 31, 2017.

Strategy: Screen/educate to adults who have high blood pressure and diabetics in Calhoun/Liberty counties

Baseline Measure/Source: Baseline:

Calhoun County –

Coronary Heart Disease hospitalization rate (2009-2011) 83
Percentage of adults with diabetes 11.5%

Liberty County –

Coronary Heart Disease hospitalization rate (2009-2011) – 47
Percentage of adults with diabetes 12.2%

Data Source: Florida Department of Health CHARTS and 2010 BRFSS

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee	<ul style="list-style-type: none"> Department Managers 	1-31-14		Committee formed	
2. Review plan of action	<ul style="list-style-type: none"> Department Managers CAN Paramedics 	2-28-14		Plan of action reviewed	
3. Write policy and procedures <ul style="list-style-type: none"> Obtain approval Revise as needed 	<ul style="list-style-type: none"> Committee Board Committee Office Facility Compliance Office 	4-1-14		Written and approved	
4. Develop plan <ul style="list-style-type: none"> ID personal ID equipment Develop location Develop schedule 	<ul style="list-style-type: none"> Department Manager Committee Board 	4-15-14		Developed	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Develop marketing material <ul style="list-style-type: none"> • Media • Website • Dr. • Flyers • Posters • Give aways 	<ul style="list-style-type: none"> • Paramedics • CNA • Nurse 	5-1-14		Completed: pending	
6. Develop tracking tools <ul style="list-style-type: none"> • Number people • County • Age • Screening • Material and hand out 	<ul style="list-style-type: none"> • Committee • Department Manager • CNA • Paramedic 	6-14-14		Developed	
7. Obtain approval <ul style="list-style-type: none"> • Revise • Obtain approval 	<ul style="list-style-type: none"> • Committee • Board 	7-14-14		Development approved	
8. Implement plan <ul style="list-style-type: none"> • Marketing • Material • Staff • Equipment 	<ul style="list-style-type: none"> • CNA • Paramedic 	9-18-14 9-31-14		Implemented	
9. Review plan <ul style="list-style-type: none"> • Tracking and assessment 	<ul style="list-style-type: none"> • Committee • Board • Department Manager 			Review as needed	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Revise implementation based on tracking/assessment	<ul style="list-style-type: none"> TBD 	10-28-14		Revised as needed.	
11. Re-implement based on review and revisions	<ul style="list-style-type: none"> TBD 	11-1-14		Re-implemented.	
12. Assess for impacted using Tracking/Baseline	<ul style="list-style-type: none"> TBD 	2-1-16		Provided blood pressure and diabetic screening exams to 25% of Calhoun and Liberty county adults by December 31, 2017.	
13. Determine next step	<ul style="list-style-type: none"> TBD 	3-1-16		Next steps determined.	

Notes: Bring medical screenings to rural areas to check for BMI, BP, sugar, temperature and bring education via video/handouts on health, diet, smoking, SBE, mammo, heart disease, exercise.

Possible locations include: Volunteer fire departments, Mossy Pond, Kinard, Clarksville, Ahlea, Hosford, Rock Bluff, Estiffanulga, Liberty County

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COMMUNITY HEALTH NEEDS ASSESSMENT

Calhoun & Liberty Counties

DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

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

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.

County Health Rankings <http://www.countyhealthrankings.org/#app/florida/2012>

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

Florida Cancer Registry http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Background.htm

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 CHARTS <http://www.floridacharts.com>

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) and is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

Florida HealthFinder, Florida Agency for Health Care Administration (AHCA)

<http://www.floridahealthfinder.gov/QueryTool/Results.aspx>

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (FYTS)

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

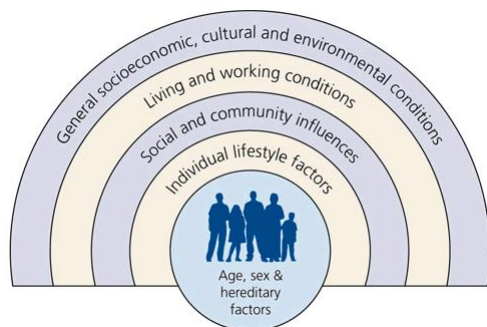
The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

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.

METHODS

The Community Health Needs Assessment (CHNA) followed the MAPP process to examine the community health status of Calhoun and Liberty counties. Factors at multiple levels were analyzed – from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to health care services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., rural community aspects). Each factor in conjunction with all the others impacts the health of community residents. A social determinant of health perspective was adopted to guide the CHNA process.



Social Determinants of Health Framework

It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Calhoun and Liberty

County, represented by the data within this report, live and work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Calhoun and Liberty counties community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Process and Engagement of Community Health Partners

The Community Health Needs Assessment relied on a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process. The Calhoun-Liberty Hospital worked with a number of community health partners and community residents during 2013. Meetings and workshops were held to identify and assess perceptions, health concerns, strengths, weaknesses, and other related issues about the health programs and services available within both

counties. Individual members are identified throughout this report. The Forces of Change and Community Themes and Strengths workshop was held in 2013 with participants from public health organizations in Calhoun and Liberty counties.

Quantitative Data

Data for this report was drawn from county, state, and national sources in order to develop a social, economic and health snapshot in time of Calhoun and Liberty counties. 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.

Qualitative Data

During 2013, meetings and workshops were conducted with Calhoun and Liberty county residents and members of the health community to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns.

Limitations

Several limitations related to this assessment's research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Calhoun and Liberty 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-report 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 Calhoun and Liberty 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.

This Community Health Needs Assessment (CHNA) provides a snapshot in time of the community strengths, needs, and priorities. Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, this report is the result of a collaborative and participatory approach to community health planning and improvement.

A Community Health Assessment is a collaborative process involving community partners to identify strengths, capacity, and opportunity to better address the many determinants of health. Improving the health of the community is critical to enhancing Calhoun and Liberty County residents' quality of life and supporting its future prosperity and well-being.

The Calhoun-Liberty Hospital Community Health Needs Assessment serves to inform the decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

- Examination of the current health status across Calhoun and Liberty County as compared to Florida.
- Identification of the current health concerns among Calhoun and Liberty County residents within the social and economic context of their community.

- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Calhoun and Liberty County.

Four broad focus areas were used in the CHNA process:

1. Community Health Status Profile
2. Local Public Health System Assessment
3. Forces of Change
4. Community Strengths and Themes

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Geography and Governance

Calhoun and Liberty counties are in northwest Florida and are bordered by Gadsden and Jackson counties to the North, Gulf and Franklin counties to the south, Wakulla and Leon counties to the East, and Washington and Bay counties to the West. Both are small rural counties.



Calhoun County has 567.33 square miles of land area and 6.98 square miles of water area. Liberty County has 835.56 square miles of land area and 7.56 square miles of water area. Bristol is the county seat for Liberty and Blountstown is the area of county government in Calhoun.

Demographic/Population Profile

According to the Florida Legislature’s Office of Economic and Demographic Research (2013), Liberty County is the state’s least populous county and Calhoun County is the 62nd most populous out of 67 state counties.

The 2012 U.S. Census estimated there were there were 14,723 residents in Calhoun County, which represented a 12.4% increase from the 2000 Census survey. The U.S. Census projects a population increase to 15,738 (4.5% change) by 2020.

The 2012 U.S. Census estimated there were there were 8,276 residents in Liberty County, which represented a 19.1% increase from the 2000 Census survey. The U.S. Census projects a population increase to 9,890 (6.5% change) by 2020.

Over three-fourths (82.2%) of the population in Calhoun County and Liberty County (77.7%) were identified as White according to the 2010 U.S. Census. Slightly over ten percent (13.7%) of the population was Black or African American in Calhoun County and 19% in Liberty County. Hispanic residents account for 5.4% of the population in Calhoun County and 7.1% in Liberty County. The table below summarizes this data and compares it to the state percentages.

	Calhoun County	Liberty County	Florida
White, Not Hispanic	82.2%	77.7%	78.3%
Black or African American, Not Hispanic	13.7%	19.0%	16.6%
Hispanic	5.4%	7.1%	7.1%
Two or more races, Not Hispanic	2.1%	1.5%	1.5%
American Indian and Alaska Native, Not Hispanic	1.2%	1.3%	0.5%
Asian, Not Hispanic	0.7%	0.4%	2.7%
Native Hawaiian and Other Pacific Islander, Not Hispanic	0.1%	0.1%	0.1%

Source: 2010 U.S. Census Data

The Calhoun County population was fairly well-distributed across age groups with 79.1% over the age of 18. Overall, 45.6% of the Calhoun County population was female and 54.4% were male. The 2010 U.S. Census data indicates the overall median age in Calhoun County was 39.7 years.

The Liberty County population was fairly well-distributed across age groups with 79% over the age of 18. Overall, 38.2% of the Liberty County population was female and 61.8% were male. The 2010 U.S. Census data indicates the overall median age in Liberty County was 37 years.

The table of the following page summarizes this data.

	Calhoun County	Liberty County	Florida
Person under 5 years	5.6%	5.2%	5.5%
Persons under 18 years	20.9%	21.0%	20.7%
Person 19-64 years	57%	62.6%	55.6%
Persons 65 years and over	16.5%	11.2%	18.2%

Source: 2012 U.S. Census data estimate

Household Characteristics

The 2010 U.S. Census report indicates there were 5,061 households* in Calhoun County, with an average household size of 2.52 persons and average family size of 3.03. In Calhoun County households, there were

- Persons aged 1 and over living in the same house - 88.5%
- Children under the age of 18 – 41%
- English language spoken in home – 90%

The 2010 U.S. Census report indicates there were 2,525 households* in Liberty County, with an average household size of 2.57 persons and average family size of 3.05. In Liberty County households, there were

- Persons aged 1 and over living in the same house – 79.3%
- Children under the age of 18 – 44.3%
- English language spoken in home – 92.9%

*According to Census definitions, a household includes all of the people who occupy a housing unit, including a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters. 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.

Socioeconomic Profile

The October 2013 *Office of Economic and Demographic Research Report* indicated the average annual wage for Calhoun County residents was \$27,861 and \$30,858 for Liberty County residents in 2011 compared to the state's average annual wage of \$41,570 (see <http://edr.state.fl.us>). According to the U.S. Census data (2006-2010), the median individual worker income for Calhoun County residents was \$22,409 and \$25,429 for Liberty County residents. The table below provides additional income for both counties.

	Calhoun County	Liberty County	Florida
Male median individual worker income	\$25,036	\$33,166	\$31,533
Female median individual worker income	\$19,925	\$20,592	\$23,837
Median Household income	\$31,699	\$40,777	\$47,661
Median Family income	\$39,332	\$48,759	\$57,204

Source: 2006-2010 U.S. Census data

In Calhoun county, 47.96% of females over the age of 16 are in the labor force with 90.09% employed in the civilian sector; while 37.28% of males over the age of 16 are in the labor force with 93.97% employed in the civilian sector. Among females over the age of 16, 52.04% were not in labor force and 62.72% of males over the age of 16 were not in the labor force.

In Liberty county, 57.89% of females over the age of 16 are in the labor force with 57.89% employed in the civilian sector; while 50.43% of males over the age of 16 are in the labor force with 75.22% employed in the civilian sector. Among females over the age of 16, 42.11% were not in labor force and 49.57% of males over the age of 16 were not in the labor force.

Source: 2006-2010 U.S. Census data

According to the October 2013 *Office of Economic and Demographic Research* report, 35.3% of Calhoun County employment was in the Government sector and 20.9% was in the *Trade, Transportation and Utilities* industry. In Liberty County, 40.5% of employment was in the *Government* sector and 8.4% was in the *Trade, Transportation and Utilities* industry. The average annual wage of those employed by these two industry sectors were \$33,585 for those employed by the *Government* in Calhoun County and \$35,255 in Liberty County, and \$22,904 for those employed by the *Trade, Transportation and Utilities* industry in Calhoun County and \$20.833 in Liberty County.

Household income based on race and age is displayed in the table below for Calhoun and Liberty counties as compared to the state of Florida household incomes.

	Calhoun County	Liberty County	Florida
Median Household Income by Race			
White	\$35,452	\$41,588	\$50,316
Black	\$22,969	\$35,197	\$35,197
Hispanic	\$14,964	\$41,758	\$41,758
American Indian, Alaska Native	\$53,648	\$41,145	\$41,145
Median Household Income by Age			
Less than 25 years of age	\$19,700	\$39,732	\$27,317
25-44 years of age	\$39,721	\$44,081	\$52,746
45-64 years of age	\$43,587	\$45,401	\$56,673
65 year or over	\$26,250	\$34,987	\$34,987

Source: 2006-2010 U.S. Census data

Poverty

According to the U.S. Census (2011), the poverty rate was 25.9% in Calhoun County and 23.5% In Liberty County for all ages as compared to the state poverty rate of 17.0%. Of those individuals in Calhoun County, 31.8% were under the age of 18 and 29.9% were ages 5 to 17 in families.

In Liberty County, 28.1% were under the age of 18 and 25.3% were ages 5 to 17 in families. This is above the state of Florida poverty rates of 17.0% for all ages, 25.1% under the age of 18, and 23.5% ages 5 to 7 in families.

Education

There are 21 public schools within the Calhoun County School District with a total enrollment of 2,264 students. There are 6 public schools in Liberty County School District with a total enrollment of 1,470 students. During the 2012-2013 school year, 66.65% of Calhoun County students and 54.97% of Liberty County students

were eligible for the free/reduced lunch program according to the Florida Department of Education.



Blountstown Elementary School
<http://www.blountstownelementary.org/>

During the 2011-2012 school year, 113 High School diplomas or certificates were awarded to Calhoun County students. The graduation rate in Calhoun County is 77.3% in 2011-2012 up from 74.1% in 2010-2011. Thirteen students dropped out of 9-12 grade in 2011-2012 for a 2.1 dropout rate.

In Calhoun County, 71.9% of residents ages 25 years or older are High School graduates. The state average is 85.5% for this age group. The percentage of residents with a Bachelor's degree or higher for this age group was 13.2%.

In Liberty County, 84 High School diplomas or certificates were awarded to Liberty County students. The graduation rate in Liberty County was 64.2% in 2011-2012 up from 53.5% in 2010-2011. Four students dropped out of 9-12 grade in 2011-2012 for a 0.7 dropout rate.

Nearly three-quarters (73.2%) of Liberty County residents ages 25 year or older are High School graduates. The percentage of residents with a Bachelor's degrees or higher for this age group is 7.9%, as compared to the state rate of 26%.

Law Enforcement

The Florida Department of Law Enforcement (FDLE) reported that crime in Calhoun County increased 8.9% from 2011 to 2012. Offenses in the areas of *Forcible Sex Offenses (100%)*, *Aggravated Assault (80%)*, and *Larceny(15.4%)* accounted for the increases, while *Burglary* offenses decreased 10.8%. A total of 20 *Violent* crimes and 114 *Nonviolent* crimes were reported from January to December 2012.

In Liberty County, the crime rate increased 55.6% from 2011 to 2012. Offenses in the areas of *Forcible Sex Offenses (700%)*, *Aggravated Assault (33.3%)*, *Larceny (47.6%)*, and *Burglary (29.4%)* accounted for the increases. %. A total of 17 *Violent* crimes and 53 *Nonviolent* crimes were reported from January to December 2012.

Arrest Data January-December 2012	Calhoun County	Liberty County
Total	346	309
Adults	323	288
Juveniles	23	21
Males	246	212
Females	100	97

Source: Florida Department of Law Enforcement 2012

County Government Expenditures

The Florida Legislature's Office of Economic and Demographic Research reported on the fiscal year 2009-2011 County government expenditures in comparison to the Florida state government. Nearly half (44%) of Calhoun County government expenditures and nearly one-third (32.2%) of Liberty County government expenditures were in the area of Transportation, which included the area of Road and Street Facilities.



Liberty County Courthouse in Bristol, Florida

Expenditure Account Name	% of Total		
	Calhoun County	Liberty County	Florida
General Government Services	10.9%	13.3%	17.2%
Public Safety	15.7%	18.3%	22.1%
Physical Environment	15.1%	5.8%	11.1%
Transportation	44.0%	32.3%	12.2%
Economic Environment	4.2%	2.8%	3.8%
Human Services	1.4%	0.4%	9.1%
Culture/Recreation	3.9%	4.6%	4.5%
Other Uses & Non-Operating	1.8%	21.1%	17.6%
Court-Related Expenditures	2.9%	1.4%	2.4%
Total Expenditures	\$21,897.6	\$18,441.6	\$36,616,300.3

Source: Office of Economic and Demographic Research

HEALTH STATUS

County Health Rankings

Calhoun County ranked 46 and Liberty County ranked 39 out of 67 Florida counties according to the 2013 *County Health Rankings* as reported by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Calhoun County's 2012 ranking was 51 and Liberty County's ranking for the same period was 38. The *County Health Rankings* report is a snapshot of the health of residents, and is generated by comparing the overall health and the factors that influence health with other counties in the state. Using a three-tiered model of population health improvement, the *County Health Rankings* establishes health outcome measures that describe the current health status of a county. Four types of health factors, with weighted scores established by experts and literature review, are used.

Calhoun County ranked highest in *Social & Economic Factors* (36th) and lowest in *Physical Environment* (62nd) among all counties in Florida. Liberty County ranked highest in the *Social & Economic Factors* health factor (28th) and lowest in the *Physical Environment* health factor (61st) in 2013. The table below summarizes the *County Health Rankings*.

2013 County Health Rankings (Rankings based on 67 counties)	Calhoun County	Liberty County
Health Outcomes (How healthy a county is)	46	39
Health Factors Overall (What influences the health of county)	49	48
Health Behaviors (Smoking, diet, exercise, alcohol use)	53	60
Clinical Care (Access to care, quality of care)	43	44
Social and Economic (Education, employment, income, safety)	36	28
Physical Environment (Air quality, built environment)	62	61

Source: 2013 County Health Rankings

HEALTH RISK FACTORS

Mortality

Mortality or death rates are key indicators of the health of a community. The Florida Bureau of Vital Statistics provides data to the Florida Department of Health on a number of mortality rates. The *Florida Community Health Assessment Resource Tool Set (CHARTS)* is an online data system which provides three-year, age-adjusted death rates by cause of death for the state and each of the 67 counties.

Medical and public health research indicate that the rate of death from specific diseases varies among racial/ethnic groups, and that both biological and cultural norms contribute to these differences. The *CHARTS* data presented here represent the most current information available.

Overall, the top seven leading causes of death in Calhoun and Liberty County in 2012 were Cancer, Heart Disease, and Chronic Lower Respiratory Disease (CLRD). The table below displays these totals.

Cause of Death	Calhoun County		Cause of Death	Liberty County	
	Deaths	Percent of Total Deaths		Deaths	Percent of Total Deaths
ALL CAUSES	139	100	ALL CAUSES	60	100
HEART DISEASE	41	29.5	CANCER	17	28.3
CANCER	25	18.0	HEART DISEASE	15	25.0
CHRONIC LOWER RESPIRATORY DISEASE	13	9.4	CHRONIC LOWER RESPIRATORY DISEASE	7	11.7
ALZHEIMER'S DISEASE	10	7.2	DIABETES MELLITUS	3	5.0
UNINTENTIONAL INJURIES	8	5.6	UNINTENTIONAL INJURIES	3	5.0
DIABETES MELLITUS	6	4.3	STROKE	2	3.3
PNEUMONIA/INFLUENZA	5	3.6	ALZHEIMER'S DISEASE	2	3.3

Source: Florida Department of Health, Bureau of Vital Statistics

When adjusted for age and race/ethnicity, the major causes of death shift slightly. The table below displays the death count and rates for 2012. Data for Hispanic residents was not available. In general, heart disease, cancer, and chronic lower respiratory disease were the leading causes of death for White residents in Calhoun and Liberty County. However, Black or African American residents had an increased death rate from heart disease, cancer, and unintentional injuries in Liberty County.

Cause of Death	Florida		Calhoun County		Cause of Death	Liberty County	
	White Deaths (Rate Only)	Black Deaths (Rate Only)	White Deaths (Rate)	Black Deaths (Rate)		White Deaths (Rate)	Black Deaths (Rate)
HEART DISEASE	153.4	157.0	36 (237.4)	5 (198.8)	CANCER	16 (214.5)	1 (112.1)
CANCER	161.7	146.9	23 (145.9)	2 (77.9)	HEART DISEASE	12 (195.8)	3 (314.6)
CHRONIC LOWER RESPIRATORY DISEASE	41.1	21.4	11 (68.6)	2 (79.3)	CHRONIC LOWER RESPIRATORY DISEASE	7 (106.1)	0
ALZHEIMER'S DISEASE	15.9	11.7	9 (59.7)	1 (42.9)	DIABETES MELLITUS	3 (51.8)	0
UNINTENTIONAL INJURIES	42.5	26.4	7 (56.9)	1 (38.2)	ALZHEIMER'S DISEASE	2 (34.1)	0
DIABETES MELLITUS	17.6	33.6	5 (32.7)	1 (42.9)	CEREBROVASCULAR DISEASES	2 (34.1)	0
PNEUMONIA /INFLUENZA	8.4	9.9	5 (34.8)	0	UNINTENTIONAL INJURIES	2 (26.7)	1 (96.9)

Source: Florida Department of Health, Bureau of Vital Statistics

Heart Disease

Heart disease is the leading cause of death in the United States. The CDC reported that heart disease accounted for one in four deaths in 2009. The *American Heart Association 2011 Heart Disease and Stroke Statistics* report indicated that annually about 785,000 Americans have their first coronary attack. Over 470,000 Americans who have already had one or more coronary attacks have another attack.

Calhoun and Liberty County's heart disease mortality rates were much higher than the state rates. The mortality and hospitalizations for Coronary Heart Disease, Stroke, and Heart Failure are listed in the table below.

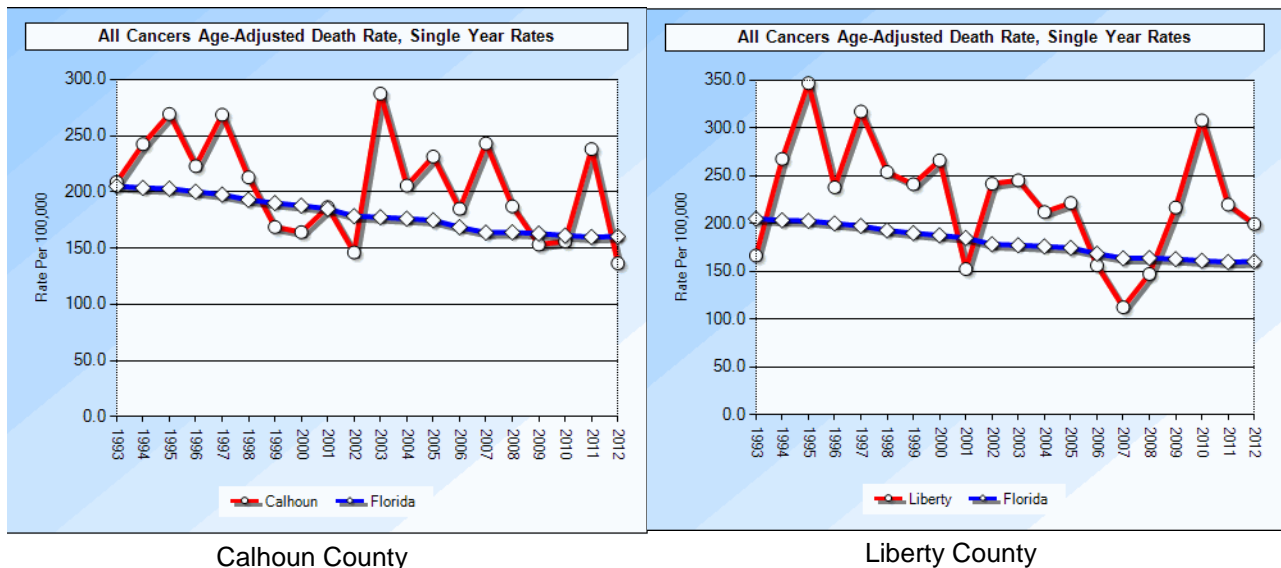
		Calhoun County		Liberty County			
	Year(s)	Average Annual Number of Events	Age-Adjusted Rate	Average Annual Number of Events	Age-Adjusted Rate	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal
Coronary Heart Disease							
Deaths	2010-12	23	130.9	9	124.2	105.8	100.8
Hospitalizations	2009-11	83	471.5	47	556.6	375.3	
Stroke							
Deaths	2010-12	6	35.1	3	46.5	31.4	33.8
Hospitalizations	2009-11	52	298.7	21	268.2	266.6	
Heart Failure							
Deaths	2010-12	4	21.8	2	39.3	8.4	
Hospitalizations from congestive heart failure	2009-11	35	193.9	10	134.6	131.5	

Source: Florida Department of Health, Bureau of Vital Statistics

Cancer

The Centers for Disease Control and Prevention (CDC) lists cancer as second only to heart disease as the leading cause of death in the United States. Cancer is a broad group of diseases characterized by abnormal cells that grow and spread throughout the body. The cause of cancer is complex; many things are known to increase the risk of cancer, including tobacco use, certain infections, radiation, lack of physical activity, obesity, and environmental pollutants.

Total deaths from cancer have declined in Florida, while Calhoun County had a decrease in deaths in 2012 but has been above the state rates. The Liberty County death rate from cancer dipped below the state rate in 2007 but has been above the state rate since 2008. The charts below show the *Total Age-Adjusted Rates from Cancer, Per 100,000 People* for each county as compared to the state of Florida.

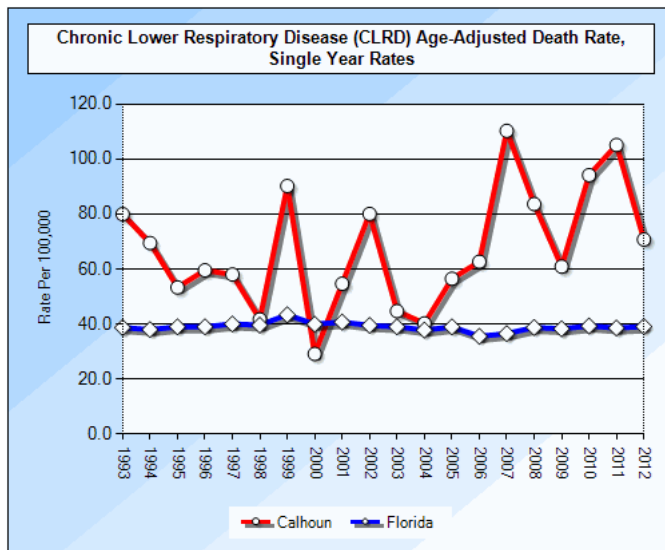


Source: Florida Department of Health, Bureau of Vital Statistics

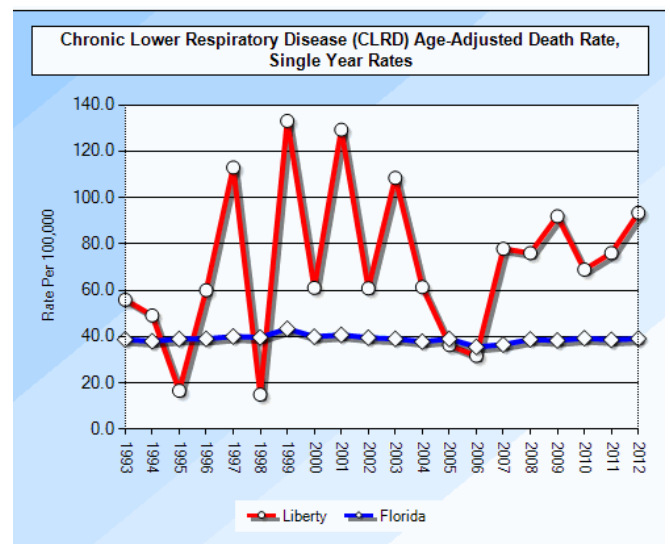
Chronic Lower Respiratory Disease (CLRD)

Chronic Lower Respiratory Disease (CLRD), or chronic obstructive pulmonary disease (COPD), mortality rates have risen and have surpassed stroke as the third leading cause of death in the United States according to the CDC. Smoking is estimated to be responsible for at least 75% of COPD deaths. Figure 10 below shows the trend for CLRD from 1992 to 2011 (the most current data available).

The mortality rates for CLRD for Calhoun and Liberty County have been above the state rates since 2007. CLRD was the third leading cause of death among residents in both counties in 2012. The charts below show the CLRD Age-Adjusted Death Rates, Per 100,000 People.



Calhoun County



Liberty County

Source: Florida Department of Health, Bureau of Vital Statistics

Communicable Diseases

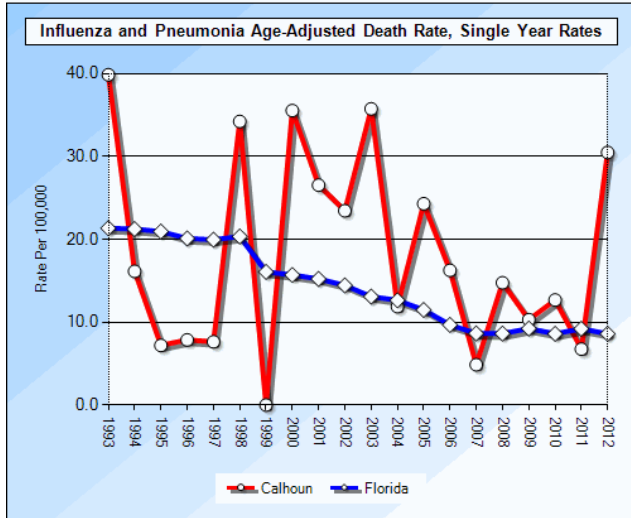
Communicable diseases are defined as any infectious disease that is transmissible (as from person to person) by direct contact with an infected individual or by indirect means (as by a vector). Communicable disease surveillance is an important public health role in Florida. Florida Statutes states that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health" - Section 381.0031(1,2). The Jackson County Health Department works with area health care providers in reporting all communicable diseases in Jackson County.

Influenza and Pneumonia

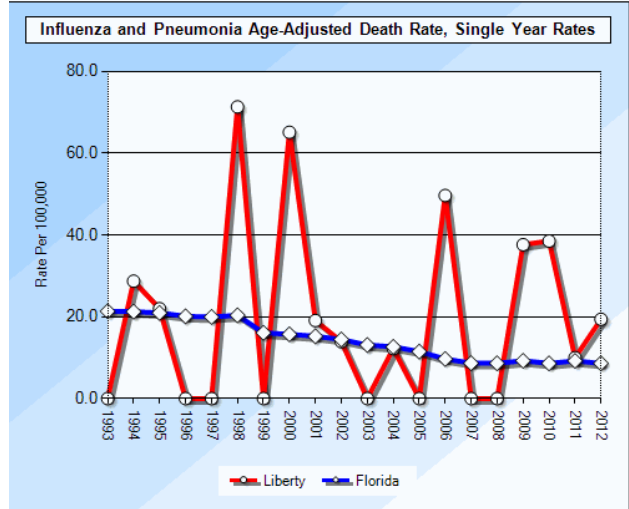
Influenza is a contagious virus causing respiratory illness that can be mild to severe, and may cause death. Older people, young children, and people who are immunocompromised are at greatest risk for serious influenza complications.

Pneumonia is a bacterial or viral infection of the lungs. Both influenza and pneumonia can be prevented through vaccination and are treatable. Together, they were the ninth leading cause of death in the United States in 2010 according to the Centers for Disease Control and Prevention.

Deaths caused by influenza and pneumonia were higher than the state rate in both Calhoun and Liberty County in 2012. The state rate was 8.6, while Calhoun's death rate from influenza and pneumonia was 30.5 and Liberty's was 19.4. The chart on the following page presents the death rates from 1193 to 2012 from influenza and pneumonia in both counties as compared to the state single year rates..



Calhoun County



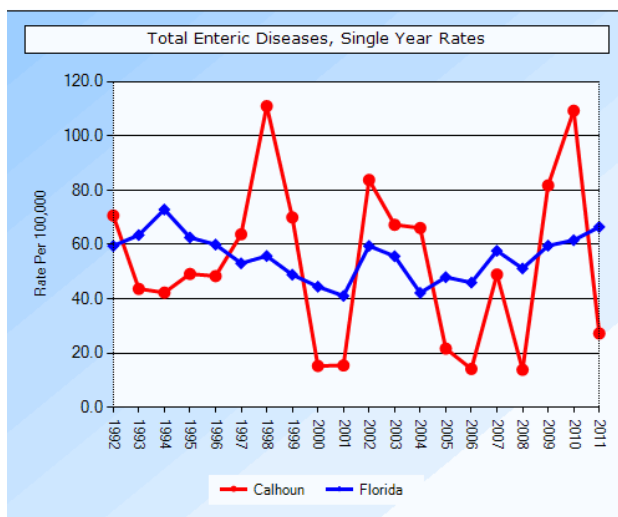
Liberty County

Source: Florida Department of Health, Bureau of Vital Statistics

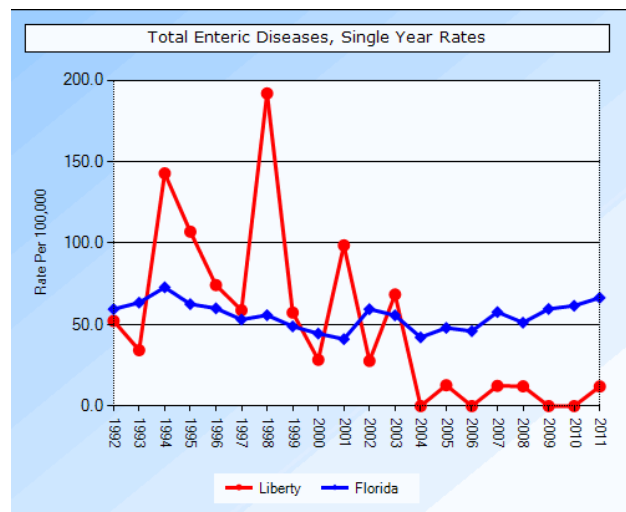
Enteric Disease

The National Institutes of Health (NIH) has determined that bacterial and viral infections of the gastrointestinal tract account for a greatly underappreciated burden of morbidity and mortality in the United States. Enteric pathogens cause disease symptoms ranging from mild gastroenteritis to life-threatening systemic infections and severe dehydrating diarrhea. The Florida Department of Health's Bureau of Epidemiology tracks the rate of enteric diseases, which includes Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, E. Coli Shiga toxin (not serogrouped and serogrouped non-O157), Giardiasis, Hepatitis A, Salmonellosis, Shigellosis, and Typhoid Fever.

Enteric disease rates in Liberty County have been historically lower than state rates for since 2004. In Calhoun County, enteric disease rates were above the state rate in 2009 to 2010, but fell below the state rate in 2011. Data for 2012 was not available. The chart below summarizes this data for 1992 to 2011 for *Enteric Disease Cases, Per 100,000 People*.



Calhoun County

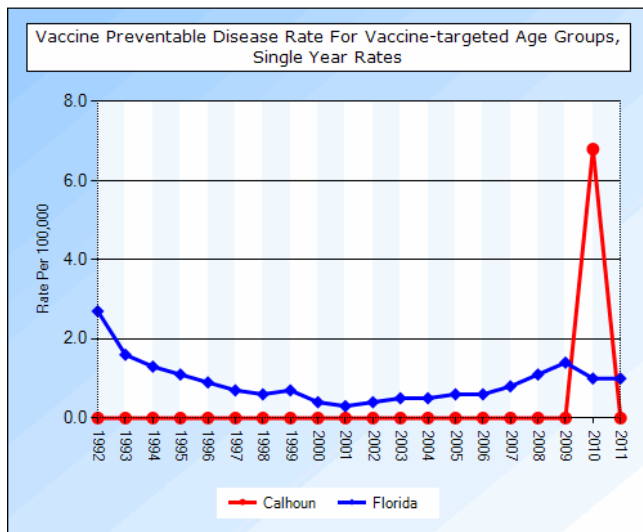


Liberty County

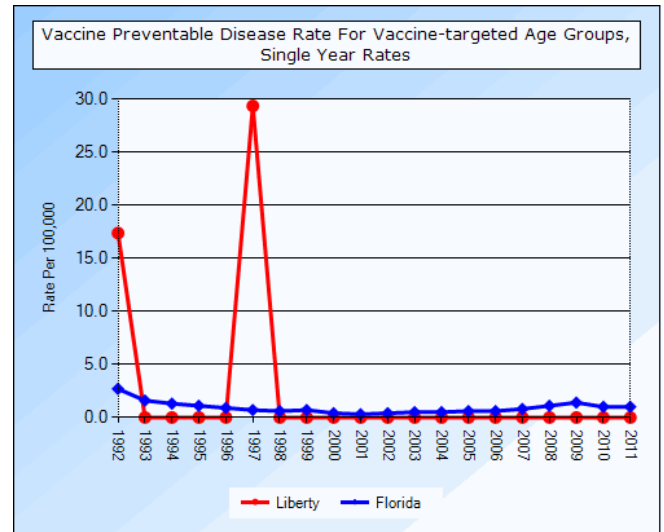
Source: Florida Department of Health, Bureau of Epidemiology

Vaccine Preventable Diseases

Vaccine preventable diseases include Diphtheria, Haemophilus Influenzae B (HiB), Hepatitis A and B, Measles, Mumps, Meningitis, Pneumonia, Polio, Pertussis, Rotavirus, Rubella, Tetanus, and Varicella. Despite a notable peak in 2010, Calhoun County has been below the state rate for vaccine preventable diseases for vaccine-targeted age groups since 1992, while Liberty County has been at or below the state rate since 1997. The charts below summarize this data for *Vaccine Preventable Disease Rate For Vaccine-targeted Age Groups, Per 100,000 People* for 1992 to 2011.



Calhoun County



Liberty County

Source: Florida Department of Health, Bureau of Epidemiology

Includes Diphtheria, HiB < 5, Hepatitis B < 19, Measles < 19, Mumps, Rubella, Polio, Tetanus and Pertussis

Sexually Transmitted Diseases

The CDC reports that sexually transmitted diseases (STDs) are among the most common communicable diseases in the United States. In 2011, there were more than 20 identified and reportable STDs that affected more than 13 million Americans.

Compared to state rates, Calhoun County had higher Chlamydia and Bacterial STD (women 15-34) rates and lower infectious Syphilis rates for 2012. Liberty County's STD rates were lower than the state rate for 2012. The table below summarizes the rates for 2011 to 2012 as compared to the state rate.

Sexually Transmitted Diseases	Calhoun County Count (Rate per 100,000)		Liberty County Count (Rate per 100,000)		Florida Rate Only per 100,000	
	2011	2012	2011	2012	2011	2012
Chlamydia Cases	42 (286.2)	61 (412.8)	30 (359.0)	31 (363.4)	401.3	408.8
Gonorrhea Cases	16 (109.0)	10 (67.7)	11 (131.6)	5 (58.6)	104.0	102.7
Infectious Syphilis Cases	0	0	0	0	6.6	7.2
Bacterial STDs (Women 15-34)	42 (2702.7)	48 (3090.8)	25 (3075.0)	18 (2135.2)	2602.7	2606.1

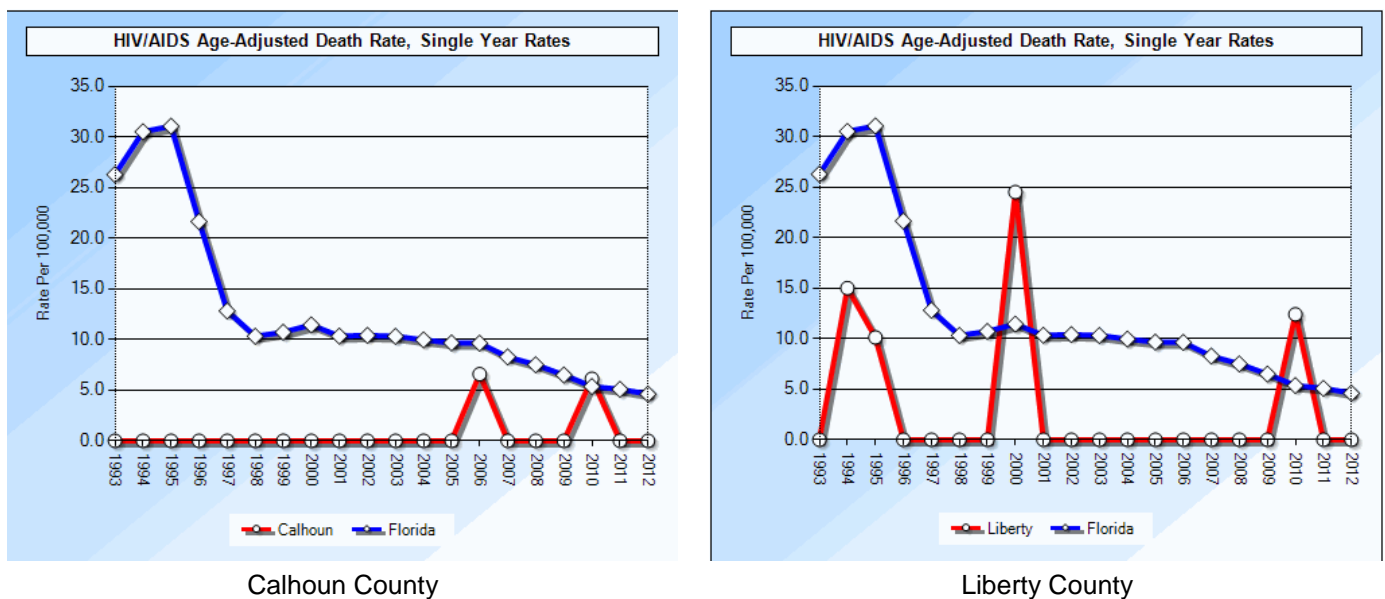
Source: Florida Department of Health, Bureau of STD Prevention & Control

HIV/AIDS

Florida has one of the largest publicly funded HIV testing programs in the U.S.; it provided over 400,000 HIV tests in 2010. The Centers for Disease Control and Prevention estimates there are an additional 56,300 new infections each year nationwide. This epidemic remains a public health challenge in Florida. As the number of persons infected each year continues to grow, the state must find the resources to provide ongoing systems of care to meet the needs of persons living with HIV/AIDS.

Calhoun and Liberty County had two HIV cases in 2012. There were no cases of AIDs in Calhoun County in 2012 and three cases of AIDs in Liberty County according to the Florida Department of Health. The age-adjusted death rate for both counties has been at or below the state rate in Calhoun County since 1992. The charts below summarize the data for the HIV/AIDs age-adjusted death rate for Calhoun and Liberty County as compared to the state.

Figure 17: HIV/AIDs Health Status Indicators, Jackson County/Florida Comparison



Source: Florida Department of Health, Bureau of HIV/AIDS

Maternal and Child Health

The Title V Maternal and Child Health Program is the oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.

Female Population of Childbearing Age

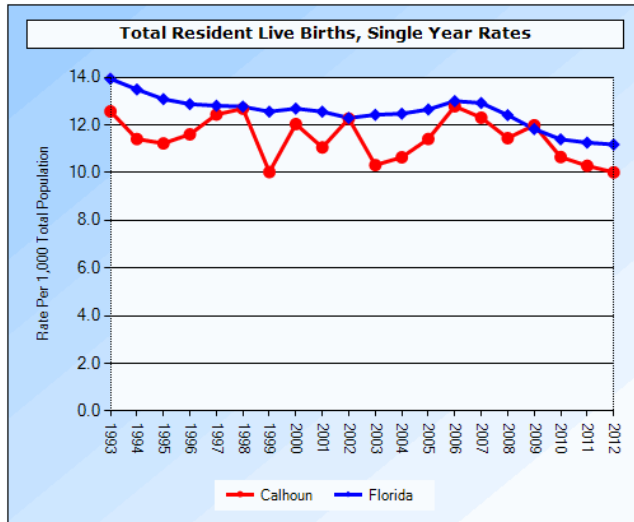
The Florida Department of Health tracks fertility (childbearing) rates of female residents between the ages of 15 and 44. Calhoun County had a higher rate than the state rate for number of live births per 1,000 female population 15-44 from 2010 to 2012. The table below displays the *Fertility Rates (Women of Childbearing Age), Discrete Single Year Rates for All Races*.

	2010	2011	2012
State Total	60.4	60.0	59.6
Calhoun County	67.0	64.7	63.1
Liberty County	58.9	71.9	51.3

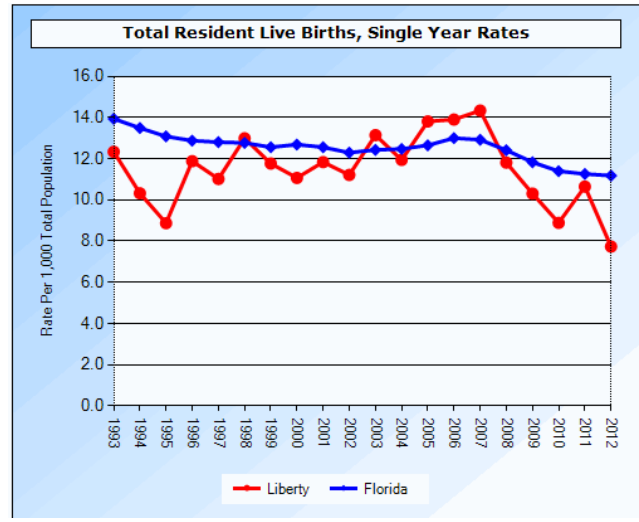
Source: Florida Department of Health, Bureau of Vital Statistics

Birth Rates

Calhoun and Liberty County's total live birth rates have been declining and have historically been lower than Florida's total live birth rates. The charts below display the *Total Live Births, Per 1,000 Total Population* from 1993 to 2012.



Calhoun County



Liberty County

Source: Florida Department of Health, Bureau of Vital Statistics

Differences were seen among race and ethnicity groups for total live birth rates for Calhoun and Liberty County as compared to Florida. The rate of repeat births to Black mothers 15 to 19 years of age was higher in Calhoun and Liberty County as compared to the state rate in 2012 (50.0 as compared to 20.1). Births to unwed White and Black mothers were higher in Calhoun and Liberty County as compared to the state rate in 2012. The table below summarizes this data for 2012.

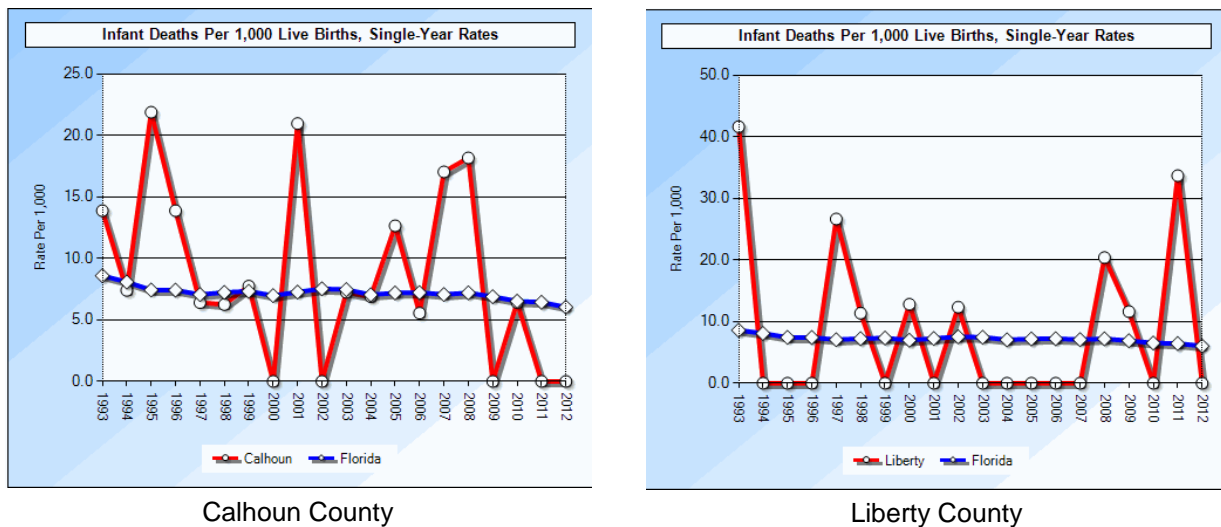
	Calhoun County		Liberty County		Florida (Rate only)	
	2012		2012		2012	
	White	Black	White	Black	White	Black
Births by Mothers, Single Year Counts (Rate)	130 (10.8)	14 (6.6)	62 (9.2)	4 (2.7)	10.1	15.6
Repeat Births to Mothers 15-19, Single Year Counts (Rate)	3 (15.0)	1 (50.0)	0	1 (50.0)	15.5	20.1
Births to Unwed Mothers, Single Year Counts (Rate)	62 (47.7)	10 (71.4)	30 (48.4)	4 (100.0)	42.1	70.7

Source: Florida Department of Health, Bureau of Vital Statistics

Infant Mortality

The Florida Department of Health defines the infant mortality rate as the number of babies who die before their first birthday (ages 0-364 days). According to the U.S. Department of Health and Human Services, infant mortality is one of the key indicators of the nation's health, and is impacted by maternal health, quality and access to health care, socioeconomic conditions, and public health practices. While the state rate for infant mortality has remained stable, the Calhoun and Liberty County infant mortality rate has been unstable, wavering above and below statewide rates over time.

Figure 22: Infant Death Rates, Per 1,000 Live Births, Jackson County/Florida Comparison



Source: Florida Department of Health, Bureau of Vital Statistics

HEALTH RESOURCE AVAILABILITY

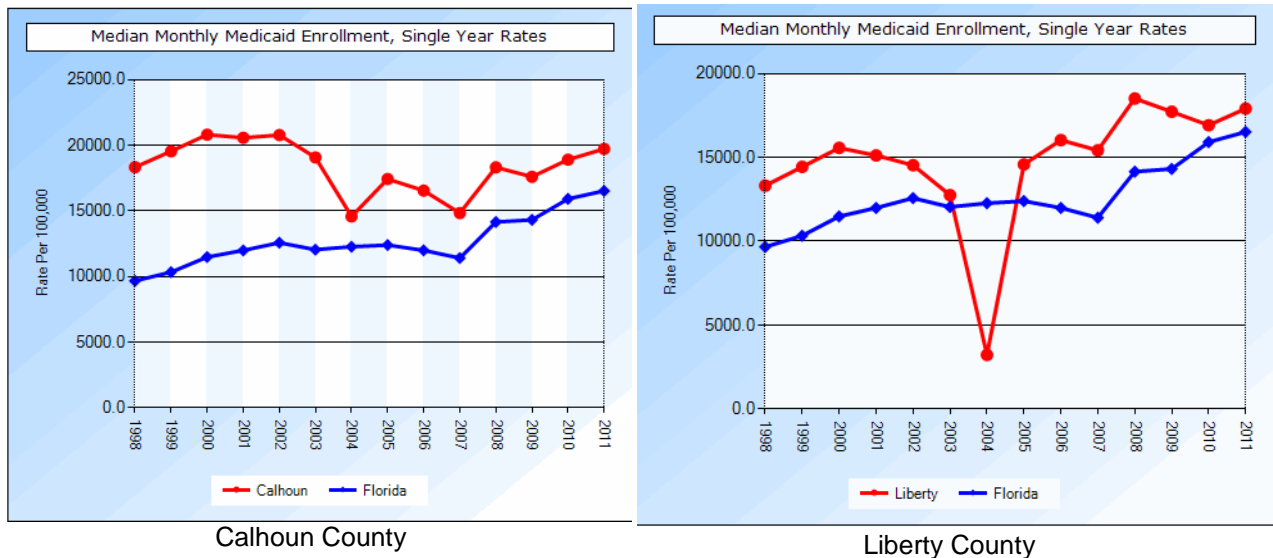
Access to care includes availability of medical providers, health insurance and transportation. Calhoun County has 5 medical care offices but only one has an indigent program. According to the 2012 County Health Rankings and Roadmaps, Calhoun county has a 27% uninsured rate with the state rate being 25%. Without health insurance most people cannot afford to pay for an office visit with a general practitioner much less a specialist. There are 2 programs available for people without insurance, Bay Cares and Vocational Rehab. Although these two programs offer help with access to some specialists, there are only a limited amount of specialists available.

Liberty County has 1 medical care office and it has an indigent program. According to the 2012 County Health Rankings and Roadmaps, Liberty County has a 29% uninsured rate with the state rate being 25%. Without health insurance most people cannot afford to pay for an office visit with a general practitioner much less a specialist. There are 2 programs available for people without insurance, Bay Cares and Vocational Rehab. Although these two programs offer help with access to some specialists, there are only a limited amount of specialists available.

Transportation is barrier to care in Calhoun and Liberty County. Many people do not have their own mode of transportation or they cannot afford to pay for fuel to drive a minimum of 50 miles one way to see a specialist. Calhoun and Liberty County have a transit system available that works with the indigent but at times scheduling is a problem due to Calhoun Transit being the only transportation system in the county.

Health Access

The *Florida KidCare Act of 1997* created health care coverage for children from birth to five years of age through the *Healthy Kids Program* and *MediKids*. Approximately 2.0% of children under the age of five in Jackson County received *KidCare* or *MediKids* in 2009-2011. There were 2,895 Calhoun County residents (19.7%) and 1,497 Liberty County residents (17.8%) enrolled in Medicaid in 2011 (the most current data available). The charts below display a comparison for each county for *the Median Monthly Medicaid Enrollment, County/Florida Comparison* from 1998 to 2011.



Source: Agency for Health Care Administration

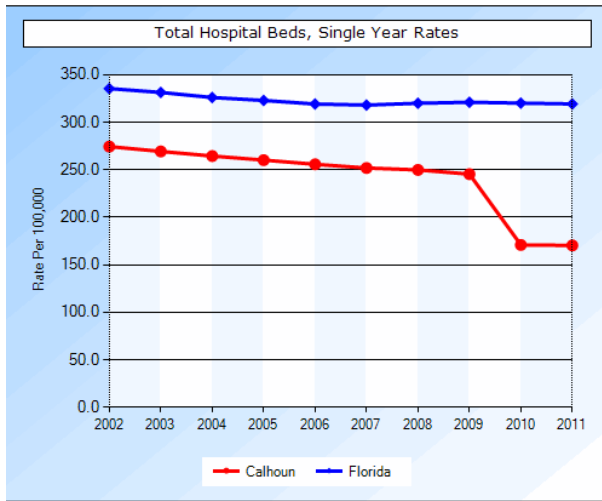
The Florida Department of Health, Division of Medical Quality Assurance reported that there were 6 dentists in Calhoun County and 2 dentists in Liberty County for fiscal year 2012-2013. The state rate for dentists is 54.8 per 100,000 population as compared to Calhoun County at 40.6 and Liberty County at 23.4. The rate for low-income residents who had access to dental care in 2010 for Calhoun County was 44.9 and 105.8 in Liberty County as compared to 36.4 for low-income people in Florida overall.

Calhoun County had a total of 9 licensed physicians for fiscal year 2012-2013, and Liberty County had no licensed physicians for this same time period. There are no licensed obstetrics/gynecology or pediatric physicians in Calhoun and Liberty County. The table below compares the two counties to the state rate.

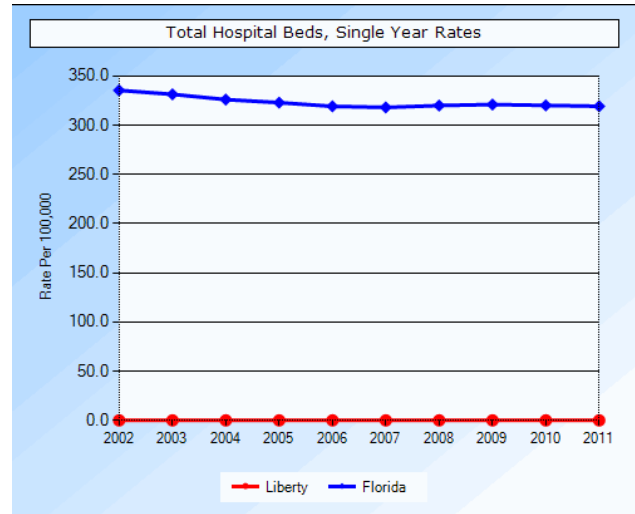
	Calhoun County Count (Rate)	Liberty County Count (Rate)	Florida (Rate only)
Physician	FY 2012-2013	FY 2012-2013	FY 2012-2013
TOTAL	9 (60.9)	0	265.6
Licensed Family Practice	4 (27.1)	0	24.0
Licensed Internists	2 (13.5)	0	49.3
Licensed Obstetrics/Gynecology	0	0	9.9
Pediatrics	0	0	19.5

Source: Florida Department of Health

During fiscal year 2012-2013, Calhoun-Liberty Hospital reported 533 inpatient admissions, 22,792 outpatient visits, and 181 nursing home admissions. According to the Florida Department of Health, the state of Florida hospital bed rate in 2011 was 319.2 per 100,000 population. The Calhoun County rate was 170.3 (25 beds) and Liberty County's rate was 0 during the same time period. This is well below the state rate for both counties. The charts below display this data from 2002 to 2011.



Calhoun County



Liberty County

Source: Florida Department of Health

QUALITY OF LIFE AND PERCEPTIONS OF HEALTH RELEVANT TO THE COMMUNITY

Behavioral Risk Factor Surveillance System

The Florida Department of Health collects and reports on health behavior with the collaboration of state, county, and local health partners. Florida residents aged 18 and older are surveyed regarding personal health behaviors, selected medical conditions, and the prevalence of preventive health practices. The Florida Behavioral Risk Factor Surveillance System (BRFSS) 2010 county data report represents county-specific; population-based estimates of the prevalence of various health and health risk behaviors.

Calhoun County had 484 adults respond to the county-level BFRSS telephone survey in 2010. The total number of adults responding to the BFRSS for Liberty County was not available in the report. The full reports can be obtained from the Florida Department of Health’s Bureau of Epidemiology (see http://www.doh.state.fl.us/Disease_ctrl/epi/BRFSS_Reports/2010).

Key findings from the BRFSS report revealed:

	Calhoun County	Liberty County
Prostate Exams	<ul style="list-style-type: none"> 63.2% of men 50 years of age and older received a PSA test in the past two years. 40.8% of men 50 years of age and older received a digital rectal exam in the past year. 	<ul style="list-style-type: none"> 58.1% of men 50 years of age and older received a PSA test in the past two years. 44.3% of men 50 years of age and older received a digital rectal exam in the past year.

	Calhoun County	Liberty County
Breast Exams	<ul style="list-style-type: none"> • 53% of women 40 years of age and older received a mammogram in the past year. • 47.6% of women 18 years of age and older had a clinical breast exam in the past year. 	<ul style="list-style-type: none"> • 57.1% of women 40 years of age and older received a mammogram in the past year. • 59.4% of women 18 years of age and older had a clinical breast exam in the past year.
Heart Disease	<ul style="list-style-type: none"> • 11.8% of adults have had a heart attack, angina, or coronary heart disease. 	<ul style="list-style-type: none"> • 10.4% of adults have had a heart attack, angina, or coronary heart disease.
High Cholesterol	<ul style="list-style-type: none"> • 36.7% of all adults had been diagnosed with high blood cholesterol, which is down from the 2007 BRFSS county measure. 	<ul style="list-style-type: none"> • 35.7% of all adults had been diagnosed with high blood cholesterol, which is down from the 2007 BRFSS county measure.
Hypertension	<ul style="list-style-type: none"> • Over one-third (39.5%) of adults were diagnosed with hypertension, representing an increase (30%) from 2007. 	<ul style="list-style-type: none"> • Nearly one-third (31.1%) of adults were diagnosed with hypertension, representing an decrease (33.8%) from 2007.
Diabetes	<ul style="list-style-type: none"> • The percentage of adults diagnosed with diabetes increased from the 2007 BFRSS from 10.6% to 11.5%. • The average age at which diabetes was diagnosed decreased from 53 in 2007 to 49.3. 	<ul style="list-style-type: none"> • The percentage of adults diagnosed with diabetes increased from the 2007 BFRSS from 8.8% to 12.2%. • The average age at which diabetes was diagnosed decreased from 54.3 in 2007 to 53.7.

	Calhoun County	Liberty County
Limited Physical Activity	<ul style="list-style-type: none"> The percentage of adults who reported they were limited in activities because of physical, mental, or emotional problems increased from the 2007 BRFSS measure of 26.2% to 30.7% in 2010. 	<ul style="list-style-type: none"> The percentage of adults who reported they were limited in activities because of physical, mental, or emotional problems decreased from the 2007 BRFSS measure of 33.6% to 24.8% in 2010.
Overweight/Obese	<ul style="list-style-type: none"> 70.8% of adults are overweight or obese. 	<ul style="list-style-type: none"> 81.3% of adults are overweight or obese.
HIV/AIDS	<ul style="list-style-type: none"> 50.6% of adults less than 65 years of age had been tested for HIV. 27.9% of adults less than 65 years of age thought they could get the AIDS virus from mosquitos. 	<ul style="list-style-type: none"> 46.2% of adults less than 65 years of age had been tested for HIV. 26.6% of adults less than 65 years of age thought they could get the AIDS virus from mosquitos.
Immunizations	<ul style="list-style-type: none"> Less one-third (29.9%) of adults received a flu shot in the past year, representing an increase (4% change) from 2007. 	<ul style="list-style-type: none"> One-quarter (25.1%) of adults received a flu shot in the past year, representing an increase (8% change) from 2007.
Tobacco Use	<ul style="list-style-type: none"> The percentage of adults who are current smokers decreased (4% change) from 2007 (27.1%) to 2010 (23%). 	<ul style="list-style-type: none"> The percentage of adults who are current smokers increased (4.6% change) from 2007 (22.3%) to 2010 (26.9%).

The BRFSS also evaluated health care access and coverage for adults, oral health, and quality of life. These findings are displayed in below *for Selected Behavioral Risk Factor Surveillance System Findings, 2010.*

Factor (Percentage of adults. . . .) 2010 BRFSS County Measure (Calhoun County	Liberty County
	2010 BRFSS County Measure (2007 Measure)	
Health Care Access & Coverage		
. . . with any type of health insurance coverage	70.7 (77.5)	69.6 (62.0)
. . . who have a personal doctor	77.6 (77.1)	73.0 (67.0)
. . . who could not see a doctor at least once in the past year due to cost	23.5 (81.0)	23.4 (19.6)
. . . who had a medical checkup in the past year	57.4 (64.8)	58.2 (58.2)
Oral Health		
. . . who visited a dentist or dental clinic in the past year	52.0	45.6
. . .who had a permanent tooth removed because of tooth decay or gum disease	59.4	56.7
. . .who had their teeth cleaned in the past year	38.8	35.9
Quality of Life		
... who always or usually receive the social and emotional support they need	75.9 (73.0)	72.3 (77.0)
. . .who are “very satisfied” or “satisfied” with their lives	93.8 (94.0)	91.3 (92.7)
. . .with good physical health	82.1 (79.7)	83.3 (79.5)
. . .with good mental health	84.0 (84.8)	85.3 (81.6)

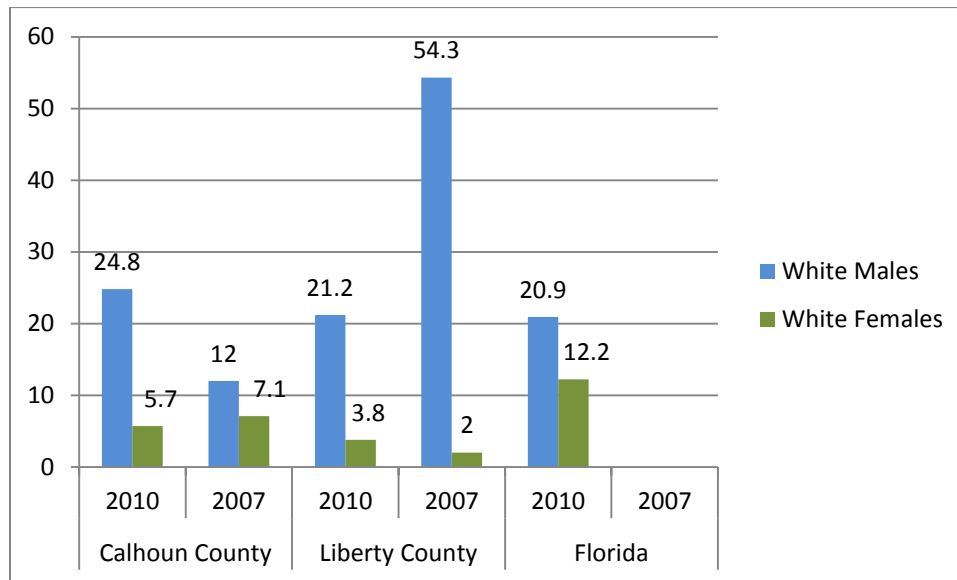
Source: Florida Department of Health, Bureau of Epidemiology

Substance Abuse

Alcohol Use

The BRFSS survey collects information about alcohol consumption. Binge drinking is defined as five or more drinks within a few hours for men and four or more drinks for women. Heavy drinking is defined as one or more drinks per day for women and two or more drinks per day for men.

On the 2010 BRFSS survey, the percentage of Calhoun and Liberty County White males who reported engaging in heavy or binge drinking was higher than the associated statewide population. The chart below summarizes the data for the *Percentage of Adults* who Engage in Heavy or Dinge Drinking, Sex by Race/Ethnicity, Jackson County and State, 2010*. Data for Black and Hispanic residents was not available. Comparative state-wide data for 2007 was also not available.



Source: Florida Department of Health, Bureau of Epidemiology

Tobacco Use

For adults, current smoking is defined as having smoked at least 100 cigarettes and having smoked within the last 30 days. For youth, current smoking is just defined as smoking within the last 30 days.

Over half of the White male and female Calhoun County respondents and half of the White female Liberty respondents indicated they had never smoked on the 2010 BRFSS survey. More Calhoun and Liberty County White males and females reported being a current smoker than the same population statewide. The table below summarizes this data for White males and females. Data for Black and Hispanic respondents was not available for Calhoun and Liberty County.

	Calhoun County		Liberty County		Florida	
	White Males	White Females	White Males	White Females	White Males	White Females
Percentage of Adults* who . . .						
Have never smoked.	52.1	53.5	44.3	57.5	45.4	49.5
Are former smokers.	27.5	19.9	28.5	12.5	36.7	31.6
Are current smokers.	20.4	26.5	27.2	30.0	17.9	18.9

Data Source: Florida BRFSS

* Black/African American and Hispanic/Latino data not available.

Among Calhoun and Liberty County Middle and High School students, the percentage of students who engaged in smoking cigarettes was either higher or at the same level as students statewide. As compared to statewide percentages, nearly five times as many Liberty County Middle School students used smokeless tobacco on one or more of the last 30 days as compared to state middle school students (7.5% versus 2.3%). Nearly three times as many Liberty County High School students used smokeless tobacco on one or more of the last 30 days as compared to state high school students (14.4% versus 5.6%).

When asked whether smoking was allowed in the home, more than 80% of Calhoun and Liberty County Middle and High School students indicated it was not. However, the percentages of Middle and High School students who reported smoking was allowed in the home were nearly double the statewide percentages. The table below summarizes this data from the *2012 Florida Youth Tobacco Survey* (see <http://www.FloridaChronicDisease.org> for a full report per county).

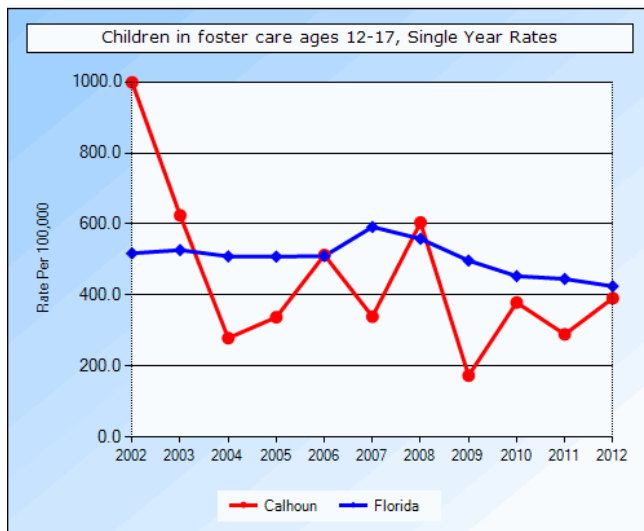
	Calhoun County Middle School	Calhoun County High School	Liberty County Middle School	Liberty County High School	Florida Middle School	Florida High School
Smoked cigarettes on one or more of the last 30 days	4.6%	11.9%	3.7%	10.1%	3.3%	10.1%
Smoked cigars on one or more of the last 30 days	3.6%	10.9%	8.2%	7.5%	3.9%	11.4%
Used smokeless tobacco on one or more of the last 30 days	3.3%	7.6%	9.6%	14.4%	2.3%	5.6%
Smoking is allowed in the home	17.9%	17.1%	15.4%	17.7%	9.9%	10.1%

Source: 2012 Florida Youth Tobacco Survey

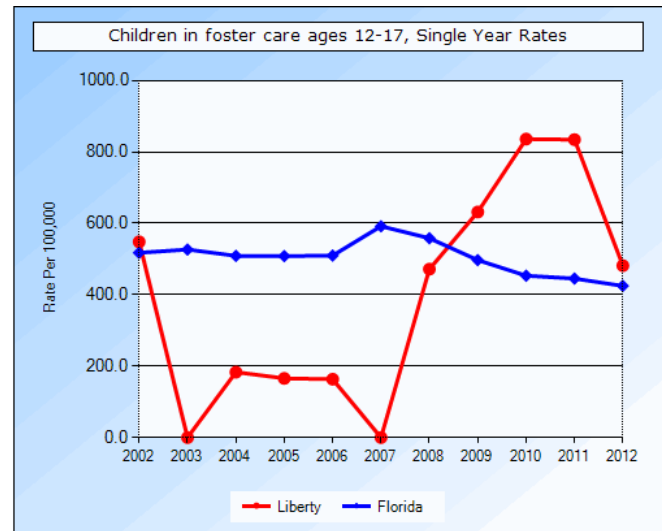
Social and Mental Health

Foster Care

During 2009 to 2012, Liberty County had a higher incidence of infants and children ages 12-17 in foster care compared to Florida. The rate for Liberty County children ages 12-17 in foster care in 2012 was 482.3 (per 1,000 children ages 12-17), while the rate for Calhoun County was 391.4 and the state rate was 424.8. The rate for children ages 1-5 and ages 5-11 in foster care was lower compared to Florida. The charts below summarize this data for each county as compared to the state of Florida.



Calhoun County

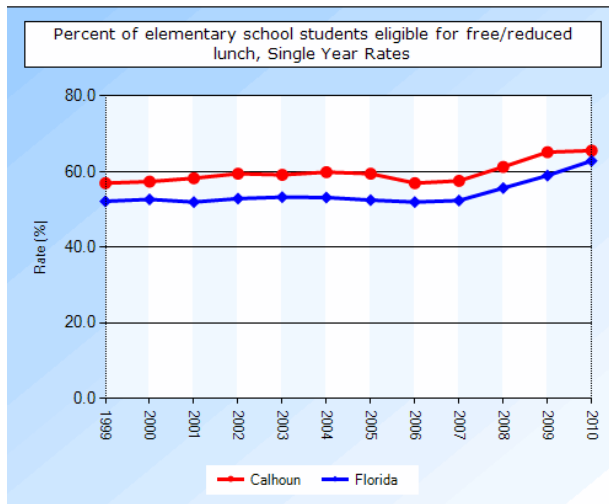


Liberty County

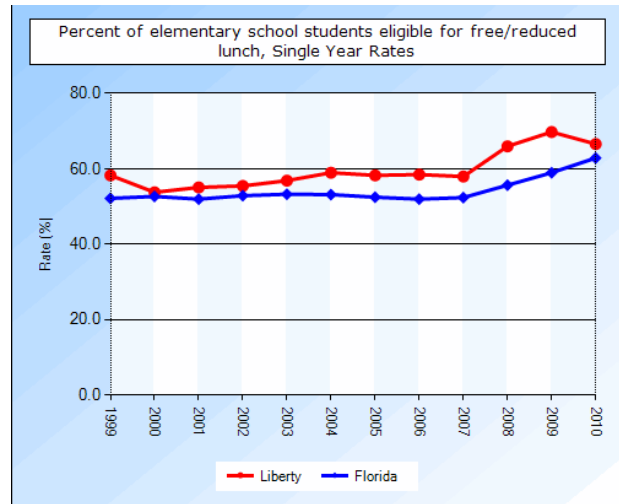
Source: Florida Department of Health, CHARTS

Free/Reduced Lunch Program

As compared to the 2010 state rate of elementary school students eligible for the free/reduced lunch program, Calhoun County (65.6) and Liberty County (66.6) had a higher rate than the state (62.6). In Calhoun County, 672 elementary school students were eligible for the free/reduced lunch program, as were 434 elementary students in Liberty County. The charts below summarize this data.



Calhoun County



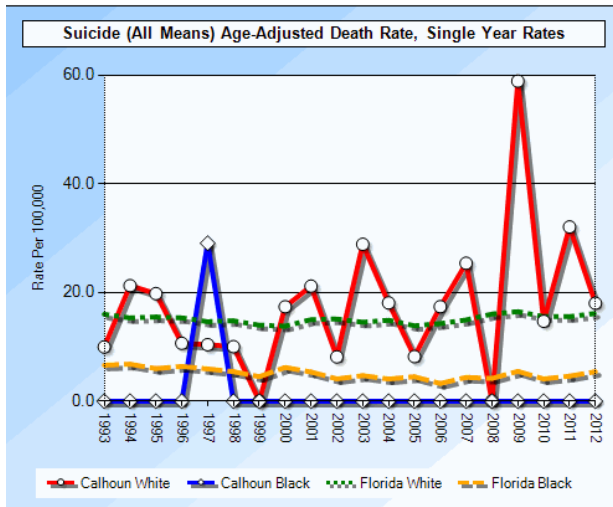
Liberty County

Source: Florida Department of Health, CHARTS

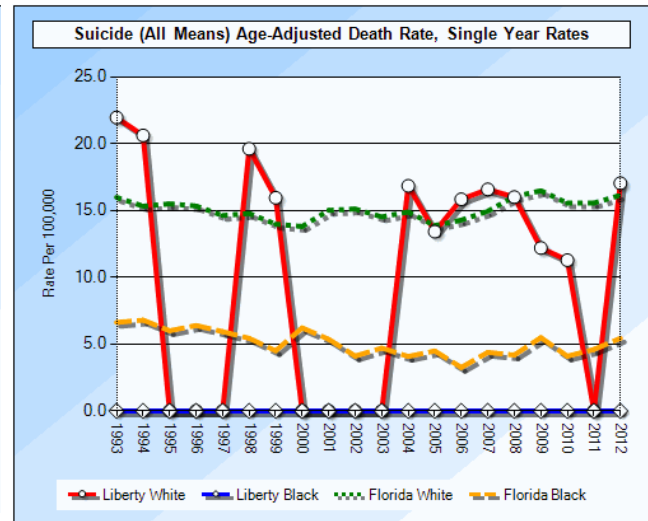
In addition, the rate for Calhoun County (64.6) middle school students eligible for the free/reduced lunch program was higher than the state rate (59.1). Liberty County's rate for middle school students eligible for the free/reduced lunch program was slightly lower than the state rate (58.1 versus 59.1).

Suicide

Calhoun and Liberty County's suicide rate was higher than the 2012 Florida rate. The Calhoun County suicide rate was 15.4 (3 persons) in 2012, with Liberty County's rate at 14.8 (1 person) as compared to the state rate of 14.2. The rate was higher for White residents in both counties as compared to the state rate.



Calhoun County



Liberty County

Source: Florida Department of Health, Bureau of Vital Statistics

In 2012, Calhoun County males (31.1 versus 12.4) and Liberty County females (27.5 versus 2.5) had a higher rate of suicides by firearm discharge as compared to the state population.

HEALTH ISSUES & DISTRIBUTION - HEALTH DISPARITIES, EQUITY, OR HIGH-RISK POPULATIONS

Health disparities exist when one group of people becomes sick or dies more often than another group. Understanding health disparities as they contribute to Liberty health issues is important because health disparities lead to increased healthcare costs, increased incidence of disease, and increased mortality. In addition, it is important to monitor health disparities in order to reduce the disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

According to the *Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* health disparities may persist because of differences in access to medical care for racial and ethnic groups and differences in the quality of care received by racial and ethnic groups.

The Office of Minority Health at the Florida Department of Health reports that health disparities can occur due to:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

When available, health disparities will be identified for each of the Strategic Issues identified in the Community Health Improvement process. It should be noted that there is limited data on health disparities for White and Black-African American and some data for Male and Female populations within Calhoun and Liberty County.

During the Community Health Improvement project, Calhoun and Liberty County community health partners reviewed the data associated reported in the Community Health Assessment and determined there were four critical health issues which impact the health of residents within the county.



STRATEGIC ISSUE 1: POVERTY

Poverty rates were higher for **Calhoun County** residents as compared to Florida. Calhoun County ranks 21 out of 67 Florida counties; 21.1% or 14,372 residents are in poverty in Calhoun County. There were 15.48% of families in poverty, with 34.5% of residents under the age of 18 living in poverty. This data is present in the table on the following page.

Subject	Calhoun County, Florida			
	Estimate	Margin of Error	Percent	Percent Margin of Error
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	19.4%	+/-5.1
With related children under 18 years	(X)	(X)	25.9%	+/-8.1
With related children under 5 years only	(X)	(X)	28.4%	+/-21.9
Married couple families	(X)	(X)	11.5%	+/-4.6
With related children under 18 years	(X)	(X)	14.2%	+/-7.6
With related children under 5 years only	(X)	(X)	17.0%	+/-19.1
Families with female householder, no husband present	(X)	(X)	41.3%	+/-12.3
With related children under 18 years	(X)	(X)	45.9%	+/-15.3
With related children under 5 years only	(X)	(X)	53.4%	+/-43.8
All people	(X)	(X)	25.2%	+/-5.1
Under 18 years	(X)	(X)	34.5%	+/-10.6
Related children under 18 years	(X)	(X)	34.4%	+/-10.6
Related children under 5 years	(X)	(X)	35.5%	+/-16.4
Related children 5 to 17 years	(X)	(X)	34.0%	+/-10.3
18 years and over	(X)	(X)	22.2%	+/-4.4
18 to 64 years	(X)	(X)	24.4%	+/-5.3
65 years and over	(X)	(X)	14.6%	+/-4.5
People in families	(X)	(X)	22.4%	+/-5.7
Unrelated individuals 15 years and over	(X)	(X)	40.1%	+/-7.9

Source: US Census – American Community Survey 2006-2011




Educational attainment has been linked to poverty rates. Policymakers and education leaders across the US and Florida are looking at ways to implement strategies to reduce the high school dropout rate, prepare high school students for college, provide low-income college students the support they need to attain a degree, and encourage adults over 25 to increase their educational credentials or training. In Calhoun County, the median household income of \$31,699 is below the state income of \$47,661 according to the 2006-2010 US Census American Community Survey. Calhoun County ranks 54th out of 67 Florida counties for median individual worker income of \$22,409. Male residents earn \$25,036 as compared to female resident’s median individual worker income of \$19,925. The median household income for White residents was \$35,452 as compared to Black resident’s median household income of \$22,969.

Education is a health issue impacting the residents of Calhoun County. Data from the US Census indicates that 18% of residents 25 years and over have a 9th to 12th grade education with no diploma, and 40.9% of this population has a high school diploma or its equivalent. Among residents 25 years and over, 17.3% have some college, and 5.5% have a Bachelor's degree. These percentages are below the state rates for similar populations. The table below displays this data. Data for specific populations based on gender or ethnicity was not available.

Calhoun County, Florida				
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	2,874	+/-201	2,874	(X)
Nursery school, preschool	242	+/-145	8.4%	+/-5.0
Kindergarten	241	+/-105	8.4%	+/-3.5
Elementary school (grades 1-8)	1,223	+/-115	42.6%	+/-4.6
High school (grades 9-12)	754	+/-113	26.2%	+/-3.6
College or graduate school	414	+/-149	14.4%	+/-4.7
EDUCATIONAL ATTAINMENT				
Population 25 years and over	10,175	+/-82	10,175	(X)
Less than 9th grade	1,032	+/-226	10.1%	+/-2.2
9th to 12th grade, no diploma	1,832	+/-312	18.0%	+/-3.1
High school graduate (includes equivalency)	4,161	+/-361	40.9%	+/-3.5
Some college, no degree	1,757	+/-248	17.3%	+/-2.5
Associate's degree	587	+/-176	5.8%	+/-1.7
Bachelor's degree	564	+/-160	5.5%	+/-1.6
Graduate or professional degree	242	+/-93	2.4%	+/-0.9
Percent high school graduate or higher	(X)	(X)	71.9%	+/-3.8
Percent bachelor's degree or higher	(X)	(X)	7.9%	+/-1.9

Source: US Census – American Community Survey 2011

Elementary School children in Calhoun County are almost two times the state rate for not being promoted (6.0% versus 3.3%). Middle School students are below the associated state rate for not being promoted (1.0% versus 2.2%). This data is presented in the table below. Data for specific populations based on gender or ethnicity was not available.

Learning Environment						
Percentage of students absent 21+ days						
K-12 Students	Percent	2010-11(SY)			14.1%	9.5%
Percent of children not promoted						
Elementary school	Percent	2010-11(SY)		61	6.0%	3.3%
Middle school	Percent	2010-11(SY)		5	1.0%	2.2%

Source: Florida CHARTS

STRATEGIC ISSUE 2: EDUCATION

Education was a health issue impacting the residents of **Liberty County**. Data from the US Census indicates that 17.5% of residents 25 years and over have a 9th to 12th grade education with no diploma, and 37.5% of this population has a high school diploma or its equivalent. Among residents 25 years and over, 18.1% have some college, and 8.5% have a Bachelor’s degree. These percentages are below the state rates for similar populations. The table below displays this data. Data for specific populations based on gender or ethnicity was not available.

Subject	Florida				Liberty County, Florida			
	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
SCHOOL ENROLLMENT								
Population 3 years and over enrolled in school	4,524,992	+/-12,990	4,524,992	(X)	1,549	+/-245	1,549	(X)
Nursery school, preschool	285,655	+/-4,075	6.3%	+/-0.1	47	+/-51	3.0%	+/-3.3
Kindergarten	217,253	+/-3,410	4.8%	+/-0.1	101	+/-61	6.5%	+/-3.8
Elementary school (grades 1-8)	1,790,504	+/-4,513	39.6%	+/-0.2	694	+/-157	44.8%	+/-9.5
High school (grades 9-12)	947,097	+/-4,797	20.9%	+/-0.1	426	+/-198	27.5%	+/-10.9
College or graduate school	1,284,483	+/-10,483	28.4%	+/-0.2	281	+/-125	18.1%	+/-7.8
EDUCATIONAL ATTAINMENT								
Population 25 years and over	12,949,216	+/-1,683	12,949,216	(X)	5,700	+/-297	5,700	(X)
Less than 9th grade	734,857	+/-7,100	5.7%	+/-0.1	527	+/-185	9.2%	+/-3.3
9th to 12th grade, no diploma	1,136,780	+/-8,383	8.8%	+/-0.1	999	+/-189	17.5%	+/-3.3
High school graduate (includes equivalency)	3,897,573	+/-19,966	30.1%	+/-0.2	2,125	+/-256	37.3%	+/-4.0
Some college, no degree	2,701,585	+/-11,901	20.9%	+/-0.1	1,031	+/-213	18.1%	+/-3.9
Associate's degree	1,112,053	+/-7,959	8.6%	+/-0.1	268	+/-98	4.7%	+/-1.8
Bachelor's degree	2,170,821	+/-12,922	16.8%	+/-0.1	486	+/-230	8.5%	+/-3.9
Graduate or professional degree	1,195,547	+/-10,858	9.2%	+/-0.1	264	+/-124	4.6%	+/-2.1
Percent high school graduate or higher	(X)	(X)	85.5%	+/-0.1	(X)	(X)	73.2%	+/-4.5
Percent bachelor's degree or higher	(X)	(X)	26.0%	+/-0.1	(X)	(X)	13.2%	+/-5.3

Source: US Census – American Community Survey 2011

Elementary School children in Liberty County are almost three times the state rate for not being promoted (9% versus 3.3%). Middle School students are above the associated state rate for not being promoted (2.9% versus 2.2%). This data is presented in the table below. Data for specific populations based on gender or ethnicity was not available.

Learning Environment						
Percentage of students absent 21+ days						
K-12 Students	Percent	2010-11(SY)	2		9.4%	9.5%
Percent of children not promoted						
Elementary school	Percent	2010-11(SY)	4	50	9.0%	3.3%
Middle school	Percent	2010-11(SY)	9	9	2.9%	2.2%

Source: Florida CHARTS

Educational attainment has been linked to poverty rates. Policymakers and education leaders across the US and Florida are looking at ways to implement strategies to reduce the high school dropout rate, prepare high school students for college, provide low-income college students the support they need to attain a degree, and encourage adults over 25 to increase their educational credentials or training. In Liberty County, the median household income of \$40,777 is below the state income of \$47,661 according to the 2006-2010 US Census American Community Survey. Liberty County ranks 25th out of 67 Florida counties for median individual worker income of \$25, 429. Male residents earn \$33,166 as compared to female resident’s median individual worker income of \$20,592. The median household income for White residents was \$45,588 as compared to Black resident’s median household income of \$29,318.

In addition, poverty rates were higher for Liberty County residents as compared to Florida. Liberty County ranks 30 out of 67 Florida counties; 15.6% or 8,230 residents are in poverty in Liberty County. There were 13.5% of families in poverty, with 19.6% of residents under the age of 18 living in poverty. This data is present in the table on the following page.

Subject	Liberty County, Florida			
	Estimate	Margin of Error	Percent	Percent Margin of Error
No health insurance coverage	(X)	(X)	(X)	(X)
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	18.3%	+/-6.2
With related children under 18 years	(X)	(X)	20.5%	+/-11.3
With related children under 5 years only	(X)	(X)	25.8%	+/-28.8
Married couple families	(X)	(X)	12.8%	+/-6.6
With related children under 18 years	(X)	(X)	14.1%	+/-12.5
With related children under 5 years only	(X)	(X)	31.5%	+/-31.2
Families with female householder, no husband present	(X)	(X)	33.4%	+/-16.5
With related children under 18 years	(X)	(X)	37.2%	+/-21.8
With related children under 5 years only	(X)	(X)	0.0%	+/-64.8
All people	(X)	(X)	21.4%	+/-6.7
Under 18 years	(X)	(X)	19.6%	+/-13.4
Related children under 18 years	(X)	(X)	19.6%	+/-13.4
Related children under 5 years	(X)	(X)	36.0%	+/-22.8
Related children 5 to 17 years	(X)	(X)	12.9%	+/-10.1
18 years and over	(X)	(X)	21.8%	+/-6.3
18 to 64 years	(X)	(X)	23.1%	+/-7.2
65 years and over	(X)	(X)	13.8%	+/-6.8
People in families	(X)	(X)	19.5%	+/-8.0
Unrelated individuals 15 years and over	(X)	(X)	28.9%	+/-8.6

Source: US Census – American Community Survey 2006-2011

STRATEGIC ISSUE 3: OBESITY

Calhoun and **Liberty County** residents who are overweight or obese are a health issue at all age levels. Among Liberty County WIC children, ages 2 and older, 34.6% are overweight or at risk of being overweight according to FDOH CHARTS data from 2011. Among Calhoun WIC children, ages 2 and older, 26.4% are overweight or at risk of being overweight according to FDOH CHARTS data from 2011.

For Liberty County adults, more Men (45.5%) than Women (33.6%) reported being overweight on the 2010 BRFSS self-report survey. Over one-third of all respondents (41.4%) reported being overweight. Nearly half (43.5%) of Black respondents reported being overweight as compared to 39.7% of White respondents. Those residents ages 65 years and older had a higher self-report rate of being overweight than residents ages 18 to 44 and ages 45 to 64. The table below summarizes these differences for Liberty County adults.

2010 Florida BRFSS Data Report								Liberty
Overweight & Obesity								
Percentage of adults who are overweight								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	41.1	32.9	49.3	37.8	36.6	39.0	36.1
SEX	Men	45.5	34.2	56.8	43.8	41.8	45.8	30.5
	Women	33.6	22.9	44.3	31.8	30.4	33.3	46.0
RACE/ETHNICITY	Non-Hisp. White	39.7	30.6	48.9	37.9	36.7	39.2	33.0
	Non-Hisp. Black	43.5	18.5	68.6	36.3	31.9	40.8	59.9
	Hispanic				37.3	32.7	41.8	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	44.6	31.8	57.5	45.5	43.4	47.5	25.1
	Non-Hisp. White Women	32.2	20.5	43.9	30.5	29.0	31.9	48.8
	Non-Hisp. Black Men				34.9	27.8	41.9	
	Non-Hisp. Black Women				37.5	31.8	43.1	
	Hispanic Men				39.7	32.4	47.0	
	Hispanic Women				34.8	29.4	40.2	
AGE GROUP	18-44	42.1	29.7	54.5	33.8	31.5	36.2	23.8
	45-64	36.8	23.8	49.8	39.3	37.2	41.3	53.9
	65 & Older	52.4	33.6	71.2	41.5	39.8	43.1	54.0
EDUCATION LEVEL	<High School	51.2	30.7	71.8	31.7	27.5	35.9	18.9
	H.S. / GED	35.4	26.6	44.3	37.5	35.2	39.9	35.2
	>High School	42.0	27.8	56.2	38.7	37.1	40.2	48.9
ANNUAL INCOME	<\$25,000	36.8	22.5	51.0	34.5	32.1	37.0	45.5
	\$25,000-\$49,999	46.3	32.0	60.5	38.0	35.5	40.6	36.9
	\$50,000 or More	38.6	21.5	55.7	40.4	38.4	42.5	33.0
MARITAL STATUS	Married/Couple	35.2	26.2	44.2	40.2	38.6	41.7	48.1
	Not Married/Couple	47.2	34.3	60.1	33.5	31.5	35.5	20.3

For Calhoun County adults, more Men (41.5%) than Women (29.5%) reported being overweight on the 2010 BRFSS self-report survey. Over one-third of all respondents (36.2%) reported being overweight. Those residents ages 65 years and older had a higher self-report rate of being overweight than residents ages 18 to 44 and ages 45 to 64. The table below summarizes these differences for Calhoun County adults.

2010 Florida BRFSS Data Report		Calhoun						
Overweight & Obesity								
Percentage of adults who are overweight								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	36.2	28.7	43.7	37.8	36.6	39.0	35.3
SEX	Men	41.5	29.1	53.9	43.8	41.8	45.8	44.0
	Women	29.5	23.3	35.7	31.8	30.4	33.3	24.3
RACE/ETHNICITY	Non-Hisp. White	35.8	27.3	44.4	37.9	36.7	39.2	34.0
	Non-Hisp. Black				36.3	31.9	40.8	47.0
	Hispanic				37.3	32.7	41.8	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	41.6	27.6	55.7	45.5	43.4	47.5	43.1
	Non-Hisp. White Women	28.3	21.7	34.9	30.5	29.0	31.9	23.7
	Non-Hisp. Black Men				34.9	27.8	41.9	
	Non-Hisp. Black Women				37.5	31.8	43.1	
	Hispanic Men				39.7	32.4	47.0	
	Hispanic Women				34.8	29.4	40.2	
AGE GROUP	18-44	34.4	20.9	47.8	33.8	31.5	36.2	39.1
	45-64	37.1	26.8	47.4	39.3	37.2	41.3	35.9
	65 & Older	38.6	30.7	46.5	41.5	39.8	43.1	24.7
EDUCATION LEVEL	<High School	16.4	5.6	27.2	31.7 *	27.5	35.9	33.7
	H.S. / GED	43.9	32.1	55.7	37.5	35.2	39.9	34.2
	>High School	37.0	25.5	48.4	38.7	37.1	40.2	37.5
ANNUAL INCOME	<\$25,000	26.7	17.7	35.8	34.5	32.1	37.0	32.2
	\$25,000-\$49,999	39.3	25.0	53.6	38.0	35.5	40.6	39.7
	\$50,000 or More	45.8	27.8	63.7	40.4	38.4	42.5	36.7
MARITAL STATUS	Married/Couple	35.4	25.8	45.0	40.2	38.6	41.7	38.6
	Not Married/Couple	37.5	25.5	49.5	33.5	31.5	35.5	30.4

Self-report data for the percentage of adults who are obese had similar health disparities for gender and ethnicity, as shown in the table below for Liberty County adults. A higher percentage of Men (42.2%) than Women (36.6%) reported being obese on the 2010 BRFSS. Black residents also had a higher percentage reporting being obese (46.8%) than White residents (40.8%). More adults ages 45-64 reported being obese (44.4%) than residents ages 18 to 44 or ages 65 and older. The table below summarizes this data for Liberty County adults.

Percentage of adults who are obese									
		2010 County			2010 State			2007 County	
		Measure	95% CI		Measure	95% CI		Measure	
ALL	Overall	40.1	32.8	47.4	27.2 *	26.1	28.4	42.4	
SEX	Men	42.2	31.7	52.6	29.8 *	27.9	31.7	56.6	
	Women	36.6	27.8	45.4	24.7 *	23.3	26.1	17.5	
RACE/ETHNICITY	Non-Hisp. White	40.8	32.7	48.9	25.2 *	24.0	26.3	50.0	
	Non-Hisp. Black	46.8	23.0	70.6	42.7	38.1	47.3	32.7	
	Hispanic				29.2	25.0	33.4		
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	44.0	32.0	56.0	28.6 *	26.7	30.5	65.3	
	Non-Hisp. White Women	36.0	26.7	45.4	21.8 *	20.5	23.1	19.8	
	Non-Hisp. Black Men				45.3	37.5	53.0		
	Non-Hisp. Black Women				40.7	35.3	46.2		
	Hispanic Men				31.2	24.4	38.0		
	Hispanic Women				27.2	22.1	32.3		
AGE GROUP	18-44	40.3	28.6	52.0	26.9	24.7	29.0	52.9	
	45-64	44.4	32.9	55.9	30.6 *	28.6	32.5	31.5	
	65 & Older	26.5	14.6	38.5	22.2	20.8	23.7	17.8	
EDUCATION LEVEL	<High School	35.3	17.8	52.9	37.7	33.1	42.3	71.0	
	H.S. / GED	43.4	34.0	52.8	29.0 *	26.8	31.1	26.7	
	>High School	39.2	26.8	51.6	25.4	24.0	26.8	35.6	
ANNUAL INCOME	<\$25,000	44.3	31.5	57.2	31.7	29.3	34.0	26.6	
	\$25,000-\$49,999	33.0	20.1	45.9	28.9	26.4	31.3	33.9	
	\$50,000 or More	43.0	28.5	57.4	24.4 *	22.6	26.3	60.4	
MARITAL STATUS	Married/Couple	45.0	36.2	53.7	27.4 *	25.9	28.8	31.6	
	Not Married/Couple	34.5	23.2	45.8	27.0	25.2	28.9	56.7	

It is important to note that 41.1% of all adults reported they were overweight on the 2010 BRFSS which increased from the 2007 measure of 36.1%. In addition, 40.1% of all adults reported they were obese, which is a decrease from the 2007 measure of 42.4%.

Self-report data for the percentage of Calhoun County adults who are obese had similar health disparities for gender, as shown in the table below. A higher percentage of Women (38.2%) than Men (31.9%) reported being obese on the 2010 BRFSS. More adults ages 18-44 reported being obese (36.5%) than residents ages 18 to 44 or ages 65 and older. The table on the following page summarizes this data for Calhoun County adults.

Percentage of adults who are obese

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	34.7	27.4	41.9	27.2	26.1	28.4	28.4
SEX	Men	31.9	20.2	43.5	29.8	27.9	31.7	29.0
	Women	38.2	31.2	45.2	24.7 *	23.3	26.1	27.7
RACE/ETHNICITY	Non-Hisp. White	33.7	25.7	41.8	25.2	24.0	26.3	28.5
	Non-Hisp. Black				42.7	38.1	47.3	34.3
	Hispanic				29.2	25.0	33.4	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	29.8	16.9	42.7	28.6	26.7	30.5	30.4
	Non-Hisp. White Women	38.8	31.1	46.5	21.8 *	20.5	23.1	26.4
	Non-Hisp. Black Men				45.3	37.5	53.0	
	Non-Hisp. Black Women				40.7	35.3	46.2	
	Hispanic Men				31.2	24.4	38.0	
	Hispanic Women				27.2	22.1	32.3	
AGE GROUP	18-44	36.5	23.6	49.4	26.9	24.7	29.0	28.3
	45-64	33.8	24.2	43.3	30.6	28.6	32.5	39.1
	65 & Older	31.7	24.0	39.5	22.2 *	20.8	23.7	12.6 *
EDUCATION LEVEL	<High School	52.8	31.6	74.1	37.7	33.1	42.3	24.7
	H.S. / GED	26.4	17.4	35.5	29.0	26.8	31.1	31.5
	>High School	35.0	24.7	45.3	25.4	24.0	26.8	28.0
ANNUAL INCOME	<\$25,000	50.0	38.1	61.9	31.7 *	29.3	34.0	29.5
	\$25,000-\$49,999	28.2	17.2	39.1	28.9	26.4	31.3	33.8
	\$50,000 or More	19.9	9.0	30.8	24.4	22.6	26.3	23.3
MARITAL STATUS	Married/Couple	35.6	26.4	44.8	27.4	25.9	28.8	24.6
	Not Married/Couple	33.7	21.9	45.5	27.0	25.2	28.9	34.2

It is important to note that 36.2% of all adults reported they were overweight on the 2010 BRFSS which increased from the 2007 measure of 35.3%. In addition, 34.7% of all adults reported they were obese, which is a increase from the 2007 measure of 28.4%.

Liberty County Middle and High School students reported on this same issue on the 2012 Florida Youth Tobacco Survey (FYTS). Nearly one-third of Liberty County Middle and High School students described themselves as slightly or very overweight, while nearly three-quarters reported they got sufficient vigorous activity. This data is not broken down by gender or ethnicity. It is displayed on the following page for Liberty County students.

Indicator	Middle School			
	Liberty County %	95% CI	State %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	17.1	(7.5 - 26.8)	11.6	(11.0 - 12.1)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	13.0	(6.4 - 19.6)	16.5	(15.8 - 17.2)
Sufficient vigorous activity	74.3	(65.1 - 83.4)	70.1	(69.2 - 70.9)
Sufficient moderate activity	32.1	(21.6 - 42.6)	24.8	(24.1 - 25.4)
Exercised to lose weight or to keep from gaining weight during the past 30 days	42.4	(31.6 - 53.3)	44.4	(43.6 - 45.2)
Described themselves as slightly or very overweight	30.3	(18.0 - 42.7)	30.2	(29.4 - 30.9)

Indicator	High School			
	Liberty County %	95% CI	State %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	14.9	(8.1 - 21.6)	11.1	(10.5 - 11.6)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	18.4	(10.3 - 26.5)	14.3	(13.7 - 14.9)
Sufficient vigorous activity	71.3	(64.0 - 78.5)	62.7	(62.0 - 63.5)
Sufficient moderate activity	30.0	(22.2 - 37.7)	26.1	(25.4 - 26.7)
Exercised to lose weight or to keep from gaining weight during the past 30 days	40.6	(32.2 - 48.9)	42.3	(41.5 - 43.1)
Described themselves as slightly or very overweight	32.3	(26.7 - 37.9)	29.8	(29.0 - 30.5)

Middle and High School students for Calhoun County reported on this same issue on the 2012 Florida Youth Tobacco Survey (FYTS). Over one-third of Middle and High School students described themselves as slightly or very overweight. This data is not broken down by gender or ethnicity. It is displayed below for Calhoun County.

Indicator	Middle School			
	Liberty County %	95% CI	State %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	19.8	(13.9 - 25.7)	11.6	(11.0 - 12.1)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	14.1	(9.6 - 18.6)	16.5	(15.8 - 17.2)
Sufficient vigorous activity	76.0	(68.9 - 83.1)	70.1	(69.2 - 70.9)
Sufficient moderate activity	30.4	(24.1 - 36.7)	24.8	(24.1 - 25.4)
Exercised to lose weight or to keep from gaining weight during the past 30 days	48.2	(41.0 - 55.4)	44.4	(43.6 - 45.2)
Described themselves as slightly or very overweight	33.2	(26.6 -39.9)	30.2	(29.4 - 30.9)

Indicator	High School			
	Liberty County %	95% CI	State %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	18.0	(11.4 - 24.6)	11.1	(10.5 - 11.6)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	17.7	(11.8 - 23.7)	14.3	(13.7 - 14.9)
Sufficient vigorous activity	64.5	(57.5 - 71.6)	62.7	(62.0 - 63.5)
Sufficient moderate activity	24.4	(18.8 - 30.1)	26.1	(25.4 - 26.7)
Exercised to lose weight or to keep from gaining weight during the past 30 days	50.7	(45.1 - 56.3)	42.3	(41.5 - 43.1)
Described themselves as slightly or very overweight	35.6	(30.6 - 40.6)	29.8	(29.0 - 30.5)

STRATEGIC ISSUE 4: Healthcare Access

The fourth critical health issue that emerged from the MAPP assessments was access to healthcare for **Calhoun** and **Liberty** County.

For **Liberty County** residents, according to the Florida Public Health Institute, 26% of adults and 12% of children under the age of 18 did not have health insurance. Data from the 2010 BRFSS report indicates that White Men (71.5%) reported having health insurance less frequently than White Women (78.9%). Black residents (75.8%) had a slightly higher percentage reporting having health care insurance coverage than White residents (74.4%). Nearly all (98.5%) of the 65 years and older who responded to the 2010 BRFSS had health care insurance coverage.

2010 Florida BRFSS Data Report		Liberty						
Health Care Access & Coverage								
Percentage of adults with any type of health care insurance coverage								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	69.6	62.3	76.9	83.0 *	81.9	84.1	62.0
SEX	Men	65.8	55.1	76.4	81.7 *	79.9	83.5	54.9
	Women	76.0	68.4	83.5	84.2	82.9	85.5	74.2
RACE/ETHNICITY	Non-Hisp. White	74.4	67.0	81.9	87.3 *	86.3	88.2	66.3
	Non-Hisp. Black	75.8	56.0	95.6	76.1	71.7	80.4	52.5
	Hispanic				70.3	66.1	74.6	43.6
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	71.5	60.3	82.6	85.4 *	83.8	87.1	58.7
	Non-Hisp. White Women	78.9	71.2	86.7	89.0 *	87.9	90.0	81.0
	Non-Hisp. Black Men				70.7	63.0	78.5	
	Non-Hisp. Black Women				80.1	75.4	84.8	
	Hispanic Men				72.0	65.0	78.9	
	Hispanic Women				68.7	63.6	73.8	
AGE GROUP	18-44	58.8	46.5	71.0	73.0	70.7	75.3	46.6
	45-64	71.6	62.0	81.3	83.4 *	81.8	85.0	77.9
	65 & Older	98.8	97.1	00.0	98.0	97.1	98.8	98.1
EDUCATION LEVEL	<High School	42.3	24.3	60.4	64.4	59.6	69.2	21.6
	H.S. / GED	79.0	70.8	87.1	76.5	74.3	78.8	67.2
	>High School	72.7	61.7	83.8	87.9 *	86.7	89.1	87.7
ANNUAL INCOME	<\$25,000	51.0	37.9	64.0	64.2	61.5	66.8	46.6
	\$25,000-\$49,999	68.5	53.2	83.9	81.7	79.4	84.1	64.5
	\$50,000 or More	93.2	87.7	98.8	95.4	94.5	96.3	64.5
MARITAL STATUS	Married/Couple	68.2	59.1	77.4	87.4 *	86.2	88.5	78.0
	Not Married/Couple	69.2	57.7	80.6	75.0	72.9	77.1	40.1

Among **Calhoun County** residents, 28% of adult residents and 12% of children under the age of 18 did not have health insurance. Data from the 2010 BRFSS report indicates that White Men (65.4%) reported having health insurance less frequently than White Women (74.7%). Nearly all (96.2%) of the 65 years and older who responded to the 2010 BRFSS had health care insurance coverage. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

Health Care Access & Coverage

Percentage of adults with any type of health care insurance coverage

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	70.7	63.1	78.4	83.0 *	81.9	84.1	77.5
SEX	Men	66.5	53.9	79.2	81.7 *	79.9	83.5	78.2
	Women	75.8	69.1	82.5	84.2 *	82.9	85.5	76.7
RACE/ETHNICITY	Non-Hisp. White	69.5	60.8	78.2	87.3 *	86.3	88.2	77.4
	Non-Hisp. Black				76.1	71.7	80.4	81.3
	Hispanic				70.3	66.1	74.6	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	65.4	51.2	79.6	85.4 *	83.8	87.1	77.4
	Non-Hisp. White Women	74.7	67.1	82.3	89.0 *	87.9	90.0	77.3
	Non-Hisp. Black Men				70.7	63.0	78.5	
	Non-Hisp. Black Women				80.1	75.4	84.8	
	Hispanic Men				72.0	65.0	78.9	
	Hispanic Women				68.7	63.6	73.8	
AGE GROUP	18-44	58.2	45.2	71.2	73.0	70.7	75.3	69.5
	45-64	74.3	61.3	87.2	83.4	81.8	85.0	78.1
	65 & Older	96.2	93.0	99.4	98.0	97.1	98.8	97.4
EDUCATION LEVEL	<High School	63.4	42.5	84.3	64.4	59.6	69.2	72.4
	H.S. / GED	64.1	52.2	75.9	76.5	74.3	78.8	75.0
	>High School	79.5	68.5	90.6	87.9	86.7	89.1	83.4
ANNUAL INCOME	<\$25,000	61.6	49.6	73.6	64.2	61.5	66.8	73.5
	\$25,000-\$49,999	58.7	43.3	74.2	81.7 *	79.4	84.1	75.4
	\$50,000 or More	94.5	87.8	100.0	95.4	94.5	96.3	97.4
MARITAL STATUS	Married/Couple	71.0	61.1	80.9	87.4 *	86.2	88.5	79.4
	Not Married/Couple	70.1	57.9	82.3	75.0	72.9	77.1	74.7

While 69.6% of those **Liberty County** residents who responded to the 2010 BRFSS indicated they had some type of health insurance coverage, 23.4% indicated they could not see a doctor in the past year due to cost. This data is summarized in the table below for Liberty County. Nearly twice as many (38.3%) Black residents reported they could not see a doctor due to cost as compared to White residents (19.2%).

Health Care Access & Coverage

Percentage of adults who could not see a doctor at least once in the past year due to cost

		2010 County			2010 State			2007 County Measure
		Measure	95% CI		Measure	95% CI		
ALL	Overall	23.4	17.4	29.3	17.3	16.2	18.3	19.6
SEX	Men	23.8	15.2	32.4	15.4	13.8	17.0	13.3
	Women	22.6	15.8	29.4	19.1	17.8	20.4	30.4
RACE/ETHNICITY	Non-Hisp. White	19.2	13.3	25.2	13.6	12.7	14.5	14.0
	Non-Hisp. Black	38.3	13.2	63.4	21.8	17.8	25.8	42.8
	Hispanic				29.5	25.3	33.7	31.8
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	19.0	10.1	27.9	12.1	10.7	13.6	7.4
	Non-Hisp. White Women	19.6	13.4	25.8	15.0	13.8	16.1	26.6
	Non-Hisp. Black Men				24.8	17.5	32.1	
	Non-Hisp. Black Women				19.6	15.4	23.7	
	Hispanic Men				24.3	17.7	30.9	
	Hispanic Women				34.5	29.3	39.7	
AGE GROUP	18-44	27.8	17.7	38.0	25.3	23.1	27.5	14.9
	45-64	22.8	14.5	31.1	17.6	16.1	19.1	37.3
	65 & Older	10.6	0.0	22.9	4.3	3.3	5.2	2.5
EDUCATION LEVEL	<High School	30.3	14.0	46.6	31.2	26.7	35.7	21.8
	H.S. / GED	22.5	14.6	30.4	21.7	19.5	23.9	23.9
	>High School	21.1	11.5	30.8	13.9	12.7	15.1	14.2
ANNUAL INCOME	<\$25,000	36.8	25.0	48.7	36.1	33.4	38.7	45.0
	\$25,000-\$49,999	22.5	10.7	34.2	18.6	16.5	20.7	15.6
	\$50,000 or More	7.9	0.8	15.0	6.0	5.0	7.0	8.7
MARITAL STATUS	Married/Couple	23.8	16.3	31.2	14.0*	12.8	15.2	22.8
	Not Married/Couple	25.1	15.4	34.8	23.2	21.2	25.2	15.2

Among **Calhoun County** residents, 70.7% of those who responded to the 2010 BRFSS indicated they had some type of health insurance coverage, 23.5% indicated they could not see a doctor in the past year due to cost. Nearly twice as many (38.0%) adult residents with less than a High School diploma reported they could not see a doctor due to cost as compared to adult residents with a High School diploma or its equivalent (14.9%). This data is summarized in the table on the following page for Calhoun County. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

Health Care Access & Coverage

Percentage of adults who could not see a doctor at least once in the past year due to cost

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	23.5	17.0	29.9	17.3	16.2	18.3	18.0
SEX	Men	21.3	10.7	32.0	15.4	13.8	17.0	16.8
	Women	26.0	19.8	32.3	19.1	17.8	20.4	19.5
RACE/ETHNICITY	Non-Hisp. White	23.1	15.8	30.4	13.6*	12.7	14.5	19.1
	Non-Hisp. Black				21.8	17.8	25.8	12.1
	Hispanic				29.5	25.3	33.7	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	20.7	8.8	32.7	12.1	10.7	13.6	19.0
	Non-Hisp. White Women	26.0	19.0	32.9	15.0*	13.8	16.1	19.2
	Non-Hisp. Black Men				24.8	17.5	32.1	
	Non-Hisp. Black Women				19.6	15.4	23.7	
	Hispanic Men				24.3	17.7	30.9	
	Hispanic Women				34.5	29.3	39.7	
AGE GROUP	18-44	26.4	15.9	36.8	25.3	23.1	27.5	19.4
	45-64	29.2	16.9	41.5	17.6	16.1	19.1	21.3
	65 & Older	8.5	3.9	13.0	4.3	3.3	5.2	9.3
EDUCATION LEVEL	<High School	38.0	18.0	58.0	31.2	26.7	35.7	17.6
	H.S. / GED	14.9	8.7	21.2	21.7	19.5	23.9	19.9
	>High School	25.6	14.7	36.5	13.9	12.7	15.1	16.5
ANNUAL INCOME	<\$25,000	37.4	26.1	48.8	36.1	33.4	38.7	29.2
	\$25,000-\$49,999	22.1	8.6	35.5	18.6	16.5	20.7	17.2
	\$50,000 or More	3.9	0.0	7.8	6.0	5.0	7.0	2.0
MARITAL STATUS	Married/Couple	27.7	18.3	37.1	14.0*	12.8	15.2	18.8
	Not Married/Couple	17.8	10.4	25.3	23.2	21.2	25.2	16.9

Over half of those (58.2%) **Liberty County** residents who responded to the 2010 BRFSS indicated they had a medical checkup in the past year. However, more Women (71.5%) reported having a medical checkup than Men (50.0%). A higher percentage of Black residents (79.1%) reported having a medical checkup in the past year as compared to White residents (58.5%). And more residents ages 65 years and older (84.7%) had a medical checkup than residents ages 18 to 44 and ages 45 to 64. This data is summarized in the table on the following page for Liberty County.

Percentage of adults who had a medical checkup in the past year								
		2010 County Measure			2010 State Measure			2007 County Measure
		Measure	95% CI		Measure	95% CI		
ALL	Overall	58.2	50.6	65.7	69.7 *	68.5	71.0	58.2
SEX	Men	50.0	39.2	60.9	66.5 *	64.5	68.5	47.3
	Women	71.5	63.8	79.2	72.8	71.3	74.3	76.9
RACE/ETHNICITY	Non-Hisp. White	58.5	50.3	66.7	71.6 *	70.4	72.9	57.6
	Non-Hisp. Black	79.1	61.2	97.0	71.9	67.5	76.2	24.9 *
	Hispanic				59.4	54.8	64.1	67.5
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	50.9	38.6	63.2	68.4 *	66.4	70.4	50.4
	Non-Hisp. White Women	70.0	61.4	78.6	74.7	73.3	76.1	71.4
	Non-Hisp. Black Men				64.6	57.1	72.1	
	Non-Hisp. Black Women				77.4	72.5	82.2	
	Hispanic Men				56.6	49.1	64.1	
	Hispanic Women				62.2	56.7	67.7	
AGE GROUP	18-44	44.3	33.0	55.5	53.8	51.3	56.2	48.7
	45-64	64.2	53.5	74.8	72.3	70.5	74.1	61.6
	65 & Older	84.7	76.8	92.6	90.3	89.4	91.2	94.6
EDUCATION LEVEL	<High School	52.9	32.5	73.3	59.9	55.1	64.6	19.3
	H.S. / GED	60.2	50.6	69.8	67.3	64.9	69.6	73.8
	>High School	58.5	46.1	71.0	71.9	70.4	73.4	74.5
ANNUAL INCOME	<\$25,000	59.1	45.7	72.4	63.0	60.4	65.7	67.3
	\$25,000-\$49,999	53.3	39.1	67.5	70.5 *	68.0	73.0	61.2
	\$50,000 or More	64.0	50.9	77.2	73.5	71.6	75.4	48.8
MARITAL STATUS	Married/Couple	53.8	45.0	62.5	72.0 *	70.5	73.5	73.9
	Not Married/Couple	62.9	50.6	75.2	65.6	63.4	67.8	37.1

Among **Calhoun County** residents, over half of those (57.4%) who responded to the 2010 BRFSS indicated they had a medical checkup in the past year. However, more Women (64%) reported having a medical checkup than Men (52%). More residents ages 65 years and older (84.2%) had a medical checkup than residents ages 18 to 44 and ages 45 to 64. This data is summarized in the table below for Calhoun County. Differences based on ethnicity were not available.

Percentage of adults who had a medical checkup in the past year								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	57.4	49.6	65.3	69.7 *	68.5	71.0	64.8
SEX	Men	52.0	39.2	64.8	66.5	64.5	68.5	57.6
	Women	64.0	57.0	70.9	72.8 *	71.3	74.3	74.1
RACE/ETHNICITY	Non-Hisp. White	52.7	44.0	61.4	71.6 *	70.4	72.9	62.6
	Non-Hisp. Black				71.9	67.5	76.2	81.9
	Hispanic				59.4	54.8	64.1	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	47.6	33.6	61.5	68.4 *	66.4	70.4	53.8
	Non-Hisp. White Women	59.1	51.3	66.9	74.7 *	73.3	76.1	73.1
	Non-Hisp. Black Men				64.6	57.1	72.1	
	Non-Hisp. Black Women				77.4	72.5	82.2	
	Hispanic Men				56.6	49.1	64.1	
	Hispanic Women				62.2	56.7	67.7	
AGE GROUP	18-44	45.1	32.0	58.2	53.8	51.3	56.2	56.6
	45-64	60.6	48.4	72.9	72.3	70.5	74.1	66.1
	65 & Older	84.2	78.6	89.8	90.3	89.4	91.2	82.7
EDUCATION LEVEL	<High School	48.1	26.2	70.0	59.9	55.1	64.6	72.0
	H.S. / GED	54.3	42.7	65.9	67.3	64.9	69.6	65.1
	>High School	63.7	52.5	74.9	71.9	70.4	73.4	59.5
ANNUAL INCOME	<\$25,000	53.2	40.9	65.4	63.0	60.4	65.7	69.6
	\$25,000-\$49,999	47.1	33.4	60.9	70.5 *	68.0	73.0	53.9
	\$50,000 or More	72.9	60.3	85.5	73.5	71.6	75.4	73.5
MARITAL STATUS	Married/Couple	62.0	52.2	71.9	72.0	70.5	73.5	65.5
	Not Married/Couple	51.5	39.2	63.7	65.6	63.4	67.8	63.3

Less than half (45.6%) of all **Liberty County** respondents on the 2010 BRFSS report indicated they had been to a dentist or dental clinic in the past year. These differences are more pronounced among White respondents (49.2%) and Black respondents (30.4%). Women (51%) had a higher percentage than Men (42.3%) on this indicator. This data is presented in the table below for Liberty County.

2010 Florida BRFSS Data Report

Liberty

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
Oral Health								
Percentage of adults who visited a dentist or a dental clinic in the past year								
ALL	Overall	45.6	38.0	53.3	64.7 *	63.5	65.9	
SEX	Men	42.3	31.2	53.4	64.0 *	62.1	66.0	
	Women	51.0	41.9	60.1	65.3 *	63.8	66.8	
RACE/ETHNICITY	Non-Hisp. White	49.2	40.8	57.7	68.2 *	67.0	69.4	
	Non-Hisp. Black	30.4	11.9	48.8	55.2 *	50.7	59.7	
	Hispanic				58.1	53.6	62.6	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	47.0	34.4	59.5	66.4 *	64.5	68.4	
	Non-Hisp. White Women	52.6	42.7	62.5	69.9 *	68.4	71.3	
	Non-Hisp. Black Men				53.8	46.0	61.5	
	Non-Hisp. Black Women				56.3	50.9	61.7	
	Hispanic Men				61.9	54.8	69.0	
	Hispanic Women				54.5	49.0	60.0	
AGE GROUP	18-44	40.8	29.6	52.0	60.0 *	57.6	62.4	
	45-64	49.8	38.1	61.5	66.1 *	64.3	68.0	
	65 & Older	47.4	27.4	67.4	69.4 *	67.9	71.0	
EDUCATION LEVEL	<High School	27.2	9.1	45.2	36.3	31.7	40.9	
	H.S. / GED	44.1	34.7	53.5	54.1	51.8	56.5	
	>High School	55.0	42.4	67.7	72.3 *	70.8	73.7	
ANNUAL INCOME	<\$25,000	25.9	13.5	38.4	43.1 *	40.6	45.6	
	\$25,000-\$49,999	58.9	45.7	72.1	62.2	59.6	64.7	
	\$50,000 or More	65.0	51.9	78.2	78.8	77.0	80.5	
MARITAL STATUS	Married/Couple	45.6	37.2	54.0	69.0 *	67.6	70.5	
	Not Married/Couple	39.6	26.6	52.6	56.8 *	54.6	58.9	

Slightly more than half (52.0%) of all **Calhoun County** respondents on the 2010 BRFSS report indicated they had been to a dentist or dental clinic in the past year. These differences are more pronounced among adult respondents with a High School diploma/GED (42.1%) and adult respondents with more than a High School education (61.0%). Women (55.7%) had a higher percentage than Men (49.1%) on this indicator. This data is presented in the table below for Calhoun County. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
Oral Health								
Percentage of adults who visited a dentist or a dental clinic in the past year								
ALL	Overall	52.0	44.5	59.6	64.7 *	63.5	65.9	
SEX	Men	49.1	36.5	61.6	64.0 *	62.1	66.0	
	Women	55.7	48.8	62.7	65.3 *	63.8	66.8	
RACE/ETHNICITY	Non-Hisp. White	50.9	42.4	59.4	68.2 *	67.0	69.4	
	Non-Hisp. Black				55.2	50.7	59.7	
	Hispanic				58.1	53.6	62.6	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	47.5	33.2	61.7	66.4 *	64.5	68.4	
	Non-Hisp. White Women	55.2	47.7	62.8	69.9 *	68.4	71.3	
	Non-Hisp. Black Men				53.8	46.0	61.5	
	Non-Hisp. Black Women				56.3	50.9	61.7	
	Hispanic Men				61.9	54.8	69.0	
	Hispanic Women				54.5	49.0	60.0	
AGE GROUP	18-44	50.3	37.1	63.5	60.0	57.6	62.4	
	45-64	56.6	46.1	67.1	66.1	64.3	68.0	
	65 & Older	49.6	41.4	57.8	69.4 *	67.9	71.0	
EDUCATION LEVEL	<High School	51.6	29.8	73.5	36.3	31.7	40.9	
	H.S. / GED	42.1	31.0	53.2	54.1	51.8	56.5	
	>High School	61.0	50.8	71.3	72.3	70.8	73.7	
ANNUAL INCOME	<\$25,000	43.9	31.8	56.0	43.1	40.6	45.6	
	\$25,000-\$49,999	39.9	26.1	53.7	62.2 *	59.6	64.7	
	\$50,000 or More	74.6	62.5	86.6	78.8	77.0	80.5	
MARITAL STATUS	Married/Couple	53.4	43.8	62.9	69.0 *	67.6	70.5	
	Not Married/Couple	50.5	38.3	62.7	56.8	54.6	58.9	

More than one-third (35.9%) of the **Liberty County** respondents on the 2010 BRFSS indicated they had their teeth cleaned in the past year. More Women (43.7%) reported having their teeth cleaned than Men (31.1%). White residents (37.4%) also had a higher percentage than Black residents (26.8%). The difference is most noticeable among those adult respondents with less than a High School education (10%) and those with more than a High School education (50.4%). This data is summarized below for Liberty County.

2010 Florida BRFSS Data Report

Liberty

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
Oral Health								
Percentage of adults who had their teeth cleaned in the past year								
ALL	Overall	35.9	28.4	43.4	60.9 *	59.6	62.1	
SEX	Men	31.1	20.5	41.7	59.5 *	57.5	61.5	
	Women	43.7	34.3	53.2	62.2 *	60.7	63.7	
RACE/ETHNICITY	Non-Hisp. White	37.4	28.8	46.0	64.2 *	63.0	65.4	
	Non-Hisp. Black	26.8	9.4	44.3	49.6 *	45.1	54.2	
	Hispanic				57.0	52.4	61.5	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	31.6	19.0	44.2	62.3 *	60.3	64.3	
	Non-Hisp. White Women	46.1	35.7	56.5	66.0 *	64.5	67.5	
	Non-Hisp. Black Men				45.5	37.8	53.2	
	Non-Hisp. Black Women				52.7	47.3	58.2	
	Hispanic Men				57.7	50.4	65.0	
	Hispanic Women				56.2	50.8	61.6	
AGE GROUP	18-44	31.8	22.5	41.1	57.3 *	54.9	59.7	
	45-64	38.6	26.1	51.1	62.0 *	60.1	63.9	
	65 & Older	39.9	18.0	61.8	64.3 *	62.6	65.9	
EDUCATION LEVEL	<High School	10.0	2.3	17.6	28.3 *	23.8	32.8	
	H.S. / GED	32.3	23.8	40.8	49.4 *	47.0	51.8	
	>High School	50.4	37.4	63.4	69.3 *	67.8	70.7	
ANNUAL INCOME	<\$25,000	17.6	5.5	29.7	35.7 *	33.2	38.2	
	\$25,000-\$49,999	38.5	25.9	51.1	58.2 *	55.6	60.8	
	\$50,000 or More	60.1	46.3	73.8	76.7 *	75.0	78.5	
MARITAL STATUS	Married/Couple	34.4	27.1	41.7	65.4 *	63.9	66.9	
	Not Married/Couple	32.0	19.2	44.9	52.6 *	50.4	54.7	

Slightly more than one-third (38.8%) of the **Calhoun County** respondents on the 2010 BRFSS indicated they had their teeth cleaned in the past year. More Women (43.0%) reported having their teeth cleaned than Men (35.4%). The difference is most noticeable among those adult respondents with less than a High School education (28.9%) and those with more than a High School education (47.8%). This data is summarized below for Calhoun County. Differences based on ethnicity were not available.

2010 Florida BRFSS Data Report

Calhoun

		2010 County			2010 State			2007 County Measure
		Measure	95% CI		Measure	95% CI		
ALL Overall		38.8	31.3	46.4	60.9 *	59.6	62.1	
SEX	Men	35.4	22.9	48.0	59.5 *	57.5	61.5	
	Women	43.0	35.8	50.1	62.2 *	60.7	63.7	
RACE/ETHNICITY	Non-Hisp. White	39.3	30.7	47.8	64.2 *	63.0	65.4	
	Non-Hisp. Black				49.6	45.1	54.2	
	Hispanic				57.0	52.4	61.5	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	36.1	21.8	50.4	62.3 *	60.3	64.3	
	Non-Hisp. White Women	43.2	35.7	50.7	66.0 *	64.5	67.5	
	Non-Hisp. Black Men				45.5	37.8	53.2	
	Non-Hisp. Black Women				52.7	47.3	58.2	
	Hispanic Men				57.7	50.4	65.0	
	Hispanic Women				56.2	50.8	61.6	
AGE GROUP	18-44	38.2	24.6	51.7	57.3 *	54.9	59.7	
	45-64	39.9	29.6	50.3	62.0 *	60.1	63.9	
	65 & Older	38.5	30.5	46.5	64.3 *	62.6	65.9	
EDUCATION LEVEL	<High School	28.9	4.8	53.0	28.3	23.8	32.8	
	H.S. / GED	33.0	22.4	43.6	49.4 *	47.0	51.8	
	>High School	47.8	36.6	59.0	69.3 *	67.8	70.7	
ANNUAL INCOME	<\$25,000	28.7	16.5	41.0	35.7	33.2	38.2	
	\$25,000-\$49,999	24.7	15.6	33.9	58.2 *	55.6	60.8	
	\$50,000 or More	65.8	51.4	80.1	76.7	75.0	78.5	
MARITAL STATUS	Married/Couple	36.7	27.3	46.1	65.4 *	63.9	66.9	
	Not Married/Couple	42.1	29.6	54.5	52.6	50.4	54.7	

HEALTH ASSETS AND RESOURCES

Health Insurance Coverage

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.

Responses from **Calhoun County** residents in the 2010 county-level BRFSS indicate that 70.7% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was considered to be a statistically significant difference from the state average. There were some specific differences in coverage noted among specific groups. For example, 66.5% of men reported having health insurance, compared to 75.8% of women. Additionally, 79.5% of persons who had attended additional schooling beyond obtaining a high school degree reported having

Responses from **Liberty County** residents in the 2010 county-level BRFSS indicate that 69.9% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was considered to be a statistically significant difference from the state average. There were some specific differences in coverage noted among specific groups. For example, 65.8% of men reported having health insurance, compared to 76.0% of women. Additionally, 72.7% of persons who had attended additional schooling beyond obtaining a high school degree reported having

coverage, compared to only 64.1% of persons with no formal education beyond high school. Similarly, 94.5% of persons making \$50,000 or more per year had insurance, compared to only 61.6% among persons making less than \$25,000.

coverage, compared to only 42.3% of persons that did not obtain a high school degree or equivalent. Similarly, 93.2% of persons making \$50,000 or more per year had insurance, compared to only 51.0% among persons making less than \$25,000.

Data reported by the U.S. Census Bureau from the 2010 Small Area Health Insurance Estimates indicate that as many as 21.6% of **Liberty County** residents were uninsured at that time among all races, age groups, and genders. Data reported by the U.S. Census Bureau indicate that as many as 23.4% of **Calhoun County** residents were uninsured at that time among all races, age groups, and genders. Additional data was not available from Florida Hospital Association on the percentage of Liberty or Calhoun County residents that were uninsured by age group.

Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many of these figures are available on their website at: <http://ahca.myflorida.com/Medicaid/index.shtml>.

The table on the following page shows the reported enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs for **Liberty County**. Please note that significant numbers of insured residents are not reported because commercial insurance enrollment figures are not available and the number of employees who are self-insured is unknown.

Hospital Discharges by Principal Payer – Liberty County, Florida, 2011

Payer	Frequency	Total Charges	Percent (%) of Total Charges	Average Total Charges
Medicare	1,191,973	60,087,179,782	53.5	50,409
Commercial Insurance	608,602	23,885,222,141	21.3	39,246
Medicaid	539,458	16,995,162,048	15.1	31,504
Self Pay/Non-Payment	218,615	7,249,092,392	6.5	33,159
Tricare or Other Federal	36,584	1,211,196,568	1.1	33,107
Other State/Local Government	24,639	1,188,134,815	1.1	48,221
VA	12,877	636,803,169	0.6	49,452
Other	9,878	368,605,723	0.3	37,315
Workers' Compensation	8,426	509,491,711	0.5	60,466
KidCare	4,627	169,376,976	0.2	36,606
Total	2,655,679	112,300,265,325	100	42,286

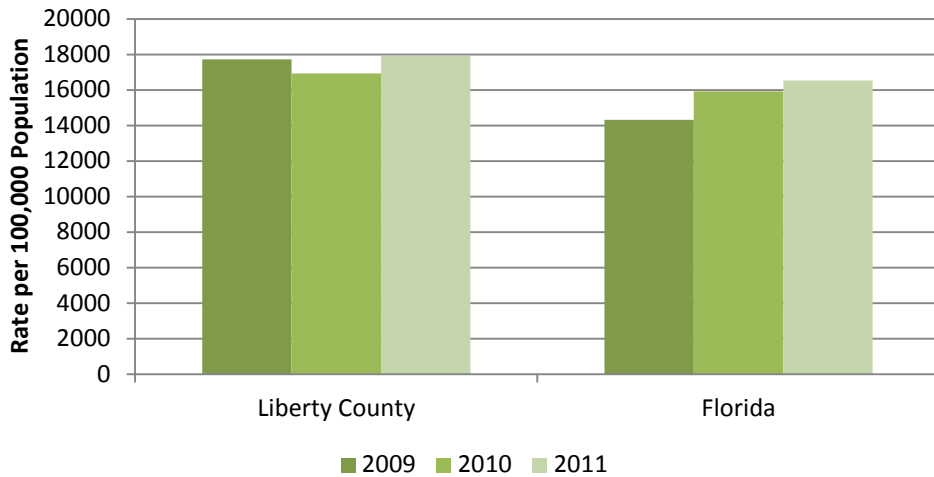
The table below shows the reported enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs for Calhoun County.

Hospital Discharges by Principal Payer- Calhoun County, Florida, 2011

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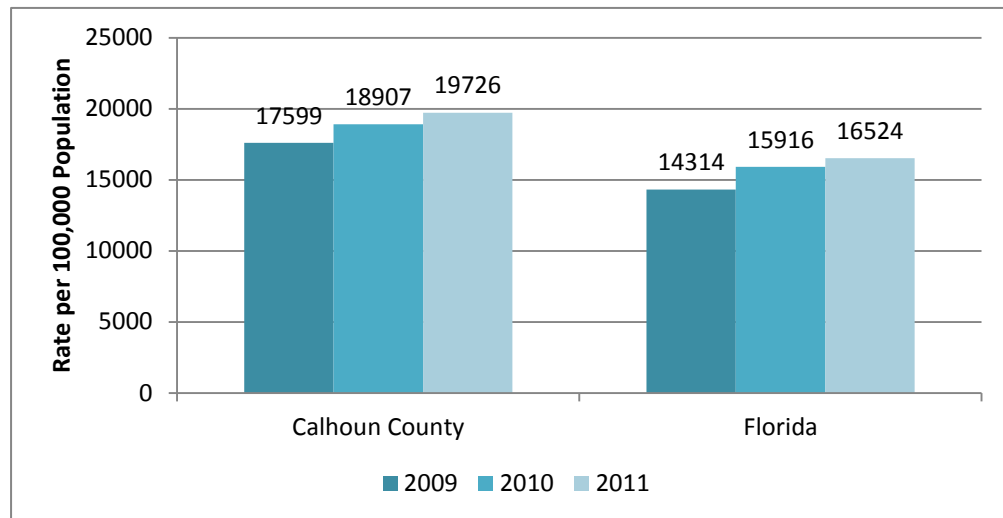
A comparison of health insurance coverage was not available solely for Liberty or Calhoun County. The median monthly Medicaid enrollment has remained relatively stable in Liberty and Calhoun County during recent years, while the rate across Florida has increased. This trend is displayed on the chart on the following page.

Median Monthly Medicaid Enrollment, Liberty County and Florida, 2009-2011



Source: Florida Agency for Healthcare Administration (AHCA), 05/21/2013

Median Monthly Medicaid Enrollment, Calhoun County and Florida, 2009-2011



Source: Florida Agency for Healthcare Administration (AHCA), 05/21/2013

Coverage for Children

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. In Florida, the KidCare Act of 1997 established eligibility requirements for coverage as well as created the Healthy Kids Program and the MediKids program for children ages 0-5. There are four general categories of children's coverage in Florida:

1. Medicaid covers children birth through 18 years, and eligibility is based on the age of child and household income. For example, children under age 1 are covered if the household income is below 200% of FPL; children aged 1-5 are covered if household income is less than 133% of FPL; and children aged 6 through 18 are covered if household income is below 100% of FPL.
2. MediKids covers children age 1 –5 whose income is between 133-200% of the federal poverty level.
3. The Healthy Kids program provides medical coverage for children ages 5 up to 19 in households whose income is between 100 – 200% of the federal poverty level (FPL).
4. Children's Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

Data for Florida KidCare enrollment in January from 2000 through 2012 was not available for Liberty of Calhoun County.

Primary Care

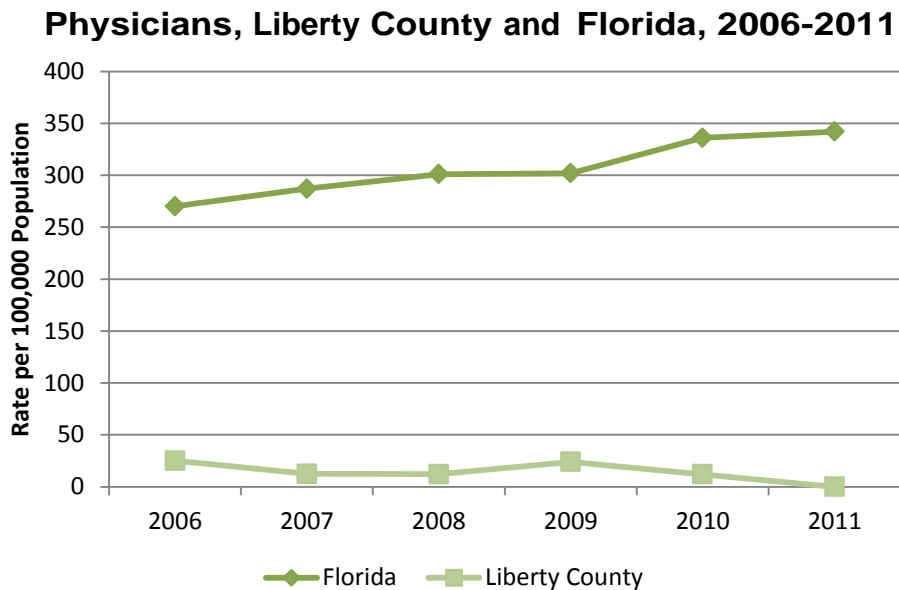
Primary Care Providers (PCP's) offer routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care providers often serve as “gatekeepers” for the health care system, as they are intended to be the entry point into the health care system for non-emergent services, and refer patients requiring additional care to specialists for treatment. In this way, The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners all as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.

Due to their central role in the health services system, a shortage of primary care providers can negatively impact the health of a community. For this reason, the Federal government has established specific criteria to determine whether an area has a shortage of providers; and also criteria to help determine whether a specific area is underserved. The HRSA Shortage Designation Branch is responsible for setting the criteria and ultimately deciding whether or not a geographic area, population group or facility is a **Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/MUP)**. Health Professional Shortage Areas (HPSA's) may be designated as having a shortage of primary medical care, dental, or mental health providers. They may be urban or rural areas, population groups or specific medical or other public facilities.

HRSA considers a primary care physician-to-population ratio of 1:3,500 persons adequate for most communities; except in areas where more than 20% of the population lives in poverty, where the ratio is increased to 3,000 persons per primary care physician. The primary care HPSA designation is also based on the availability of care in nearby areas, documented infant mortality rates, birth rates, and poverty level. Currently, there is one Primary Care HPSA designations for Liberty and Calhoun County.

Additionally, the federal administration defines Medically Underserved Areas (MUA's) as a whole county or a group of contiguous counties in which residents have a shortage of personal health services; and Medically Underserved Populations (MUP's) as groups of persons who face economic, cultural or linguistic barriers to health care. The current MUA/MUP designations for Liberty and Calhoun County include only the Liberty and Calhoun County Service Area (as defined by HRSA).

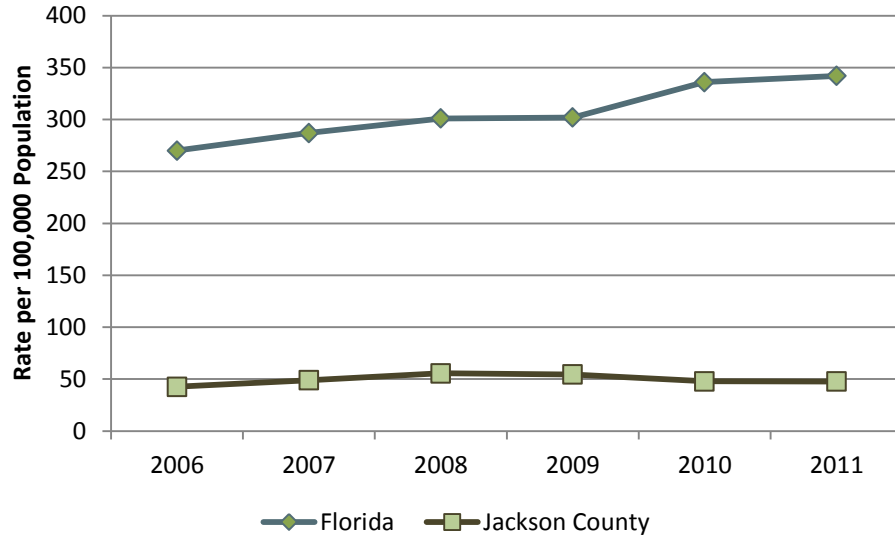
Overall, **Liberty County** has a significantly lower rate (0.0 per 100,000 population) of licensed physicians when compared to the state (342.0 per 100,000 population) in 2011. Recently, the gap between Liberty County and the state average has been increasing.



Source: Florida Department of Health

Calhoun County has a significantly lower rate (47.7 per 100,000 population) of licensed physicians when compared to the state (342.0 per 100,000 population) in 2011. Recently, the gap between Calhoun County and the state average has been increasing.

Physicians, Calhoun County and Florida, 2006-2011



Source: Florida Department of Health

One important note - when looking at physician coverage rates in Liberty and Calhoun County, the data reflects only those physicians who list a Liberty or Calhoun County address for their licensure. This data does not account for physicians who have a primary office location in a neighboring county but who have satellite offices or otherwise provide services in Liberty or Calhoun County.

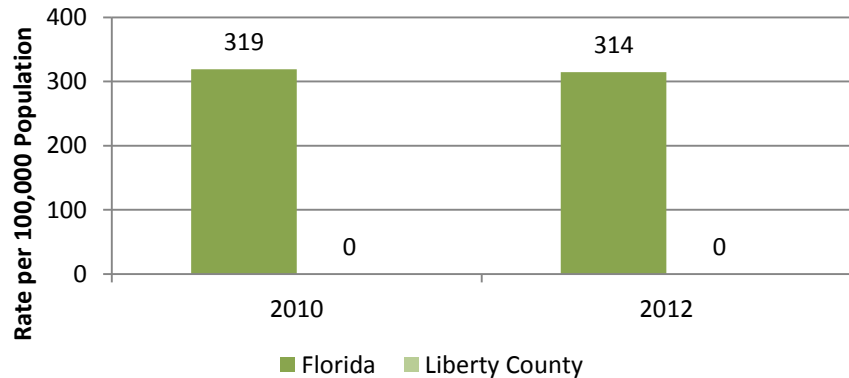
Health Care Facilities

Acute Care

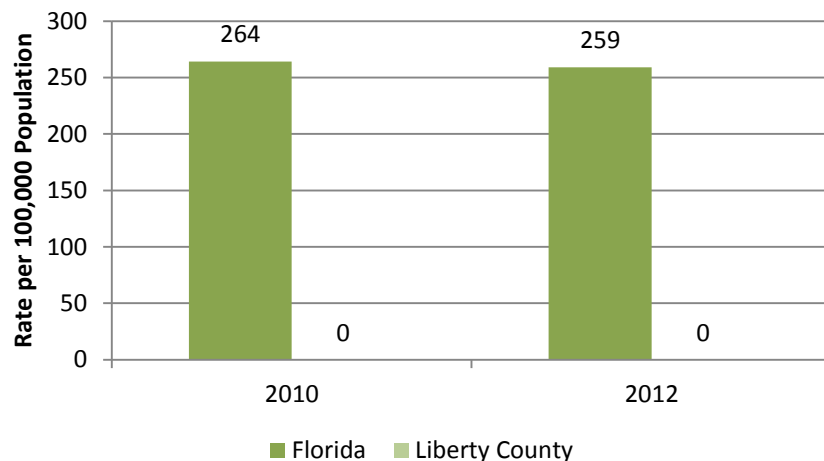
Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services on an outpatient basis.

Liberty County has no hospital within its boundaries.

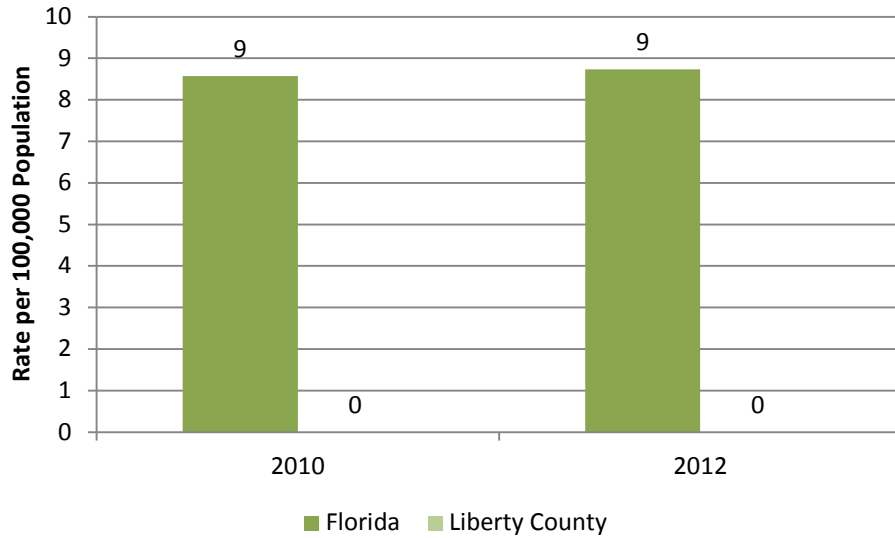
Total Hospital Beds (All Facilities), Liberty County and Florida, July 2010-July 2012



Acute Care Hospital Beds (All Facilities), Liberty County and Florida, July 2010 & July 2012

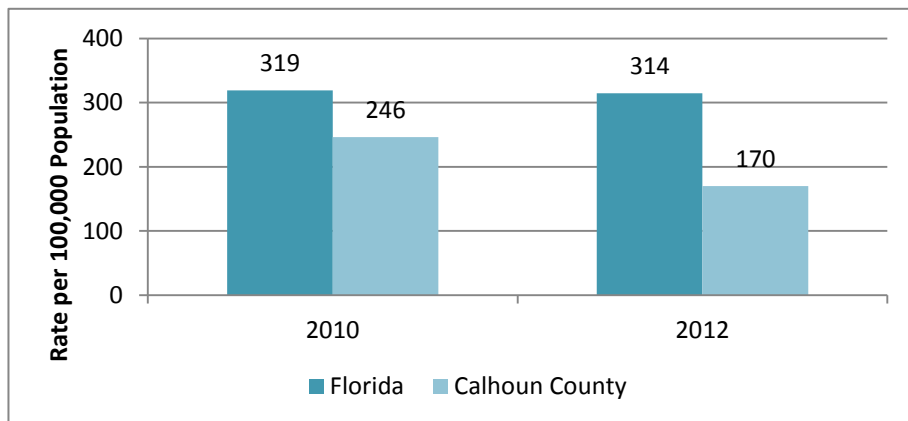


NICU Hospital Beds (All Facilities), Liberty County and Florida, July 2010 & July 2012

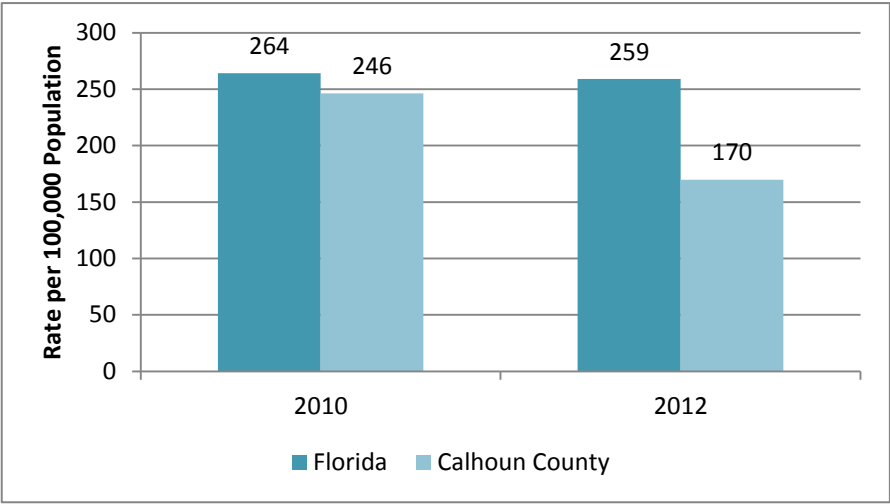


Overall, **Calhoun County** has a lower rate of available hospital beds when compared to Florida. This is especially true for acute care beds and neonatal intensive care unit hospital beds when compared to the rest of the state.

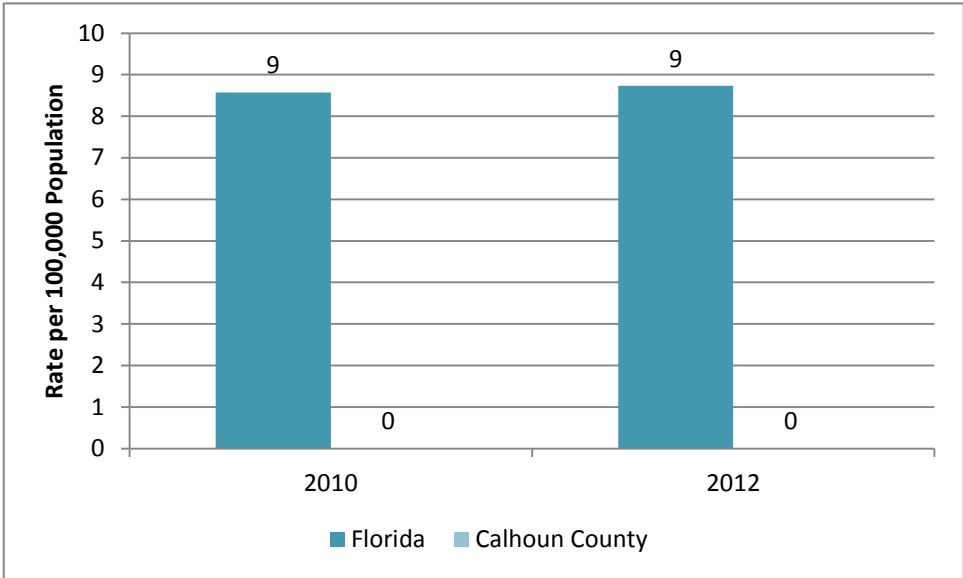
Total Hospital Beds (All Facilities), Calhoun County and Florida, July 2010-July 2012



Acute Care Hospital Beds (All Facilities), Calhoun County and Florida, July 2010 & July 2012



NICU Hospital Beds (All Facilities), Calhoun County and Florida, July 2010 & July 2012



No hospital specific or diagnosis specific information is available for **Liberty County** as there is no hospital within its boundaries. Data on discharge diagnosis solely for Liberty County was not available. In the below two tables are the Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in 2011 for Females and Males.

Calhoun-Liberty Hospital is the primary hospital for **Calhoun County**, and provides Burns, Cardiology, Emergency Medicine, Gynecology, Hematology, Internal Medicine, Obstetrics, Orthopedics, Pulmonary Medicine, and Radiology services; however, the hospital is not a Baker Act receiving facility. From October 2011 through September 2012, there were 485 admits with an average length of stay of 3.9 days costing on average US\$9,825 at Calhoun-Liberty Hospital.

Data on discharge diagnosis solely for **Calhoun County** was not available. In the below two tables are the Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in 2011 for Females and Males.

Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in Florida during 2011 for Females – **Calhoun County**

Diagnosis	Discharges	Percent of Female Discharges	Average Length of Stay (days)	Average Total Charges (\$US)
Vaginal Delivery	125,050	9.1	2.4	12,937
Cesarean Delivery	79,919	5.8	3.3	24,251
Psychoses	55,407	4	7.2	15,830
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	51,778	3.8	3.3	27,802
Chronic Obstructive Pulmonary Disease	38,098	2.8	4.7	31,984

Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in Florida during 2011 for Males – **Calhoun County**

Diagnosis	Discharges	Percent of Female Discharges	Average Length of Stay (days)	Average Total Charges (\$US)
Psychoses	61,129	5.9	7.5	15,581
Heart Failure and Shock	32,286	3.1	4.6	33,448
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	30,456	2.9	3	25,774
Percutaneous Cardiovascular Procedure	29,546	2.8	3.1	83,800
Simple Pneumonia and Pleurisy	27,729	2.7	4.5	32,205

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services within an area. Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting. No information was available for Liberty or Calhoun County Emergency Room Admissions.

Hospital data submitted to AHCA regarding the primary diagnosis at discharge from the ER (regardless of whether released or admitted as inpatient) provides ten reasons for emergency room visits among Liberty and Calhoun County residents.

The table on the following page displays selected non-fatal injury emergency department visits by mechanism in **Liberty County** during 2011.

Select Non-fatal Injury Emergency Room Diagnoses, Liberty County & Florida, 2011

Injury Mechanism	Liberty County		Florida
	N	County Age Adjusted Rate per 100,000 Population	Florida Age Adjusted Rate per 100,000 Population
Firearm	8	87	2374
Suffocation	0	0	1313
Pedalcyclist, Other	9	132	812
Motor Vehicle - Pedalcyclist	3	32	783
Fall	0	0	640
Drowning, Submersion	116	1,481	435
Other Spec & NEC	34	438	404
Overexertion	91	1,066	320
Cut, Pierce	58	735	209
Motor Vehicle - Pedestrian	0	0	100

The table below displays select non-fatal injury emergency department visits by mechanism in **Calhoun County** during 2011.

Select Non-fatal Injury Emergency Room Diagnoses, Calhoun County & Florida, 2011

Injury Mechanism	Calhoun County		Florida
	N	County Age Adjusted Rate per 100,000 Population	Florida Age Adjusted Rate per 100,000 Population
Firearm	8	62	2374
Suffocation	1	8	1313
Pedalcyclist, Other	19	144	812
Motor Vehicle - Pedalcyclist	7	47	783
Fall	1	7	640
Drowning, Submersion	191	1,357	435
Other Spec & NEC	69	488	404
Overexertion	172	1,232	320
Cut, Pierce	102	742	209
Motor Vehicle - Pedestrian	0	0	100

Long-Term Care

Long-term care is defined by HRSA as "those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals who have chronic physical and/or mental impairments, in a variety of settings ranging from home to institutional settings, to ensure the quality of life."

There are no long-term care facilities located within the boundaries of **Liberty County**. Blountstown Health and Rehabilitation Center is a long term care hospital located in Blountstown (**Calhoun County**) that offers physical therapy, speech therapy, occupational therapy, outpatient therapy, traditional healthcare, skilled care, respite care, wound care, IV antibiotic therapy. Admissions trend information was not available for this facility.

Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for more than half (77.0%) of all nursing home days in Calhoun County. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

There were no free standing skilled nursing facilities in **Liberty County**. The rate of available nursing home beds (0.0 per 100,000 population) is lower than the state average (435 per 100,000 population). The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Liberty County's free standing nursing homes.

Skilled Nursing Home Information, Liberty County and Florida, 2011

	Liberty County	Florida
Community Bed Days (per 100,000 population)	0	153,055
Community Patient Days (per 100,000 population)	0	133,892
Medicaid Patient Days (per 100,000 population)	0	82,196
Occupancy Rate	0.0%	87.5%
Percent Medicaid	0.0%	61.7%

Source: Florida Department for Elder Affairs

There are two free standing skilled nursing facilities in **Calhoun County**. The rate of available nursing home beds (1,675 per 100,000 population) is higher than the state average (435 per 100,000 population). The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Calhoun County's free standing nursing homes.

Skilled Nursing Home Information, Calhoun County and Florida, 2011

	Calhoun County	Florida
Community Bed Days (per 100,000)	611,440	153,055
Community Patient Days (per 100,000)	518,290	133,892
Medicaid Patient Days (per 100,000)	399,264	82,196
Occupancy Rate	84.8%	87.5%
Percent Medicaid	77.0%	61.7%

Source: Florida Department for Elder Affairs

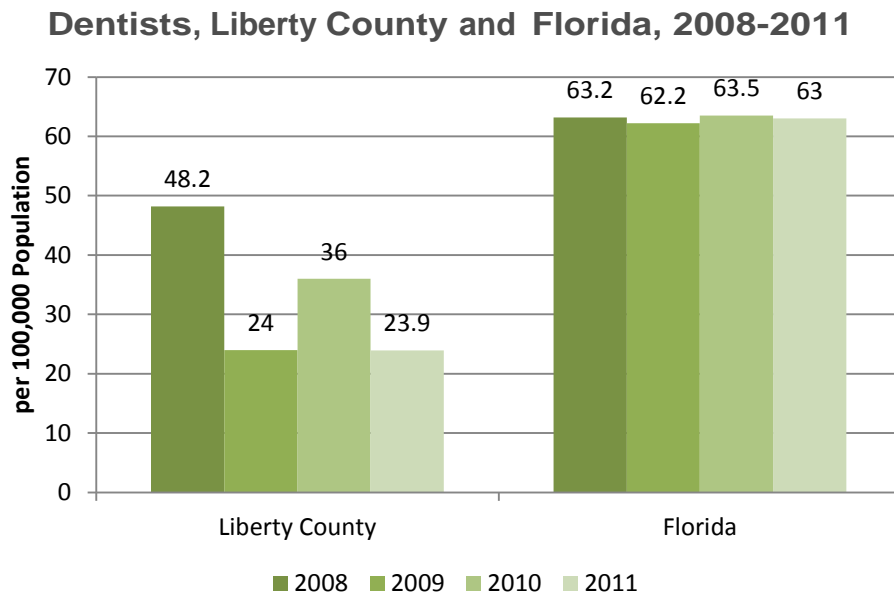
Mental Health and Substance Abuse

Liberty and Calhoun County have no adult psychiatric hospital beds or dedicated mental health facility.

Apalachee Center located in Bristol, offers outpatient services for mental health assessment/treatment, substance abuse assessment/treatment, co-occurring disorder assessment/treatment, case management, individual/family therapy, psychiatric and medication services, in-home services, employment/vocational services, peer support services, educational groups outreach, forensic case management both adults and children dealing with mental health and/or substance misuse/abuse problems. The center in Liberty County served 141 clients from Liberty in fiscal year 2011-2012.

Dental Care

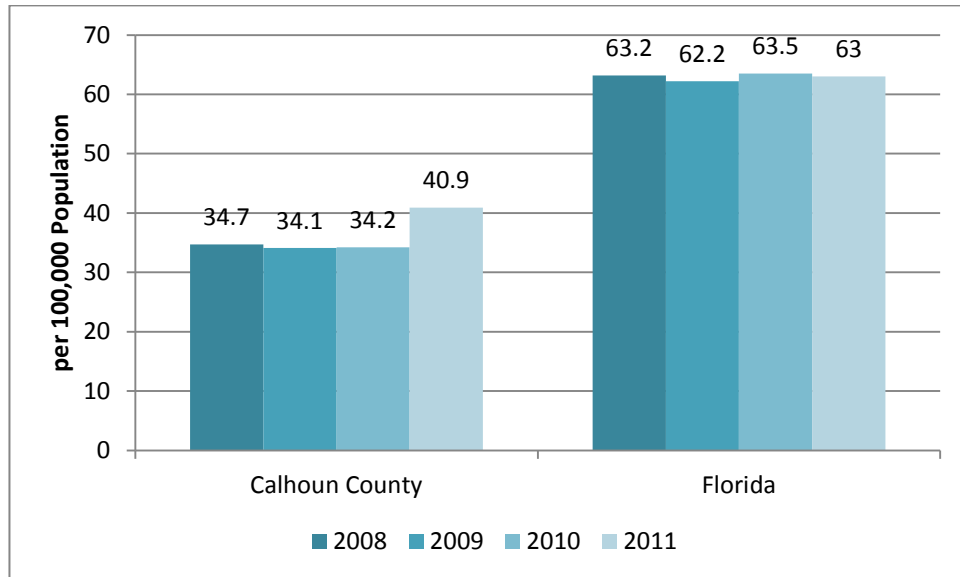
The number of dentists **in Liberty County** has changed from 2008 to 2011. The most current data available showed there were 23.9 dentists per 100,000 population as compared to the Florida rate of 63 dentists per 100,000 population. The graph below displays this trend.



Source: Florida Department of Health, Division of Medical Quality Assurance

The number of dentists in **Calhoun County** has changed from 2008 to 2011. The most current data available showed there were 40.9 dentists per 100,000 population as compared to the Florida rate of 63 dentists per 100,000 population. The graph below displays this trend.

Dentists, Calhoun County and Florida, 2008-2011



Source: Florida Department of Health, Division of Medical Quality Assurance

LIBERTY & CALHOUN COUNTY PHYSICAL ASSETS

There are a number of physical assets and resources within **Liberty County** which can be mobilized to address the health issues identified in the Community Health Needs Assessment. These are summarized in the table below.

Parks	Walking Trails
Apalachicola National Forest	Apalachicola National Forest
Torreya State Park	Florida National Scenic Trail
	Torreya State Park
Recreational Bodies of Water	
Hathcock Bay	Recreation Center
Wilder Bay	180 Degrees Fitness
Apalachicola River	
	Athletic Field
Schools	None listed beyond schools
Apalachicola Forest Youth Camp- Twin Oaks	
Liberty JUST- Twin Oaks	Public Libraries
Bristol Youth Academy	Harrell Memorial Library
Horizons	Liberty County Public Library
Early Learning Center	The Jimmy Weaver Memorial (Hosford) Public Library
Liberty County Adult School	
W.R. Tolar K-8	Mental Health Services
Hosford Elementary & Jr. High	Gregory A Prichard Psy Dpa
Liberty County High	
	Rehab Centers
Medical Care Centers	Leon Advocacy & Resource Center
Hosford Clinic	
Liberty County Health Department	Long-Term Care Facilities
	None listed
Dental	
Bristol Dental Clinic	Pharmacy
	Buy-Rite Drugs

Physical assets and resources within **Calhoun County** can be mobilized to address the health issues identified in the Community Health Needs Assessment. These are summarized in the table below.

Parks	Walking Trails
Sam Atkins Park	Florida National Scenic Trail
Pear-Azalea Park	
City Ball Park and Recreation	Recreational Bodies of Water
Lloyd Hall Park	Apalachicola River
	Chipola River
Recreation Center	
W T Neal Civic Center	Schools
	Blountstown High School
Athletic Field	Altha High School
Bowles Field	Blountstown Elementary School
Sam Atkins Park	Blountstown Middle School
	Carr Elementary / Middle School
Pharmacy	
Harvey's Supermarket	Public Libraries
Golden Pharmacy Inc	Calhoun County Public Library
	Altha Public Library
Medical Care Centers	Hugh Creek Branch Library
Liberty Hospital	Kinard Public Library
Tallahassee Memorial Family Medical Center of Blountstown	Calhoun County Public Library
Farooqi Misbah MD	Mental Health Services
	Life Management Center
Dental	
Layne Family Dental	Long-Term Care Facilities
Senior Dental	Parthenon Healthcare
	Blountstown Health & Rehabilitation Center
Cobb Glenwood B DDS	
Schrock Myron D DDS	
Corbin Finlay	Rehab Centers
	Quality Care Rehab

HEALTH POLICIES

Within the state of Florida, there are numerous policies which can be used to impact health issues within Liberty and Calhoun County. The table below and on the following pages summarized those policies most relevant to the issues identified in this Community Health Assessment.

Health Risk Factors	Florida Law	Description
Chronic Disease & Mortality		
Cancer (e.g., lung prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Cluster/Outbreak
	FS 385.202	Requires Providers To Report To Florida Cancer Registry
	FS 385.103	Chronic Disease Community Intervention Programs
	FS 385.206	Hematology-Oncology Care Center Program
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS 385.103	Chronic Disease Community Intervention Programs
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Programs
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Programs
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership
	FS 385.204	Insulin; Purchase, Distribution; Penalty For Fraudulent Application For And Obtaining Of Insulin
	FS 385.103	Chronic Disease Community Intervention Programs

Health Risk Factors	Florida Law	Description
Unintentional injuries	FS 385.103	Chronic Disease Community Intervention Programs
	FAC 64B-7.001	Pain Management Clinic Registration Requirements
	FAC 64K-100(1, 2, 3, 4, 5, 6, 7)	Establishment Of Florida's Prescription Drug Monitoring Program
	FS Title XXIX, Chapter 397	Substance Abuse Services
	FS 316.613	Child restraint requirements
	FS 316.614	Safety belt usage
	FS 316.1936	Possession of open containers of alcoholic beverages in vehicles prohibited; penalties.
FS 327.35	Boating under the influence; penalties; "designated drivers"	
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Programs
Communicable Diseases		
Arboviral Diseases	FS 388	Control of Arthropods in Florida
Tuberculosis	FS 392	Tuberculosis Control.
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD (e.g., Hepatitis A)
	FS 381.0072	Food Service Protection
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case (Novel Strain Or Pediatric Death) /Cluster/Outbreak
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities For The Care Of Mildly-Ill Children Requirements For Compulsory Immunizations For Admittance And Attendance
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools, Including Exemptions

Health Risk Factors	Florida Law	Description
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FS Title XXIX, Chapter 384	STIs: Department Requirements
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-200(2, 3, 4, 6)	Outlines With Respect To HIV The Definitions, Confidentiality, Testing Requirements, And Registration Of HIV Testing Programs
	FS 381.004	HIV Testing
Maternal & Child Health		
Birth Rates	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Infant Mortality	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Teen Pregnancy	FAC 64F-23.001	Informed Consent - Abortion
	FS 63.053 and 63.054	Unmarried Father Registry
	FS Title XXIX, Chapter 390	Termination Of Pregnancies
	Florida Constitution, Article X, Section 22	Parental Notice Of Termination Of A Minor's Pregnancy
	FS Title XXIX, Chapter 384.31	STI: Testing Of Pregnant Women; Duty Of The Attendant
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services

Health Risk Factors	Florida Law	Description
Health Resource Availability (Access & Resources)		
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FAC 64F-16.006	Sliding Fee Scale
	FS 296.31	VETERANS' NURSING HOME OF FLORIDA ACT
Social & Mental Health		
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education And Prevention Program
	FL Constitution, Article IX, Section 1	Public Schools; Education Of All Students
	FS Title XLVIII	K-20 Education Code (FS 1007 - Access)
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent And Retired Senior Volunteer Services To High-Risk And Handicapped Children
	FS Title XXX, Chapter 409	Social And Economic Assistance, Part I
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs: Alzheimer's Disease Services
	FS Title XXIX, Chapter 394	Mental Health

Health Risk Factors	Florida Law	Description
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability
Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

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CALHOUN AND LIBERTY COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

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The Local Public Health System Assessment (LPHSA) is a broad assessment, involving all of the organizations and entities that contribute to public health in the community. The LPHSA answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” “How are the Essential Services being provided to our community?”

The MAPP process recognizes the important contributions of all entities involved in the local public health system and provides a process for coming together and planning how to provide public health services. Inclusion of the LPHSA results may lead to strategies that help strengthen and improve the local public health system and provision of public health services.

In April 2012, community partners representing most segments of the local public health system met to complete the LPHSA for Calhoun and Liberty counties. Participants were provided an overview of the ten Essential Public Health Services (EPHS) and oriented to the LPHSA tool, which is based on the framework of the ten EPHS.

What are the 10 Essential Public Health Services?

The ten EPHS provide the framework for the National Public Health Performances Standards Program. xi The strength of a public health system rests on its capacity to effectively deliver these 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 partnerships 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 health care 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.

Performance Assessment Instrument Results

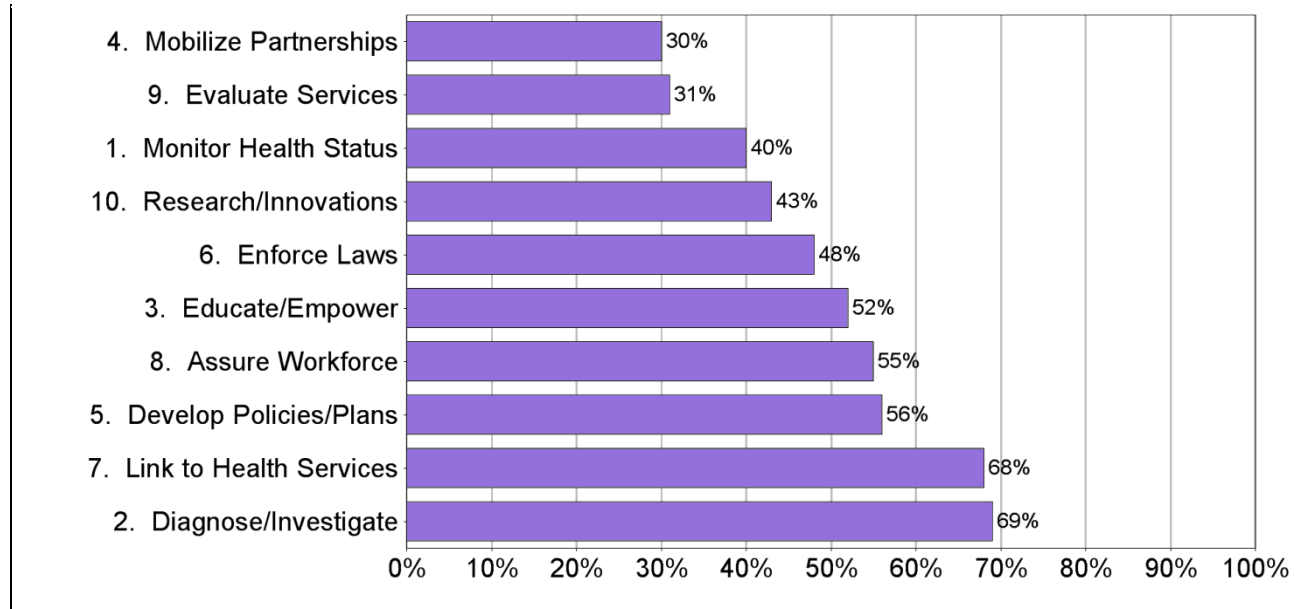
I. How well did the system perform the ten Essential Public Health Services (EPHS)?

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

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	40
2	Diagnose And Investigate Health Problems and Health Hazards	69
3	Inform, Educate, And Empower People about Health Issues	52
4	Mobilize Community Partnerships to Identify and Solve Health Problems	30
5	Develop Policies and Plans that Support Individual and Community Health Efforts	56
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	48
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	68
8	Assure a Competent Public and Personal Health Care Workforce	55
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	31
10	Research for New Insights and Innovative Solutions to Health Problems	43
Overall Performance Score		49



Figure 2: Rank ordered performance scores for each Essential Service



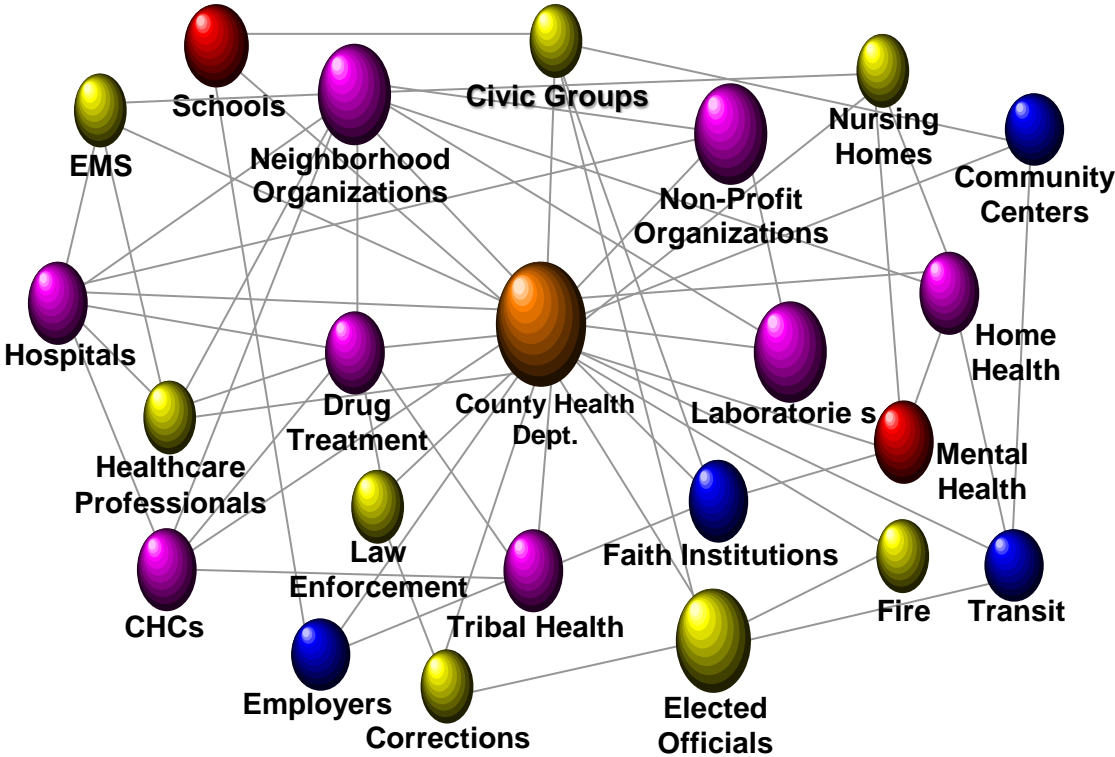
COMMUNITY PARTICIPATION

Mobilizing for Action through Planning and Partnerships (MAPP) is intended to result in the development and implementation of a community-wide strategic plan for community health improvement. For the plan to be realistically implemented, it must be developed through broad participation by persons who share the commitment to and responsibility for the community's health and overall well-being. When people with different points of view come together they develop solutions to problems that may be better and more creative. A key element of the MAPP process is that it is a community driven process which includes:

- Mobilizing and engaging the community
- Action with and by the community
- Planning driven by the community
- Partnership to strengthen the community

The Local Public Health System diagram below depicts another key element of the MAPP process; an emphasis on system-wide involvement and a broader definition of public health. The local public health system includes all public, private and voluntary entities, as well as individuals and informal associations that contribute to public health services. MAPP brings all of these diverse interests together. MAPP recognizes the important contributions of all entities and through the Calhoun County Health Department and Community Partners provides a process for coming together and planning how to improve the health of our community.

Public Health System



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CALHOUN AND LIBERTY COUNTY GOALS & STRATEGIES

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BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Calhoun County, Quad R, LLC was contracted by the Calhoun and Liberty County Health Department to facilitate the Community Identified Goals and Strategies workshop on May 7, 2013. The purpose of this workshop was to identify health priorities which are impacting Calhoun County residents and to develop goal statements and strategies for each priority.

A total of 15 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Calhoun County. The list of participants can be found in Appendix 5.



METHODS

Approximately two weeks prior to the scheduled Goals and Strategies workshop, community health partners were contacted by e-mail from the Calhoun and Liberty County Health Department regarding the date, time, and purpose of the workshop. At this time, community health partners were provided the agenda. The email and agenda are located at the end of the report.

The participants were welcomed to the workshop by the Calhoun County Outreach Coordinator, Susan Chafin. Workshop participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for

Calhoun County. This data included:

- Florida Department of Health CHARTS – Calhoun County Health Status Summary (accessed April 15, 2013)
- 2013 County Health Rankings (Florida Big Bend, Florida Public Health Institute)
- Florida Legislature, Office of Economic and Demographic Research – Calhoun County Summary (accessed April 15, 2013)
- Calhoun CHARTS Pregnancy & Young Child Profile (accessed April 15, 2013)
- Calhoun CHARTS School-aged Child & Adolescent Profile (accessed April 15, 2013)
- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report
- Florida Department of Law Enforcement January-December 2011 Crime in Calhoun County Summary
- Calhoun County Quick Facts, US Census Report (accessed April 15, 2013)
- Florida Youth Tobacco Survey (FYTS) 2012 – Calhoun County at a Glance
- Calhoun County: Specialty and Flavored Tobacco Trends Among Youths (Ages 11-17) from the Florida Youth Tobacco Survey (Florida Department of Health)

Participants reviewed the data individually and identified key health issues and/or needs for Calhoun County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public health system operate within Calhoun County.

Participants were then asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Workshop members worked collaboratively to cluster their issues and identify a label for the theme or category. They then reviewed all the themes and



categories and re-assembled them into a master list of community health issues.

Ten health issues were identified:

- Alcohol & Substance Abuse
- Cancer
- Cardiovascular Disease
- Diabetes
- Domestic Violence
- Educational Issues
- Health Insurance
- Obesity
- Poverty
- Tobacco Use



Workshop participants were instructed to self-select into one of the 10 health issues.

Each group was to review the health issues represented by the sticky notes associated with that issue. Each group was tasked with identifying two *Do-able* activities in order to change and/or impact the health issue in Calhoun County. Groups were reminded to think about the *Resources* and *Barriers/Challenges* identified at the April 9th workshop when identifying *Do-able* activities (these were provided as a handout at this workshop). Once two activities were listed, each group moved to the next health issue, reviewed the sticky notes, discussed the *Do-able* activities listed, and identified two different *Do-able* activities. This process was repeated until each group had reviewed and added items to each of the 10 health issues.

Next, workshop participants reviewed the *Do-able* activities on each of the 10 health issues. Each group was instructed to reach consensus on the three most *Do-able* activities given the *Resources* and *Barriers/Challenges*, and place a “star” next to these activities on each chart.

Once each group had selected the top three most *Do-able* activities on each of the 10 health issues, the workshop participants were asked to review all the health issues a final time. This work is presented at the end of the report.

Workshop participants then voted on the top health issues which they could impact in the next two to three years. The participants reached consensus on three health issues:

- Alcohol & Substance Abuse
- Obesity
- Poverty

After a short break for a working lunch and networking, workshop participants self-selected into one of the three health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue. Once each workgroup had at least 2 strategies for the health issue, the participants reviewed the work for each issue. Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process (see Key terms and examples on the Agenda).



The *Goal & Strategies* template was provided on a large easel chart paper. Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with

the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The goals and strategies developed during this workshop are found on the following pages.

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GOALS & STRATEGIES

Calhoun & Liberty County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Alcohol and Substance Abuse	Calhoun County will reduce instances of Alcohol and Substance Abuse.	1. Educate the population on effects of alcohol and substance abuse.	<ul style="list-style-type: none"> • Funding(legislative) • Generational change • Advertisement and glamorization of alcohol • Parental acceptance of alcohol use 	<p>Timeline 3 Years</p> <p>Lead & Team Members Calhoun County Chamber of Commerce Schools Department of Health (DOH) Department of Children and Families (DCF) Local business</p> <p>Resources CARE Department of Health (DOH) Department of Children and Families (DCF)</p>
		2. Provide alternative to alcohol and drugs.	<ul style="list-style-type: none"> • Funding • Space • transportation 	<p>Timeline 1 Year</p> <p>Lead & Team Members Local leaders Churches Schools County Health Department</p> <p>Resources Local funding Volunteers</p>

Calhoun & Liberty County Community Health Project

Priority Issue	Goal	Strategy	Barriers	Implementation
Obesity	Calhoun County will decrease the rate of Obesity in overall population.	1. Explore and acquire funding sources to establish and maintain Community Based fitness program.	<ul style="list-style-type: none"> • Funding • politics 	<p>Timeline 3 Years</p> <p>Lead & Team Members Chamber Schools Hospital Department of Health (DOH) Churches</p> <p>Resources See above</p>
		2. Promote healthy lifestyles across the lifespan through broad-based collaborative educational programs.	<ul style="list-style-type: none"> • Southern culture • Fast food mentality • Healthy lifestyle perceived as more expensive 	<p>Timeline 3 Years</p> <p>Lead & Team Members Local business leaders Schools Extension office Department of Health(DOH)</p> <p>Resources See above</p>

Calhoun & Liberty County Community Health Project

Priority Issue	Goal	Strategy	Barriers	Implementation
Obesity (continued)	Calhoun County will decrease the rate of Obesity in overall population.	3. Increase access to preventative care/screenings in order to promote awareness of risk of obesity.	<ul style="list-style-type: none"> • Funding • Lack of providers • Transportation • Lack of participation 	Timeline 3 Years Lead & Team Members Local business Schools Department of Health (DOH) Resources See above

Calhoun & Liberty County Community Health Project

Priority Issue	Goal	Strategy	Barriers	Implementation
Poverty	Calhoun County will reverse the Poverty level among residents.	1. Expand programs that support families and the values needed to encourage a rise above poverty.	<ul style="list-style-type: none"> • Legislative • Generational change • Community awareness • Pride 	<p>Timeline 2-3 Years</p> <p>Lead & Team Members Local leaders Academic</p> <p>Resources State and Local funding Grants</p>
		2. Encourage development of vocational/technical education.	<ul style="list-style-type: none"> • Legislative/funding • Vocational specialties on the decline • Identifying vocational opportunities • Community support 	<p>Timeline 3 Years</p> <p>Lead & Team Members Educators Local leaders</p> <p>Resources State/Federal funding</p>

Calhoun & Liberty County Community Health Project

Priority Issue	Goal	Strategy	Barriers	Implementation
Poverty (continued)	Calhoun County will reverse the Poverty level among residents.	3. Provide awareness of financial awareness and accountability, and life skills.	<ul style="list-style-type: none"> • Funding program • Educational awareness of the need/priority • Community acceptance • Lack of awareness 	Timeline 1-2 Years Lead & Team Members Educators Local leaders Community activist Resources Local funding Resources State/Federal funding

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SUMMARY/KEY FINDINGS

The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to



develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Calhoun and Liberty County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Calhoun and Liberty County and the state of Florida. Budget cuts

and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. *Poverty* was identified as a key priority health issue.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Calhoun and Liberty County are rural communities, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Calhoun and Liberty County and the state of Florida also present the need to address

language and cultural barriers. *Alcohol & Substance Abuse* is a priority issue which impacts the health of Calhoun and Liberty County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for all public health services. *Obesity* is a priority issue which impacts and is impacted by the other health issues identified in the workshop.

In summary, these strategic health issues priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Calhoun and Liberty County community. These strategic priorities and goals impact multiple sectors of the Calhoun and Liberty County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.



CALHOUN AND LIBERTY COUNTY FORCES OF CHANGE

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BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Calhoun and Liberty County, Quad R, LLC was contracted by the Calhoun and Liberty County Health Department to facilitate the Forces of Change Assessment workshop on April 9, 2013. The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

The Forces of Change workshop was a collaborative effort, as both counties share a Health Department Administrator, community health partners, and resources. A total of 20 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Calhoun and Liberty County. The list of participants can be found at the end of this report.

METHODS

Two weeks prior to the scheduled Forces of Change workshop, community health partners were contacted by e-mail from the Calhoun and Liberty County Health Department regarding the date, time, and purpose of the workshop. Community health partners were provided the agenda and the Forces of Change Brainstorming worksheet. The email, agenda, and worksheet are at the end of this report.

The participants were welcomed to the workshop by the Calhoun and Liberty County Health Department Administrator, Ms. Rachel Manspeaker. After reviewing the agenda, the workshop facilitator then asked participants to complete the Calhoun and Liberty County Brainstorming Worksheet. This worksheet asks participants to identify specific *Forces*, *Trends*, *Factors*, and *Events* that impact the health of the community. In addition, *Strengths* and *Weaknesses*, as well as *Resources* and *Barriers* are identified.

The Calhoun and Liberty County Community Health data, which was provided at the beginning of the session, was reviewed by the workshop participants. This data included:

- Calhoun County 2010 CHARTS Summary
- U.S. Census QuickFacts for Calhoun County
- Calhoun County data from the Office of Economic Development & Demographics
- Liberty County 2010 CHARTS Summary
- U.S. Census QuickFacts for Liberty County
- Liberty County data from the Office of Economic Development & Demographics

Participants reviewed the data individually and identified key health issues and/or needs for Calhoun and Liberty County residents. Participants were instructed to put these health issues and/or needs into one of six categories or “Forces” – Economic, Environmental, Health, Social, Political, or Technological. Workshop participants were reminded to identify local, regional, state and national forces that may affect the context in which the community and its public health system operate within Calhoun and Liberty County.

After introducing themselves and the organization they represented, participants selected one of the six Forces of Change and went to the applicable flip chart paper that was posted around the room.

Participants were asked to use the information from their *Forces of Change Brainstorm Worksheet* and their identification of health issues and/or needs to write down the Forces, Trends, and Events for that particular area (e.g., Economic, Environmental, Health, Social, Political, or Technological). Each group of participants worked collaboratively to identify health issues and/or community needs related to their specific category or “Force.” Participants then moved to each of the flipcharts or “Forces” and added additional health issues



and/or needs.

Participants were asked to re-assign themselves to a new group of participants. This was done so as to enhance the sharing of information, prevent Group Think, and allow for networking across agencies and organizations. Participants were instructed to identify the *Strengths* within the Calhoun and Liberty County community which could be used to impact each of the six Forces. The facilitator asked the participants to identify people and/or community groups, policies, laws, and/or regulations, and physical resources and assets which could be mobilized to impact the specific Force. In addition, workgroups were asked to include regional, state, and national *Strengths*. In their workgroups, participants reviewed each of the six Forces and added additional *Strengths* as needed.



Participants were then asked to form a new workgroup for the next step in the process. They were instructed to identify *Threats* or *Barriers/Obstacles* to impacting the Forces, Trends, and Events for each of the specific areas. Participants were reminded that *Threats* were people and/or community groups, policies, laws, and/or regulations, and physical resources and assets which could block or prevent changes in the Forces of Change issues. They were also told that any of the *Strengths* could also act as *Threats*. County, regional, state, and national *Threats* were identified for each of the six Forces. Workgroups moved around the room and identified *Threats* for each of the six Forces of Change issues and/or community needs.

Finally, the workgroups were asked to identify *Opportunities* which could potentially be used to impact the issues identified for each of the Forces of Change. Participants were asked to think about people and/or community groups, policies, laws, and/or regulations, and physical resources and assets which may be new or could be created in order to impact the issues and/or community needs within that category. County,

regional, state, and national *Opportunities* were identified in this step in the process. Participants reviewed each other's work and added additional *Opportunities* as needed.



Participants were asked to select one of the *Forces of Change* which they either felt strongly about or was an area in which they worked. Once selected, they were instructed to review all the information about that specific Force – the issues and/or needs, *Strengths, Threats, and Opportunities*. Each workgroup was tasked with filling in the “story” represented by the information for that Force.

Workgroups were reminded to include county, regional, state, and national people, organizations, policies, physical assets and resources. Participants were also reminded to include events, fairs, festivals, routine exercises, PODS, and/or clinics.

IDENTIFICATION OF FORCES

The Forces of Change workshop provided an overview of key trends, events or factors that participants identified as currently or potentially affecting the quality of the overall health and wellness of Calhoun County. Participants worked collaboratively to identify key Forces, Trends and Events within each of the six areas.

- Economic
- Environmental
- Health
- Social
- Political
- Technological

These Forces and their corresponding *Strengths*, *Threats* and *Opportunities* are displayed on the following pages.

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Calhoun & Liberty County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Economic			
<ul style="list-style-type: none"> • Legislature laws • Enabling quality acute emergency services • High cost of insurance policies: preventing insurance coverage and access to affordable healthcare • % of unemployment; loss of benefits, coverage cuts • ¼ live below poverty level – majority children • ↓ Access to economic services (zero Department of Children and Families offices) • Zero economic growth • % of residents who work outside county • Less than 70% of land is owned by federal or state government – lack of tax base • Limited employment opportunities • High population receiving government assistance: false sense of responsibility “I don’t pay welfare does” • Governmental job reductions • ↑ in patients care ↓ in workforce; i.e. retirements; cut backs; limited funding 	<ul style="list-style-type: none"> • Calhoun 340B drug assistance program • Eco-tourism • Calhoun one – stop center • Emergency services • Access to some government jobs/state and local • Ministry center • Natural resources – local • Catalyst project • Excellent school system (people will move here)! • Work force board • Prison system • Goat day • Community health fairs offering free services 	<ul style="list-style-type: none"> • Limited employment – have to travel out of counties • Lack of state income tax • No rail /interstate • Lack of work force • Lack of tax base/government property • Lack of industry • Government cuts and mandates • Lack of economic development • Increase in taxes • Fuel prices higher here • Decreased access to grant funding • Getting work may effect benefits – attitude 	<ul style="list-style-type: none"> • Partnering for grant (hire a grant writer) • Calhoun Chambers partner • Eco – tourism • Recruitment of industry (through media and internet) • Reduce/eliminate unnecessary government regulations • Free lobbyist • Abundance of natural resources • Health care policies that offer money incentive for preventative medicine • Organized park-n-ride • Monitoring and enforcement of public assistance programs • Job opportunities to prevent re-entry

Calhoun & Liberty County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Environmental			
<ul style="list-style-type: none"> • Limited waste disposals • Well water • Sparse persons per square mile • Lack of infrastructure • Testing of water systems to ensure clean/or contaminant free water source • Mosquitoes: Control of through funded projects • Limited availability to re-cycle • Environmental ignorance • No public transportation • High use of pesticide/fertilizer • Natural disasters – flooding, hurricanes, tornadoes • Pollution of rivers • Lack of leash law • Taking for granted the natural resources 	<ul style="list-style-type: none"> • Educational system • Richness of natural resources • Emergency Operations – chemical spills, mass casualty, short term water supply • Low population – conserve resources • Blountstown main street • State and US Forestry assets – resources • Veterans Memorial • River Keepers organization • Provides economic resources – timber, agricultural crops • Addition of county water sewer • Mosquito Control program • Pioneer Settlement • Sam Atkins park 	<ul style="list-style-type: none"> • Lack of infrastructure • Lack of funds • Re-cycling • Transportation • Lack of respect of natural resources (visitors and locals) • Lack of code enforcement • Limited control of water resources (Appalacola River) • Limited expansion • Poor animal control • Attitudes toward local-state-federal laws and resources and entitlements • Behavioral: littering – dumping 	<ul style="list-style-type: none"> • Grant writer • Lobbyist – (free) • Emphasis on eco – tourism • Community block development grants • New innovations • Ongoing county and city water and sewer systems • Clean up the rivers (fertilizer/pesticides) • Abundance of natural resources • Alternatives for large garbage disposal • Greenway trial and events • “Going green” initiatives

Calhoun & Liberty County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Health			
<ul style="list-style-type: none"> • Drug education program • ARNP • Expansion of scope of practice • Health attitude/choices • National state of healthcare cuts • Aging population and greater health needs • State Medicaid expansion decision • High incidence of teen/adolescent pregnancy • Lack of responsibility for actions • Change of local providers/lack of • Perception of local healthcare & providers • Economics • Politics • Transportation • Lack of specialty providers • “The government will take care of me” attitude • Loss of primary care providers and offices • Indigent follow-up; most likely to be non-compliant in medical issues due to ↓ income and/or lack of consistency in the primary care setting • Lack of elder care facilities 	<ul style="list-style-type: none"> • Recreational facilities/activities • Volunteers, especially retirees • Educational prevention programs • Community partnerships • Increase in specialists coming to area • Outreach – teen awareness/pregnancy prevention • Info available through public libraries • Nutrition education in all schools • CNA programs in high school • Multiple natural environments for exercise • Annual men and woman seminars • Senior citizen transit • Outreach clinics (flu clinics) • Mobile dental unit • HCRA • FQHC 	<ul style="list-style-type: none"> • Health illiteracy • Lack of providers • Many local fast food joints • Attitude • Lack of coverage • HMO’s • Economics • Limited healthy eating options • Limited resources for aging population • Perception of local healthcare/providers • Lack of funds • Aging population • Lack of preventative programs • We Care/Bay Care losing funding • Inability to refer indigent patients to specialist 	<ul style="list-style-type: none"> • New administrator/new direction department of health – local county health department • Telemedicine and e-medicine • Use emergency room visit/non – emergent as patient educational opportunity • Recruiting mid level – ANRP’s from internships • Outreach • Build on community partnerships • Expansion of scope of practice ARNP’s • Health fairs • Cooking schools/nutrition education youth and adults • FSU school of medicine and rural healthcare (all disciplines) nurses, pharmacy, etc.)

Calhoun & Liberty County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Political			
<ul style="list-style-type: none"> • Obama Care • Budgets cuts • Resistance to change – “Good ‘ole Boy” attitude • “Political correctness” • Privatization – reduce governmental jobs • Sequestration • Political uncertainty • Lack of trust • Unfunded mandates • Provision of services required – lack of funding to secure necessary equipment • Politicalization of health • Local median influence/bias • Bigotry/ignorance • Opinions not based on facts 	<ul style="list-style-type: none"> • Accessibility – local government county/city • Familiarity – local government county/city • Change of attitude with local boards • Positive connection with Tallahassee • Calhoun relationships with local, state representatives • Involved population • Election process • Town Hall meetings 	<ul style="list-style-type: none"> • Familiarity – may impede progress • Uninformed decisions and opinions • Resistance to change • Good ‘ole Boy” attitude • Unqualified elected officials • Media bias(local) • Qualified not “stepping up” • Lack of understanding of impact of Obama Care • Abuse of Medicaid system (National) • Political gridlock (National) • Unfunded mandates • Excessive government mandates with limited resources 	<ul style="list-style-type: none"> • Collaborative relationships with local, state and federal government • Educate on voting process • Get involved • More collaboration between counties • Educate the populace on issues impacting social, economic, political, aspects of the community • Live stream – online access to meetings • Calhoun and Calhoun Super Council • Re–vamp web sites

Calhoun & Liberty County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Social			
<ul style="list-style-type: none"> • Lack of activity for teens/young adults • Calhoun - ↑ alcohol and drug use • People don't like change – conservative area • Tobacco use • Bullying and cyber – bullying • Meth • Domestic violence • Traditional family structure / values • Poor diet (Southern cooking) • Overuse of technology decrease in social skills • Child abuse – not reporting due to fear • Facebook – sharing information online • Cross cultural communication barriers • Overall resistance to change • High crime rate • Too many excuses not enough solutions 	<ul style="list-style-type: none"> • Churches • Law enforcement • Great sports program in both counties • Tobacco – free partnership • SWAT program • Familiarity – local • Increased social media outlets – local • Cohesive community (pull together) • School systems – anti – bullying • 4 – H camps, Girl Scouts, Boy Scouts • Upward Basketball • Parks • Farmers' Market • Libraries 	<ul style="list-style-type: none"> • No commercial youth activities (movies, bowling, etc.) • Limited drug education • Decline of church influence • Negative social media influence • Lack of funds • Lack of staffing “volunteers”, “paid staff” • Peer pressure • Lack of family friendly events • Social isolation • Lack of volunteers • ↑ single parent families • Parental involvement (both parents working) • Unhealthy behavior – eating/exercise 	<ul style="list-style-type: none"> • Church coalition forming non–denominational social functions for youth. • Pursuit of funding • Ministry Center • SWAT coordinator for Calhoun • Access to recreational facilities • Movies on the square and concerts • After school programs • Drug task force (prevention and treatment) • More volunteer programs for youth

Calhoun & Liberty County Forces of Change

FORCE	STRENGTHS	THREATS	OPPORTUNITIES
Technological			
<ul style="list-style-type: none"> • Lack of adequate infrastructure for internet • C + L + cell service • Lack of education about technology • Texting and other distractions while driving (don't want government to control life) • More adult education on technology • Aging population • Electronic health records • Social media • No 2-1-1 system • Children's overuse of technology • Lack of funds • Resistance to technology among some people – across ages – old and middle aged • Emergency Services communication 	<ul style="list-style-type: none"> • Most people have some access to technology • Broadband plan in place • Mass communication – local/national • Improved education – local • Electronic health records • Social media • Calhoun County libraries • Educational system • Computer literacy/access in Calhoun 	<ul style="list-style-type: none"> • Lack of funds • Lack of competition • Inappropriate use of technology • Lack of availability • Lack of education • Lack of infrastructure and resources • Resistance to change – try • Critical thinking declines leads to less social interaction 	<ul style="list-style-type: none"> • Computer literacy classes in libraries • Broadband is coming • Partner with college for more advanced classes in school • Upgrade websites to be more interactive (e.g., Live stream) • More carriers • Community educational and involvement • Adult school partner with local colleges to provide communications classes at affordable rates • Science fairs • Vocational programs (technology based) • Grants

SUMMARY/KEY FINDINGS

The information gathered during the Forces of Change workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to identify key strategic priorities and goals for action within the Calhoun and Liberty County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Calhoun and Liberty County and the state of



Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional

partners. The *Economic* and *Technological Forces* will continue to be impacted in Calhoun and Liberty County by these conditions.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Calhoun and Liberty County is a rural community, and as such, challenges to both access to healthcare and the transportation infrastructure result. Changing demographics within Calhoun and Liberty County and the state of Florida also present the need to address language and

cultural barriers. *Health* forces which impact the health of Calhoun and Liberty County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for mental health and counseling services.



Social Forces impact and are impacted by all the other forces discussed in the workshop.

In summary, the results of this Forces of Change workshop should be reviewed in the next phase of the MAPP process when strategic priorities and goals are identified. Those Forces that are identified as impacting multiple sectors of the community and appear within this report and the other community health assessments should be prioritized. Additionally, the relationship between Forces should also be considered during strategic planning. Integration of the forces into the Community Health Improvement Plan (CHIP) is critical as these Forces will impact the community's ability to implement action plans and impact (positively) the health of the Calhoun and Liberty County community.



APPENDICES

Appendix 1: Workshop Agenda

Calhoun-Liberty Hospital
Strategic Plan 2013
October 29-30, 2013 9:00am-4:00pm
Rivertown Community Church
19359 SR 71 North
Blountstown, Florida 32424



Agenda

MISSION: To provide the most dedicated and advanced primary, preventive and diagnostic healthcare to the communities we serve, to provide quality patient care at the most reasonable cost and to provide, promote and support community involvement in the delivery of healthcare in the communities we serve.

October 29, 2013

9:00am – 9:15am

Introductions
Workshop Logistics Review

9:15am - 10:45am

Workgroup Assignments
Participants will be assigned to a workgroup to identify issues impacting Calhoun & Liberty counties based on a review of the data sources:

- Florida CHARTS
- Communicable Disease Surveillance
- STD rates/trends
- Injuries & Hospitalizations
- Dental services information
- County Health Rankings Summary
- Census data
- Crime Statistics

10:45am - 11:30am

each

Issue Categorization
Participants will place the issues into categories and label category.

11:30am - 12:15pm

Working Lunch (Lunch provided & networking)

12:15pm – 1:30pm

Issue Prioritization
Participants will review each category to:

- Identify *Do-able* issues – Which Issues can be realistically impacted in the next 3-4 years?
- Identify *Barriers to Strategic* – What barriers must be addressed in order to impact the issue?

- | | |
|------------------------|--|
| 1:30pm – 1:45pm | BREAK |
| 1:45pm – 3:00pm | Group Decision Making <ul style="list-style-type: none"> • Issues will be prioritized • Top 3-4 issues will be selected for development in the Strategic Plan. |
| 3:00pm - 4:00pm | Resources Identified <ul style="list-style-type: none"> • For each issue, participants will identify the resources needed for impact/change/improve (People, Products, Processes). |

October 30, 2013

- | | |
|--------------------------|--|
| 9:00am - 9:15am | Review of Workshop Results from October 29 |
| 9:15am – 9:45am | Goal for each Health Issue <ul style="list-style-type: none"> • Participants will self-select into an issue and work together to develop a <i>Goal</i> for the issue. |
| 9:45am -10:00am | Group Review of Goals <ul style="list-style-type: none"> • Groups will review each other’s work and provide feedback |
| 10:00am-10:30am | SMART Objectives for each Goal (Issue) <ul style="list-style-type: none"> • Participants will develop SMART objectives for the Goal (Issue) |
| 10:30am – 10:45am | SMART Objectives <ul style="list-style-type: none"> • Participants will review each other’s work and provide feedback. • Feedback will be used to refine Goal and SMART Objectives. |
| 10:45am – 11:15am | Baseline Measure(s) and Source <ul style="list-style-type: none"> • Participants will identify the current data (Baseline measure) and source for each SMART Objective. |
| 11:15am - 11:30am | Group Review <ul style="list-style-type: none"> • Participants will review the Goal, SMART Objectives, and Baseline Measure (and Source) for each issue and provide feedback. |

11:30am-12:15pm	Working Lunch (Lunch provided & networking)
12:15pm – 1:30pm	Activities for Strategic Plan <ul style="list-style-type: none"> • Each workgroup will identify the <i>ACTIVITIES</i> for each <i>OBJECTIVE</i> in their Strategic Plan.
1:30pm - 1:45pm	Group Review <ul style="list-style-type: none"> • Workgroups will review each other’s work and provide feedback.
1:45pm – 2:00pm	BREAK
2:00pm – 3:15pm	Strategic Plan Completion <ul style="list-style-type: none"> • For each <i>OBJECTIVE</i> in their Strategic plan, workgroups will identify: <ul style="list-style-type: none"> • Lead Role & Community Resources • Target Date for Completion • Evaluation Measure. • <u>NOTE</u> – the Strategic Plan will end with measuring against the baseline measure to determine impact/success
3:15pm – 3:30pm	Group Review <ul style="list-style-type: none"> • Workgroups will review each other’s work and provide feedback.
3:30pm – 3:45pm	Strategic Plan Final Revision <ul style="list-style-type: none"> • Based on feedback, workgroups will finalize their Strategic Plan(s).
3:45pm – 4:00pm	Strategic Plan Workshop Summary Next Steps

Strategic Plan Purpose: “...a process for defining and determining an organization’s roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it.” (*Public Health Accreditation Board (PHAB) Standards & Measures*)

- What is going on in the community the Calhoun-Liberty Hospital serves? What are the trends, needs and opportunities for change within the community? Are our customers satisfied with our services?
- What is the financial picture within the economic climate? What are the Calhoun-Liberty Hospital resources, assets and opportunities?
- How is the Calhoun-Liberty Hospital doing? What are the Calhoun-Liberty Hospital’s strengths and weaknesses? Are internal processes efficient and meeting needs of the

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services.

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and Strategic-able.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

Appendix 2: Data Sources

- Calhoun-Liberty Hospital. Results for Time Period: April 2012 through March 2013. Patient demographics and Discharge reasons. From Floridahealthfinder.gov. Accessed October 25, 2013.

Calhoun County Data Sources	Liberty County Data Sources
<ul style="list-style-type: none"> • U.S. Census Bureau: State and County QuickFacts – Calhoun County, Florida. Accessed October 25, 2013. • Calhoun County income and career data from http://www.usa.com/calhoun-county-fl-income-and-caeers.htm. Accessed October 25, 2013. • Florida Legislature’s Office of Calhoun County Crime Statistics. January – December 2012. Florida Department of Law Enforcement. Accessed October 25, 2013. • Calhoun County Crime Statistics. January – December 2012. Florida Department of Law Enforcement. Accessed October 25, 2013. • Calhoun County Environmental Health Profile. http://www.floridatracking.com. Accessed October 25, 2013. • Profile of Fatal Injuries, Calhoun County Residents, 2011. FDOH Injury Prevention Program. Accessed October 25, 2013. • Profile of Non-Fatal Injury Emergency Department Visits, Calhoun County Residents, 2011. FDOH Injury Prevention Program. Accessed October 25, 2013. • Profile of Non-Fatal Injury Hospitalizations, Calhoun County Residents, 2011. . FDOH Injury 	<ul style="list-style-type: none"> • U.S. Census Bureau: State and County QuickFacts – Liberty County, Florida. Accessed October 25, 2013. • Liberty County income and career data from http://www.usa.com/liberty-county-fl-income-and-caeers.htm. Accessed October 25, 2013. • Florida Legislature’s Office of Economic and Demographic Research - Liberty County Profile. Accessed October 25, 2013. • Liberty County Crime Statistics. January – December 2012. Florida Department of Law Enforcement. Accessed October 25, 2013. • Liberty County Environmental Health Profile. http://www.floridatracking.com. Accessed October 25, 2013. • Profile of Fatal Injuries, Liberty County Residents, 2011. FDOH Injury Prevention Program. Accessed October 25, 2013. • Profile of Non-Fatal Injury Emergency Department Visits, Liberty County Residents, 2011. FDOH Injury Prevention Program. Accessed October 25, 2013. • Profile of Non-Fatal Injury Hospitalizations, Liberty County Residents, 2011. . FDOH Injury Prevention Program. Accessed October

<p>Prevention Program. Accessed October 25, 2013.</p> <ul style="list-style-type: none"> • County Health Rankings & Roadmaps. 2010-2013 Trends Summary. Florida Public Health Institute. http://www.flphi.org. Access October 25, 2013. • Major Causes of Death in Calhoun County, 2012. Florida Department of Health CHARTS. • FDOH CHARTS – Chronic Disease Profile. Accessed October 25, 2013. 2013. • Calhoun County FDOH CHARTS Summary. Accessed October 25, 2013. • Calhoun County Health Status Summary. FDOH CHARTS. Accessed October 25, 2013. • Reported Cases of Chlamydia, Gonorrhea, Syphilis in Calhoun County, 2006-2010, Ages 15-19 and 20-24. FDOH Bureau of Sexually Transmitted Diseases. Accessed October 25, 2013. • FDOH CHARTS Minority Health Profile – Black, Calhoun County. Accessed October 25, 2013. • FDOH CHARTS Minority Health Profile – Hispanic, Calhoun County. Accessed October 25, 2013. • Florida Youth Tobacco Survey 2012 – Calhoun County. http://www.Floridachronicdisease.org. Accessed October 25, 2013. • Calhoun County: Specialty and Flavored Tobacco Trends Among Youth (Ages 11-17) 2012. http://www.Floridachronicdisease.org. Accessed October 25, 2013. 	<p>25, 2013.</p> <ul style="list-style-type: none"> • County Health Rankings & Roadmaps. 2010-2013 Trends Summary. Public Health Institute. http://www.flphi.org. Access October 25, 2013 • Major Causes of Death in Liberty County, 2012. Florida Department of Health CHARTS. • FDOH CHARTS – Chronic Disease Profile. Accessed October 25, 2013. 2013. • Liberty County FDOH CHARTS Summary. Accessed October 25, 2013. • Liberty County Health Status Summary. FDOH CHARTS. Accessed October 25, 2013. • Reported Cases of Chlamydia, Gonorrhea, Syphilis in Liberty County, 2006-2010, Ages 15-19 and 20-24. FDOH Bureau of Sexually Transmitted Diseases. Accessed October 25, 2013. • FDOH CHARTS Minority Health Profile – Black, Liberty County. Accessed October 25, 2013. • FDOH CHARTS Minority Health Profile – Hispanic, Calhoun County. Accessed October 25, 2013. • Florida Youth Tobacco Survey 2012 – Liberty County. http://www.Floridachronicdisease.org. Accessed October 25, 2013. • Liberty County: Specialty and Flavored Tobacco Trends Among Youth (Ages 11-17) 2012. http://www.Floridachronicdisease.org Accessed October 25, 2013.
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Appendix 3: Workshop Notes

CHRONIC DISEASE

Priority Issue	Goal	Strategy	Implementation
Chronic Disease	Reduce chronic disease rate	Enhance education through the hospital by partnering with other community organizations to provide education to	Timeline 6 months-18 months Lead & Team Members Department Heads Volunteers Resources American Heart Disease Website Churches Rural Health Network TV Channel Health Department Department of Education Primary Care Offices
		Increase knowledge of nutrition and exercise in the community	Timeline 6 months Lead & Team Members Department Heads Volunteers Resources Area Park and Trail 180 Gym Exercise Groups Health Fairs Dietician Contractor

Do-able

Heart Disease/Co-Morbidity

- Enhance patient education through hospital TV channel and website and email (5)
- Nutrition/exercise/staff/community/patients partner with schools(3)
- Specialty physician/clinic services: cardiology, dermatology, ENT, endocrines, weight loss nutritionist/MD clinic(1)
- Care south/ emerald coast, gentiva, hospice, community, hospital educational programs
- Screening/community/staff, mammo/PSA, AIC/hep, TB/x-ray,
- Continue smoking cessation and expand
- Wellness center
- Public service announcements
- Create nursing clinical position or add duties to address f/u, referrals, community liaison's
- Increase focus on health fair for teaching and education

Sticky Notes

Heart Disease: Co-Morbidity Medical Conditions

- Obesity(8)
- Asthma(7)
- Carcinogens in air(5)
- Heart disease(3)
- Heart attacks(2)
- Heart related ER visits(2)
- Cancer (2)
- Cancer awareness and screenings(2)
- Diabetes (2)
- Arthritis(2)
- Mammo(2)
- Prostate(2)
- Colorectal cancer
- Lower respiratory disease
- High rate of smokers and second hand smoke
- Alcohol use
- Paps
- Colonoscopy
- Cholesterol
- Disability
- Family planning
- Insurance coverage
- Mental health
- Sexual crime rate
- Lack of physical activities
- Nutrition
- Tobacco
- Former smoker

EDUCATION

Priority issue	Goal	Strategy	Implementation
Education	1. Increase employee pool.	<ul style="list-style-type: none"> • Partner with high school and colleges to increase student volunteer programs and preceptor ships. 	<p>Timeline Start 10/29/2013 Ongoing</p> <p>Lead & Team Members CNO Lead Multiple departments</p> <p>Resources Local Schools High Schools Colleges Community Clubs Hometown Health School Board Newspaper</p>
	2. To provide CEU education to increase clinical competency to staff to include ancillary departments/staff to increase/improve knowledge of the changing environment in healthcare.	<ul style="list-style-type: none"> • Qualified professionals more competent in healthcare initiatives. • Meeting changing standards of care. • Certified CEU provider. 	<p>Timeline Start 2014 Ongoing</p> <p>Lead & Team Members CNO Lead Department Directors</p> <p>Resources Hometown Health Office of Rural Health AHCA approval</p>

Do-able

- Patient education outreach
- Implement prevent health awareness with current nurse professional team. Example: Mammography, Colonoscopy, Telemedicine
- Employment/workforce development program
- Scholarship foundation to promote return students from county to the healthcare field through CLH
- Become a CEU provider
- Education program for schools to address teen health issues
- Create designated collaboration professional partnership team covering STD's, pregnancy (teen)
- Partnership with churches on teen health issues
- Public service announcements/in newspaper on health
- Printed material on STD's/pregnancy
- Student volunteer/preceptorship programs

Sticky Notes

Education

- High school graduation rate(6)
- Education (4)
- BS degrees are low in each county
- Household income differences
- Language spoken
- In the home
- Mammography screening (2)
- 2/3 of men not in labor force
- Economic factors
- Children in poverty higher than national average
- Single parent household high

Sticky Notes

Teen Pregnancy; Family Planning; STD's

- Births unwed mothers(2)
- Hispanic language barrier low education
- Teen age sex education(2)
- Black unwed mothers
- Black prenatal care
- Teen pregnancy(4)
- Black infant death
- Premature death(4)
- Education at home
- Single parent household(2)
- Smoking during pregnancy
- Maternal and childcare health
- Low birth weight
- STD's(6)
- Aids

OUTREACH

Priority Issue	Goal	Strategy	Implementation
Recruit new physicians	Increase competent, consistent physician coverage and providers.	<ul style="list-style-type: none"> • Continue recruitment program for physicians • Retain committed MD's as employees that contribute to recruitment and connections (professionally) 	<p>Timeline 10/29/2013 Ongoing</p> <p>Lead & Team Members CEO CNO Board Medical Director Physicians</p> <p>Resources FSU School of Medicine Chipola Jr. College Tallahassee Community College Dothan Do School</p>

Priority Issue	Goal	Strategy	Implementation
Community Outreach	Increase and improve healthcare outcome in rural communities.	Provide community outreach services to educate who may not have access to medical healthcare. <ul style="list-style-type: none"> • Screen • Educate 	Timeline Start – 3 months January 2015 End - ? check yearly reports Lead & Team Members Nursing Education Volunteers Community organizations Resources Education literature Monitor/computers for videos Good management team EMS personnel Portable equipment
New hospital	Better health services.	Increase availability efficiency and provide increased services.	Timeline 4-5 years Lead & Team Members Board Administration Department Heads Resources State CAH/FHA USDA Local Politicians Donations

Do-able

Lack of services/disparities

- Community outreach screening(3)
- Transportation - purchase van(2)
- Recruit new Doctors – advertise(2)
- Build a hospital, ↑ ancillary services – clinics in rural areas primary care lab services(2)
- New recruitment package
- Employ more primary care MD's
- Setup non-invasive sites in rural areas to identify health issues
- Expansion projects to promote more ER/DBS beds.
- More space primary care offices.
- Create position (secure funds) to assist patients with understanding options with healthcare coverage

Sticky Notes

Lack of Services/Disparities

- Clinical care(2)
- Lack of diagnostic screening(2)
- Uninsured(2)
- Dental care(2)
- More doctors(2)
- Hospital beds
- Healthcare costs
- Family physicians
- Transportation

OTHER ISSUES

Sticky Notes

Environmental – Pollutants, Water Supply, Air Quality, Pest Control, Animal Control

- Dog bite(5)
- Poisoning(2)
- Air pollution(2)
- Bites/ sting(2)
- Pesticide
- exposures
- Building permits
- Animal control
- No dog bites

Communicable – Department of Health/Substance Abuse/Alcohol Abuse

- TB(2)
- Drug related crimes(2)
- Drug use(2)
- Excessive alcohol use(2)
- Substance abuse(2)
- Salmonellosis
- Vaccines
- HIV
- Alcohol-related crashes and crash injuries
- Meth use
- High school driving under the influence

Socio – Economics – Poverty/Population

- Poverty level(8)
- Household income(4)
- Healthy food source(3)
- Aging population(2)
- Limited healthy foods(2)
- Population growth ↑
- Off street trail system
- Travel time
- Drive down to work
- Hispanic population , total population ↓, language barrier↑
- Disability
- Poor nutrition
- Physical environment
- Inactive at work
- Income for minorities
- Civilian unemployment
- Poor or fair health
- Education
- ↑ rate of single parent households
- Education on how lab work can help with diagnosis of cancer
- Seatbelt
- Non-fatal hospital injuries

Tobacco Uses

- Smoking(4)
- STD's(2)
- Adult obesity(2)
- Smoking at home(2)
- High school tobacco use
- Education on smoking
- Adults smokers
- Second hand smoke
- Middle school tobacco use
- Hookah ↑
- Pipe tobacco
- Snus
- Flavored tobacco

Non- Fatal Accidents/Injuries

- Falls(4)
- Motor vehicle(3)
- Fire(2)
- Firearm(3)
- Cuts(3)
- Virtually no accident hospitals admissions
- Fire safety issues
- Drowning

Unintentional Fatalities/Intentional Fatality

- Suicide deaths(8)
- Unintentional deaths(4)
- Breast cancer(2)
- Pedestrian death
- Suffocation
- Firearm
- Poisoning
- Cutting
- Stabbing

Crime Rates: Crime

- Assault(7)
- Simple assault, husband and wife 50% of cases
- Non-fatal injuries
- Sexual violence
- Social and mental health
- Larceny
- Suicide
- Crime rate ↑
- Jail time to prison time
- Health issues for inmates

Appendix 4: Goals & Strategies Agenda



Calhoun & Liberty Counties Community Health Improvement Project:

Strategic Priorities & Goals Workshop

May 7, 2013 Agenda

May 7, Tuesday – 9:00am-2:00pm
Florida Department of Health in Calhoun & Liberty Counties
Veteran's Memorial Civic Center
10405 NW Theo Jacobs Lane, Bristol, Florida 32321

- | | |
|---|---|
| 9:00am - 9:15am | Introductions & Workshop Logistics Review |
| 9:15am – 9:45am
data for health | Participants will review Liberty & Calhoun County issues |
| 9:45am - 10:15am | Participants will identify key health issues <ul style="list-style-type: none">• Based on their data review, participants will collaboratively group the health issues• Participants will “name” the category for each grouped health issue |
| 10:15am – 10:45am | Participants will be assigned to workgroups to: <ul style="list-style-type: none">• Identify <u>Health Resources</u> - Identify all resources for achieving a Healthy Calhoun & Liberty Counties (e.g., community groups, policies, funding, state/federal partners, etc.)• Identify <u>Health Challenges</u> – Identify “<i>What gets in the way of achieving a Healthy Calhoun & Liberty County?</i>” (e.g., insufficient resources, lack of community support, legal or policy impediments, or technological difficulties) |
| 10:45am – 11:15am | Strategic Planning <ul style="list-style-type: none">• Individuals will self-assign into an “Issue” workgroup• Each workgroup will identify a <i>GOAL</i> statement for their issue(s) |
| 11:15am – 11:30am | Workgroup Round-Robin Review <ul style="list-style-type: none">• Workgroups will review results of other workgroups & provide feedback |

- 11:30am-12:00pm** **Lunch** (Lunch will be provided)
Networking and community health partnership building.
- 12:00pm – 12:30pm** **Strategic Planning (continued)**
- Each workgroup will identify *STRATEGIES* to accomplish that *GOAL*
- 12:30pm – 12:45pm** **Workgroup Round-Robin Review**
- Workgroups will review & provide feedback for other workgroups
- 12:45pm – 1:15pm** **Strategic Planning (continued)**
- Workgroups will fine tune their *GOAL* statement and *STRATEGIES*
 - Workgroups will identify *BARRIERS* for each *STRATEGY*
- 1:15pm – 1:30pm** **Strategic Planning (continued)**
- Workgroups will complete the *IMPLEMENTATION* section of the *Priorities/Strategies Plan*
 - Estimated *TIMELINE*
 - *LEAD/TEAM MEMBERS*
 - *RESOURCES*
- 1:30pm - 1:45pm** **Workgroup Round-Robin Review**

1:45pm – 2:00pm Workshop Summary & Next Steps

KEY TERMS: Goals and strategies provide a connection between the current reality (what the public health system and the community’s health looks like now) and the vision (what the public health system and community’s health will look like in the future).

Goals

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to affordable quality health care.

Strategies

- Patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.
- Broad statements that set a direction & communicate how the community will move in that direction.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategies:

1. Increase awareness of available services through the development of an online directory of area public health and health care organizations.
4. Develop the capacity to provide culturally and linguistically appropriate services.
5. Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

For more information:

http://www.doh.state.fl.us/compass/Resources/FieldGuide/2008_Version/6Goals.pdf

Appendix 5: Workshop Participants

Florida Department of Health – Calhoun & Liberty County Community Health Improvement Project Goals & Strategies Workshop May 7, 2013 Sign-In Sheet

Name/Title	Organization
Nathan Ebersole	Calhoun-Liberty Hospital
Suzanne Mason	Calhoun County School District
Kristy Terry	Calhoun County Chamber
Carolyn Harper	Department of Corrections
Dr. Moses Izuegbu	Department of Corrections
Peggy Deason-Howland, RN	Florida Department of Health – Calhoun & Liberty Counties Healthy Start
Susan Chafin	Florida Department of Health – Calhoun & Liberty Counties
Melissa L’Heureux	Florida Department of Health – Calhoun & Liberty Counties
Rhonda Lewis	Liberty County Emergency Management
Sharon Gaskin	North Florida Child Development, Inc.
Curtis Green	North Florida Child Development, Inc.
Regina Burgess, Liberty County Branch Manager	Northwest Regional Library System
Norrie Chumley, Diabetes Clinical Coordinator, PAHN	Panhandle Area Health Network
Dan Yoder	Retired/Rivertown Community Church
Donnie Read	Twin Oaks Juvenile Development

Appendix 6: Forces of Change Agenda & Worksheet



Calhoun & Liberty Counties Community Health Improvement Project:

Forces of Change Workshop

April 9, 2013 Agenda

April 9, Tuesday – 9:00am-1:00pm
Florida Department of Health in Calhoun & Liberty Counties
Veteran's Memorial Civic Center
10405 NW Theo Jacobs Lane, Bristol, Florida 32321

9:00am - 9:15am	Introductions Workshop Logistics Review
9:15am – 9:30am	Forces of Change Brainstorming Worksheet Participants will complete the Brainstorming Worksheet
9:30am – 10:00am	Participants will review Calhoun & Liberty County data <ul style="list-style-type: none">• U.S. Census data• Department of Health <i>CHARTS</i> summary
10:00am-10:30am	Forces of Change Process Participants will share their ideas from the <i>Brainstorming Worksheet</i> <ul style="list-style-type: none">• Identify <u>Forces</u>• Identify <u>Trends</u>, <u>Events</u>, and/or <u>Factors</u> for each Force
10:30am-10:45am	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups
10:45am – 11:15am	Forces of Change – Strengths Participants will create a list of <i>Strengths</i> for each <i>Force of Change</i>
11:15am – 11:45am	Forces of Change – Threats Participants will create a list of <i>Threats</i> for each <i>Force of Change</i>
11:45am-12:15pm	Working Lunch (Lunch provided & Networking)
12:15am-12:30pm	Forces of Change – Opportunities Participants will create a list of <i>Opportunities</i> for each <i>Force of Change</i>
12:30am-12:45pm	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups & provide feedback
12:45pm-1:00pm	Workshop Summary & Next Steps

Forces of Change – Key Terms

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Economic Forces may include:

- Decreasing state and federal funding
- Lack of large industries
- Unstable economic indicators – foreclosures, bankruptcies, high taxes, etc.

Environmental Forces can include:

- Air/water pollution
- Global warming
- Land use or urbanization
- Recreational issues such as parks or bike lanes
- Public transportation or transportation for the elderly

Political Forces which impact the Calhoun County community may include:

- Leadership issues such as a change in governor and state department heads
- Jurisdictional issues such as annexation possibilities, re-districting, etc.
- Community attitudes related to lack of trust in government, lack of respect for law & enforcement

Health (Community & Individual) Forces can be community-wide, such as access to dental care or can be individual, such as lack of education about preparing healthy meals. Health Forces can include:

- Dietary issues - Need healthier food & snacks in schools
- Risk issues - Smoking, Alcohol, Drug use, Exposure to toxic chemicals, Teenage Pregnancy
- Access issues - Lack of private psychiatrists in county or elder care facilities

Social Forces include attitudes, culture, beliefs, and perceptions which ultimately influence behavior. Some of these Social Forces may be community-specific, while others may have a long history within an individual location or culture.

Technological Forces may include the use of technology such as the internet, cell phones, or social networks. It may include technology in education, industry, or

healthcare. It may also involve the lack of technological training or education of community residents.

Brainstorm Worksheet

*Thank you for agreeing to participate in the
Florida Department of Health in Calhoun & Liberty County
Community Health Improvement Initiative.*

What has occurred recently that may affect Calhoun and/or Liberty County's local public health system or community? (Social, economic, political, technological, environmental, legal – all aspects of health)

What may occur in the future to impact Calhoun and/or Liberty County's public health systems or community health?

What trends (patterns over time such as migration or a growing disillusionment with government) **may impact the local public health systems or community health?**

What characteristics or elements may post a threat or challenge to achieving a *Healthy Calhoun and/or Liberty County* for all residents?

What strengths (or resources) can Calhoun and/or Liberty County's health partners use to impact the health of all residents of our community?

What opportunities may exist that Calhoun and/or Liberty County's health partners can access or use to impact the health of community residents (think 1 to 3 years from now)?

Appendix 7: Forces of Change Participants

Name/Title	Organization
Rachel Manspeaker	Florida Department of Health in Calhoun & Liberty Counties
Rusty Hill	Calhoun School Board
Lisa Taylor	Florida Department of Health in Calhoun & Liberty Counties
Kelly King	Florida Department of Health in Calhoun & Liberty Counties
Jim Pruette	Chipola Adolescent Pregnancy Prevention (CAPP)
Nathan Ebersole	Calhoun-Calhoun Hospital
Rhonda Lewis	Calhoun County Emergency Management
Vicki Danis	Calhoun County Schools
Missy Clumbie	Covenant Hospice
Aimee L. Harvey	Calhoun Calhoun Hospital
Carla Hand	Calhoun County Clerk Office
Carolyn Harper	Department of Corrections
Dr. Moses Izuegbu	Department of Corrections
Chris Atkins	Calhoun Correctional Institution
Susan Chafin	Florida Department of Health in Calhoun & Liberty Counties
Kristy Terry	Calhoun County Chamber
Regina Burgess, Calhoun County Branch Manager	Northwest Regional Library System
Peggy Deason-Howland, RN	Florida Department of Health in Calhoun & Liberty Counties Healthy Start
Monica Brinkley	UF/IFAS, Calhoun County, CED Extension
Wesley Harsey	Calhoun County Sheriff's Office



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