



*Columbia County Community  
Health Needs Assessment*

August 2006



# Columbia County Community Health Needs Assessment

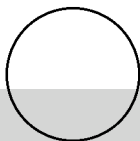
August 2006

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# ***Executive Summary***

## ***Introduction***

In an effort to improve the health of the residents of Columbia County, a collaborative partnership was formed between the Columbia County Health Department, and the WellFlorida Council for the purpose of conducting a needs assessment for use by the Columbia County Health Department and other community partners. This needs assessment consists of demographic, socioeconomic, and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic, and health status information and qualitative interviews and surveys, the strategic planning process can begin.

A summary of key findings is presented at the end of each section.

## ***Demographic and Socioeconomic Profile***

The demographic and socioeconomic profile examines the population characteristics of Columbia County. When data are available, a comparison is provided with the state of Florida. Zip code level data for Columbia County are presented, where data are available.

Columbia is one of the less populated counties in Florida. With a population of 60,717 and a land area of 801 square miles, the density is 75.8 people per square mile, less than a third of the state average. However, the population is growing. Between 2000 and 2005 the rate of increase was 7.4 percent as compared to Florida's 12.2 percent. While Columbia County encompasses five zip codes, the area currently experiencing the largest growth is (32038), which includes the city of Fort White. Population growth in Columbia County is predominantly due to in-migration.

In terms of the racial/ethnic distribution, 77.2 percent of Columbia County's residents are white, 19.1 percent are black and 2.8 percent identify themselves as "other"; Hispanics comprise 3.5 percent of the population and those who identify themselves as Asian make up less than 1 percent.

The per capita and median household incomes in Columbia are substantially lower than for the state. The percentage of people living in poverty in Columbia County is notably higher than it is for the state of Florida. Over 17 percent of the children in Columbia are living in poverty and 15.0 percent of all persons are living in poverty, which is higher than the state average of 12.5 percent.

In Columbia County, the high school graduation rate is higher than the state and the drop out rate is lower than it is for the state. In Columbia County, fewer people achieve a bachelor's degree or higher than is typical for Florida.

Unemployment is decreasing in Columbia County, as it is statewide and nationally. The unemployment rate has been consistently lower than it has been for Florida. In 2005, the unemployment rate for Columbia was 3.5 as compared to 4.0 for the state.

## ***Health Status***

Communities are interested in the health status of their population because healthy people are an essential resource. Numerous factors have a significant impact on good health: lifestyle and behavior, human biology, and environmental and socioeconomic conditions, as well as the individual's access to adequate and appropriate health care and medical services.

Currently, in Columbia County, heart disease is the leading cause of death, followed by cancer. This is consistent with the state of Florida and the nation, in which heart disease is the leading cause of death, followed by cancer. Differences in crude rates between black, white, and non-white populations are reviewed in the health status section and summarized in the key findings. Reviews of age-adjusted and age-specific mortality rates are provided as well.

Morbidity, defined as the presence of disease, is another measure to determine a population's health status. Hospitalization and reported infectious disease data can be used as indicators of morbidity. A review of hospital discharge data indicate that the most frequent reason for discharge among all Columbia County residents is normal newborn, followed by vaginal delivery without complicating diagnosis, chest pain, heart failure and shock, and simple pneumonia and pleurisy. The rate of avoidable hospitalization discharges in Columbia County is substantially higher than for Florida.

Behavior is another important component of health, as well as an indicator for health risk and potential improvement. Columbia County residents have a lower percentage of physical activity and a higher percentage of individuals who are overweight. The county also has a lower percentage of individuals who received a flu shot in the previous year when compared to the state. Moreover, Columbia County has a higher rate of tobacco use when compared to Florida.

Maternal health issues are also discussed in the health status section. Rates for low birthweight, teen pregnancy, and infant mortality have been higher in Columbia County than at the state level. Additionally, rates for prenatal care access during the first trimester are lower in Columbia County than that of the state. The final maternal and child health birth indicator is repeat births to mothers 15-19. In Columbia County the rate has decreased and is currently below the rate for the state of Florida.

Mental health indicators such as suicide rates, domestic violence rates, hospitalizations rates for mental health issues, and Baker/Marchment Act data can be used to assess the mental health of a community. Mental health is a vital and sometimes overlooked component to the overall health of an individual and community. Because Columbia County has been federally designated as a medically underserved county, there is a county-wide mental health professional shortage.

Statistically, whites are more likely to commit suicide than any other racial/ethnic demographic. Columbia County reflects this trend and with increased rates of suicide among white residents.



Although the crude occurrences of domestic violence in Columbia County are lower than for the state, the total rate per 100,000 in Columbia County is much higher than the state.

## ***Health Resource Availability and Access***

This section examines the health resources available to the citizens of Columbia County and identifies gaps in service as well as barriers to health care.

As mentioned above, the Federal Government has designated Columbia County as a Health Professional Shortage Area (HPSA) for primary, dental, and mental health care. It has also been deemed a Medically Underserved Population/Area (MUA/P), since 2001.

Twenty (20.4) percent of the non-elderly residents in Columbia County have no health insurance, which is higher than Florida's 19.2 percent. Presently, 4,657 residents are enrolled in managed care programs. As of December 31, 2005, Columbia County had 12,171 residents who were eligible to receive Medicaid, which represents an increase of 723 since December of the previous year. The majority of Medicaid eligibles in Columbia County are children under the age of 18.

In Columbia County during calendar year 2004, the rate of avoidable hospitalization was 27.7 per 1000, which is substantially higher than the rate for Florida overall. One of the main payor sources for avoidable hospitalizations in Columbia is Medicaid. The most frequent cause of avoidable hospitalization for the county is dehydration/volume depletion, followed by bacterial pneumonia, and chronic obstructive pulmonary disease.

## ***Community Input***

As mentioned above, a community health needs assessment provides a cross-section of demographic and socioeconomic factors, health outcomes and health status data in order to better understand the needs of the community. In order to complete the process of conducting a needs assessment of a community, both qualitative and quantitative data must be collected to establish the community perspective, and are equally as important to the process. The Community Input section of this needs assessment represents qualitative data collection and highlights the community perspective.

This final stage in the data gathering process is to collect and evaluate various forms of qualitative community input and opinions on the issues uncovered in the quantitative data analysis of demographic and health status information. Qualitative data for this component of the process was collected two ways; through a community health assessment survey and through interviews of community leaders and key informants in Columbia County.

This Community Input section represents the effort to gauge community perspectives on health issues and priorities. This information is critical to the success of a county-wide needs assessment process and represents a key step in the process of ultimately achieving improved health care and health outcomes for residents of Columbia County.

In this section fifteen community leaders who work in healthcare, government, and business share their views on healthcare in Columbia County and the resources available to meet the needs of citizens. They discuss issues relating to access and affordability of healthcare, poverty, and the complex interactions between individuals and the health delivery system. Their comments serve to augment and inform the quantitative data provided in the previous sections. The health issue of greatest concern to community leaders was indigent care. While many leaders indicated that services are available in the county, access for low income, uninsured, and underinsured residents remains highly problematic.

In order to supplement the comments of community leaders, a survey was also conducted to obtain an even broader perspective on local health issues. A sample of 328 individuals responded to 26 questions and their answers reflected the major concerns of community leaders. The largest percentage of respondents were homeowners who were employed for wages and had health insurance, and thus have had relatively little difficulty obtaining most healthcare services. However, a substantial number of respondents subsist on very low incomes and do not have health insurance. For these respondents, gaining access to healthcare services was often either difficult or impossible.

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# ***Demographic and Socioeconomic Characteristics***

## ***Introduction***

The demographic and socio-economic characteristics of Columbia County residents are reviewed in this section. Demographic and socio-economic characteristics are often strong predictors of healthcare access and health outcome. Indicators selected for review in this section are some of the most influential in determining the extent of a community's overall health.

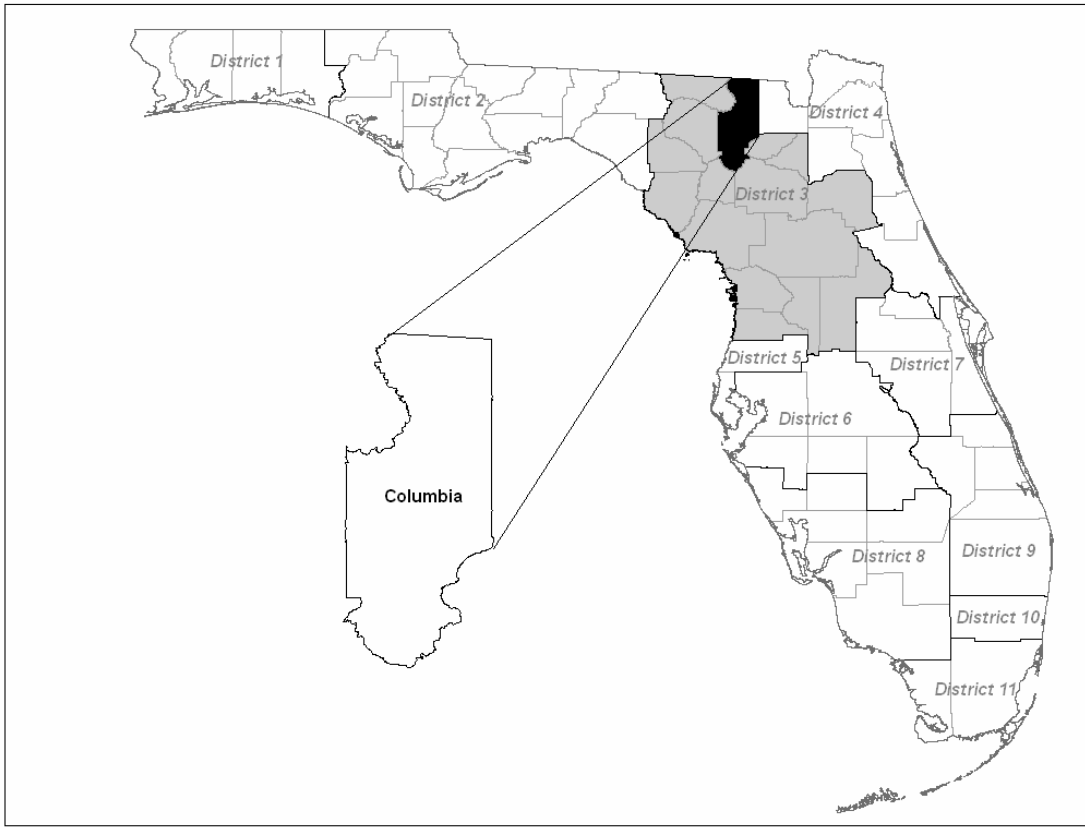
Data in this section is presented for Columbia County and compared to Florida. In addition, zip code data is also presented when available and appropriate. Data indicators include population breakdown by age, race and gender; population growth and projections; poverty status; per capita and median income; educational attainment; unemployment rates; and employment by size and industry. The information provided in this section helps to establish a profile for the people of Columbia County and to determine the demographic and socio-economic barriers and opportunities to the improvement of community health.

## ***Population***

Clearly, the sheer number of people in a community is the leading determinant of the demand for healthcare services. Columbia County, which has a population of more than 60,000 (Table 1), is located in north central Florida on the Florida-Georgia border (Figure 1). The county also shares borders with Hamilton and Suwannee counties to the west, Alachua and Gilchrist to the south, and Baker and Union to the east. As seen in Figure 1, Columbia is one of 16 counties in north central Florida that comprise the Local Health Planning District 3 as designated by the Florida Agency for Health Care Administration (AHCA). Lake City, which is the county seat, is the largest incorporated municipality in the county. Lake City's population is close to 54,000.

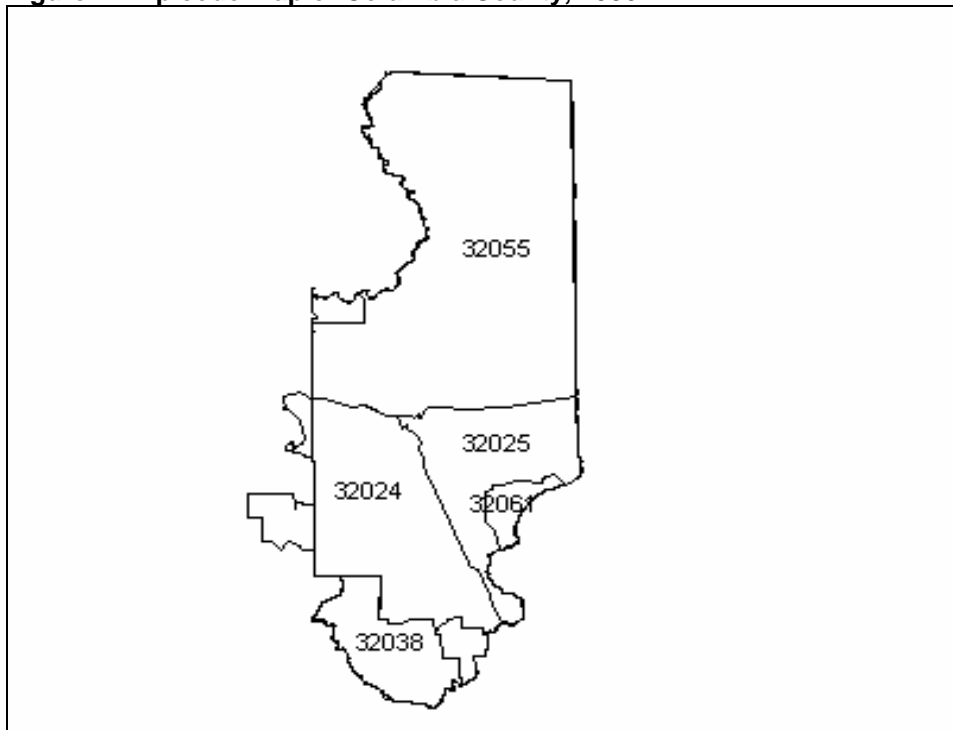
For various population data elements, data is presented by zip code. Most zip codes are self-contained within the boundaries Columbia County. However, some zip codes that are predominantly located in other counties may cross the Columbia border. For instance, some residents of unincorporated areas of White Springs, which is a municipality located in Hamilton County may be technically located in Columbia, though they are not included in the population.

**Figure 1. Columbia County and the Local Health Planning District 3.**



Prepared by WellFlorida Council, 2006.

**Figure 2. Zip code map of Columbia County, 2006.**



Prepared by: WellFlorida Council, 2006.

# Population Growth and Distribution

As seen in Table 1, the percent change in population between 2000-2005 in Columbia County was 7.4 compared to 12.2 percent for the state. This trend where Columbia County grows at a slower pace than the state is expected to continue through 2010 and beyond.

32024, 32025 and 32055, all Lake City zip codes are the largest zip codes in Columbia County by population size. However, the largest zip codes are not expected to see the largest percentages of population growth in the future. It is the Fort White zip code (32038), which is anticipated to exceed the statewide growth rate, 28.4 percent as compared to 26.0 percent between 2000 and 2010. In Lake City, only the 32024 zip code is expected to grow at a similar pace to the state. At the same time, another Lake City zip code, 32055 is experiencing the smallest increase in population, a meager 4.2 percent during the same time period.

**Table 1. Population growth and percent change by zip code, Columbia County and Florida, 2000-2010.**

Area	2000 Population	2005 Population	2010 Population	Percent Change 2000 - 2005	Percent Change 2005 - 2010	Percent Change 2000 - 2010
32024 Lake City	17,342	19,774	21,464	14.0	8.5	23.8
32025 Lake City	17,671	18,347	19,076	3.8	4.0	8.0
32038 Fort White	4,779	5,609	6,135	17.4	9.4	28.4
32055 Lake City	15,730	15,873	16,384	0.9	3.2	4.2
32061 Lulu	354	395	422	11.6	6.8	19.2
Columbia	56,513	60,717	64,158	7.4	5.7	13.5
Florida	15,982,378	17,926,011	20,140,366	12.2	12.4	26.0

Source: ESRI Business Solutions, 2005.  
 Prepared by: WellFlorida Council, 2006.

Please note that the data in Tables 1 and 2 come from two different sources as zip code data projections are available from one source through 2010 and whole county population projections are available from another source through 2030. For this reason, total population estimates for all of Columbia County for the same year might differ in the two tables as the sources employ different estimating techniques. For example, in Table 1 the 2005 Columbia County population estimate is 60,717 while it is 61,466 in Table 2.

As stated, data is not available projecting population growth in zip code areas beyond 2010. Long-term (10, 15, 20 and 25-year) population growth projections for Columbia County and Florida have been provided from the Bureau of Economic and Business Research at the University of Florida (Table 2-2). Table 2-2 shows that through 2030 Columbia County will experience population growth at rates lower the state rate.

**Table 2. Population growth and percent change, Columbia County and Florida, 2005-2030.**

Year	Number		Percent Change		
	Columbia County	Florida	Year	Columbia County	Florida
2005	61,466	17,918,227			
2015	73,956	21,767,503	2005-2015	20.3	21.5
2020	79,032	23,475,838	2005-2020	28.6	31.0
2025	83,542	24,998,018	2005-2025	35.9	39.5
2030	87,728	26,419,166	2005-2030	42.7	47.4

Source: Bureau of Economic and Business Research, University of Florida, *Florida Population Studies, 2005*.  
Prepared by: WellFlorida Council, 2006.

As shown in Table 3, Lake City and Fort White are the only incorporated areas of Columbia County. The population in the Columbia County unincorporated areas increased 9.1 percent from 2000 through 2005, while the growth of unincorporated areas for Florida as a whole was 9.5 percent.

**Table 3. Population by municipality, incorporated and unincorporated areas, Columbia County and Florida, 2000 and 2005.**

Area	2000 Population	2005 Population	Total Change	
			Number	Percent
Columbia County	56,513	61,466	4,953	8.8
Ft. White	409	444	35	8.6
Lake City	9,980	10,681	701	7.0
Unincorporated	46,124	50,341	4,217	9.1
Florida	15,982,824	17,918,227	1,935,403	12.1
Incorporated	7,904,403	9,071,553	1,167,150	14.8
Unincorporated	8,078,421	8,846,674	768,253	9.5

Source: Bureau of Economic and Business Research, University of Florida, *Florida Estimates of Population, 2005*.  
Prepared by: WellFlorida Council, 2006.

## ***Population by Age, Race and Gender***

Age, race and gender are all factors that contribute to, or at the very least, help describe aspects of healthcare access and health outcome in the United States. Typically, older persons will have more healthcare service needs and be suffering from high mortality compared to their younger counterparts. Healthcare research in the United States has long shown that there exist racial disparities in access to healthcare and in key health outcomes. In addition, the primary healthcare needs of males and females can differ greatly, especially at different critical stages of life. Reviewing population characteristics based on age, race and gender allows for factoring into health needs analysis the differences and disparities that exist in certain population groups.

### ***Age***

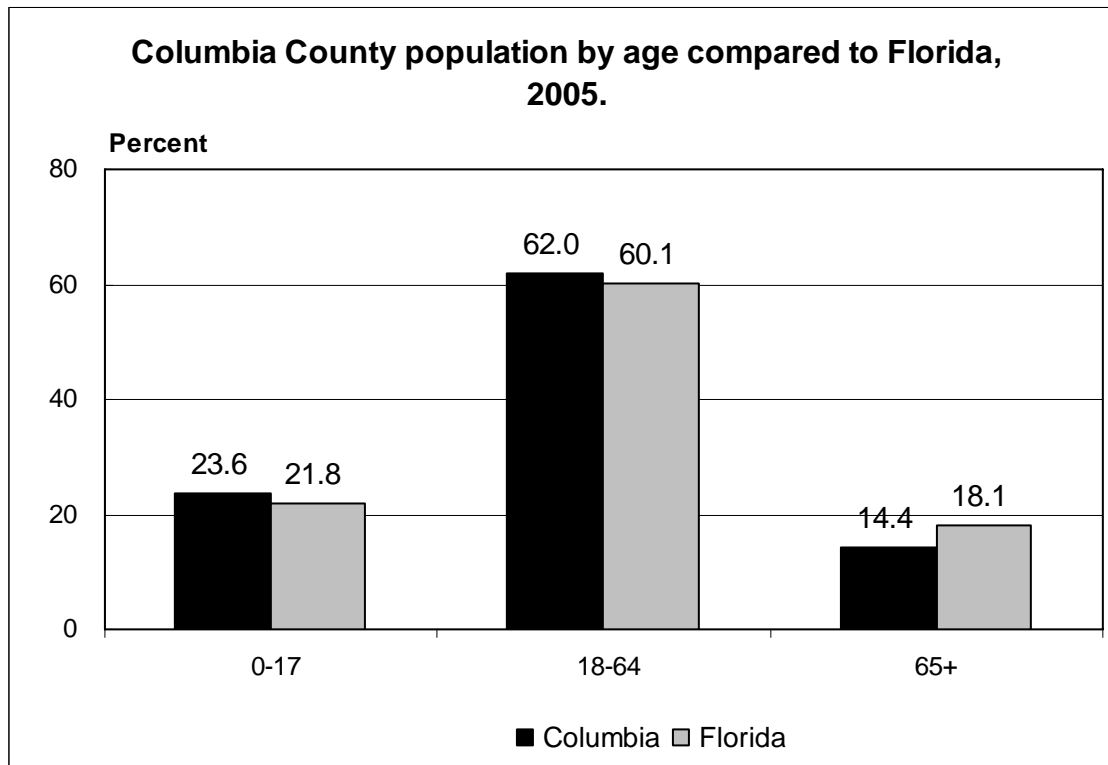
As seen in Figure 3 and Table 4, Columbia County has a younger population than Florida as a whole. 8,743 of Columbia County's residents are age 65 and older. This equates to 14.4 percent of the population being 65+ while the state of Florida as a whole has 18.1 percent of its population age 65 and older. Because of the lower percentage of seniors in the Columbia County population, the percentage of working-age adults (18-64) and children (age 17 and under) is slightly higher than the percentages for the state of Florida as a whole.

Table 4 shows that there is relatively minor variation between the different zip codes in Columbia County and also between the county and the state. The Lake City zip code (32025) has the largest percentage (17.2) of individuals ages 65 and over. This zip code is also the closest to the state, which is 18.1 percent. Zip code (32061), which includes the municipality of Lulu has the smallest percentage (11.9) of residents ages 65 and over.

Lulu (32061) also has the largest number of working age adults (18-64). At 63.0 percent, it is almost 3 percent higher than the state. The zip code with the fewest individuals ages 18-64 is (32025) in Lake City, at 61.2 percent. This number corresponds to the slightly higher percent of seniors in this area. Likewise, the 0-17 population in Lake City (32025) is also the lowest in the county at 21.6 percent, which is very close to the state's 21.8 percent.



**Figure 3. Columbia County population by age compared to Florida, 2005.**



Source: ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

**Table 4. Population by age, by zip code, Columbia County and Florida, 2005.**

Area	2005 Population	0-17		18-64		65+	
		Number	Percent	Number	Percent	Number	Percent
32024 Lake City	19,774	4,924	24.9	12,141	61.4	2,709	13.7
32025 Lake City	18,347	3,963	21.6	11,228	61.2	3,156	17.2
32038 Fort White	5,609	1,262	22.5	3,522	62.8	825	14.7
32055 Lake City	15,873	3,921	24.7	9,952	62.7	2,000	12.6
32061 Lulu	395	99	25.1	249	63.0	47	11.9
Columbia	60,717	14,329	23.6	37,645	62.0	8,743	14.4
Florida	17,926,011	3,907,870	21.8	10,773,533	60.1	3,244,608	18.1

Source: ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

**Table 5. Population by age, by zip code, Columbia County and Florida, 2005.**

Area	2005 Population	0-4		5-9		10-14	
		Number	Percent	Number	Percent	Number	Percent
32024 Lake City	19,774	1,384	7.0	1,285	6.5	1,404	7.1
32025 Lake City	18,347	1,138	6.2	1,009	5.5	1,156	6.3
32038 Fort White	5,609	342	6.1	342	6.1	359	6.4
32055 Lake City	15,873	1,127	7.1	1,032	6.5	1,095	6.9
32061 Lulu	395	25	6.3	23	5.8	30	7.6
Columbia	60,717	4,068	6.7	3,764	6.2	4,068	6.7
Florida	17,926,011	1,075,561	6.0	1,021,783	5.7	1,147,265	6.4
Area	15-24		25-44		45-64		
	Number	Percent	Number	Percent	Number	Percent	
32024 Lake City	2,867	14.5	4,805	24.3	5,339	27.0	
32025 Lake City	2,752	15.0	4,899	26.7	4,257	23.2	
32038 Fort White	679	12.1	1,329	23.7	1,733	30.9	
32055 Lake City	2,333	14.7	4,317	27.2	3,968	25.0	
32061 Lulu	62	15.7	108	27.3	100	25.3	
Columbia	8,865	14.6	15,665	25.8	15,604	25.7	
Florida	2,312,455	12.9	4,678,689	26.1	4,463,577	24.9	
Area	65-84		85+		18+		
	Number	Percent	Number	Percent	Number	Percent	
32024 Lake City	2,511	12.7	198	1.0	14,850	75.1	
32025 Lake City	2,734	14.9	422	2.3	14,384	78.4	
32038 Fort White	768	13.7	56	1.0	4,347	77.5	
32055 Lake City	1,778	11.2	222	1.4	11,952	75.3	
32061 Lulu	43	10.9	4	1.0	296	74.9	
Columbia	7,832	12.9	911	1.5	46,388	76.4	
Florida	2,796,458	15.6	448,150	2.5	14,018,141	78.2	

Source: ESRI Business Solutions, 2005.  
 Prepared by: WellFlorida Council, 2006.

## Race and Ethnicity

Table 6 and Figure 4 provide information on the race of the population in Columbia County. The percentage of the Florida population that is white is 76.1 percent, as compared to Columbia County's white residents who represent 77.2 percent of the county total. While the black population in Florida is 15.4 percent of the total population, the black population is 19.1 percent of Columbia County's total. The greatest concentration of black population, as a percentage of total population, resides in the Lake City zip code (32055).

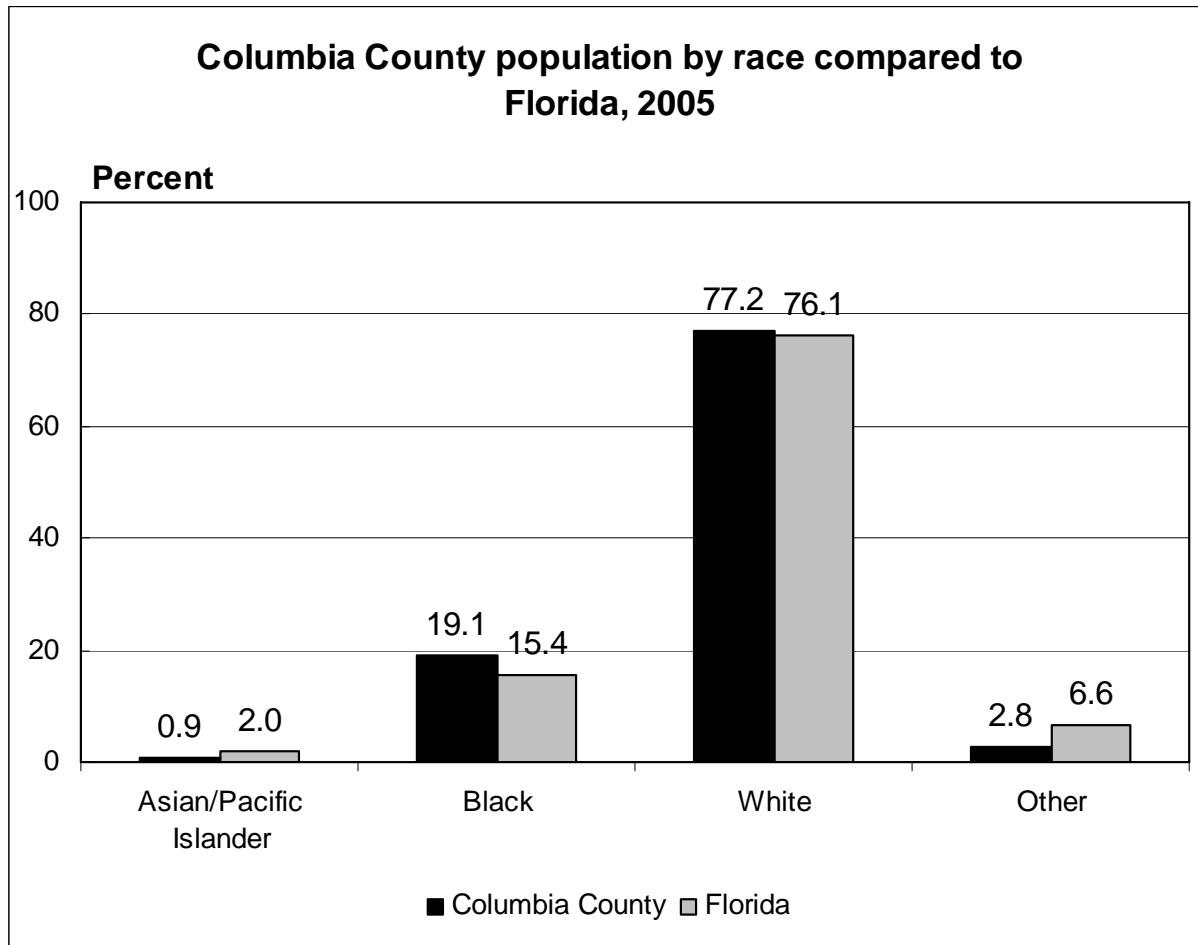
The higher percentage of individuals who identify as either white or black corresponds to a lower percentage of individuals who identify as Asian/Pacific Islander and Other.

**Table 6. Population by race, by zip code, Columbia County and Florida, 2005.**

Area	2005 Population	Asian/Pacific Islander		Black	
		Number	Percent	Number	Percent
32024 Lake City	19,774	178	0.9	1,602	8.1
32025 Lake City	18,347	165	0.9	3,669	20.0
32038 Fort White	5,609	17	0.3	662	11.8
32055 Lake City	15,873	175	1.1	5,254	33.1
32061 Lulu	395	1	0.3	25	6.3
Columbia	60,717	546	0.9	11,597	19.1
Florida	17,926,011	358,520	2.0	2,760,606	15.4
Area	White		Other		
	Number	Percent	Number	Percent	
32024 Lake City	17,322	87.6	672	3.4	
32025 Lake City	13,980	76.2	532	2.9	
32038 Fort White	4,734	84.4	196	3.5	
32055 Lake City	10,111	63.7	333	2.1	
32061 Lulu	359	90.9	10	2.5	
Columbia	46,874	77.2	1,700	2.8	
Florida	13,641,694	76.1	1,165,191	6.6	

Source: ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

**Figure 4. Columbia County population by race compared to Florida, 2005.**



Source: ESRI Business Solutions, 2005.  
 Prepared by: WellFlorida Council, 2006.

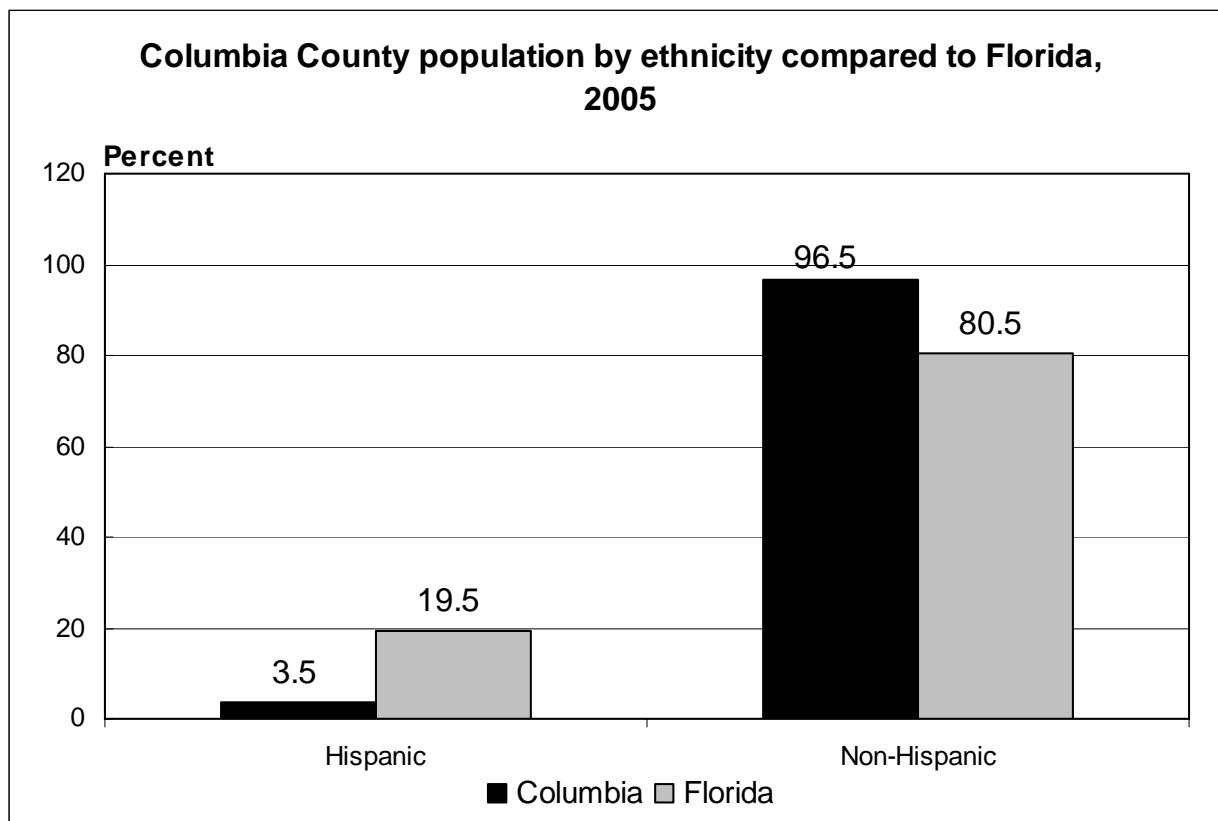
As seen in Table 7 and Figure 5, nearly 20 percent of Florida’s total population is of Hispanic ethnicity. The percentage is substantially lower in Columbia County (3.5 percent) than for the state as a whole. The Columbia County zip code area with the lowest percentage (2.3) of Hispanic residents is 32061(Lulu), while the zip code area with the highest percentage (4.4) is 32024 (Lake City).

**Table 7. Population by Hispanic ethnicity, by zip code, by Columbia County and Florida, 2005.**

Area	2005 Population	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
32024 Lake City	19,774	870	4.4	18,904	95.6
32025 Lake City	18,347	716	3.9	17,631	96.1
32038 Fort White	5,609	185	3.3	5,424	96.7
32055 Lake City	15,873	413	2.6	15,460	97.4
32061 Lulu	395	9	2.3	386	97.7
Columbia	60,717	2,125	3.5	58,592	96.5
Florida	17,926,011	3,495,572	19.5	14,430,439	80.5

Source: ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

**Figure 5. Columbia County population by ethnicity compared to Florida, 2005.**



Source: ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

## **Gender**

Females typically have longer life expectancies in the United States and in Florida. Because of this phenomenon, communities that are older tend to have a higher percentage of females in the

population. Table 8 shows that this is not the case in Columbia County. Given that Columbia County's population is slightly younger on average than Florida's, it is to be expected that the number of females will not exceed the number of males. While 51.2 percent of Florida residents are female, only 49.3 percent of Columbia County residents are female. Zip codes 32024 and 32038, Lake City and Fort White, respectively, are the only two in Columbia County that have a higher percentage of females than males.

**Table 8. Population by gender, by zip code, by Columbia County and Florida, 2005.**

Area	2005 Population	Males		Females	
		Number	Percent	Number	Percent
32024 Lake City	19,774	9,689	49.0	10,085	51.0
32025 Lake City	18,347	9,669	52.7	8,678	47.3
32038 Fort White	5,609	2,788	49.7	2,821	50.3
32055 Lake City	15,873	8,095	51.0	7,778	49.0
32061 Lulu	395	198	50.1	197	49.9
Columbia	60,717	30,784	50.7	29,933	49.3
Florida	17,926,011	8,747,893	48.8	9,178,118	51.2

Source: ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

## ***Economic Characteristics***

The economic status, and often the health status, of a region and its residents can be assessed by examining a variety of economic characteristics. Some of the most critical include income, poverty status and employment. Higher incomes, lower poverty and better employment have all been shown to impact health access and health outcome favorably. Conversely, lower income, higher poverty and poorer employment are definite predictors of a lack of access to healthcare and adverse health outcomes. In this section, these standard measures of income, poverty status and employment are used to compare Columbia County with the state of Florida.

# Income

As shown in Table 9, the median household income for Columbia County (\$35,430) is substantially lower than the state (\$45,531). The median household income in Columbia County varies from a low of \$30,726 in 32055 (Lake City) to a high of \$38,970 in 32061 (Lulu). No zip code area in Columbia County has a median income higher than the state of Florida.

Table 9 also shows per capita income levels for Columbia County and all of its zip code areas as they compare to the state. As with median income, the per capita income in Columbia County (\$17,826) is less than Florida (\$25,688). Per capita income in Columbia County ranges from a low of \$16,931 in 32055 (Lake City) to a high of \$18,519 in 32025 (Lake City).

**Table 9. Median household income and per capita income by zip code, Columbia County and Florida, 2005.**

Area	Total Households	Average Household Size	Median Household Income	Per Capita Income
32024 Lake City	7,399	2.7	38,934	17,979
32025 Lake City	6,534	2.5	36,498	18,519
32038 Fort White	2,194	2.6	36,775	18,029
32055 Lake City	6,081	2.5	30,726	16,931
32061 Lulu	155	2.6	38,970	18,088
Columbia	22,691	2.5	35,430	17,862
Florida	7,094,782	2.5	45,531	25,688

Source: ESRI Business Solutions, 2005.  
 Prepared by: WellFlorida Council, 2006.

Table 10 depicts household income distribution in Columbia County by zip code. The percentage of households with less than \$25,000 total household income ranges from 29.7 percent in 32061 (Lulu) to 41.4 percent in 32055 (Lake City). All 5 of the Columbia County zip code areas have a higher proportion of residents with incomes under \$25,000 than the state of Florida.

At the opposite end of the spectrum, while 6.0 percent of Florida households have incomes over \$150,000, only 1.9 percent of Columbia County households have the same. None of Columbia County’s five zip code areas have a higher proportion of households with incomes above \$150,000 than the state.

**Table 10. Household by income levels, by zip code, Columbia County and Florida, 2005.**

Area	2005 Total Households	Less than \$25,000		\$25,000-\$49,999	
		Number	Percent	Number	Percent
32024 Lake City	7,399	2,249	30.4	2,419	32.7
32025 Lake City	6,534	2,130	32.6	2,163	33.1
32038 Fort White	2,194	709	32.3	674	30.7
32055 Lake City	6,081	2,518	41.4	1,836	30.2
32061 Lulu	155	46	29.7	48	31.0
Columbia	22,691	7,851	34.6	7,193	31.7
Florida	7,094,782	1,809,169	25.5	2,050,392	28.9

Area	\$ 50,000-\$99,999		\$100,000-\$149,999		\$150,000 and Over	
	Number	Percent	Number	Percent	Number	Percent
32024 Lake City	2,175	29.4	385	5.2	170	2.3
32025 Lake City	1,673	25.6	444	6.8	124	1.9
32038 Fort White	663	30.2	103	4.7	46	2.1
32055 Lake City	1,313	21.6	316	5.2	97	1.6
32061 Lulu	49	31.6	9	5.8	3	1.9
Columbia	5,945	26.2	1,293	5.7	431	1.9
Florida	2,121,340	29.9	681,099	9.6	425,687	6.0

Source: ESRI Business Solutions, 2005.  
 Prepared by: WellFlorida Council, 2006.

## Poverty

Each year, the United States Department of Health and Human Services (DHHS) establishes national poverty levels (Table 11). These levels are established by comparing annual income to “poverty thresholds.” The thresholds vary by family size. For example, a family of four living in the 48 contiguous states and D.C is considered to be living in poverty in 2005 if the household income is below \$19,350. A poverty rate for a county is the percentage of the county’s individuals that have an annual income or live in a household with an annual income below the poverty threshold.



**Table 11. 2005 federal poverty levels.**

Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$9,570	\$11,950	\$11,010
2	12,830	16,030	14,760
3	16,090	20,110	18,510
4	19,350	24,190	22,260
5	22,610	28,270	26,010
6	25,870	32,350	29,760
7	29,130	36,430	33,510
8	32,390	40,510	37,260
For each additional person add	\$3,260	\$4,080	\$3,750

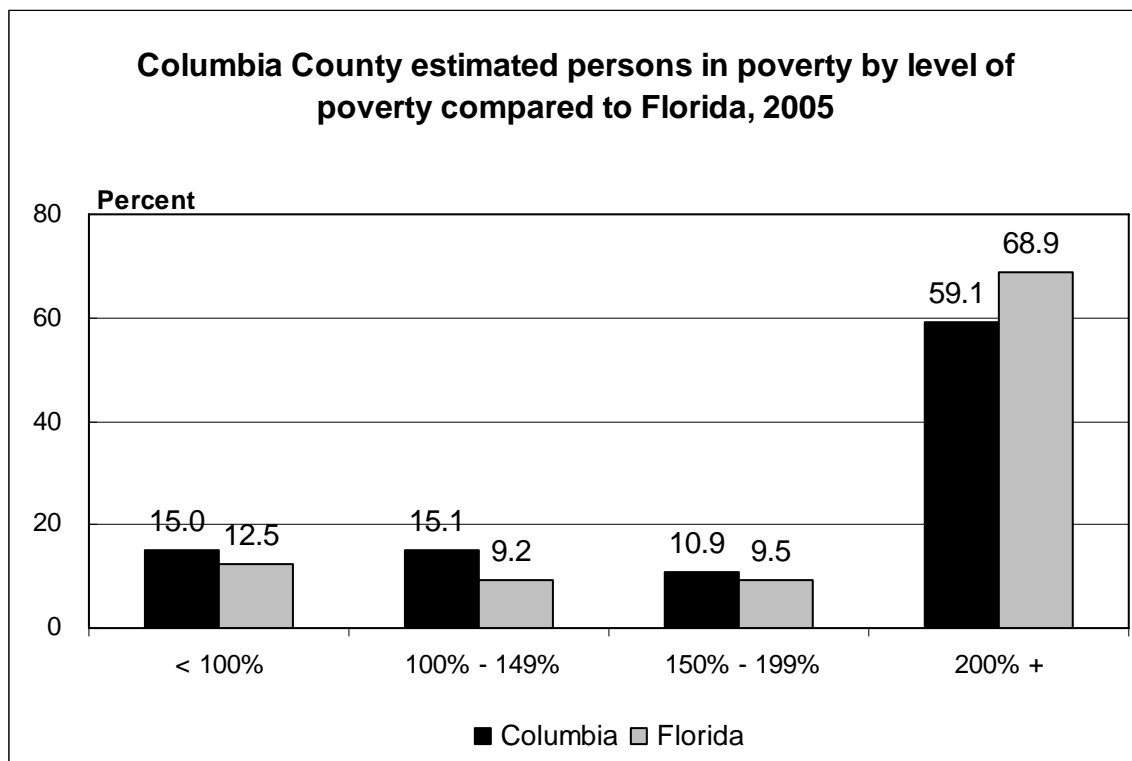
Source: Federal Register, vol. 70, no. 33, February 18, 2005.  
Prepared by: WellFlorida Council, 2006.

Poverty data is estimated during each decennial census. The latest poverty rates available are for the 2000 census (based on 1999 income). In the analysis that follows, it is assumed that the latest poverty rate from the 2000 census is the best available estimate of the state and local poverty rate. In order to calculate numbers of persons in poverty, children and households in poverty (Tables 12 through 14), the 2000 census poverty percentages are used with the 2005 population data.

Figure 6 shows that, in terms of poverty rate, Columbia County compares unfavorably to the state as a whole. While 12.5 percent of Florida's population is estimated to be in poverty, 15.0 percent of Columbia County's population lives below the poverty threshold (i.e. 100 percent of the federal poverty level). Moreover, Figure 6 and Table 12 shows that 26.0 percent of Columbia County residents are estimated to be between 100 and 200 percent of the federal poverty level compared to only 18.7 percent for all of Florida. While Columbia County does have the high levels of very low-income persons it also has a high percentage of lower middle income persons. This is reflected in the earlier analysis of the median and per capita incomes.

An examination of poverty status by zip code (Table 13) reveals that 32061 (Lulu), and 32025 (Lake City), are the only two zip code areas in Columbia County with a poverty rate (10.2 and 11.6 percent, respectively) lower than that of Florida (12.5 percent). Both in Florida and Columbia County the number of children who are living at or below the Federal Poverty Threshold equals 17.6 percent. All zip codes in Columbia County have a higher percentage of households in poverty than Florida as a whole.

**Figure 6. Columbia County estimated persons in poverty by level of poverty compared to Florida, 2005.**



Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.  
Prepared by: WellFlorida Council, 2006.

**Table 12. Estimated persons in poverty by level of poverty, by zip code, Columbia County and Florida, 2005.**

Level of Poverty	Columbia		Florida	
	Number	Percent	Number	Percent
< 100%	9,108	15.0	2,243,001	12.5
100%-124%	4,407	7.3	778,400	4.3
125%-149%	4,713	7.8	866,778	4.8
150%-174%	2,966	4.9	839,216	4.7
175%-184%	1,460	2.4	364,368	2.0
185%-199%	2,176	3.6	491,429	2.7
200% +	35,882	59.1	12,342,819	68.9
Total Population (2005)	60,717		17,926,011	

\*Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty, 2005.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

**Table 13. Estimated persons, children and households in poverty, by zip code, Columbia County and Florida, 2005.**

Area	Individuals (All Ages)			Children (0-17)		
	Total Number	Percent in Poverty	Number in Poverty	Total Number	Percent in Poverty	Number in Poverty
32024 Lake City	19,774	12.8	2,540	4,924	15.2	748
32025 Lake City	18,347	11.6	2,120	3,963	10.9	431
32038 Fort White	5,609	15.9	889	1,262	17.6	222
32055 Lake City	15,873	21.3	3,380	3,921	28.4	1,115
32061 Lulu	395	10.2	40	99	28.6	28
Columbia	60,717	15.0	9,112	14,329	17.6	2,523
Florida	17,926,011	12.5	2,243,001	3,907,870	17.6	688,084
Area	Households					
	Total Number	Percent in Poverty	Number in Poverty			
32024 Lake City	7,399	13.5	996			
32025 Lake City	6,534	12.2	799			
32038 Fort White	2,194	16.2	356			
32055 Lake City	6,081	20.9	1,272			
32061 Lulu	155	13.6	21			
Columbia	22,691	15.3	3,474			
Florida	7,094,782	11.7	830,089			

\*Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty, 2005.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

**Table 14. Estimated persons in poverty by level of poverty, by zip code, Columbia County and Florida, 2005.**

Area	Total Number	< 100% of Poverty		100%-124% of Poverty	
		Percent in Poverty	Number in Poverty	Percent in Poverty	Number in Poverty
32024 Lake City	19,774	12.8	2,540	6.8	1,343
32025 Lake City	18,347	11.6	2,120	5.4	987
32038 Fort White	5,609	15.9	889	7.7	433
32055 Lake City	15,873	21.3	3,380	9.6	1,521
32061 Lulu	395	10.2	40	0.0	0
Columbia	60,717	15.0	9,112	7.3	4,407
Florida	17,926,011	12.5	2,243,001	4.3	778,400
Area	Total Number	125%-149% of Poverty		150%-174% of Poverty	
		Percent in Poverty	Number in Poverty	Percent in Poverty	Number in Poverty
32024 Lake City	19,774	7.3	1,447	7.0	1,392
32025 Lake City	18,347	7.8	1,425	5.3	969
32038 Fort White	5,609	5.0	281	3.2	178
32055 Lake City	15,873	9.3	1,479	2.9	458
32061 Lulu	395	29.9	118	0.0	0
Columbia	60,717	7.8	4,713	4.9	2,966
Florida	17,926,011	4.8	866,778	4.7	839,216

\*Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty in 2005.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

**Table 14 (cont). Estimated persons in poverty by level of poverty, by zip code, Columbia County and Florida, 2005.**

Area	Total Number	175%-184% of Poverty		185%-199% of Poverty	
		Percent in Poverty	Number in Poverty	Percent in Poverty	Number in Poverty
32024 Lake City	19,774	1.5	289	4.5	893
32025 Lake City	18,347	2.6	483	3.2	582
32038 Fort White	5,609	2.7	153	3.9	220
32055 Lake City	15,873	1.9	300	3.2	505
32061 Lulu	395	0.0	0	0.0	0
Columbia	60,717	2.4	1,460	3.6	2,176
Florida	17,926,011	2.0	364,368	2.7	491,429
Area	Total Number	200% + of Poverty			
		Percent in Poverty	Number in Poverty		
32024 Lake City	19,774	60.0	11,869		
32025 Lake City	18,347	64.2	11,781		
32038 Fort White	5,609	61.6	3,454		
32055 Lake City	15,873	51.9	8,230		
32061 Lulu	395	59.9	236		
Columbia	60,717	59.1	35,882		
Florida	17,926,011	68.9	12,342,819		

\*Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty in 2005.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

## **Employment**

Being employed with health benefits or being the spouse or dependent of someone whose employer provides health insurance is still the most common ways to obtain private health insurance in the United States. Unemployed individuals are thus vastly less likely to have private health insurance coverage. In addition, smaller companies and retail and service sector employers have been shown to have more difficulty in providing health insurance for their employees. For these reasons, unemployment rates and type and size of employer data for Columbia County is provided in this section.

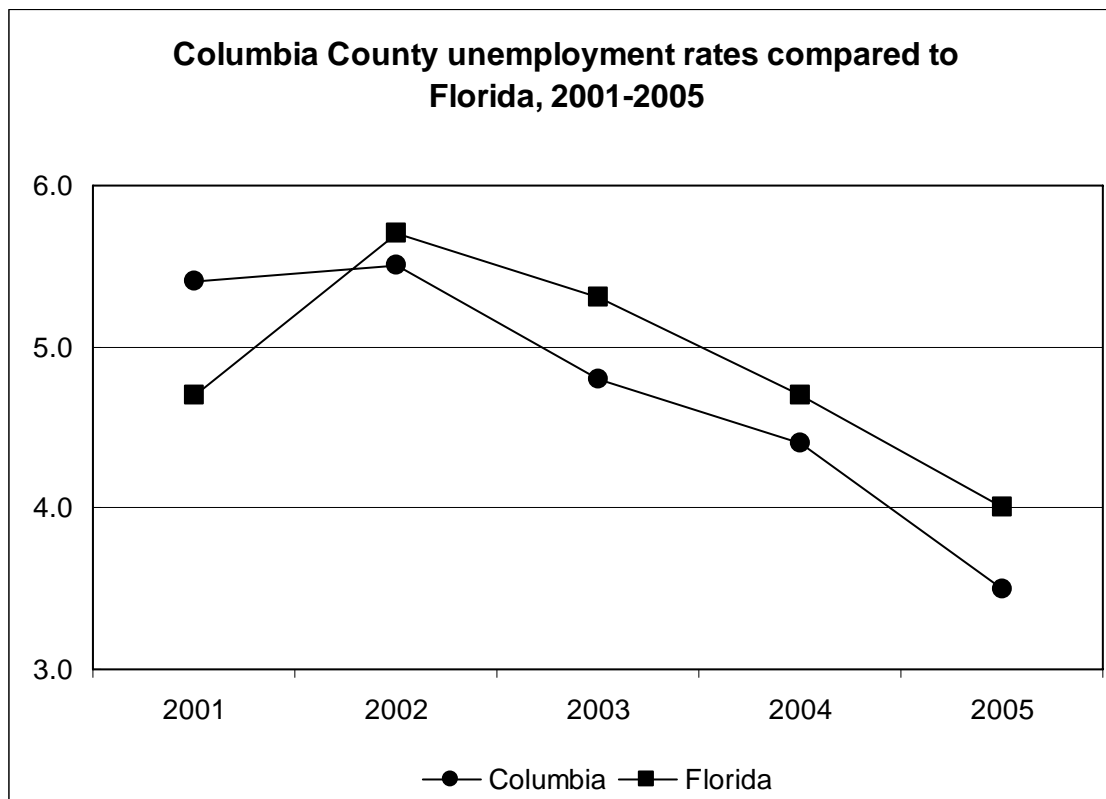
As seen in Table 15 and Figure 7, the unemployment rate in Columbia County has been consistently lower than the state of Florida since 2002. Like Florida and the rest of the nation, the unemployment rate in Columbia County has been decreasing since 2002.

**Table 15. Unemployment rates, Columbia County and Florida, 2000-2005.**

Area	2000	2001	2002	2003	2004	2005
Columbia	3.9	5.4	5.5	4.8	4.4	3.5
Florida	3.8	4.7	5.7	5.3	4.7	4.0

Source: Labor Market Info, Florida Research & Economic Database, assessed 7-21-06.  
Prepared by: WellFlorida Council, 2006.

**Figure 7. Columbia County unemployment rates compared to Florida, 2000-2004.**



Source: Labor Market Info, Florida Research & Economic Database, assessed 1-19-06.  
Prepared by: WellFlorida Council, 2006.

Table 16 depicts that 96.4 percent of Columbia County businesses are small (defined as fewer than 50 employees) compared to 95.4 percent for Florida as a whole. In addition, Table 17 shows that out of the total labor force in Columbia County, 33.6 percent are employed in small business as compared to 28.0 percent for the state of Florida.

Table 18 shows that 62.4 percent of businesses in Columbia County are retail trade and service sector employers compared to 63.1 percent for Florida. Employees of smaller businesses in the retail trade and service sectors are workers who are the least likely to have access to or to be able to afford private healthcare insurance.

Retail trade and service sector includes the following:

- Retail sales;
- Administration and support;
- Waste management;
- Healthcare and social assistance;
- Educational services;
- Arts, entertainment and recreation
- Accomodations and food services;
- Other services (not including public administration or government).

Larger employers, especially those in the public administration and governmental sectors (like many of those listed in Table 19), are more likely to offer health insurance to and in many instances provide a subsidy to their employees for healthcare insurance.

**Table 16. Small (non-governmental) businesses\*, Columbia County and Florida, 2003.**

Area	Total Business Establishments **	Number of Small Businesses	Small Business as a Percent of Total Private Establishments
Columbia	1,180	1,137	96.4
Florida	460,746	439,702	95.4

\* Small businesses are those that employ fewer than 50 employees.

\*\* The U.S. Census Bureau determines small businesses from a sample of businesses; thus, these are not all businesses in Columbia County but a representative sample of businesses. Governmental and public administration businesses are not included in the sample.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns, 2003*.

Prepared by: WellFlorida Council, 2006.

**Table 17. Employees in small (non-governmental) businesses\*, Columbia County and Florida, 2002.**

Area	Total Employees	Number of Employees in Small Businesses *	Small Business as a Percent of Total Private Establishments
Columbia	15,532	5,217	33.6
Florida	6,366,964	1,784,598	28.0

\* Small businesses are those that employ less than 50 employees.

\*\* The U.S. Census Bureau determines the number of employees from a sample of businesses; thus, total employees reflects the total employees in the sample. Governmental and public administration businesses are not included in the sample.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns Special Report, 2002*.

Prepared by: WellFlorida Council, 2006.

**Table 18. Retail trade and service (nongovernmental) businesses, Columbia County and Florida, 2003.**

Area	Total Businesses	Retail Trade *		Services *	
		Number	Percent	Number	Percent
Columbia	1,180	250	21.2	486	41.2
Florida	460,746	70,306	15.3	220,186	47.8

\* The U.S. Census Bureau determines this from a sample of businesses; thus, total businesses reflects the total businesses in the sample. Governmental and public administration businesses are not included in the sample.

\*\* North American Industry Classification (NAIC) codes for retail trade: 44-45; services: 54-56, 61, 62, 71, 72, 81.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns, 2003*.  
Prepared by: WellFlorida Council, 2006.

**Table 19. Columbia County major employers, 2006.**

Name	Product/Service	Number of Employees
Veterans Administration Medical Center	Hospitals/Clinics/Equipment/Supplies	975
Timco-Lake City	Aircraft Maintenance	878
Timco-Lake City	Aircraft Maintenance	653
Client Logic	Computers/Consulting/Training	550
Wal-Mart	Department Stores	548
Florida DOT	Government Offices	538
Anderson Columbia Co., Inc.	Paving Contractors	534
Florida DOC	Government Offices	432
Homes of Merit	Manufacturing	419
Shands at Lake Shore	Hospitals/Clinics/Equipment/Supplies	417
Lake City Medical Center	Hospitals/Clinics/Equipment/Supplies	297
PCS Phosphate	Manufacturing	266
Terry Dicks Trucking Company, Inc.	Trucking/Heavy Hauling	264
City of Lake City	Government Offices	244
Lake City Community College	Colleges/University	230
Corbitt Manufacturing Co., Inc.	Manufacturing	210
Columbia County Manager	Government Offices	200

Source: [www.lakecitychamber.com/major\\_employers.asp](http://www.lakecitychamber.com/major_employers.asp), assessed 7-21-06.

Prepared by: WellFlorida Council, 2006.



# Educational Attainment

Today’s complex healthcare systems and treatment guidelines are often difficult to navigate and understand. Generally, persons with higher educational levels utilize healthcare systems somewhat more effectively and efficiently than their counterparts without higher levels of educational attainment. In addition, research has suggested that educational level also has a bearing on health outcome.

Over 25 percent of Columbia County residents (age 25 and over) have no high school diploma compared to slightly more than 20 percent for Florida as a whole (Table 20). For nearly 57 percent of Columbia County’s residents, a high school diploma was their highest educational attainment compared to nearly 51 percent for Florida residents. Only 17.7 percent of Columbia County residents achieved a college degree compared to 29.4 percent of all Florida residents.

As seen in Table 21, the high school graduation rate in Columbia County since the 2001-2002 school years has been higher than the state of Florida. Figure 8 shows that while graduation rates have indeed generally been higher than the state they have begun to trend downward in comparison. However, while the drop-out rate for the state of Florida has been declining from 3.8 in 2000-01 to 3.0 in 2004-05, the drop-out rate in Columbia County has increased slightly from 1.8 in 2000-01 to 2.1 in 2004-05. Note that graduation and drop-out rates do not add up to 100 percent due to the fact of high mobility of students in the school system. There are neither graduation nor drop-out rates available for students that leave the Columbia County school system.

**Table 20. Estimated number of persons 25 and over by highest level of educational attainment, by zip code, Columbia County and Florida, 2005.**

Area	Population 25+	No High School Diploma		High School Diploma		College Degree	
		Percent	Estimated Number	Percent	Estimated Number	Percent	Estimated Number
32024 Lake City	12,853	24.4	3,133	57.6	7,397	18.1	2,323
32025 Lake City	12,311	22.0	2,714	56.6	6,962	21.4	2,635
32038 Fort White	3,887	23.3	906	58.2	2,262	18.5	719
32055 Lake City	10,286	31.0	3,188	55.3	5,691	13.7	1,406
32061 Lulu	255	7.4	19	75.9	193	16.7	42
Columbia	40,013	25.3	10,126	56.9	22,787	17.7	7,100
Florida	12,386,874	20.1	2,494,249	50.5	6,256,986	29.4	3,635,638

\*Note: Educational attainment percentages from the 2000 Census are used as educational attainment estimates for 2005 in order to estimate the number by level of highest level of educational attainment in 2005.  
 Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.  
 Prepared by: WellFlorida Council, 2006.

**Table 21. Graduation and dropout rates, Columbia County and Florida, 2000 - 2005.**

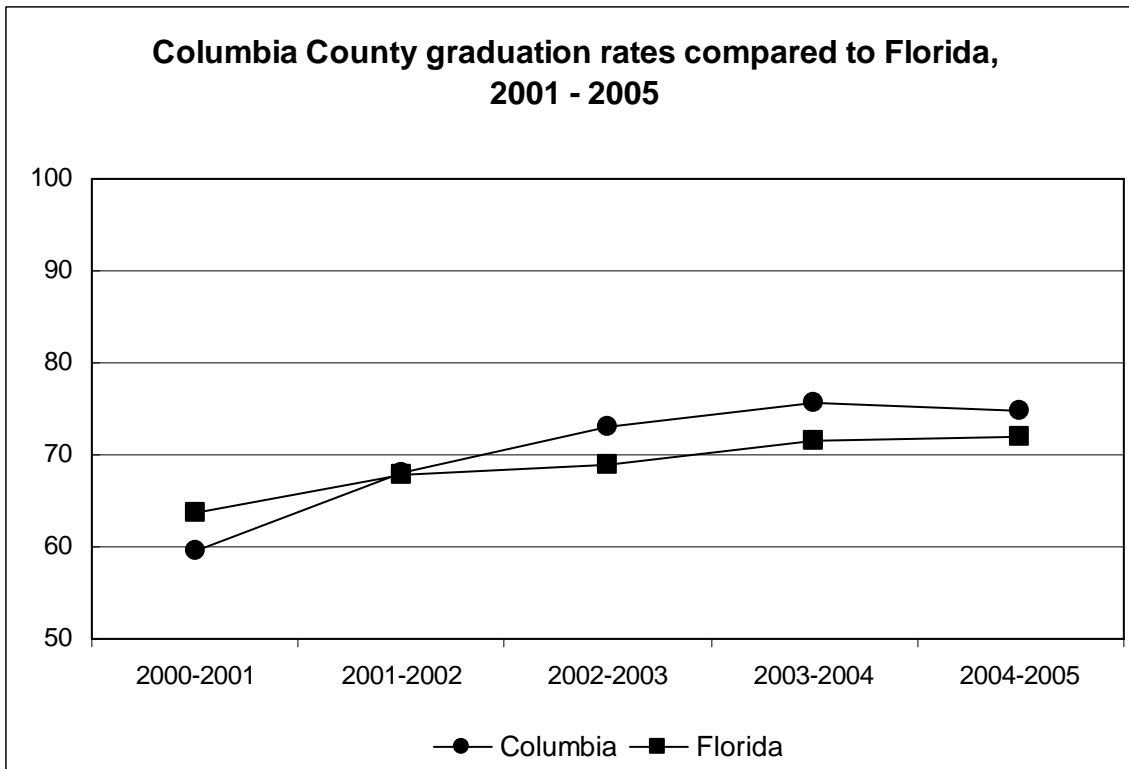
Area	School Year					
	2000-2001		2001-2002		2002-2003	
	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate
Columbia	59.5	1.8	68.1	1.4	73.1	1.3
Florida	63.8	3.8	67.9	3.2	69.0	3.1

Area	School Year			
	2003-2004		2004-2005	
	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate
Columbia	75.6	1.6	74.7	2.1
Florida	71.6	2.9	71.9	3.0

Source: Florida Department of Education, Statistical Brief, 2005.  
 Prepared by: WellFlorida Council, 2006.

**Figure 8. Columbia County graduation rates compared to Florida, 2001 - 2005.**



Source: Florida Department of Education, Statistical Brief, 2005.  
 Prepared by: WellFlorida Council, 2006.

## **Summary of Key Findings**

### **Population**

- Columbia County's population now exceeds 60,000.
- During the next 25 years, Columbia County's population is expected to increase 42.7 percent compared to 44.9 percent for Florida.
- The 32038 (Fort White) zip code area was the fastest growing zip code from 2000 through 2005 and is expected to again show the greatest percentage increase between 2005 and 2010.
- With only 14.4 percent of its population older than age 65 compared to 18.1 percent for Florida as a whole, Columbia County is "younger" than some counties in Florida.
- In every zip code in Columbia County over 80 percent of the population is "non-elderly".
- Columbia County has a slightly higher percentage (77.2) of white residents than Florida as a whole (76.1). At the same time, Columbia County has a slightly higher percentage (19.1) of black residents than the state (15.4). The county does have lower percentages of individuals who identify themselves as Asian/Pacific Islander and Other.
- Only 3.5 percent of Columbia County residents identify themselves as Hispanic compared to 19.5 percent of all Florida residents.
- Males outnumber females in Columbia County.

### **Economic Characteristics**

- Median and per capita incomes of Columbia County residents are substantially lower than those of all Florida residents.
- No zip code area has a median household income or a per capita income that is higher than Florida.
- 34.6 percent of Columbia County households have income less than \$25,000 compared to 25.5 percent for the state.
- While 6.0 percent of Florida households have incomes over \$150,000, only 1.9 percent of Columbia County households have the same.
- 15.0 percent of persons in Columbia County fall below the federal poverty threshold compared to 12.5 percent for the state. At the same time, 26.0 percent of the population falls between 100 and 200 percent of the federal poverty threshold compared to only 18.7 percent for all of Florida.
- Columbia County has same percentage of its children in poverty than the state (17.6).
- Since 2002, the unemployment rate in Columbia County has been lower than the state of Florida. Rates have decreased in both Columbia County and Florida since 2002.
- Columbia County has a slightly higher percentage of small businesses (fewer than 50 employees) than Florida as a whole.
- In Columbia County, 62.4 percent of private business establishments are retail trade and service sector employers compared to 63.1 percent for Florida.

## ***Educational Attainment***

- Over 25 percent of Columbia County residents (age 25 and older) have no high school diploma compared to slightly more than 20 percent for Florida as a whole.
- Only 17.7 percent of Columbia County residents have achieved a college degree compared to 29.4 percent of all Florida residents.
- Since 2001-02, the high school graduation rate has been higher than the state of Florida.
- Columbia County's drop-out rates have been higher lower than the state, but they have increased slightly from 2000 while the state's rate has decreased.

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# ***Health Status***

## ***Introduction***

This section of the assessment reviews the health status of Columbia County residents. The primary focus of the health status assessment is a review of various mortality and hospitalization data. This in-depth assessment of the mortality and morbidity of Columbia County residents will enable the community to identify specific health indicators resulting in early death or unnecessary hospitalization and implement programs that will improve the overall health of the community.

The Health Status section will detail various mortality data, hospitalization statistics (in lieu of any other readily available morbidity data sources) and birth indicator data. An analysis of Behavioral Risk Factor data and mental health status indicators will be presented as well.

## ***Leading Causes of Death***

### ***Average Annual Crude Mortality Rates***

#### ***Rates for All Residents***

Average annual crude (i.e. Number of deaths) mortality rates are utilized to identify the major causes of death in the county. These rates assist providers and community leaders in healthcare delivery and policy in determining the medical service, prevention and education service needs of the community.

Since the 1950s, heart disease has been the leading cause of death in the nation and the state. Columbia County, with an average of 170.6 heart disease deaths per year from 2000-2004, is no exception (Table 22). This equates to 291.5 heart disease deaths per 100,000 population during this time period. Within Columbia County, 32025 (Lake City) has the highest crude mortality rate for heart disease and 32061 (Lulu) has the lowest. However, since crude rates cannot be used to compare geographic regions, due to discrepancies in age distribution, age-adjusted rates will be utilized later in this section.

Tables 22 and 23 compare Columbia County with the state for annual crude mortality rates. All of Columbia County's leading causes of death are presented. The rank of that cause of death for Columbia is in parentheses. Columbia County's top10 leading causes of death are the same as for the state of Florida, although in some cases they are ranked differently. For example, respiratory disease is the third leading cause of death in Columbia County though it is the fourth for all of Florida. In addition, Alzheimer's disease is the eighth leading cause of death in Columbia County while it is the seventh leading cause of death for Florida.

## ***Rates by Race and Ethnicity***

Table 24 shows crude mortality rates for 2000-2004 for white residents while Table 25 shows these rates for black residents and Table 26 shows these rates for Hispanic residents. Because of the relatively small number of black and Hispanic residents in Columbia County (as detailed in the Demographic and Socioeconomic Profile section), analysis of their crude rates should be done carefully and with perspective. The low numbers in the population translate to low numbers overall and even fewer deaths. These few numbers of deaths and relatively low populations yield crude rates which are subject to wide fluctuation on an annual basis. This could but not necessarily result in dramatic shifts in the leading causes of death for Hispanic residents from year-to-year in Columbia County. Although, attempts have been made to dampen this effect by utilizing a five-year average rate.

Because white residents make up the largest majority of Columbia County's population, they drive the overall leading causes of death in Columbia County. As such, the top 5 leading causes of death for white residents mirrors the top 5 for all residents of Columbia County. However, some causes of death, though they rank in the top 10, occur in a different order for white residents as compared to all residents. For whites, Alzheimer's ranks 7, influenza and pneumonia rank 8, suicide ranks 9 and liver disease ranks 10. For all residents of Columbia County, influenza and pneumonia rank 7, Alzheimer's ranks 8, liver disease ranks 9 and suicide ranks 10. Part of this difference is attributable to the fact that one average, whites are more likely than blacks to commit suicide.

For black and Hispanics residents, the picture is somewhat different. As seen in Table 25, diabetes is the fifth leading cause of death for black residents in Columbia County compared to the sixth for white residents. In addition, nephritis, and HIV (albeit in small numbers with 3.4 deaths per year on average) are in the top 10 causes for black residents while Alzheimer's, suicide and liver disease are not.

Hispanics residents of Columbia County also have varied leading causes of death (based on average annual crude mortality rates) compared to their white and black counterparts. Table 26 shows that unintentional injury was the third leading cause of death for Hispanic residents between 2000-2004 compared to only the fifth leading cause of death for whites and for blacks. However, when evaluating the crude rate of death per 100,000 for Hispanics as compared to whites and blacks, one can see that in all instances the rates for Hispanics are lower.

**Table 22. Average annual crude mortality rates per 100,000 population all races by leading causes of deaths, Columbia County and Florida, 2000-2004.**

Cause of Death	Columbia County		Florida	
	Avg Num	Rate	Avg Num	Rate
All Causes	650.0	1,110.7	166,864.4	992.8
Heart (1)	170.6	291.5	48,869.8	290.8
Cancer (2)	143.2	244.7	39,023.6	232.2
Respiratory (3)	52.8	90.2	8,903.0	53.0
All Unintentional Injuries (4)	38.8	66.3	7,324.0	43.6
MV Crashes	19.4	33.1	3,068.8	18.3
Stroke (5)	37.8	64.6	10,100.6	60.1
Diabetes (6)	23.0	39.3	4,632.6	27.6
Influenza and Pneumonia (7)	15.8	27.0	3,180.8	18.9
Alzheimer's (8)	15.0	25.6	3,908.0	23.3
Liver (9)	9.0	15.4	2,104.0	12.5
Suicide (10)	8.4	14.4	2,285.6	13.6
Nephritis (11)	8.0	13.7	2,185.4	13.0
Perinatal Conditions (13)	5.4	9.2	775.8	4.6
HIV (15)	4.6	7.9	1,727.2	10.3

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.



**Table 23. Crude mortality rates per 100,000 population by zip code by leading causes of deaths, Columbia County and Florida, 2000-2004.**

Area	All Causes		Heart Disease (1)		Cancer (2)	
	Average Number	Rate	Average Number	Rate	Average Number	Rate
32024 Lake City	122.8	797.8	30.2	196.2	28.2	183.2
32025 Lake City	207.4	1,289.5	58.2	361.9	46.6	289.7
32038 Ft. White	66.4	1,047.6	15.8	249.3	15.2	239.8
32055 Lake City	214.6	1,245.2	58.8	341.2	45.8	265.8
32061 Lulu	0.4	274.0	0.0	0.0	0.0	0.0
Columbia County	650.0	1,150.2	170.6	301.9	143.2	253.4
Florida	166,864.4	1,044.1	48,869.8	305.8	39,023.6	244.2
Area	Respiratory (3)		Unintentional Injuries			
			All (4)		MV Crashes	
	Average Number	Rate	Average Number	Rate	Average Number	Rate
32024 Lake City	7.4	48.1	6.8	44.2	3.4	22.1
32025 Lake City	16.2	100.7	11.6	72.1	4.6	28.6
32038 Ft. White	4.6	72.6	5.2	82.0	3.0	47.3
32055 Lake City	19.2	111.4	11.2	65.0	6.0	34.8
32061 Lulu	0.4	274.0	0.0	0.0	0.0	0.0
Columbia County	52.8	93.4	0.0	0.0	19.4	34.3
Florida	8,903.0	55.7	0.0	0.0	3,068.8	19.2
Area	Stroke (5)		Diabetes (6)		Influenza and Pneumonia (7)	
	Average Number	Rate	Average Number	Rate	Average Number	Rate
32024 Lake City	8.2	53.3	4.4	28.6	2.6	16.9
32025 Lake City	9.6	59.7	6.6	41.0	5.2	32.3
32038 Ft. White	4.8	75.7	3.2	50.5	1.2	18.9
32055 Lake City	13.2	76.6	7.8	45.3	5.8	33.7
32061 Lulu	0.0	0.0	0.0	0.0	0.0	0.0
Columbia County	37.8	66.9	23.0	40.7	15.8	28.0
Florida	10,100.6	63.2	4,632.6	29.0	3,180.8	19.9

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Rates may differ slightly from other tables as they are based on different population estimates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S.

Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

**Table 23 cont. Crude mortality rates per 100,000 population by zip code by leading causes of deaths, Columbia County and Florida, 2000-2004 continued.**

Area	Alzheimer's (8)		Liver Disease (9)		Suicide (10)	
	Average Number	Rate	Average Number	Rate	Average Number	Rate
32024 Lake City	2.8	18.2	1.6	10.4	2.4	15.6
32025 Lake City	7.0	43.5	3.0	18.7	3.0	18.7
32038 Ft. White	2.4	37.9	0.8	12.6	1.0	15.8
32055 Lake City	2.0	11.6	2.6	15.1	1.4	8.1
32061 Lulu	0.0	0.0	0.0	0.0	0.0	0.0
Columbia County	15.0	26.5	9.0	15.9	8.4	14.9
Florida	3,908.0	24.5	2,104.0	13.2	2,285.6	14.3

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Rates may differ slightly from other tables as they are based on different population estimates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

**Table 24. Average annual crude mortality rates per 100,000 population white races by leading causes of deaths, Columbia County and Florida, 2000-2004.**

Cause of Death	Columbia County		Florida	
	Avg Num	Rate	Avg Num	Rate
All Causes	552.8	1,168.2	148,208.6	1,076.8
Heart (1)	144.6	305.6	44,177.4	321.0
Cancer (2)	123.0	259.9	35,188.6	255.7
Respiratory (3)	48.0	101.4	8,427.6	61.2
All Unintentional Injuries (4)	34.2	72.3	6,383.4	46.4
MV Crashes	16.4	34.7	2,574.2	18.7
Stroke (5)	30.4	64.2	8,818.2	64.1
Diabetes (6)	18.6	39.3	3,758.8	27.3
Alzheimer's (7)	14.4	30.4	3,712.6	27.0
Influenza and Pneumonia (8)	13.6	28.7	2,870.4	20.9
Suicide (9)	8.4	17.8	2,144.2	15.6
Liver (10)	8.4	17.8	1,931.6	14.0
Nephritis (12)	5.2	11.0	1,810.2	13.2
Perinatal Conditions (14)	3.4	7.2	412.4	3.0
HIV (19)	1.2	2.5	661.0	4.8

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

**Table 25. Average annual crude mortality rates per 100,000 population black races by leading causes of deaths, Columbia County and Florida, 2000-2004.**

Cause of Death	Columbia County		Florida	
	Avg Num	Rate	Avg Num	Rate
All Causes	95.0	920.1	17,697.0	673.7
Heart (1)	25.8	249.9	4,472.0	170.3
Cancer (2)	19.8	191.8	3,604.8	137.2
Stroke (3)	7.0	67.8	1,210.6	46.1
Respiratory (4)	4.8	46.5	445.4	17.0
All Unintentional Injuries (5)	4.4	42.6	858.2	32.7
MV Crashes	2.8	27.1	451.6	17.2
Diabetes (5)	4.4	42.6	836.2	31.8
HIV (7)	3.4	32.9	1,058.8	40.3
Nephritis (8)	2.8	27.1	363.2	13.8
Influenza and Pneumonia (9)	2.2	21.3	293.6	11.2
Perinatal Conditions (10)	2.0	19.4	350.2	13.3
Alzheimer's (13)	0.6	5.8	186.0	7.1
Liver (13)	0.6	5.8	157.2	6.0
Suicide (No Rank)	-	-	121.4	4.6

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

**Table 26. Average annual crude death rates per 100,000 population for Hispanics by leading causes of deaths, by county and Florida, 2000-2004.**

2000-2004	Columbia County		Florida	
Cause of Death	Avg Number	Crude Rate Per 100,000 Population	Avg Number	Crude Rate Per 100,000 Population
All Causes	5.2	348.3	14,856.2	554.3
Heart Diseases (1)	1.2	80.4	5,679.4	211.9
Cancer (2)	1.0	67.0	3,188.0	118.9
Unintentional Injury (3)	0.6	40.2	935.2	34.9
Motor Vehicle Crashes	0.2	13.4	536.6	20.0
Stroke (4)	0.4	26.8	792.2	29.6
Diabetes Mellitus (5)	0.2	13.4	532.2	19.9
Chronic Lower Respiratory Diseases (5)	0.2	13.4	520.8	19.4
Alzheimer's Disease (5)	0.2	13.4	390.2	14.6
Nephritis (5)	0.2	13.4	228.8	8.5

Note: Columbia County Hispanic Population from the 2000 Census

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

## ***Age-Adjusted Mortality Rates***

To further explore the health status of Columbia County residents, age-adjusted mortality rates are used to compare Columbia County to Florida. In order to compare accurately mortality rates between differing geographic areas, adjustments must be made to account for the differences in age-group distributions between populations. This is called “age-adjusting” a mortality rate. The age-group distribution of a “standard” population is used for this purpose. The standard population for purposes of this study is the 2000 U.S. Population.

Age-adjusted rates are those rates that would have been observed if the age distribution of the areas being compared were the same as that of the standard 2000 U.S. Population. Basically, age-adjusted rates represent a summary or indicator rate by cause of death and permit an unbiased comparison regardless in difference in age distribution of populations being compared.

### ***Rates for All Residents***

Table 27 presents an examination of the age-adjusted mortality rate for the 10 leading causes of death in Columbia County for 2000-2004 compared to Florida.

Table 27 shows that Columbia County exceeds the state’s age-adjusted mortality rate in 10 out of the top 10 causes of death. This remains true for the majority of zip codes within the county.

In 32024 (Lake City), the age-adjusted death rate has been lower than the rate for Florida in the cases of cancer and liver disease. In 32055 (Lake City) the rates for Alzheimer’s disease and suicide have been lower than the state rates. In 32024 (Lake City) the rate of liver disease has been lower than the rate for Florida and in 32025 (Lake City) the age-adjusted rate of death from stroke has been lower than the state. In 32061 (Lulu) there were no deaths attributable to causes other than respiratory disease so in all other cases it falls below the state rate. In every other case within Columbia County the age-adjusted mortality rate is higher than the rate for the state of Florida.

The greatest disparity in age-adjusted death rates between Columbia County and Florida is for respiratory disease.

### ***Rates by Race and Ethnicity***

Because white residents make up the majority of Columbia County’s population, they drive the age-adjusted mortality rates in Columbia County much as they do the crude rates. As such, Figure 10 demonstrates a similar situation for white residents as for all residents in Figure 9. The unfavorable comparison with the state of white resident age-adjusted death rates for leading causes of death is reflected in the poor overall rates for all residents. Trends in the white population’s age-adjusted mortality rates therefore closely resemble those for the total population.

There are some differences with respect to the black population. Like the crude rate, smaller population numbers can affect age-adjusted mortality rates and since black residents represent a smaller percentage of the population, analysis of their age-adjusted death rates should be done carefully and with perspective. Given that the black population is smaller than the white population, there may be a wider fluctuation of death rates for specific causes on an annual basis. However, it should be noted that attempts have been made to dampen this effect by utilizing a five-year average rate.

It should be noted that age-adjusted death rates are not calculated for the Hispanic population because the age-specific population estimates needed to calculate an age-adjusted death rate are not available for the study period between 2000-2004.

In Columbia County, the age-adjusted death rate for all causes is higher for black residents than it is for white residents (Table 28). The rate of heart disease and cancer is also higher for black residents than for white residents. Other causes, which ranked in the top ten, and for which blacks have a higher age-adjusted rate compared to whites include: stroke, diabetes and influenza and pneumonia.

At the same time, black residents in Columbia County have a lower age-adjusted mortality rate when compared to their white counterparts for respiratory disease, all unintentional injuries, and motor vehicle crashes. This remains true when the rate for blacks is compared to the rate for all races in Columbia County. Unfortunately, for these three cases, the rates for blacks in Columbia County are still much higher (more than double in the case of respiratory disease) than the rates for blacks throughout Florida.

For Alzheimer's Disease, liver disease, and suicide, blacks in Columbia County have a lower age-adjusted mortality rate when compared to whites as well as all races. At the same time, blacks in Columbia have lower rates for these causes than their counterparts at the state level. For HIV, black races in Columbia have a lower age-adjusted mortality rate than black races in Florida, but that rate is also seven times greater than the rate for white races within Columbia County.

**Table 27. Age adjusted mortality rates per 100,000 population by zip code by leading causes of deaths, Columbia County and Florida, 2000-2004.**

Area	All Causes	Heart Disease (1)	Cancer (2)	Respiratory (3)	Unintentional Injuries	
					All (4)	MV Crashes
32024 Lake City	919.1	239.1	180.3	54.3	47.3	22.0
32025 Lake City	978.8	262.3	216.0	72.0	66.0	30.2
32038 Ft. White	1,062.4	246.2	217.5	76.4	90.1	49.9
32055 Lake City	1,400.4	397.0	288.5	123.1	64.7	33.9
32061 Lulu	896.8	0.0	0.0	896.8	0.0	0.0
Columbia County	1,120.1	295.9	233.9	88.3	65.6	34.2
Florida	822.8	232.4	191.3	41.6	41.3	19.0
Area	Stroke (5)	Diabetes (6)	Influenza and Pneumonia (7)	Alzheimer's (8)	Liver Disease (9)	Suicide (10)
32024 Lake City	65.5	33.2	23.3	22.3	9.6	15.6
32025 Lake City	44.3	32.6	23.3	30.0	16.7	17.0
32038 Ft. White	88.0	48.4	21.2	46.1	10.5	14.1
32055 Lake City	91.5	51.8	40.7	14.6	15.2	8.1
32061 Lulu	0.0	0.0	0.0	0.0	0.0	0.0
Columbia County	67.2	39.5	28.9	27.6	14.7	14.2
Florida	47.7	22.6	15.1	17.9	11.6	13.7

Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.

Rates may differ slightly from other tables as they are based on different population estimates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

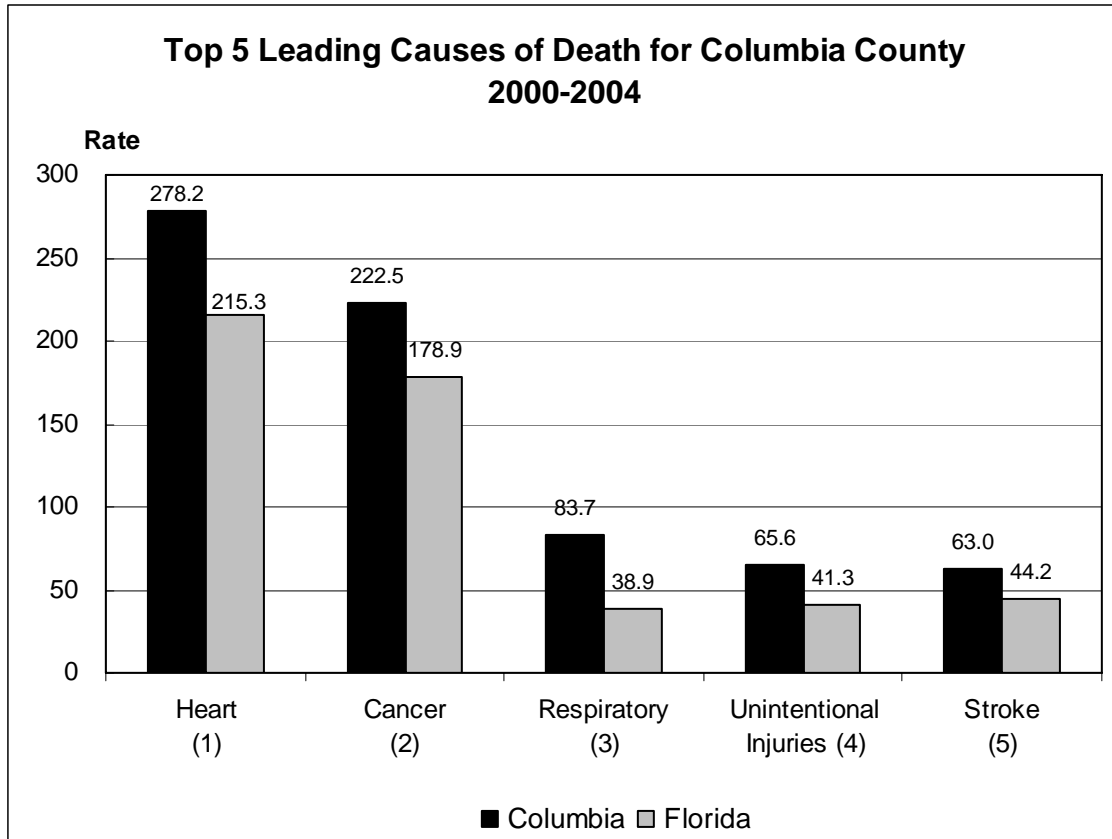


**Table 28. Age adjusted mortality rates per 100,000 population by race by leading causes of deaths, Columbia County and Florida, 2000-2004.**

Cause of Death	All Races		White		Black	
	Columbia County	Florida	Columbia County	Florida	Columbia County	Florida
All Causes	1,057.9	766.2	1,049.1	743.2	1,189.6	1,015.1
Heart (1,1, 1)	278.2	215.3	273.4	209.9	337.6	282.6
Cancer (2, 2, 2,)	222.5	178.9	220.2	177.2	253.4	210.8
Respiratory (3, 3, 4)	83.7	38.9	87.6	39.8	61.3	27.9
All Unintentional Injuries (4, 4, 5)	65.6	41.3	70.9	43.0	43.9	36.3
MV Crashes	32.8	18.0	34.7	18.4	27.4	18.1
Stroke (5, 5, 3)	63.0	44.2	59.0	41.4	91.3	78.1
Diabetes (6, 6, 5)	37.2	21.1	34.9	18.7	55.7	50.9
Influenza and Pneumonia (7, 8, 9)	26.9	14.0	26.9	13.6	28.2	18.5
Alzheimer's (8, 7, 13)	25.8	16.4	28.7	16.7	8.7	14.3
Liver (9, 10, 13)	14.0	10.8	15.3	11.3	6.4	7.8
Suicide (10, 9, No Ranking)	13.6	12.9	16.4	14.5	-	4.8
Nephritis (11, 12, 8)	13.1	9.7	10.1	8.6	37.0	22.6
Perinatal Conditions (13, 14, 8)	9.6	5.2	7.7	3.7	18.1	10.5
HIV (15, 19, 7)	8.0	10.5	2.4	4.9	35.8	44.1

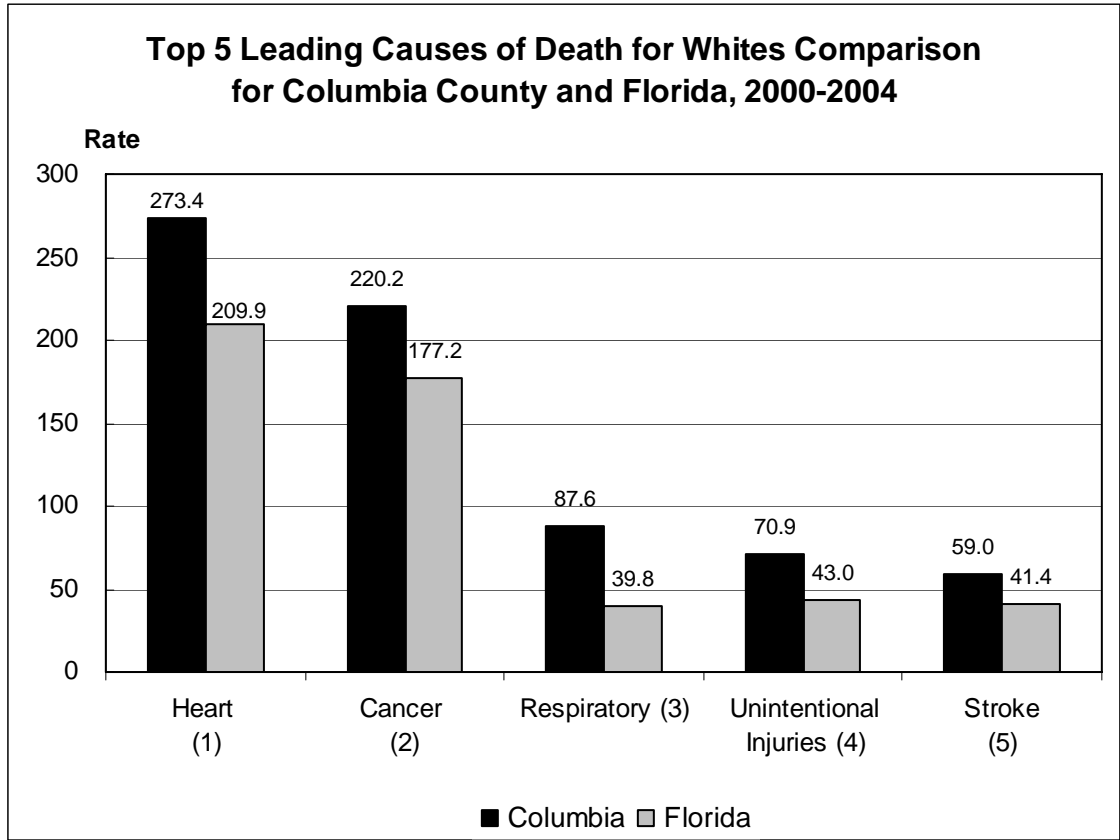
Numbers in parentheses (\*) are the rank of that cause of death for all races, whites, and blacks, Columbia County.  
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
 Prepared by: WellFlorida Council, 2006.

**Figure 9. Age adjusted mortality rates per 100,000 population for all races for top 5 leading causes of death, Columbia County and Florida, 2000-2004.**



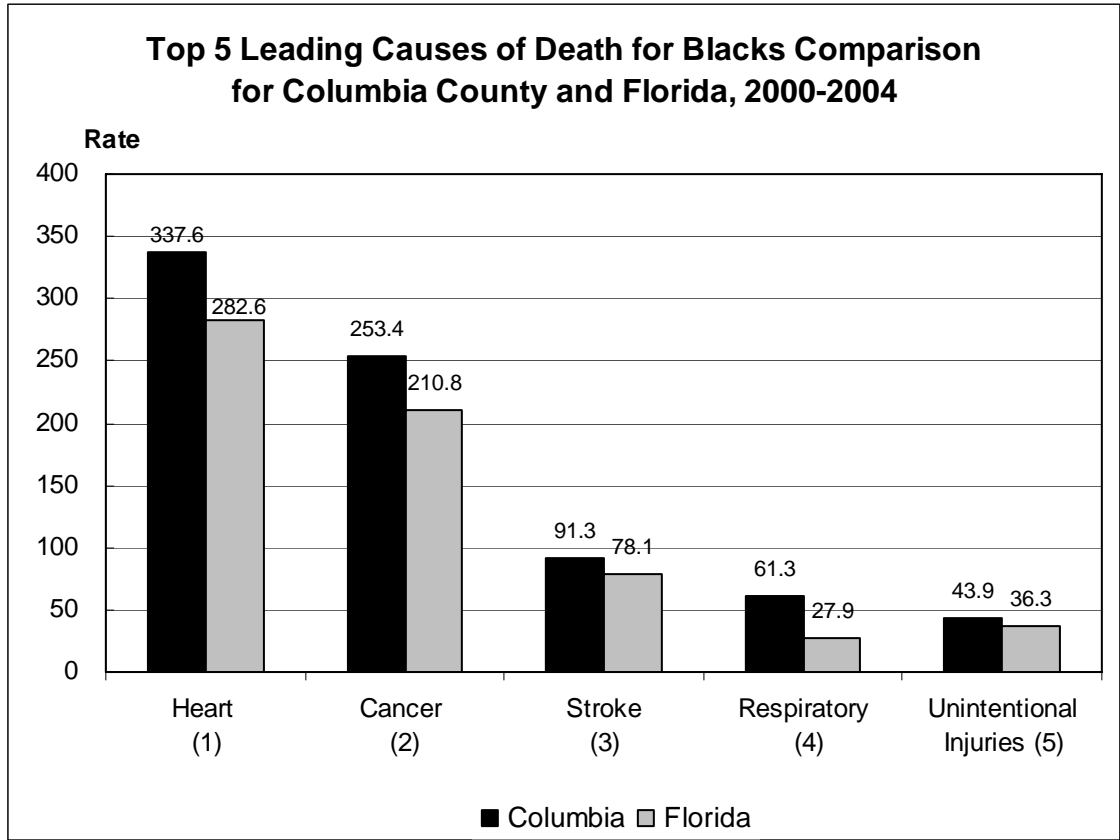
Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.  
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
 Prepared by: WellFlorida Council, 2006.

**Figure 10. Age adjusted mortality rates per 100,000 population for whites for top 5 leading causes of death, Columbia County and Florida, 2000-2004.**



Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.  
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
 Prepared by: WellFlorida Council, 2006.

**Figure 11. Age adjusted mortality rates per 100,000 population for blacks for top 5 leading causes of death, Columbia County and Florida, 2000-2004.**



Numbers in parentheses (\*) are the rank of that cause of death for Columbia County.  
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
 Prepared by: WellFlorida Council, 2006.

## ***Health Disparities***

Figure 12 through Figure 17 gives us a glimpse at the health disparities that exist in Columbia County as they do throughout Florida and the United States. While racial disparities in Columbia County are similar to those observed at the state level, the actual proportions of the disparities tend to differ slightly.

Figure 12 compares the age-adjusted heart disease mortality rates for white and black residents in Columbia County and for Florida. While the rates for blacks and whites in Columbia County are higher than the rates for their counterparts at the state level, the disparity between whites and blacks within Columbia County is somewhat less.

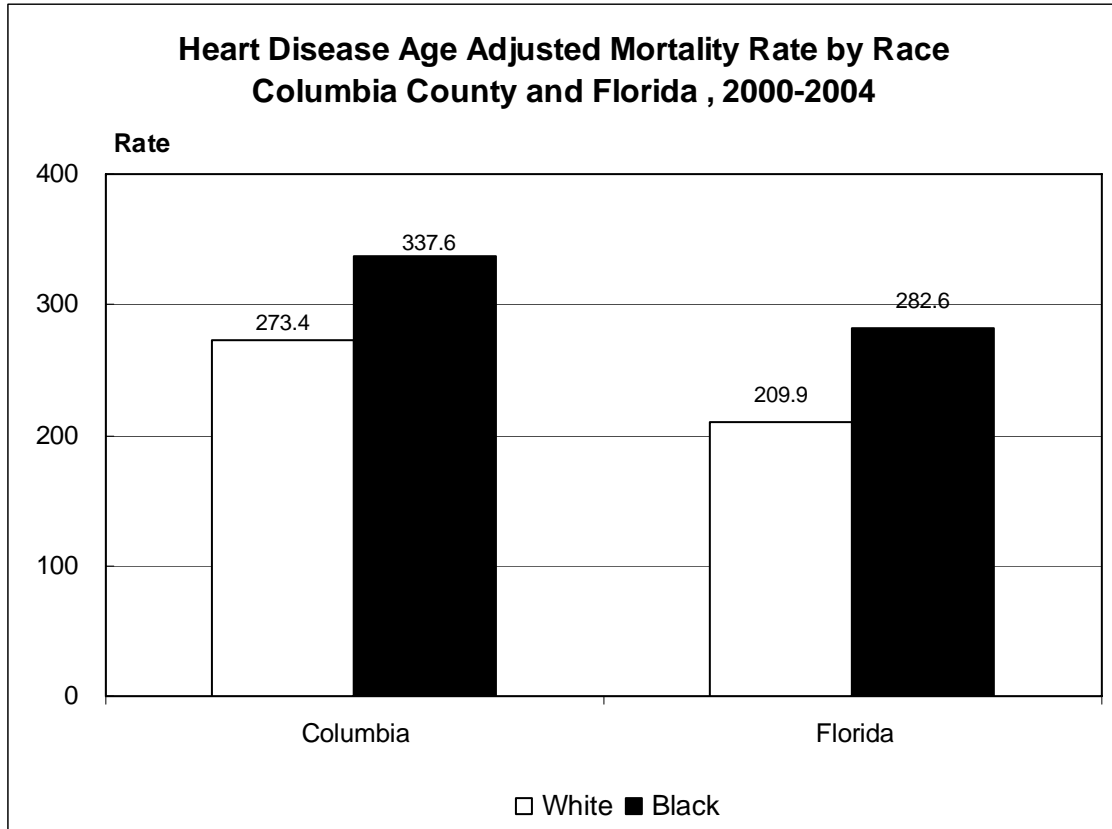
Age-adjusted death rates for cancer follow a similar pattern (Figure 13). While both the white and black residents of Columbia County fair poorly than their counterparts throughout the state in terms of age-adjusted cancer death rates, the disparity gap is slightly smaller in Columbia County than for the state.

Respiratory disease exhibits perhaps the most pronounced disparity pattern. As seen in Figure 14, respiratory disease age-adjusted mortality rates for white residents and black residents in Columbia County are more than double the rates for whites and blacks in Florida. At the same time, within Columbia County, the difference between whites and blacks (with whites more likely than blacks to die of respiratory disease) is more than twice the difference between whites and blacks at the state level.

The disparity gaps in stroke and unintentional injury age-adjusted mortality rates (Figures 15 and 16) are similar to the gaps at the state level. Black residents die at a disproportionate rate from stroke than their white counterparts while white residents die at a disproportionate rate from unintentional injury compared to their black resident counterparts. With regard to stroke, while whites and blacks suffer from an increased rate in Columbia County compared to the state, the disparity between whites and blacks within the county is slightly less. At the same time, the disparity between whites and blacks in Columbia County for unintentional injuries is much greater than what is observed at the state level.

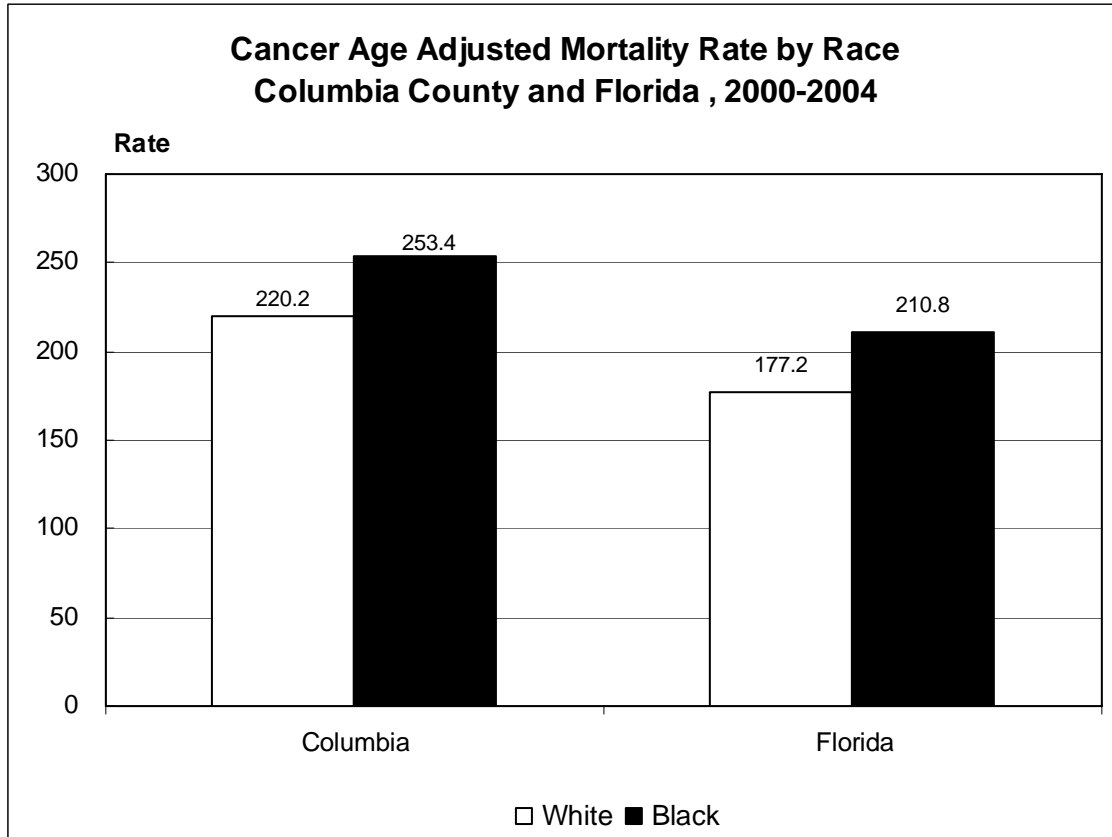
Figure 17 also shows another area of disparity concern. Typically, diabetes is one of the most disparate disease states the United States often with death rates of black residents at two times or more than their white counterparts. While the age-adjusted death rates for diabetes among blacks throughout Florida is more than twice the white rate, in Columbia County, the age-adjusted diabetes mortality rate for black residents is only slightly higher. However, the rate for Columbia County's whites is close to double the rate for whites in the state.

**Figure 12. Heart disease age adjusted mortality rate per 100,000 population by race, Columbia County and Florida, 2000-2004.**



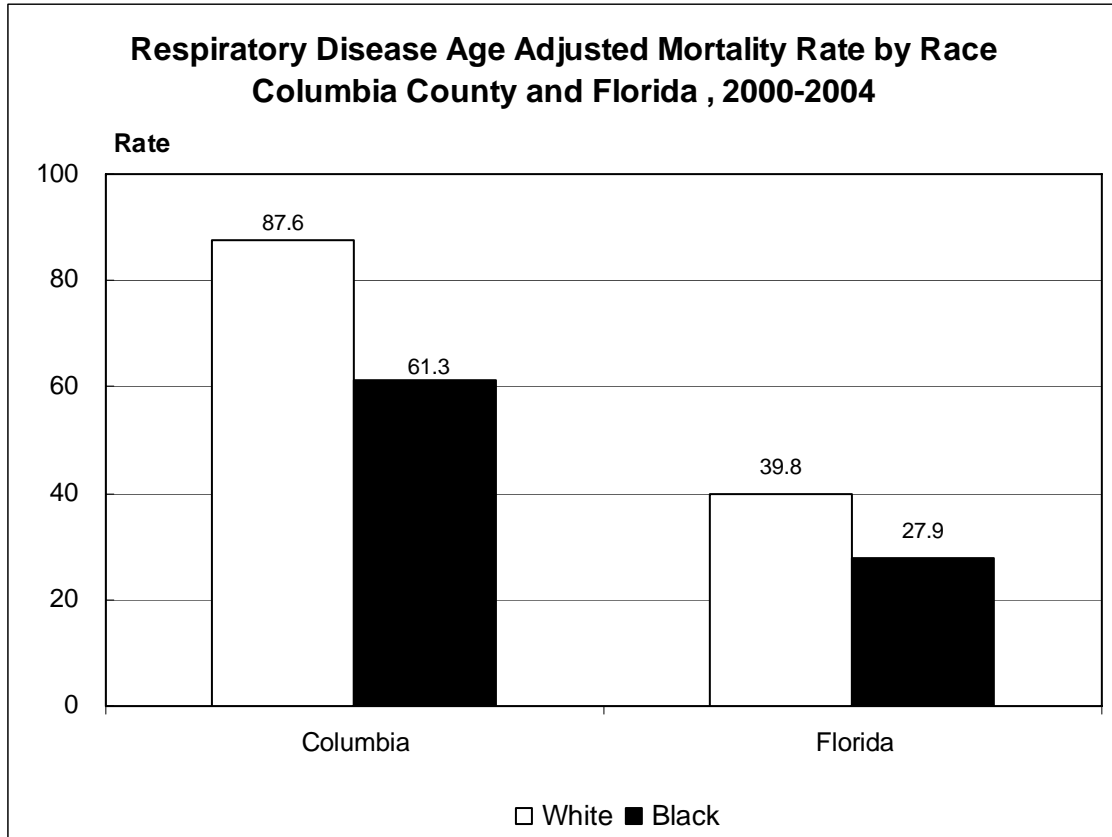
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
Prepared by: WellFlorida Council, 2006.

Figure 13. Cancer age adjusted mortality rate per 100,000 population by race Columbia County and Florida, 2000-2004.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
Prepared by: WellFlorida Council, 2006.

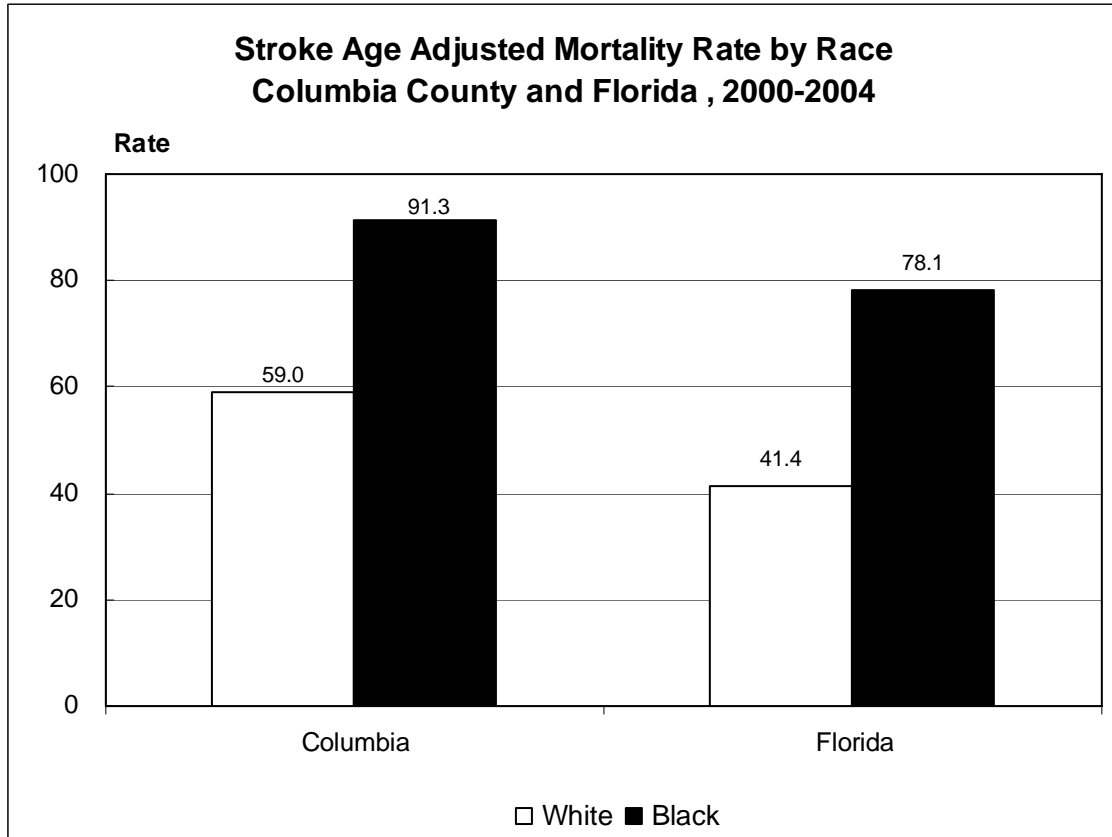
Figure 14. Respiratory disease age adjusted mortality rate per 100,000 population by race, Columbia County and Florida, 2000-2004.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
Prepared by: WellFlorida Council, 2006.

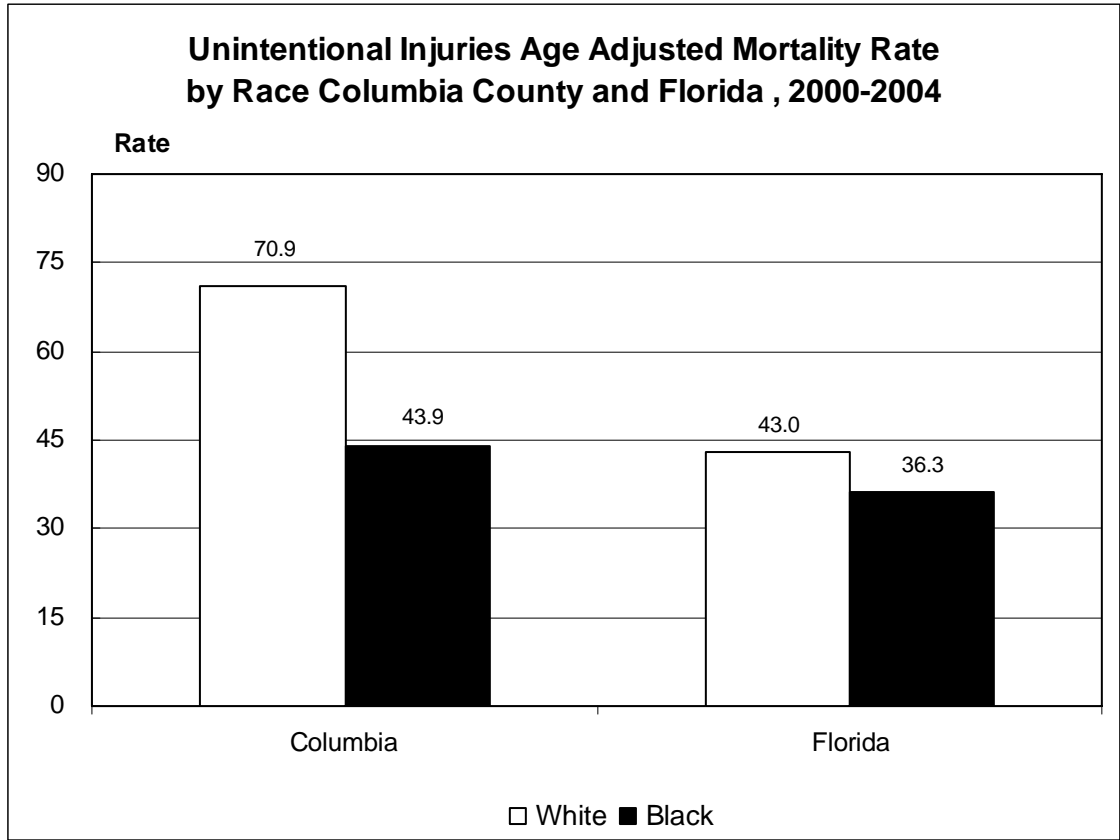


**Figure 15. Stroke age adjusted mortality rate per 100,000 population by race, Columbia County and Florida, 2000-2004.**



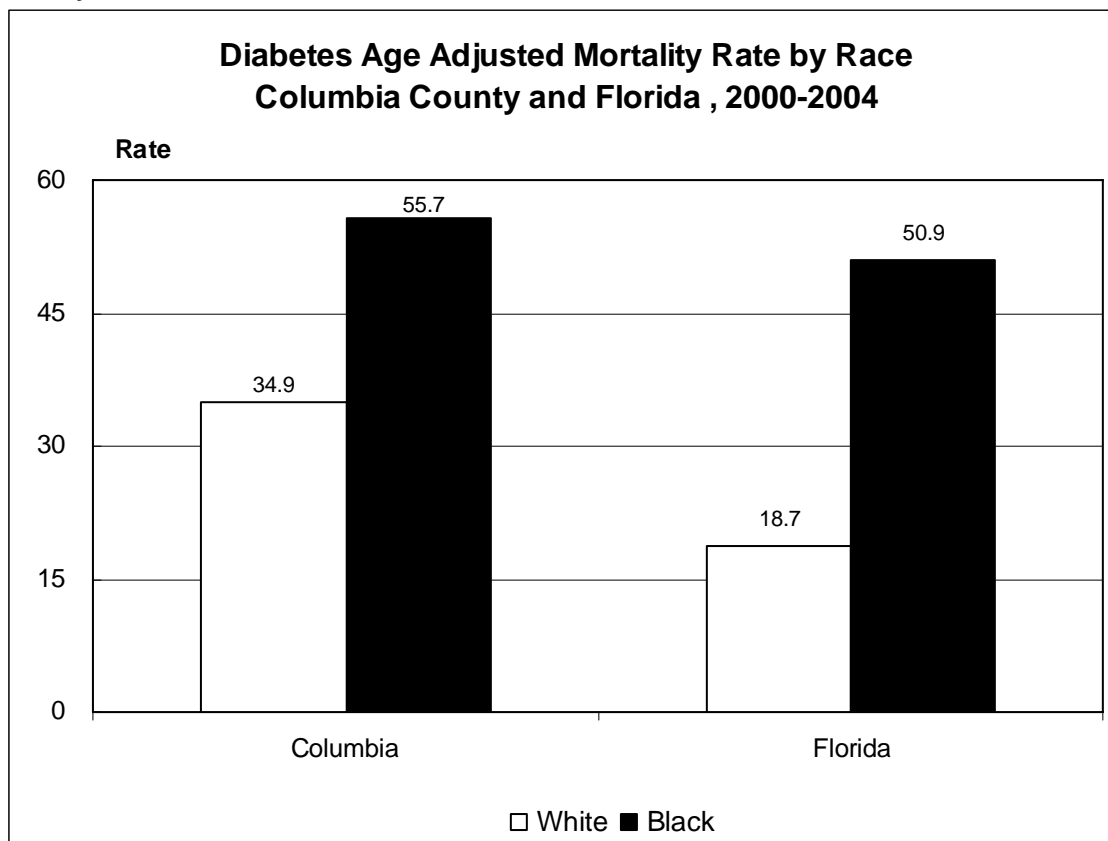
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
Prepared by: WellFlorida Council, 2006.

**Figure 16. Unintentional injuries age adjusted mortality rate per 100,000 population by race, Columbia County and Florida, 2000-2004.**



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
Prepared by: WellFlorida Council, 2006.

**Figure 17. Diabetes age adjusted mortality rate per 100,000 population by race, Columbia County and Florida, 2000-2004.**



Rate: Age Adjusted death rate per 100,000 population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

### **Trends**

Table 29 and Figures 18 through 23 detail trends since 1996 in the top 5 causes of death in Columbia County. Table 29 shows that since 1996 the overall age-adjusted mortality rate for Florida has been decreasing while the rate for Columbia County has actually increased. This is in spite of the fact that the rates for some of the specific causes of death for Columbia County have gone down over the past ten years.

As seen in Figure 18, Columbia’s age-adjusted heart disease mortality rate is substantially higher than Florida. While the rate for Columbia County has decreased over the past decade it has done so to a lesser extent than the state rate.

Figure 19 illustrates the age-adjusted cancer mortality rate for Columbia County and the state. In this case, the rate for Columbia County has decreased by a larger measure in Columbia County than in Florida, but it remains higher than the state rate.

Figure 20 shows a pattern for respiratory disease that is similar to the pattern for heart disease. While the age-adjusted respiratory disease death rate has decreased in the state of Florida over

the past decade, it has increased in Columbia County, from 76.3 per 100,000 during the period from 1996-2000, to 83.7 per 100,000 during the 2000-2004 period. In this case, the rate for Columbia County is more than double the rate for Florida.

The age-adjusted stroke mortality rate has been decreasing slowly in Florida for the last 10 years (Figure 21). Although the rate in Columbia County is substantially higher, it has been decreasing at a pace similar to the state.

The age-adjusted unintentional injury mortality rate (Figure 22) is climbing much more precipitously in Columbia County than at the state level. Much of this increase in Columbia County is attributable to an increasing motor vehicle crash death rate (Figure 23).

**Table 29. Age adjusted mortality rate per 100,000 population for all races for the top 5 leading causes of death in Columbia County, 1996-2004.**

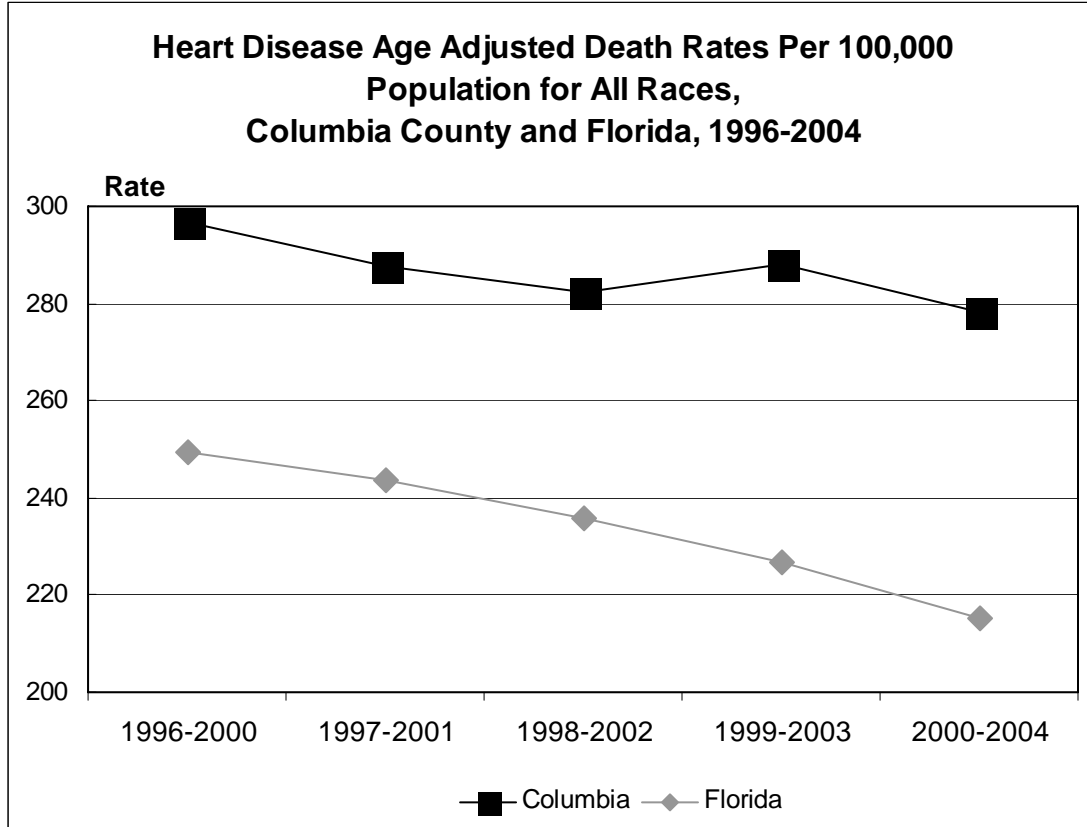
Cause of Death	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Columbia County	Florida	Columbia County	Florida	Columbia County	Florida	Columbia County	Florida	Columbia County	Florida
All Causes	1051.1	809.8	1044.8	803.7	1039.9	794.3	1072.8	784.3	1057.9	766.2
Heart (1)	296.8	249.3	287.6	243.6	282.4	235.8	288.1	226.9	278.2	215.3
Cancer (2)	257.8	193.5	250.4	190.3	236.3	186.1	236.4	182.6	222.5	178.9
Respiratory (3)	76.3	40.4	89.3	40.7	84.3	40.5	84.8	40.2	83.7	38.9
Unintentional Injuries (4)	50.2	35.8	51.0	36.9	57.2	38.2	61.1	39.8	65.6	41.3
MV Crashes	24.8	17.2	24.3	17.1	23.5	17.2	26.9	17.3	32.8	18.0
Stroke (5)	68.8	50.1	65.3	49.3	66.1	48.1	66.5	46.6	63.0	44.2

Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Figure 18. Heart disease age adjusted mortality rate per 100,000 population for all races, 1996-2004.**

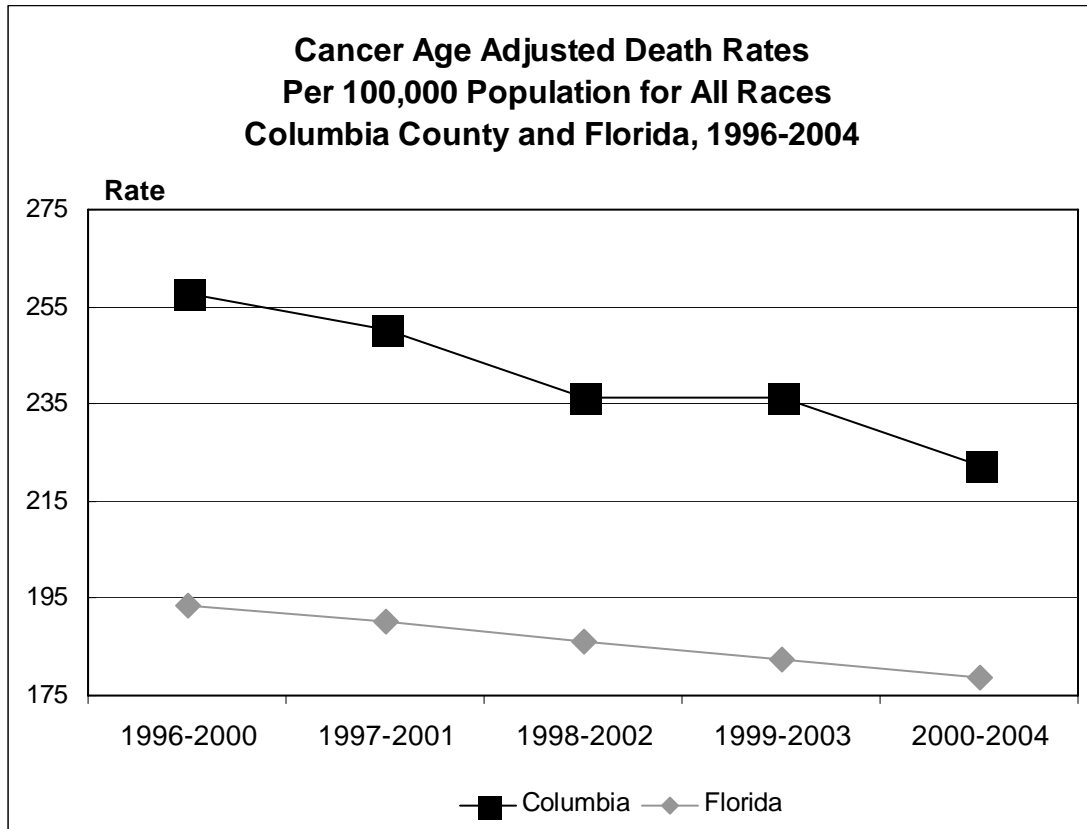


Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

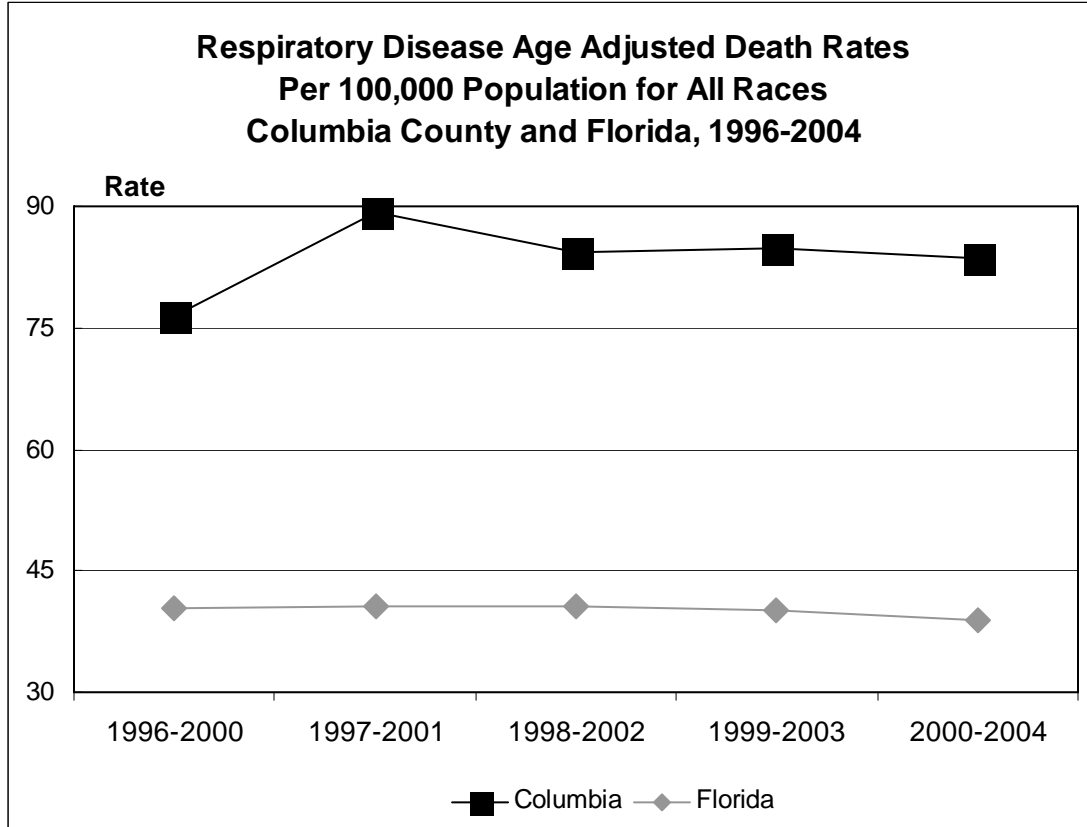
Prepared by: WellFlorida Council, 2006.

Figure 19. Cancer age adjusted mortality rate per 100,000 population for all races, 1996-2004.



Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.  
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.  
Prepared by: WellFlorida Council, 2006.

**Figure 20. Respiratory disease age adjusted mortality rate per 100,000 population for all races, 1996-2004.**

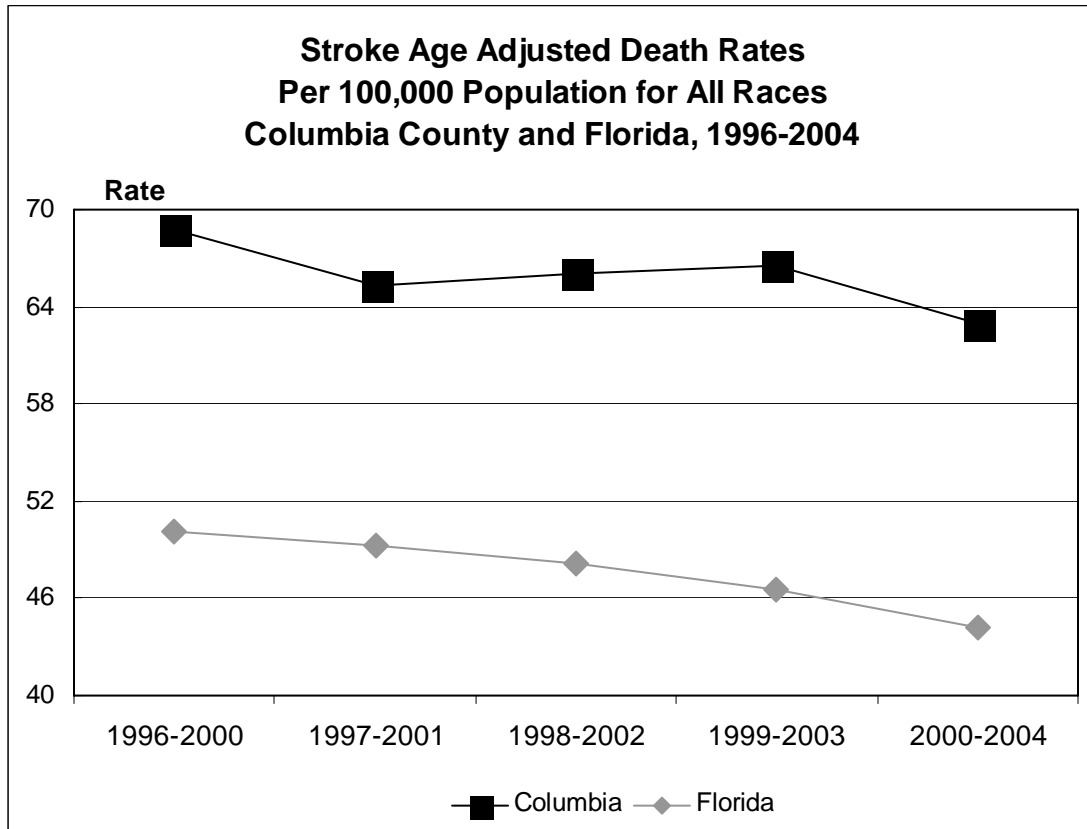


Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 21. Stroke age adjusted mortality rate per 100,000 population for all races, 1996-2004.



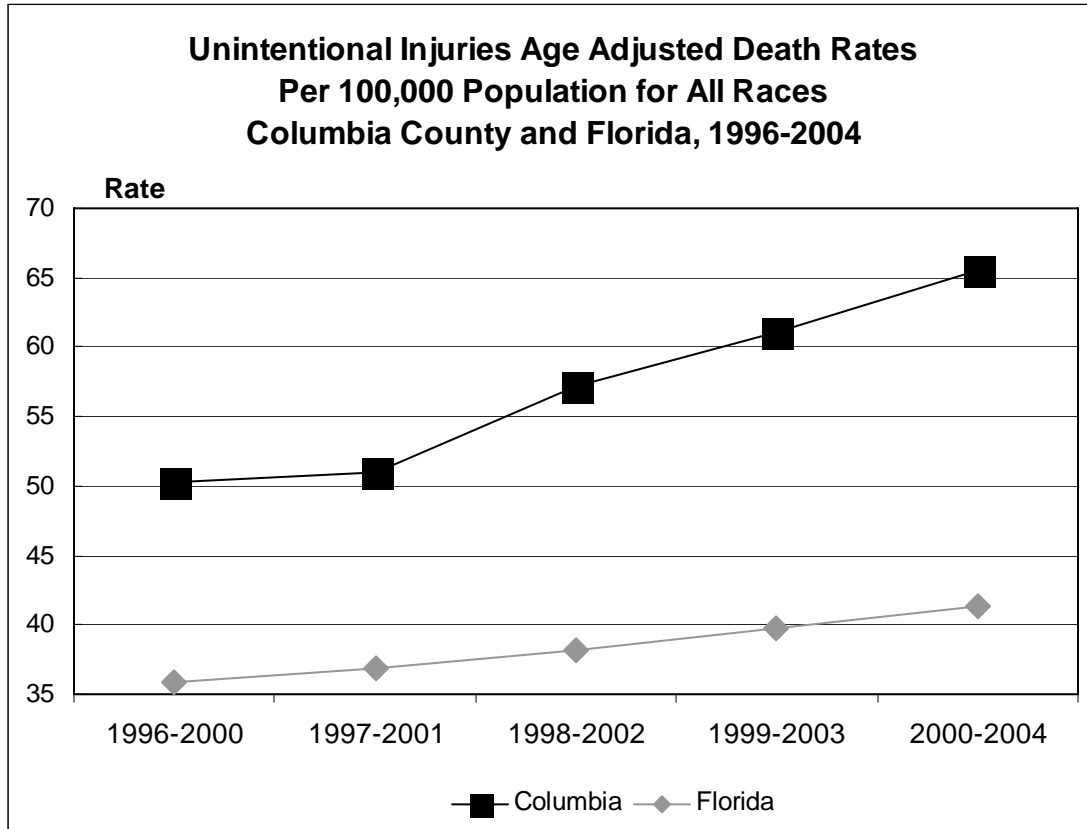
Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.



**Figure 22. Unintentional injuries age adjusted mortality rate per 100,000 population for all races, 1996-2004.**

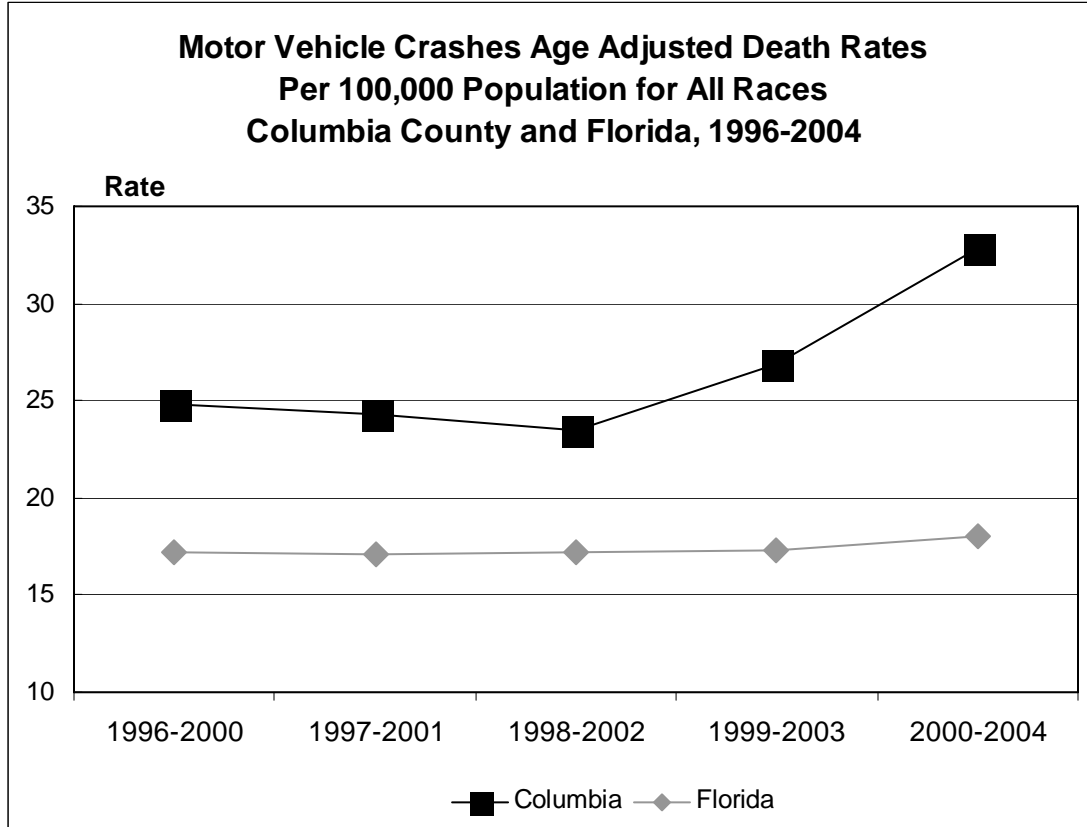


Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Figure 23. Motor vehicle crashes age adjusted mortality rate per 100,000 population for all races, 1996-2004.**



Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

# ***Hospitalization***

Tables 30 through 38 provide a glimpse at the major causes of hospitalization for various populations within Columbia County. Table 30 summarizes the top 5 causes of hospitalization for the following populations in Columbia County:

- All residents
- Females
- Males
- Black residents
- White residents
- Age 0-17
- Age 18-64, and
- Age 65 and older.

As seen in Table 30, the leading cause of hospitalization in Columbia County in 2004 was for being a normal newborn. In 2004, there were close to 600 normal newborn hospitalizations of Columbia County residents (Table 31). Vaginal delivery without complicating diagnosis followed by chest pain make up the second and third leading causes of hospitalization for all residents. Heart failure and shock and Simple pneumonia and pleurisy, age > 17 with CC round out the top five.

Table 30 demonstrates a pattern that is seen in much of the other health status data. Because white residents make up such a large percentage of the total population, 3 leading reasons for hospitalization among white residents mirrors the top 3 for all residents exactly. Simple pneumonia and pleurisy ranks fourth for white residents and fifth for all residents, while heart failure and shock ranks third for black residents and fourth for all residents.

The analysis of leading causes of hospitalization yield some interesting insights. Of course, for children age 0-17 their overwhelmingly leading cause of hospitalization is being born (i.e. Normal newborn). However, bronchitis and asthma is their second leading cause, followed by neonate with other problems.

Interestingly, esophagitis, gastroenteritis, and miscellaneous digestive issues is a top 5 cause for all age groups. It is also noteworthy that the leading cause of hospitalization for black residents (chest pain) is the only cause not related to birth (either delivery or being born) among men, women, white, black, and the age groups (0-17) and (18-64).

Tables 31-38 also show some of the impact of these leading causes of hospitalization by showing the patient days and average length of stay associated with each cause.

**Table 30. Top 5 leading causes of hospitalization for various Columbia County resident populations, calendar year 2004.**

Population	1 <sup>st</sup> Cause	2 <sup>nd</sup> Cause	3 <sup>rd</sup> Cause	4 <sup>th</sup> Cause	5 <sup>th</sup> Cause
All Residents	Normal Newborn	Vaginal Delivery without Complications	Chest Pain	Heart Failure and Shock	Simple Pneumonia and Pleurisy
Females	Vaginal Delivery without Complications	Normal Newborn	Chest Pain	Esophagitis, Gastroenteritis and Misc. Digestive	Simple Pneumonia and Pleurisy
Males	Normal Newborn	Chest Pain	Heart Failure and Shock	Simple Pneumonia and Pleurisy	Chronic Obstructive Pulmonary Disease
Black	Chest Pain	Normal Newborn	Heart Failure and Shock	Vaginal Delivery without Complications	Simple Pneumonia and Pleurisy
White	Normal Newborn	Vaginal Delivery without Complications	Chest Pain	Simple Pneumonia and Pleurisy	Chronic Obstructive Pulmonary Disease
0-17	Normal Newborn	Bronchitis and Asthma	Neonate with Other Problems	Esophagitis, Gastroenteritis and Misc. Digestive	Neonates, died or transferred to another acute care facility
18-64	Vaginal Delivery without Complications	Chest Pain	Esophagitis, Gastroenteritis and Misc. Digestive	Cesarean Section without complications	Chronic Obstructive Pulmonary Disease
65+	Heart Failure and Shock	Simple Pneumonia and Pleurisy	Chronic Obstructive Pulmonary Disease	Esophagitis, Gastroenteritis and Misc. Digestive Disorders with Complications	Atherosclerosis

Source: ACHA Detailed Discharge Data, CY 2004.  
 Prepared by: WellFlorida Council, 2006.

**Table 31. Hospital discharges for all Columbia County residents by top 15 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	590	5.8	1,201	2.0
Vaginal delivery without complicating diagnoses (373)	439	4.3	951	2.2
Chest Pain (143)	423	4.1	939	2.2
Heart failure and shock (127)	341	3.3	1,813	5.3
Simple pneumonia and pleurisy, age > 17 with CC (089)	333	3.3	2,013	6.0
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	314	3.1	1,594	5.1
Chronic obstructive pulmonary disease (088)	306	3.0	1,412	4.6
Cesarean Section without CC (371)	184	1.8	556	3.0
Atherosclerosis with CC (132)	178	1.7	481	2.7
Psychoses (430)	163	1.6	1,533	9.4
Angina Pectoris (140)	145	1.4	339	2.3
Major joint and limb reattachment procedures of lower extremity (209)	140	1.4	688	4.9
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	138	1.3	255	1.8
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 without CC (183)	136	1.3	433	3.2
Nutritional and Miscellaneous Metabolic Disorders, Age > 17 with CC (296)	127	1.2	615	4.8
All Others	6,269	61.3	33,001	5.3
Total	10,226	100.0	47,824	4.7

Source: ACHA Detailed Discharge Data, CY 2004.  
 Prepared by: WellFlorida Council, 2006.

**Table 32. Hospital discharges for female Columbia County residents by top 15 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Vaginal delivery without complicating diagnoses (373)	439	7.2	951	2.2
Normal Newborn (391)	286	4.7	581	2.0
Chest Pain (143)	251	4.1	594	2.4
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	219	3.6	1,108	5.1
Simple pneumonia and pleurisy, age > 17 with CC (089)	204	3.3	1,237	6.1
Heart failure and shock (127)	199	3.3	1,051	5.3
Chronic obstructive pulmonary disease (088)	190	3.1	893	4.7
Cesarean section without CC (371)	184	3.0	556	3.0
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	110	1.8	243	2.2
Angina Pectoris (140)	100	1.6	238	2.4
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	94	1.5	480	5.1
Psychoses (430)	92	1.5	677	7.4
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 without CC (183)	90	1.5	294	3.3
Atherosclerosis with CC (132)	88	1.4	247	2.8
Kidney and Urinary Tract Infections, Age > 17 with CC (320)	86	1.4	420	4.9
All Others	3,489	57.0	16,836	4.8
<b>Total</b>	<b>6,121</b>	<b>100.0</b>	<b>26,406</b>	<b>4.3</b>

Source: ACHA Detailed Discharge Data, CY 2004.  
 Prepared by: WellFlorida Council, 2006.

**Table 33. Hospital discharges for male Columbia County residents by top 16 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	304	7.4	620	2.0
Chest Pain (143)	172	4.2	345	2.0
Heart failure and shock (127)	142	3.5	762	5.4
Simple pneumonia and pleurisy, age > 17 with CC (089)	129	3.1	776	6.0
Chronic obstructive pulmonary disease (088)	116	2.8	519	4.5
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	95	2.3	486	5.1
Atherosclerosis with CC (132)	90	2.2	234	2.6
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	89	2.2	152	1.7
Psychoses (430)	71	1.7	856	12.1
Bronchitis and Asthma, Age 0-17 (098)	57	1.4	120	2.1
Cardiac arrhythmia and conduction disorders with CC (138)	47	1.1	170	3.6
Intracranial Hemorrhage or Cerebral Infarction (014)	46	1.1	214	4.7
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 without CC (183)	46	1.1	139	3.0
Major joint and limb reattachment procedures of lower extremity (209)	46	1.1	208	4.5
Nutritional and Miscellaneous Metabolic Disorders, Age > 17 with CC (296)	46	1.1	217	4.7
Neonate With Other Significant Problems (390)	46	1.1	148	3.2
All Others	2,563	62.4	15,452	6.0
Total	4,105	100.0	21,418	5.2

Source: ACHA Detailed Discharge Data, CY 2004.  
Prepared by: WellFlorida Council, 2006.

**Table 34. Hospital discharges for white race Columbia County residents by top 15 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	451	5.5	900	2.0
Vaginal delivery without complicating diagnoses (373)	350	4.3	748	2.1
Chest Pain (143)	291	3.6	637	2.2
Simple pneumonia and pleurisy, age > 17 with CC (089)	269	3.3	1,617	6.0
Chronic obstructive pulmonary disease (088)	267	3.3	1,236	4.6
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	263	3.2	1,353	5.1
Heart failure and shock (127)	236	2.9	1,221	5.2
Atherosclerosis with CC (132)	157	1.9	420	2.7
Cesarean Section without CC (371)	146	1.8	439	3.0
Psychoses (430)	138	1.7	1,302	9.4
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	127	1.6	234	1.8
Major joint and limb reattachment procedures of lower extremity (209)	125	1.5	625	5.0
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 without CC (183)	116	1.4	373	3.2
Angina Pectoris (140)	110	1.3	253	2.3
Nutritional and Miscellaneous Metabolic Disorders, Age > 17 with CC (296)	105	1.3	498	4.7
All Others	5,037	61.5	25,799	5.1
Total	8,188	100.0	37,655	4.6

Source: ACHA Detailed Discharge Data, CY 2004.  
Prepared by: WellFlorida Council, 2006.



**Table 35. Hospital discharges for black race Columbia County residents by top 15 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Chest Pain (143)	130	6.8	297	2.3
Normal Newborn (391)	127	6.6	276	2.2
Heart failure and shock (127)	103	5.4	584	5.7
Vaginal delivery without complicating diagnoses (373)	82	4.3	190	2.3
Simple pneumonia and pleurisy, age > 17 with CC (089)	63	3.3	391	6.2
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	46	2.4	222	4.8
Red Blood Cell Disorders, Age > 17 (395)	43	2.2	173	4.0
Chronic obstructive pulmonary disease (088)	37	1.9	167	4.5
Angina Pectoris (140)	33	1.7	82	2.5
Cesarean Section without CC (371)	33	1.7	101	3.1
GI hemorrhage with CC (174)	27	1.4	155	5.7
Kidney and Urinary Tract Infections, Age > 17 with CC (320)	25	1.3	113	4.5
Red Blood Cell Disorders, Age 0-17 (396)	23	1.2	78	3.4
Bronchitis and Asthma, Age 0-17 (098)	22	1.1	48	2.2
Psychoses (430)	22	1.1	218	9.9
All Others	1,104	57.5	6,601	6.0
<b>Total</b>	<b>1,920</b>	<b>100.0</b>	<b>9,696</b>	<b>5.1</b>

Source: ACHA Detailed Discharge Data, CY 2004.

Prepared by: WellFlorida Council, 2006.

**Table 36. Hospital discharges for Columbia County residents (0-17 years of age) by top 15 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	590	39.7	1,201	2.0
Bronchitis and asthma, age 0-17 (098)	102	6.9	252	2.5
Neonate with other significant problems (390)	77	5.2	254	3.3
Esophagitis, gastroenteritis and misc digestive disorders, age 0-17 (184)	58	3.9	137	2.4
Neonates, died or transferred to another acute care facility (385)	45	3.0	248	5.5
Simple pneumonia and pleurisy age 0-17 (091)	44	3.0	133	3.0
Full term neonate with major problems (389)	38	2.6	254	6.7
Nutritional and misc metabolic disorders, age 0-17 (298)	35	2.4	74	2.1
Prematurity without major problems (388)	34	2.3	196	5.8
Viral illness and fever of unknown origin, age 0-17 (422)	32	2.2	85	2.7
Vaginal delivery without complicating diagnoses (373)	28	1.9	66	2.4
Red Blood Cell Disorders, Age 0-17 (396)	24	1.6	79	3.3
Psychoses (430)	19	1.3	116	6.1
Extreme immaturity or respiratory distress syndrome of neonate (386)	18	1.2	551	30.6
Urinary stones without CC (322)	16	1.1	45	2.8
All Others	326	21.9	1,765	5.4
Total	1,486	100.0	5,456	3.7

Source: ACHA Detailed Discharge Data, CY 2004.  
Prepared by: WellFlorida Council, 2006.

**Table 37. Hospital discharges for Columbia County residents (18-64 years of age) by top 16 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Vaginal delivery without complicating diagnoses (373)	411	7.8	885	2.2
Chest Pain (143)	338	6.4	748	2.2
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	186	3.5	850	4.6
Cesarean section without CC (371)	179	3.4	539	3.0
Chronic obstructive pulmonary disease (088)	160	3.0	648	4.1
Psychoses (430)	135	2.6	1,231	9.1
Simple pneumonia and pleurisy, age > 17 with CC (089)	130	2.5	676	5.2
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	104	2.0	228	2.2
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age > 17 without CC (183)	103	2.0	333	3.2
Heart failure and shock (127)	102	1.9	526	5.2
Angina Pectoris (140)	101	1.9	235	2.3
Atherosclerosis with CC (132)	73	1.4	186	2.5
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	70	1.3	131	1.9
Back and Neck Procedures Except Spinal Fusion without CC (500)	60	1.1	70	1.2
Major joint and limb reattachment procedures of lower extremity (209)	57	1.1	257	4.5
Red Blood Cell Disorders, Age > 17 (395)	57	1.1	206	3.6
All Others	2,985	56.8	15,519	5.2
Total	5,251	100.0	23,268	4.4

Source: ACHA Detailed Discharge Data, CY 2004.

Prepared by: WellFlorida Council, 2006.

**Table 38. Hospital discharges for Columbia County residents (65+ years of age) by top 15 leading reasons of hospitalizations, calendar year 2004.**

DRG	Discharges	Percent	Patient Days	Average Length of Stay
Heart failure and shock (127)	238	6.8	1,255	5.3
Simple pneumonia and pleurisy, age > 17 with CC (089)	203	5.8	1,337	6.6
Chronic obstructive pulmonary disease (088)	146	4.2	764	5.2
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	128	3.7	744	5.8
Atherosclerosis with CC (132)	105	3.0	295	2.8
Nutritional and Miscellaneous Metabolic Disorders, Age > 17 with CC (296)	97	2.8	496	5.1
Circulatory disorders with acute myocardial infarction and major complications discharged alive (121)	85	2.4	602	7.1
Chest Pain (143)	84	2.4	188	2.2
Major joint and limb reattachment procedures of lower extremity (209)	83	2.4	431	5.2
Kidney and Urinary Tract Infections, Age > 17 with CC (320)	73	2.1	391	5.4
Septicemia, age > 17 (416)	71	2.0	459	6.5
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	68	1.9	124	1.8
Cardiac arrhythmia and conduction disorders with CC (138)	63	1.8	231	3.7
Intracranial Hemorrhage or Cerebral Infarction (014)	62	1.8	304	4.9
GI hemorrhage with CC (174)	60	1.7	361	6.0
All Others	1,923	55.1	11,118	5.8
Total	3,489	100.0	19,100	5.5

Source: ACHA Detailed Discharge Data, CY 2004.

Prepared by: WellFlorida Council, 2006.

## ***Birth Indicators***

Birth outcome indicators are a critical measure of a society and a community's health status. Unfortunately, Florida's birth outcome indicators in the last decade have consistently ranked in the bottom half of the nation according to the *National Kids Count Data Book* prepared by the Annie E. Casey Foundation.

Overall, these rankings remain poor for Florida but progress has been made. Substantial progress has been seen in these indicators in Columbia County as well though work remains to be done, especially in the disparity of outcome between races and ethnicities.

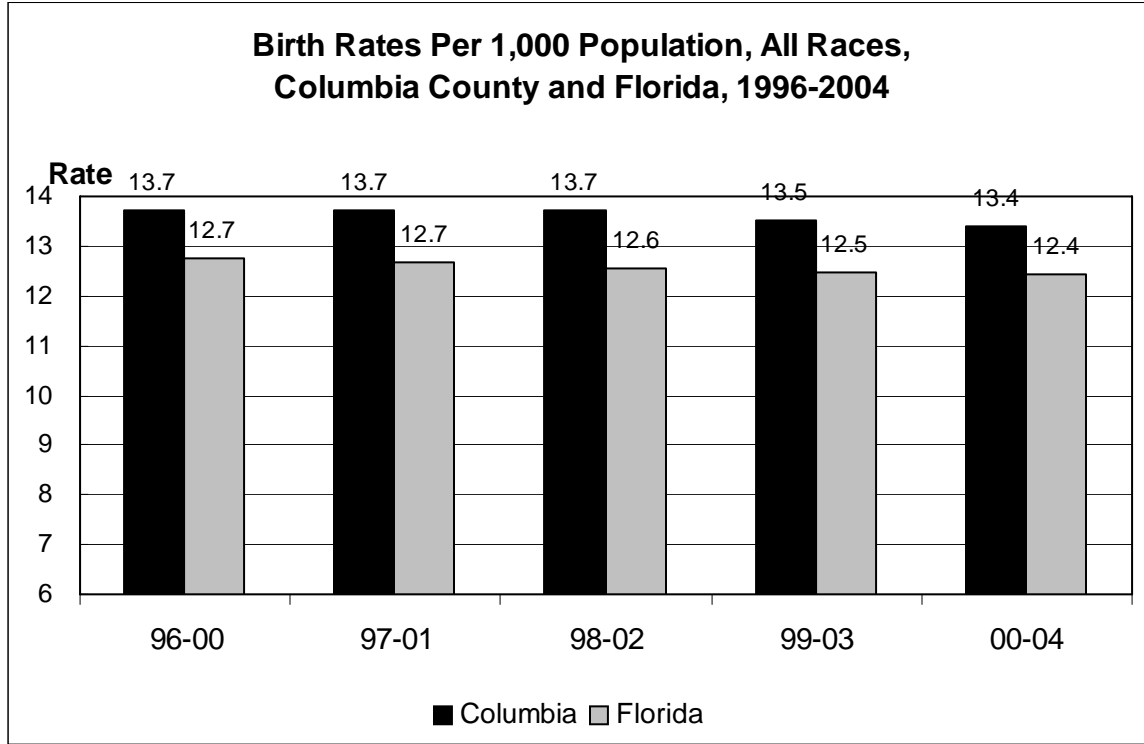
## ***Birth Rates***

Figure 24 shows that between 1996 and 2004, Columbia County's birth rate was higher than the state as a whole. This is to be expected in a county with a smaller population of non-elderly citizens who are beyond the traditional age of childbearing.

In Table 39 it can be seen that while the birth rate for whites in Columbia County has been higher than the birth rates for whites at the state level, the rates for blacks have been consistently lower than for blacks at the state level.

Figure 24 and Table 39 shows that birth rates in Columbia County have remained fairly steady and consistently above Florida's rates. Due to the limitations of collecting data on the Hispanic population, birth rates cannot be calculated. However, Table 40 shows that like its Hispanic population in general, the number of Hispanic births in Columbia County has increased.

**Figure 24. Birth rates per 1,000 total population for all races, Columbia County and Florida, 1996-2004.**



Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Table 39. Birth rates per 1,000 total population by race, Columbia County and Florida, 1996-2004.**

Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	3,705	13.7	3,799	13.7	3,862	13.7	3,869	13.5	3,925	13.4
Florida	978,199	12.7	994,661	12.7	1,007,937	12.6	1,024,616	12.5	1,045,603	12.4
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	2,898	13.2	2,965	13.2	3,034	13.2	3,042	13.1	3,093	13.1
Florida	728,470	11.5	737,702	11.4	746,062	11.3	757,596	11.3	771,345	11.2
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	752	15.8	781	16.1	772	15.6	778	15.4	774	15.0
Florida	222,327	19.0	227,164	18.8	229,807	18.5	232,607	18.2	234,562	17.9

Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Table 40. Hispanic resident live births Columbia County and Florida, 1996-2004.**

County	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004
Columbia	91	95	109	113	134
Florida	199,856	213,799	228,069	243,402	260,448

Source: Florida Department of Health, Office of Vital Statistics, July 27, 2006.

Prepared by: WellFlorida Council, 2006.

## ***Early Access to Prenatal Care***

During the 1990s, Florida experience several improvements on measures that reflect the status of maternal and child health, including reductions to the births to mothers who regularly smoked, repeat births to teenagers and births to women who received no or late prenatal care. The proportion of births to mothers who received late or not prenatal care was cut in half from 7.0 percent in 1990 to 3.5 percent in 1998. During this time, substantial gains were also made in the percentage of mothers who received early access to prenatal care (defined as care in their first trimester).

Table 41 shows that a smaller percentage of births in Columbia County had access to prenatal care between 1996-2004. Moreover, the percentage decreased from 77.0 percent in the 1996-2000 period to 75.9 percent during the 2000-2004 period. When examined by race, it can be seen that for whites in Columbia County, the percentage of births with access to prenatal care has declined from 79.3 percent to 76.8 percent over the past decade while the percentage of black births with access to prenatal care has increased from 68.8 percent to 73.6 percent. In fact, during the 2000-2004 period the percentage of births with access to prenatal care for black residents in Columbia County actually surpassed the percentage at the state level.

However, since whites account for the majority of births in Columbia County, this achievement among the black population is somewhat diminished. During the 2000-2004 period the percentage of births for all races with access to prenatal care were only 75.9 percent, as compared to 81.3 percent for the state of Florida.

Figure 25 shows that while early access to prenatal care has been fairly stable in Columbia County as well as Florida over the last decade, both the county and the state have substantial improvements to make in the forthcoming years.

Just as concerning is the disparity depicted in Table 41 and Figure 26 between Hispanic moms who had access to prenatal care in Columbia County and Florida. While the percent of Hispanic moms in Florida who are able to gain access to prenatal care is close to the percentage for all races from year to year, the percent for Hispanics in Columbia County is substantially less. During the period of 2000-2004 only 58.2 percent of Hispanic moms were able to get early access to prenatal care.



**Table 41. Percent of births with early access to care by race, Columbia County and Florida, 1996-2004.**

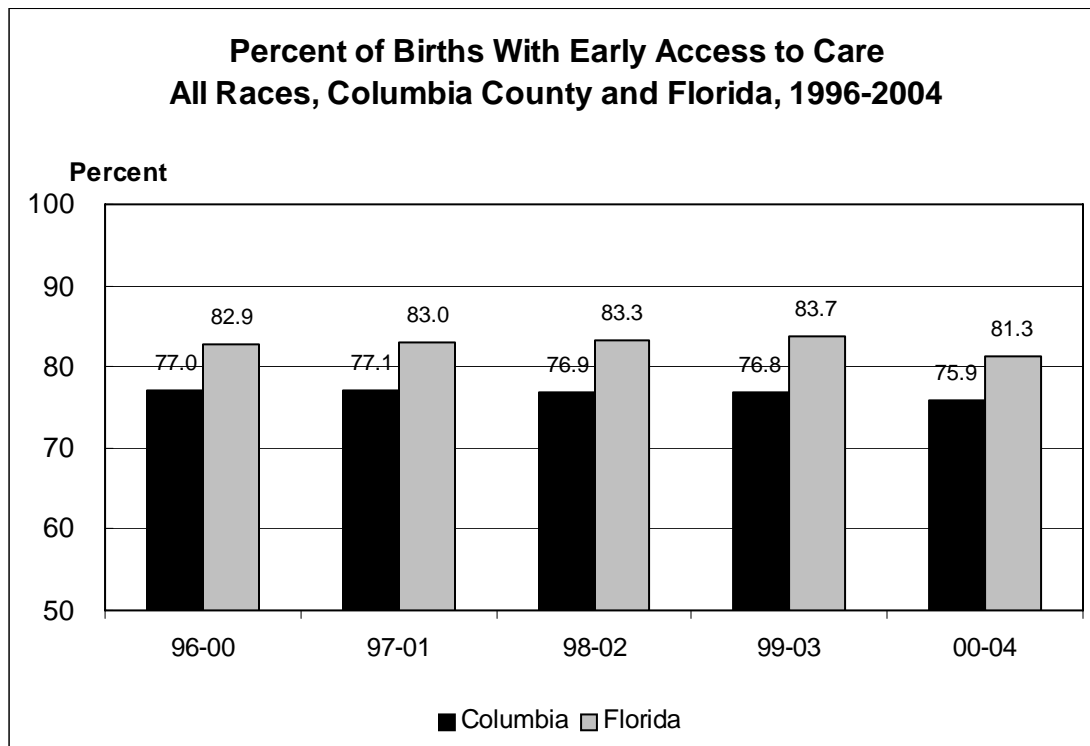
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Columbia	2,853	77.0	2,930	77.1	2,971	76.9	2,970	76.8	2,978	75.9
Florida	810,489	82.9	825,719	83.0	839,620	83.3	857,515	83.7	850,600	81.3
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Columbia	2,299	79.3	2,339	78.9	2,377	78.4	2,369	77.9	2,376	76.8
Florida	628,608	86.3	637,361	86.4	645,536	86.5	657,001	86.7	649,954	84.3
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Columbia	517	68.8	556	71.2	561	72.7	572	73.5	570	73.6
Florida	159,493	71.7	164,140	72.3	168,045	73.1	172,377	74.1	169,648	72.3

Percent of total births.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Figure 25. Percent of births with early access to care for all races, Columbia County and Florida, 1996-2004.**



Percent of total births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Table 42. Percent of Hispanic moms who had early access to prenatal care Columbia County and Florida, 1996-2004.**

County	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Columbia	59	64.8	58	61.1	65	59.6	68	60.2	78	58.2
Florida	161,544	80.8	173,312	81.1	185,878	81.5	199,567	82.0	207,503	79.7

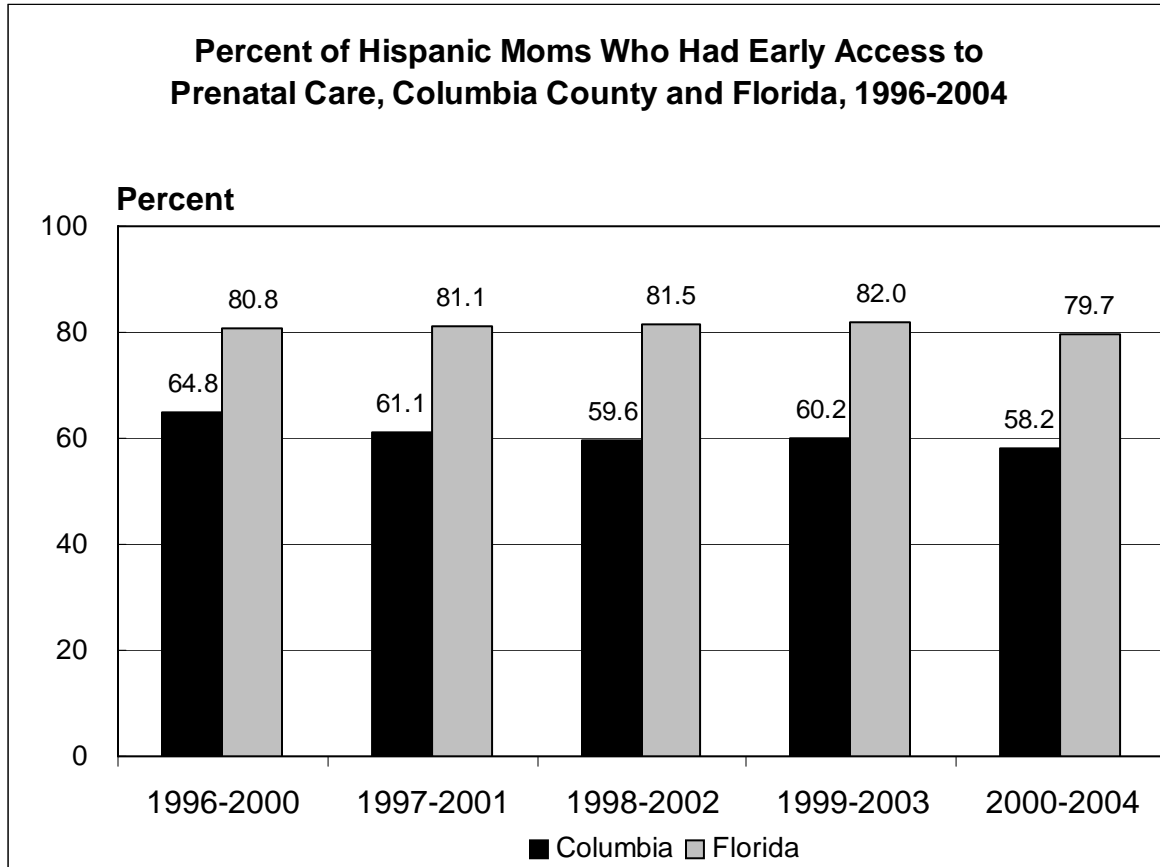
Early access to prenatal care means care began in first trimester.

Percent of all Hispanic births.

Source: Florida Department of Health, Office of Vital Statistics, July 27, 2006.

Prepared by: WellFlorida Council, 2006.

**Figure 26. Percent of Hispanic moms who had early access to prenatal care, Columbia County and Florida, 1996-2004.**



Percent of all Hispanic births.

Early access to prenatal care means care started in first trimester.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

## ***Low Birthweight***

An infant may be born small for gestational age, early or a combination of the two. A low birthweight infant is defined as weighing less than 2,500 grams (5 pounds 8 ounces) at birth. Low birthweight babies may face serious health problems as newborns and are at increased risk for long-term disabilities and may require adaptive care throughout their lifespan.

Table 43 shows that nearly 90 babies per 1,000 live births annually in Columbia County between 2000-2004 were low birthweight. This is higher than the 83.4 low birthweight births per 1,000 Florida live births. Unfortunately, the low birthweight rate for black residents is approaching twice that of white residents. The low birthweight rate for black residents is also notably higher than the rate for their counterparts throughout the state.

Table 43 and Figure 27 show that low birthweight rates have decreased slightly in Columbia County over the last decade. However, the low birthweight rate in Columbia County has been notably higher than the Florida rate since 1996.

Table 44 and Figure 28 show that Hispanic low birthweight rates have been lower than the county average. Moreover, the rate of low birthweight infants in Columbia County has decreased substantially over the past decade from 65.9 during the 1996-2000 period to 37.3 during the 2000-2004 period, which represents close to a fifty percent reduction.

**Table 43. Low Birthweight rates per 1,000 live births by race, Columbia County and Florida, 1996-2004.**

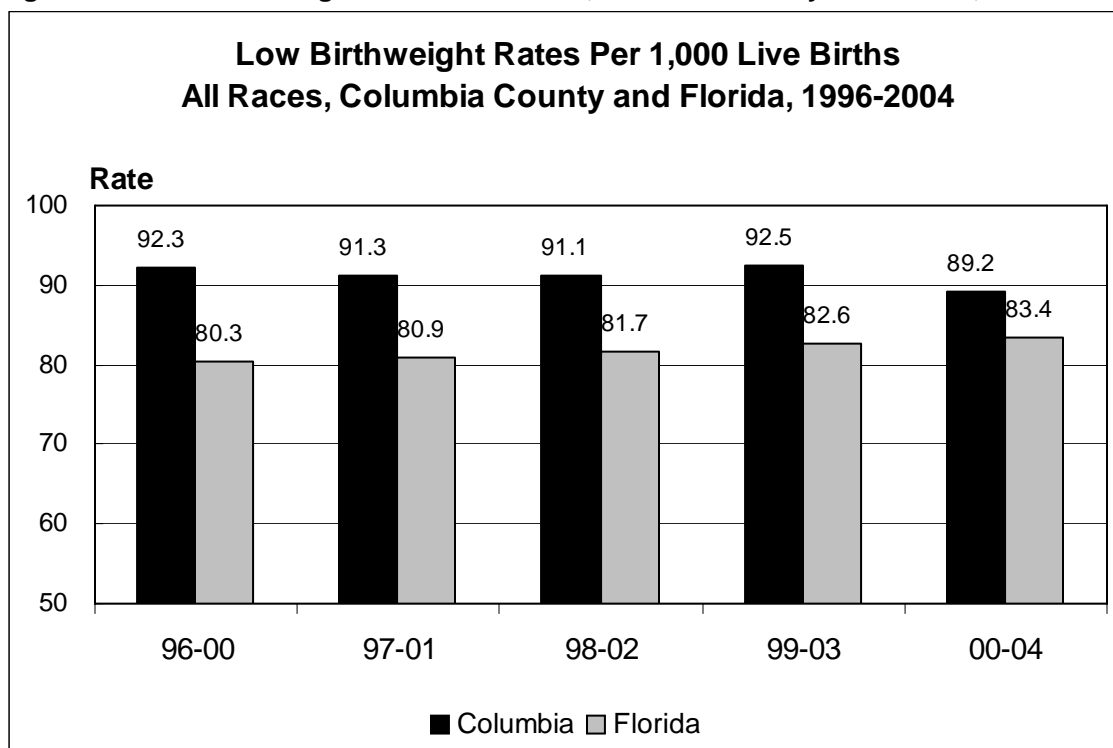
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	342	92.3	347	91.3	352	91.1	358	92.5	350	89.2
Florida	78,554	80.3	80,480	80.9	82,369	81.7	84,619	82.6	87,163	83.4
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	219	75.6	213	71.8	233	76.8	241	79.2	242	78.2
Florida	49,002	67.3	50,014	67.8	51,135	68.5	52,385	69.1	53,839	69.8
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	118	156.9	128	163.9	113	146.4	113	145.2	103	133.1
Florida	27,299	122.8	28,015	123.3	28,571	124.3	29,342	126.1	29,955	127.7

Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Figure. 27. Low birthweight rates for all races, Columbia County and Florida, 1996-2004.**



Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Table 44. Hispanic low birthweight and rates per 1,000 live births Columbia County and Florida, 1996-2004.**

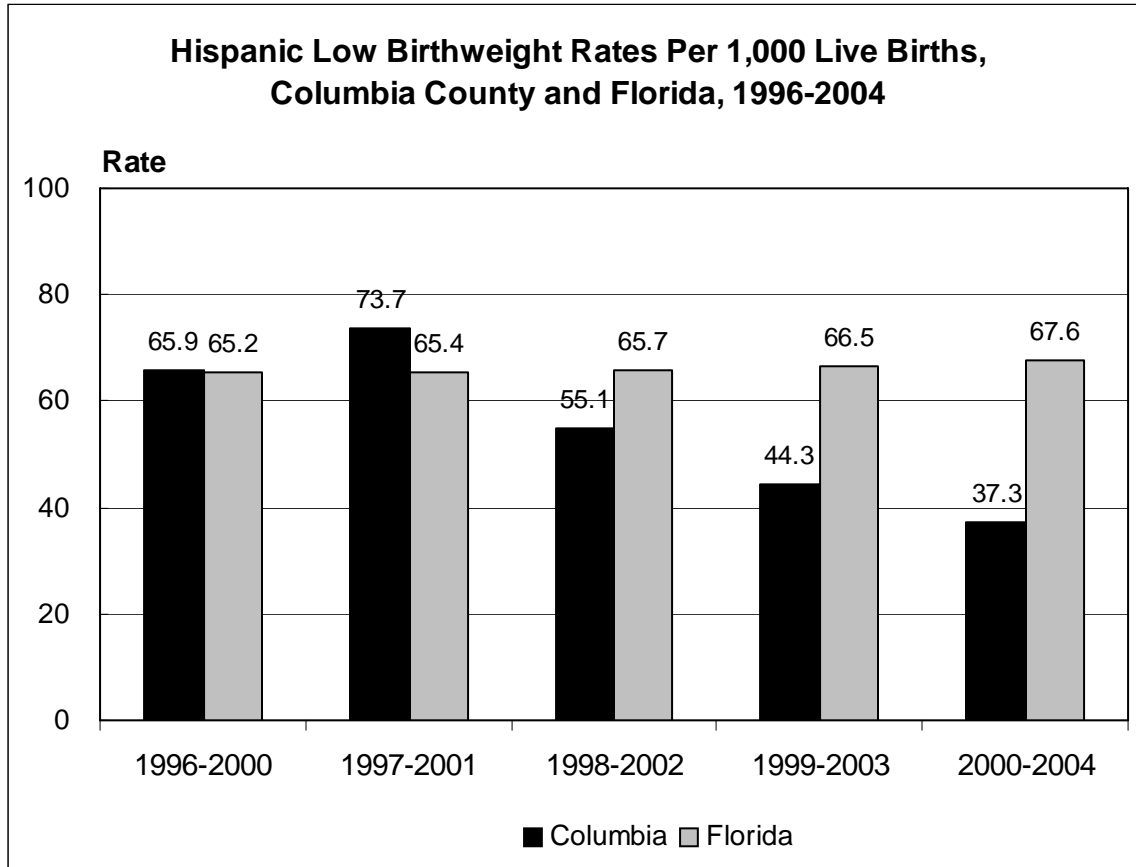
County	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	6	65.9	7	73.7	6	55.1	5	44.3	5	37.3
Florida	13,037	65.2	13,980	65.4	14,975	65.7	16,188	66.5	17,616	67.6

Rate is per 1,000 live Hispanic births.

Source: Florida Department of Health, Office of Vital Statistics, July 27, 2006.

Prepared by: WellFlorida Council, 2006.

**Figure 28. Hispanic low birthweight rates per 1,000 live births Columbia County and Florida, 1996-2004.**



Rate is per 1,000 live births.  
 Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.  
 Prepared by: WellFlorida Council, 2006.

## ***Infant Mortality***

Infant mortality is an excellent indicator of health status and is used to compare the health and well being of populations across and within countries. Infant mortality is defined as the number of deaths to infants less than one year per 1,000 live births.

Table 45 shows that there were 10.7 deaths per 1,000 live births in Columbia County between 2000-2004. This is notably higher than the Florida infant mortality rate for the same time period. The infant mortality rate for white residents of Columbia County is also slightly higher than for white residents of Florida as a whole. However, the infant mortality rate for black residents is almost double the rate for white residents. In addition, the infant mortality rate for black residents of Columbia County is higher than their counterparts throughout the state.

Table 45 and Figure 29 show that infant mortality has remained fairly steady in Columbia County over the last decade, as has Florida's rate during the same period of time.

Table 46 and Figure 30 show the difference between Hispanic infant mortality at the county level as well as the state. As can be seen, the rate of infant mortality per 1,000 live births among Hispanics was 44.0 for the period of 1996-2000, more than four times the rate for all races in Columbia County. However, the rate for the more recent period of 2000-2004 dropped down to 7.5 per 1,000, a rate that is actually below the rate for all races of 10.7 for the same period of time.



**Table 45. Infant mortality rates per 1,000 live births by race, Columbia County and Florida, 1996-2004.**

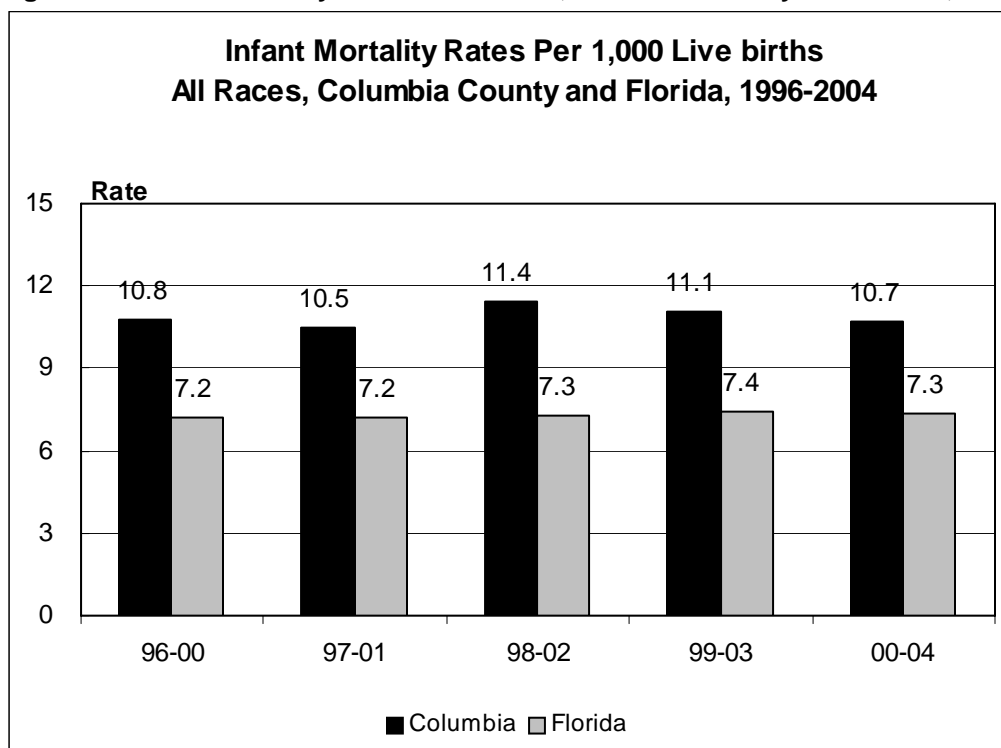
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	40	10.8	40	10.5	44	11.4	43	11.1	42	10.7
Florida	7,043	7.2	7,133	7.2	7,323	7.3	7,492	7.4	7,586	7.3
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	20	6.9	22	7.4	24	7.9	27	8.9	30	9.7
Florida	4,101	5.6	4,119	5.6	4,206	5.6	4,263	5.6	4,324	5.6
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	20	26.6	18	23.0	20	25.9	16	20.6	12	15.5
Florida	2,845	12.8	2,916	12.8	3,011	13.1	3,110	13.4	3,126	13.3

Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Figure 29. Infant mortality rates for all races, Columbia County and Florida, 1996-2004.**



Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Table 46. Hispanic infant mortality and rates per 1,000 live births Columbia County and Florida, 1996-2004.**

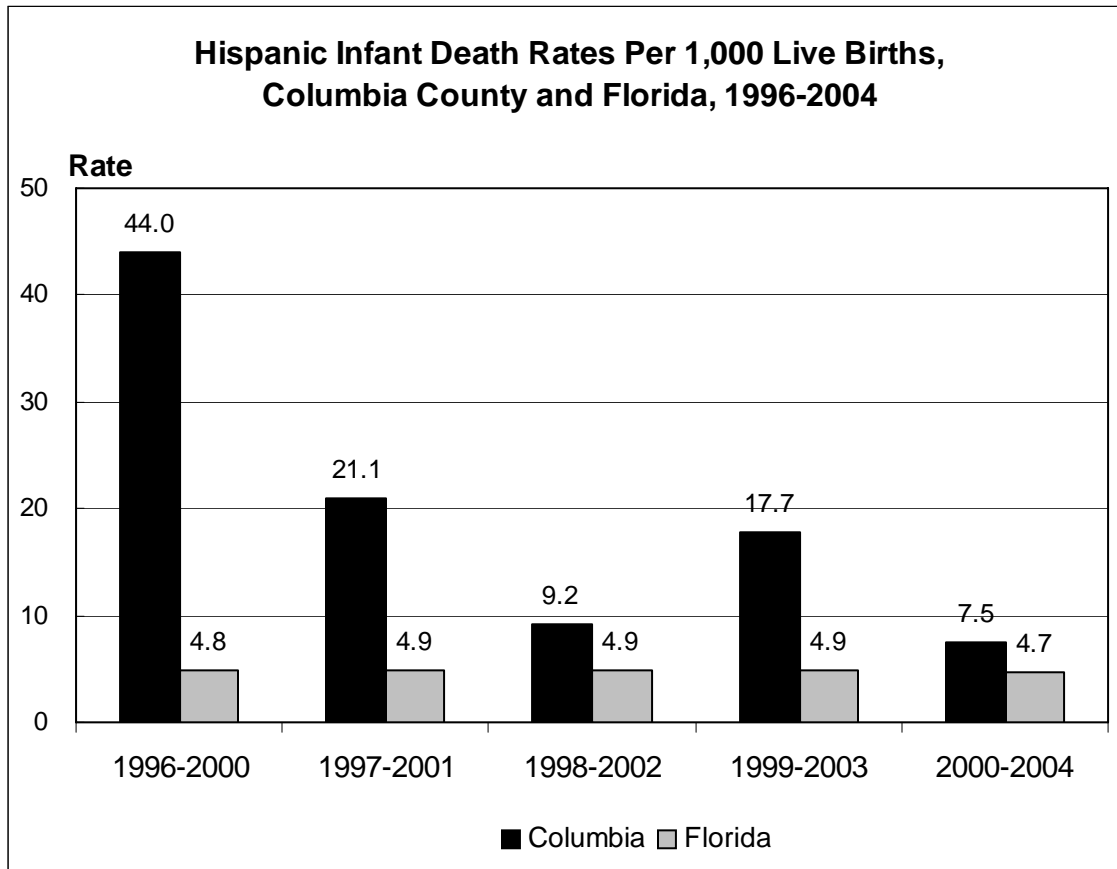
County	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	4	44.0	2	21.1	1	9.2	2	17.7	1	7.5
Florida	964	4.8	1,038	4.9	1,108	4.9	1,189	4.9	1,225	4.7

Rate is per 1,000 live Hispanic births.

Source: Florida Department of Health, Office of Vital Statistics, July 27, 2006.

Prepared by: WellFlorida Council, 2006.

**Figure 30. Hispanic infant mortality and rates per 1,000 live births Columbia County and Florida, 1996-2004.**



Rate is per 1,000 live births.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006

## ***Teen Births and Repeat Births***

Teens are often unprepared for the realities of childbirth. This lack of preparation is often translated into poor health for the child if the teen does not have an adequate support structure to assist her with raising and caring for the child. As such, teen birth rates are also an important indicator or marker for a healthy community. In general, the lower the teen birth rate, the “healthier” a community.

Table 47 shows that teen birth rates (defined as births to females age 15-17 per 1,000 females age 15-17 in the population) were higher in Columbia County between 1996-2004 than Florida. With regard to race, while whites in Columbia County have higher rates than their counterparts at the state level, the rates for blacks are lower for the county than they are for the state.

Table 47 and Figure 31 show that teen birth rates have decreased for Columbia County teens as well as their counterparts at the state level for the past decade. However, Hispanic teen birth rates have been growing in Columbia County and have exceeded the state rate by a substantial margin (Table 48 and Figure 32).

Repeat birth rates to mothers age 15-19 have fluctuated somewhat since 1997 (Table 49 and Figure 33). Between 1997 and 2001, the rates in Columbia exceeded the state. However, they have dropped below the state rate during the intervening years. Most recently, 15.1 in Columbia County as opposed to 15.3 for the state of Florida.

**Table 47. Teen Birth rates per 1,000 females 15-17 years of age by race, Columbia County and Florida, 1996-2004.**

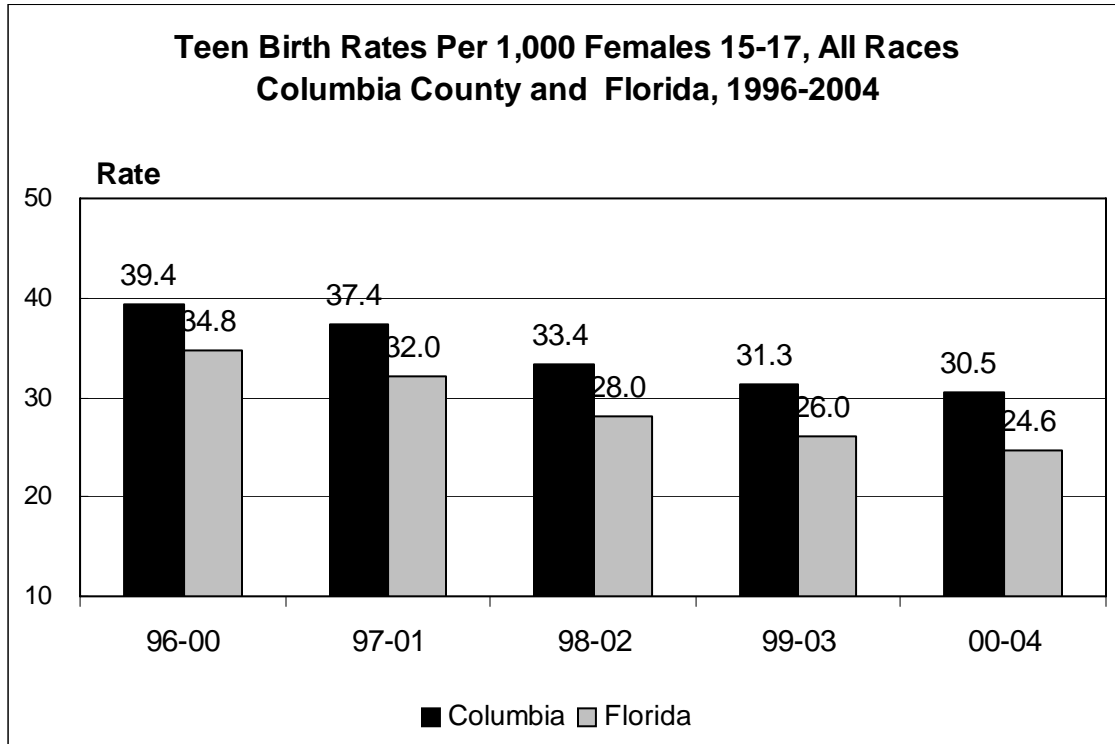
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	230	39.4	229	37.4	220	33.4	205	31.3	200	30.5
Florida	45,633	34.8	44,141	32.0	42,123	28.0	40,077	26.0	38,749	24.6
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	170	38.3	165	35.4	161	32.0	185	36.9	196	38.9
Florida	26,449	27.4	25,674	25.2	24,738	22.0	27,479	23.9	29,082	24.7
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	60	46.7	64	47.8	59	41.7	48	34.3	42	30.0
Florida	18,586	60.3	17,831	55.9	16,746	50.6	17,658	51.7	17,929	51.5

Rates are per 1,000 females 15-17 years of age.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Figure 31. Teen birth rates per 1,000 females 15-17, all races, Columbia County and Florida, 1996-2004.**



Rates are per 1,000 females 15-17 years of age.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

**Table 48. Hispanic teen births 15-17 and rates per 1,000 females 15-17, Columbia County and Florida, 1996-2004.**

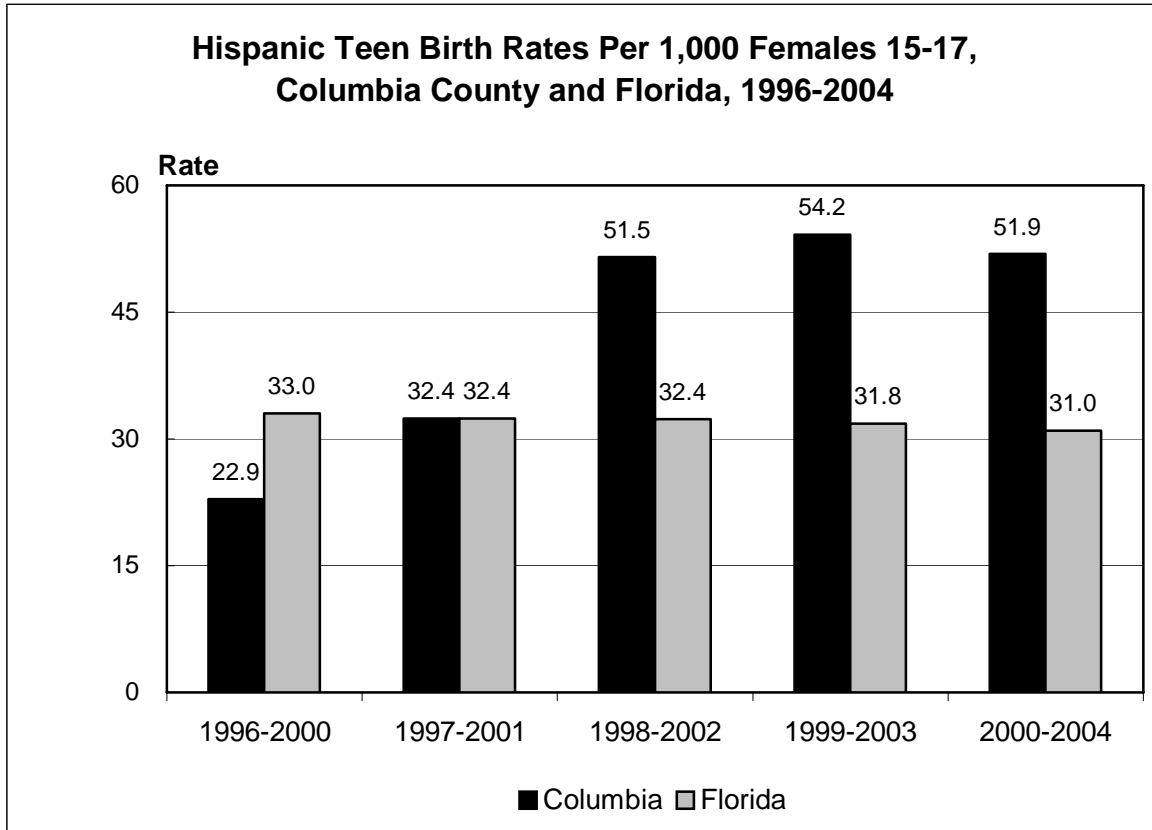
County	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	4	22.9	6	32.4	10	51.5	11	54.2	11	51.9
Florida	9,014	33.0	9,253	32.4	9,621	32.4	9,826	31.8	10,012	31.0

Rate is per 1,000 Hispanic females 15-17 years of age.

Source: Florida Department of Health, Office of Vital Statistics, July 27, 2006.

Prepared by: WellFlorida Council, 2006.

**Figure 32. Hispanic teen birth rates per 1,000 females 15-17, Columbia County and Florida, 1996-2004.**



Rate is per 1,000 Hispanic females 15-17 years of age.

Source: Florida Department of Health, Office of Vital Statistics, July 27, 2006.

Prepared by: WellFlorida Council, 2006.

**Table 49. Repeat birth rates to moms 15-19 who had a previous birth for all races, Columbia County and Florida, 1997-2004.**

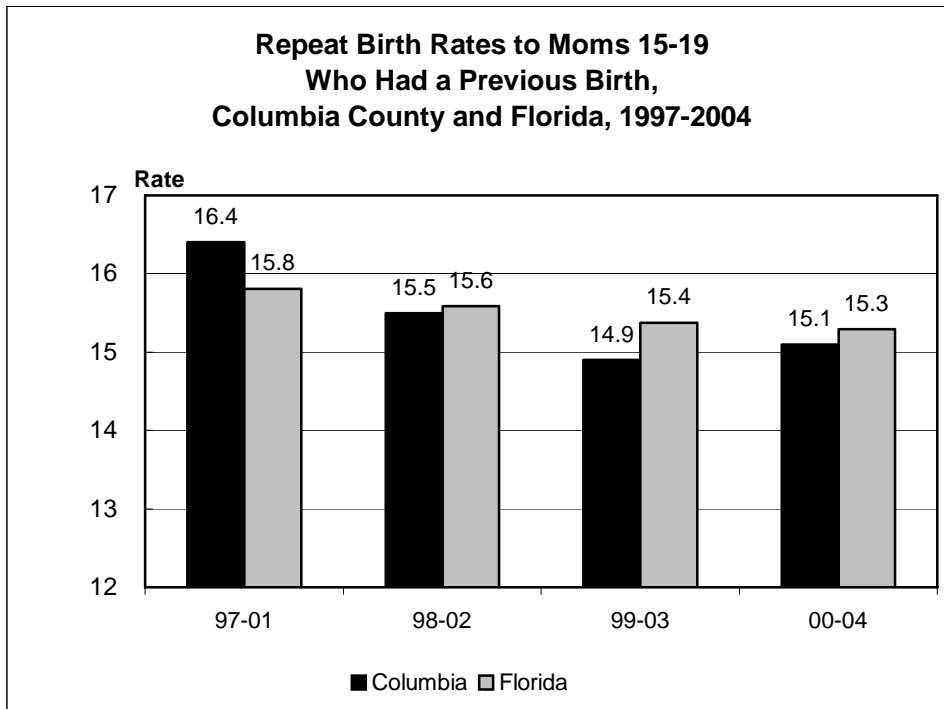
Area	1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	146	16.4	137	15.5	129	14.9	127	15.1
Florida	27,534	15.8	26,419	15.6	25,157	15.4	23,956	15.3

Rates are per 1,000 moms 15-19 who had a previous birth.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1997-2004.

Prepared by: WellFlorida Council, 2006.

**Figure 33. Repeat birth rates to moms 15-19 who had a previous birth, 1997-2004.**



Rates are per 1,000 moms 15-19 who had a previous birth.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2004.

Prepared by: WellFlorida Council, 2006.



## ***Behavioral Risk Factors***

From September 2002 through January 2003, the *2002 County Behavioral Risk Factor Surveillance System (BRFSS)* Survey was conducted throughout Florida. Consisting of 34,551 selected adult interviews throughout the state and 518 interviews in Columbia County, the survey was conducted in order to obtain county-level data on the prevalence of personal health behaviors that may contribute to morbidity and mortality. These data can be used to determine priority health issues and identify populations at highest risk for illness, disability, and death; plan and evaluate prevention programs; educate the community and policymakers about disease prevention; and support community policies that promote health and prevent disease. The data listed in this report include the prevalence for all adults and for subpopulations as well. Please note this data reflects 2002 samples, and it is likely that the state will not provide another countywide survey for some years to come. For more current information, a possible recommendation for Columbia County would be to conduct a community-wide BRFSS assessment.

Based on reports for Columbia County and Florida, Table 50 demonstrates six targeted behavioral risk factors and each area's standing, and Figure 34 illustrates the state and county comparison.

In an assessment of physical activity in Columbia County, 32.4 percent of the respondents indicated they engage in no leisure time activity, as compared to 26.4 percent of Florida respondents. The greatest disparity of physical activity in Columbia County can be found between the non-Hispanic black respondents and non-Hispanic white respondents (24.9 and 32.3 percent, respectively). All age groups of Columbia County respondents report increased numbers of residents with less time for physical activity as compared to the state reports.

The BRFSS Survey defines overweight status as having a Body Mass Index of 25-30. In 2002, Columbia County respondents reported being overweight in greater numbers than their counterparts at the state level, 38.4 and 35.1, respectively. In Columbia County, there were a greater percentage of male than female respondents who register as being overweight (50.6 percent for men and 27.8 percent for women). For the state of Florida, 43.9 percent of male respondents and 27.4 percent of females reported being overweight.

In terms of nutrition, 77.1 percent of Columbia County respondents reported consuming five or more servings of fruits and vegetables per day as compared to 74.3 percent for the state of Florida. Within the county, men reported consuming more fruits and vegetables than women and non-Hispanic blacks reported consuming more fruits and vegetables than non-Hispanic whites. For Columbia County and the state, individuals age 65 and over reported the lowest percentage of fruit and vegetable consumption.

Among reported smokers in both the state and Columbia County, it is noteworthy that for all demographic categories Columbia County respondents report higher rates of current smokers than their Florida counterparts.

With respect to alcohol abuse, respondents in Columbia County reported a slightly lower rate of heavy and binge drinking than the state average. However, in Columbia County, women, non-Hispanic whites and individuals ages 18-44 reported more alcohol abuse than their counterparts at the state level.

Overall, fewer individuals in Columbia County indicated that they had received a flu vaccine in the previous year, 25.8 percent as compared to 26.2 percent for the state. However, the percentages of women and individuals ages 18-64 are slightly higher than the state.

When interpreting these findings care must be taken and attention must be paid to the confidence intervals. In the cases of being overweight, nutrition, alcohol abuse and receiving a flu shot in the past year, the confidence intervals for the state and the county overlap, which means that the true difference between the populations may be equal to zero.

**Table 50. Major behavioral risk factors in Columbia County and Florida, 2002.**

Area	No Leisure Time Physical Activity		Overweight (1)		Nutrition (2)		Tobacco (Current Smoker) (3)		Alcohol abuse (4)		Received Flu Shot in past year	
	%	+/-CI	%	+/-CI	%	+/-CI	%	+/-CI	%	+/-CI	%	+/-CI
<b>Columbia All</b>	<b>32.4</b>	<b>5.0</b>	<b>38.4</b>	<b>5.5</b>	<b>77.1</b>	<b>4.3</b>	<b>29.6</b>	<b>5.0</b>	<b>16.1</b>	<b>4.3</b>	<b>25.8</b>	<b>4.3</b>
Men	31.7	7.9	50.6	8.6	81.1	6.4	35.1	8.4	21.3	7.8	22.1	6.3
Women	32.9	6.5	27.8	6.8	73.7	5.7	24.8	5.6	11.6	4.0	29.1	5.9
NH White	32.3	5.6	40.9	6.0	75.8	4.9	29.9	5.6	18.4	5.2	24.7	4.7
NH Black	24.9	13.2	31.9	20.8	81.4	10.8	30.2	15.4	6.4	5.6	20.7	12.6
Hispanic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18-44	33.3	8.2	36.6	8.7	78.3	7.1	40.4	8.7	27.2	8.4	13.3	5.4
45-64	32.1	8.8	41.1	9.8	80.9	6.1	26.5	7.6	10.4	4.5	25.8	7.2
65+	31.6	9.4	39.4	10.1	69.1	9.3	13.6	6.5	3.3	3.6	51.1	10.4
<b>Florida All</b>	<b>26.4</b>	<b>1.2</b>	<b>35.1</b>	<b>1.2</b>	<b>74.3</b>	<b>1.2</b>	<b>22.2</b>	<b>1.1</b>	<b>16.4</b>	<b>0.9</b>	<b>26.2</b>	<b>1.5</b>
Men	22.8	1.8	43.9	1.9	78.2	1.8	24.5	1.7	22.9	1.6	26.9	1.5
Women	29.5	1.6	27.4	1.5	70.9	1.5	20.2	1.3	10.8	1.0	25.6	4.3
NH White	22.5	1.1	35.0	1.2	73.3	1.1	23.9	1.1	18.0	1.0	29.9	1.1
NH Black	31.9	4.3	31.9	4.2	75.8	4.2	14.9	2.8	9.1	2.7	19.6	3.3
Hispanic	38.9	4.7	37.3	4.1	77.9	4.4	19.5	3.3	9.1	2.7	16.2	2.8
18-44	23.6	1.8	31.2	1.9	78.7	1.5	26.9	1.8	21.9	1.7	11.9	1.1
45-64	27.4	2.5	38.6	2.2	73.0	2.5	24.1	1.9	13.9	1.4	24.8	1.7
65+	30.8	1.9	40.0	2.2	67.4	2.1	10.3	1.2	8.8	1.1	56.7	2.3

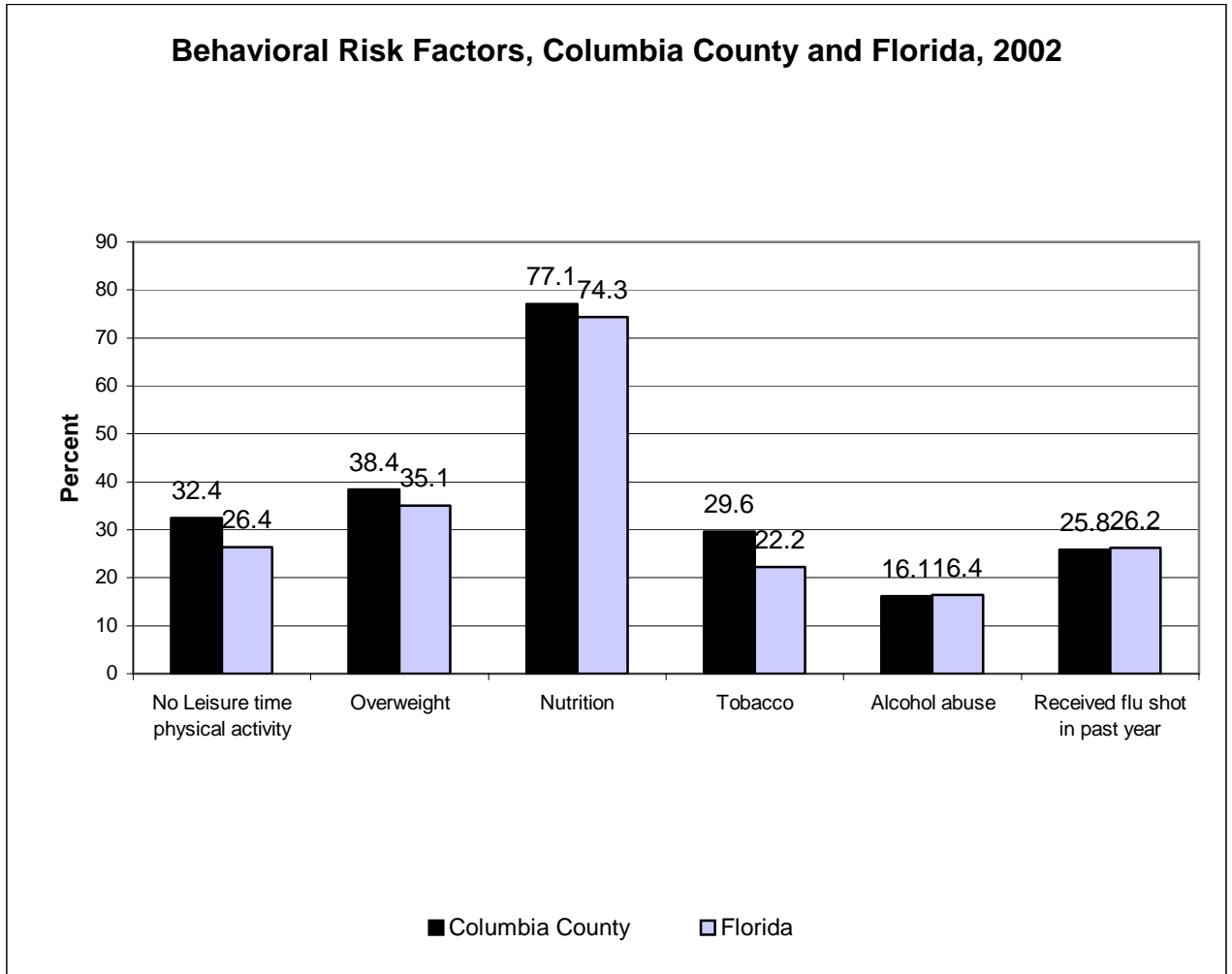
1. People with a Body Mass Index (BMI) between 25 and 30.
2. People who consume less than 5 servings of fruits and vegetables a day.
3. People who have smoked at least 100 cigarettes in their lifetimes and who also smoked some days or every day in the past month.
4. People who have consumed 5+ drinks at one occasion in the past month (binge drinker), or men who have 2+drinks every day or women who have 1+ drink(s) every day (heavy drinker).

Source: 2002 County Behavior Risk Factor Surveillance System Survey, 2003.

CI = Confidence Interval.

Prepared by WellFlorida Council, 2006.

**Figure 34. Major behavioral risk factors in Columbia County and Florida, 2002.**



Source: 2002 County Behavior Risk Factor Surveillance System Survey.  
 Prepared by WellFlorida Council, 2006.

# ***Key Mental Health Indicators***

In general, morbidity data for mental health diseases and conditions is often difficult to obtain. This is often due to the long-standing view that mental health is not a “health issue” because it does not manifest in a physical ailment, therefore, oftentimes little baseline data pertaining to particular mental health indicators has been collected or compiled.

According to the Health Resources and Services Administration within the U.S. Department of Health and Human Services, Columbia County is classified as a county in Florida that suffers a shortage of mental health professionals and is medically underserved. Columbia County was designated as a medically underserved area by the U.S. Department of Health and Human Services, Bureau of Health Professions in 2001.

In order to present some insight into the mental health status of Columbia County residents, this assessment will review suicide rates, domestic violence rates, hospitalization for mental illness rates, and Baker and Marchment Act rates.

## ***Suicide Rates***

Statistically, whites are more likely to commit suicide than any other racial/ethnic demographic. The rates in Columbia County reflect this trend, thus, there is no need in this case for a breakdown of the numbers by race. The following table examines the average number and age-adjusted rates from both Columbia County and Florida residents from 2000-2004. As seen below in Table 51, the average number of death for all races equals 42 deaths over the five-year span. When adjusted for age distribution, it can be seen that Columbia County has a higher death rate due to suicide compared to the state of Florida.

It should be noted that completed, or successful suicides are only part of the problem. A greater number of people are hospitalized or treated and released as a result of suicide attempts than are fatally injured. While suicide is often viewed as a response to a single stressful event, it is a far more complicated issue. Suicide results from complex interactions between biological, psychological, social, and environmental factors. Moreover, because there is a tendency to blame the victim and to stigmatize family members, there is a reticence among individuals who have been affected by suicide to discuss it openly.

**Table 51. Suicide rates for all races per 100,000, 2000-2004, Columbia County and Florida.**

Area	Average Number of Deaths	2000-2004 Total Suicide Deaths	Age Adjusted Death Rate
Columbia	8.4	42	14.2
Florida	2,285.6	11,428	13.7

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.  
Prepared by WellFlorida Council, 2006.

## ***Domestic Violence***

A statewide survey was conducted by the Florida Department of Corrections in June 1999 to assess the attitudes and opinions concerning domestic violence. More than 91 percent (91.5) of those surveyed believe domestic violence is a widespread problem in our society and is present in over 40 percent of households. More than 55.0 percent of the population reported knowing someone who is a victim of domestic violence and almost 44.0 percent have actually witnessed the abuse. The vast majority of Floridians (92.0 percent) indicate that treatment should be required for people who have physically abused someone.

Domestic Violence is associated with eight out of the ten leading health concerns for Healthy People 2010. Medical studies link long-term effects of domestic violence and abuse with a myriad of major health problems including smoking, diabetes, obesity, eating disorders and substance abuse, according to the Florida Department of Health.

In 2003, Florida domestic violence offenses accounted for approximately 20.0 percent of violent crimes. In addition, domestic violence plays a key role in juvenile crime, the need for foster care placements, and the existence of poverty in female-headed households (Department of Children and Families). Domestic violence, specifically sexual violence more often goes unreported to authorities, therefore statistics may be lower than the reality of the crimes.

Table 52 illustrates the differences in incidence rates between Columbia County and the state. In 2004, the rate of domestic violence in Columbia County was substantially higher than the state average, 893.2 as compared to 671.9. This represents a marked increase for Columbia County over the past several years.

These rates should be interpreted with some perspective. The actual number of incidents at the state and possibly at the county level are higher than these tables suggest because the Florida Department of Law Enforcement only reports on the incidents their agency is involved in. Many more cases may be disposed at the city or county level and reporting criteria may vary from place to place and time to time. It is also possible that many domestic violence offenses are never reported to the authorities.

As illustrated in greater detail in Table 53 below, the Columbia County rate for domestic violence has increased every year for the past six years.

**Table 52. Domestic violence offenses by type for Columbia County and Florida, 2005.**

Type	Columbia County	Florida
Criminal Homicide	1	176
Manslaughter	0	17
Forcible Rape	9	1,240
Forcible Sodomy	0	434
Forcible Fondling	1	1,137
Aggravated Assault	108	21,676
Aggravated Stalking	0	254
Simple Assault	427	90,455
Threat/Intimidation	3	4,157
Stalking	0	840
Total	549	120,386
Population	61,466	17,918,227
Rate Per 100,000 Population	893.2	671.9

Source: Florida Department of Law Enforcement, Florida Statistical Analysis Center, assessed 7-31-06.  
 Prepared by: WellFlorida Council, 2006.

**Table 53. Total domestic violence offenses and rates per 100,000 population for Columbia County and Florida, 2000-2005.**

Year	Columbia County		Florida	
	Number of Offenses	Rate Per 100,000	Number of Offenses	Rate Per 100,000
2000	122	215.9	124,629	779.8
2001	412	722.0	124,016	759.4
2002	505	865.1	121,834	730.7
2003	517	877.9	120,697	707.0
2004	501	828.7	119,772	683.8
2005	549	893.2	120,386	671.9

Source: Florida Department of Law Enforcement, Domestic Violence Report 2000-2005.  
 Prepared by: WellFlorida Council, 2006.

## Hospitalization Rates for Mental Health Issues

As noted in Table 54 below, the DRGs used to define the hospitalizations rates for mental health issues are 424-428, 430-433, and 521-523. These include:

**Table 54. DRGs used to define the hospitalizations rates for mental health issues.**

424	OR Procedure with principal diagnosis of mental illness
425	Acute adjustment reactions and psychosocial dysfunction
426	Depressive neuroses
427	Neuroses except depressive
428	Disorders of personality and impulse control
430	Psychosis
431	Childhood mental disorders
432	Other mental disorders diagnoses
433	Alcohol/drug abuse or dependence, left against medical advice
521	Alcohol/drug abuse or dependence
522	Alcohol/drug abuse or dependence with rehab
523	Alcohol/drug abuse or dependence without rehab

Source: AHCA Detailed Discharge Data, 1999-2003, CHARTS accessed 7-18-05.  
Prepared by WellFlorida Council, 2006.

Table 55 below illustrates the number of hospitalizations in Columbia County and Florida for mental health issues. The rate of hospitalization from 2000 to 2004 is consistently lower than the rates for the state. As mentioned previously, it is commonly accepted that those with mental illness are often stigmatized, specifically in small, rural communities. Therefore, these rates might represent only a fraction of those needing mental healthcare and stabilization.

**Table 55. Number and rate of hospitalizations due to mental health issues, 2000-2004. \***

Area	2000		2001		2002		2003		2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Columbia	340	6.0	387	6.8	298	5.1	307	5.2	304	5.0
Florida	96,422	6.0	106,361	6.5	123,579	7.4	123,742	7.2	127,257	7.3

Rates are per 1,000 population.

\* Mental health issues are defined as DRGs 424-428, 430-433 and 521-523.

Source: AHCA Detailed Discharge Data, 2000-2004, CHARTS assessed 7-31-06.

Prepared by: WellFlorida Council, 2006.



## ***Baker/Marchment Act Rates***

There are two different acts that can be initiated to involuntarily treat either the mentally ill or substance abusers. There is sufficient data concerning the Baker Act initiations for Columbia County and the state, but data for Marchment Act rates are not compiled centrally. Therefore, this needs assessment cannot present Marchment Act rates from Columbia County and Florida.

### ***Baker Act***

The Baker Act is the involuntary treatment of anyone who is mentally ill and is unable to understand his or her need for stabilization and/or treatment. Any person, who has witnessed the actions of the said individual and feels that he/she is a threat to himself or someone else, may address local authorities and complete a sworn affidavit stating the said person's actions. This petition is then presented to a judge for review. If the person meets the criteria, an order is signed and the person is taken to the hospital for an evaluation and/or treatment. If further examination is needed, that person will be transported to the nearest Baker Act Receiving Facility.

Table 56 below charts the number, and rate of Baker Act initiations for the state and Columbia County in single year counts from 2000-2004. While the rate reached a high point in 2003, there has been increase of Baker Act initiations since 2000 in Columbia County. The state follows a similar trend with the number of initiations increasing over the past several years. Overall, the rate for the state is much higher than the rate for Columbia County.

The source of this data, the 2004 Florida Mental Health Act report, uses county of residence as an indicator for county level initiations. Using the county of residence is especially important for counties that have no Baker Act receiving facility. Using the county of residence also gives a better picture of the number of residents of each county that have a Baker Act exam rather than using the county of initiation or the county of the facility.

The type of initiator is generally related to age, such that increased age is related to higher likelihood of mental health professional initiation and a lower likelihood of law enforcement initiation (and vice versa).

**Table 56. Single year rates for Baker Act initiations in Columbia County and Florida, 2000-2004.**

Year	Columbia County		Florida	
	Number of Offenses	Rate Per 100,000	Number of Offenses	Rate Per 100,000
2000	162	285.8	80,226	499.1
2001	179	312.1	90,368	550.6
2002	190	324.6	99,772	594.9
2003	253	427.2	104,600	609.4
2004	234	384.7	110,697	628.5

Source: AHCA, The Florida Mental Health Act (The Baker Act) 2004 Annual Report; CHARTS, assessed 7-31-06.

Prepared by: WellFlorida Council, 2006.

### ***Marchment Act***

The Marchment Act involves the involuntary treatment of anyone who is chemically or alcohol addicted. Any one family member or three non-family members may file a petition for treatment of an individual. The family or friends must make arrangements with a treatment facility prior to completing a sworn petition stating the actions of this person and requesting a hearing.

Marchment Act data are not submitted like Baker Act data are. The Louis de la Parte Mental Health Institute at the University of South Florida has been working over the past several years to educate people about the utility of such data, but at this point, no data are centrally collected.

# **Summary of Key Findings**

## **Leading Causes of Death**

- Columbia County's top 10 leading causes of death (based on crude mortality rate) are identical to the state of Florida. However, the rankings of the causes within the top 10 differ between Columbia and Florida. For example, respiratory disease is the third leading cause of death in Columbia County though it is the fourth for all of Florida. In addition, Alzheimer's disease is the eighth leading cause of death in Columbia County while it is the seventh leading cause of death for Florida.
- For the top ten leading causes of death, the crude rates in Columbia County are higher than the crude rates for the state of Florida.
- While HIV ranked as the nineteenth leading cause of death for whites in Columbia County, it ranks as the seventh leading cause of death for black residents. At the same time, although suicide among blacks in Columbia County is virtually non-existent, it ranks as the ninth leading cause of death among white residents.
- Unintentional injury was the third leading cause of death for Hispanic residents between 2000-2004 compared to only the fourth leading cause of death for whites and the fifth leading cause of death for blacks. While respiratory disease is a high-ranking cause of death for white and black residents of Columbia County, it was not a leading cause of death for Hispanic residents between 2000-2004.
- In Columbia County, the age-adjusted death rates for the top 10 leading causes of death are higher than the rates for the state of Florida.
- For the top five leading causes of death, the age-adjusted rate for both whites and blacks are higher than they are for the state.
- Respiratory disease exhibits perhaps the most troubling disparity pattern among blacks and whites. Respiratory disease age-adjusted mortality rates for whites and blacks in Columbia County are more than double the rates for whites and blacks in the state of Florida.

## **Hospitalization**

- The leading cause of hospitalization in Columbia County in 2004 was for being a normal newborn. Vaginal delivery without complicating diagnosis followed by chest pain make up the second and third leading causes of hospitalization for all residents. Heart failure and shock, and simple pneumonia and pleurisy round out the top five.
- Esophagitis, gastroenteritis, and miscellaneous digestive issues is a top 5 cause for all age groups. It is also noteworthy for black residents the leading cause of hospitalization is chest pain, which is the only leading cause of hospitalization not related to birth for residents ages 0-64.

## **Birth Indicators**

- Birth rates in Columbia County have been higher than birth rates in the state of Florida for the past ten years.

- The percentage of mother in Columbia County who have been able to obtain early access to prenatal care has been less than the percentage in the state of Florida for the past ten years.
- Low birthweight rates have decreased slightly in Columbia County over the last decade. However, the rate of low birthweight infants in Columbia County has remained higher for the past ten years than the rate for the state of Florida, which has increased slightly during the same period of time.
- As is true for the state as a whole, the rate of low birthweight infants among blacks is substantially higher than the rate for whites in Columbia County.
- The rate of infant mortality in Columbia County has been higher than the rate for Florida for the past ten years.
- The infant mortality rate for black residents is substantially higher than of white residents.
- The teen birth rate in Columbia County has decreased over the past ten years. However, it remains higher than the rate for the state, which has also seen a decrease. At the same time, the birth rate among Hispanic teens has increased substantially in Columbia County.

### ***Behavioral Risk Factors***

- The Behavioral Risk Factor Surveillance Survey completed in Columbia County in 2002 indicates that few residents are able to engage in leisure activity than their counterparts at the state level.
- A greater number of Columbia County residents reported being overweight.
- A greater number reported being current tobacco smokers.
- Fewer residents reported receiving a flu shot during the previous twelve months than was typical for the state of Florida.
- More Columbia County residents indicated that they consume five or more servings every day.
- A lesser percentage of Columbia County residents reported alcohol abuse when compared to the state.
- Since the confidence intervals for some of these risk factors overlap, there is a possibility that the true difference between Columbia County and the state of Florida is equal to zero.

### ***Mental Health Indicators***

- In Columbia County, the rate of suicide is higher than the rate for Florida.
- The rate of domestic violence offenses is higher than it is for the state.
- The rate of hospitalization for mental health issues in Columbia County is lower than it is at the state level.
- The rate of Baker Act initiations in Columbia County is lower than it is for the state.

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# ***Health Resource Availability and Access***

## ***Introduction***

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's healthcare delivery system. Without an adequate supply of healthcare facilities, providers and services, maintaining good health status is a daunting challenge. Fewer facilities, providers and services means diminished opportunity to obtain healthcare in a timely fashion. Limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb indigent and charity care as there are fewer providers upon which to distribute the burden. This section will address the availability of health care resources to the residents of Columbia County.

## ***Provider and Facility Supply***

### ***Medically Underserved and Health Professional Shortage Areas***

As defined by the federal government's Health Resources and Services Administration (HRSA), the medically underserved area or population (MUA/P) designation involves the application of the Index of Medical Underservice (IMU) to data on a service area to obtain a measurement of underservice for a defined area or population. The IMU scale runs from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables – ratio of primary medical care physicians per 1,000 population; infant mortality rate; percentage of population with incomes below the federal poverty level; and percentage of the population age 65 or older. The value of each of these variables for the service area is created to a weighted value, according to established criteria. The four values are then summed to obtain an area's IMU score.

In March 2001, the Columbia County low income population was designated as an MUP. The low income population of Columbia County received a score of 60.4 which placed it below the 62.0 threshold. The MUP has not been updated or reviewed since 2002 (nor does the federal government require a regular and ongoing update of the IMU and MUP designation).

HRSA also evaluates primary care, dental and mental health care shortage areas and populations on a regular basis. The Shortage Designation Branch in the HRSA Bureau of Health Professions has developed shortage designation criteria and utilizes them to determine whether or not a geographic area or population group is a Health Professional Shortage Area (HPSA) in one of the three critical service areas. More than 34 federal programs depend on the shortage

designation to determine eligibility or as a funding preference. About 20 percent of the U.S. Population resides in primary medical care HPSAs. The following criteria are utilized for primary medical care shortage designations:

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
  - a. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
  - b. The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are over-utilized, excessively distant, or inaccessible to the population of the area under consideration

Columbia County has HPSA designations for all three of the core service areas: primary medical care, dental care and mental health care. These designations are for different populations and are summarized in Table 57. A federally qualified community health center and its service area are automatically designated by the federal government as a HPSA for each of the core service areas. The community health center located in the Columbia County received these designations in November 2003.

The low income/migrant farmworker (December 2005) has been designated as primary medical care HPSAs. The low income population has been designated a dental health HPSA in February 2002. Columbia County was designated a mental health HPSA in June 2003.

HPSAs are customarily reviewed every four years. The review of primary medical care, dental care and mental health care should occur sometime in 2007 or in early 2008.

**Table 57. Columbia County Professional Shortage Areas and Medically Underserved Area Populations, June 2006.**

Professional Shortage Area/ Underserved Area	Designation Status	Designation Type			
		Low Income/Migrant Farmworker Population	Low Income Population	Correctional Institution	Community Health Center
Primary Health	Yes	Yes	Yes	No	Yes
Dental Health	Yes	No	Yes	No	Yes
Mental Health	Yes	No	Yes	No	Yes
Medically Underseved	Yes	Yes	Yes	No	Yes

The Federal Department of Health and Human Services determines if a county is a primary, dental or mental health shortage area or medically underserved area/population.

Source: US Department of Health and Human Services, Bureau of Health Professions, June 30, 2006.

## ***Licensed Physicians and Nurses***

The availability of licensed physicians and nurses is critical to meeting the healthcare needs of a community. However, it is often difficult to get an accurate number of physicians and nurses that are practicing and providing services in a community. The Florida Department of Health's Division of Medical Quality Assurance licenses these professionals. However, the only information the county stored for licensees in the database is their mailing address, which may or may not be identical to the county in which they are providing services.

This fact should be taken into account when viewing Tables 4-2 and 4-3. According to Table 58, there are 522.5 licensed medical doctors and doctors of osteopathy per 100,000 for all of Florida while there are only 275.1 per 100,000 population for Columbia County. Of course, this number does not capture those doctors that provide services in Columbia County but who are licensed elsewhere and doctors that are licensed in Columbia County but provide services in another county.

Table 59 shows that while Florida has 2,385.7 licensed LPN and RNs per 100,000 population, Columbia County exceeds this rate with 2,467.9 per 100,000 population. Of course this number does not capture those LPN/RNs that provide services in Columbia County but who are licensed elsewhere and nurses that are licensed in Columbia County but provide services in another county.



**Table 58. Number and rate of licensed medical doctors and doctors of osteopathy, Columbia County and Florida, 2006.**

Region	Number by Type			Rate Per 100,000 Population
	MD	DO	MD/DO Total	
Columbia	163	12	175	275.1
Florida	87,169	8,571	95,740	522.5

Source: Floridacharts.com, 2006; Florida Department of Health Division of Medical Quality Assurance, as of July 10, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 59. Number and rate of licensed practical nurses and registered nurses, Columbia County and Florida, 2006.**

Region	Number by Type			Rate Per 100,000 Population
	LPN	RN	LPN/RN Total	
Columbia	515	1,055	1,570	2,467.9
Florida	114,084	323,073	437,157	2,385.7

Source: Floridacharts.com, 2006; Florida Department of Health Division of Medical Quality Assurance, as of July 10, 2006.  
Prepared by: WellFlorida Council, 2006.

## ***Licensed Facilities***

Table 60 is presented solely as an overview of the inventory of licensed facilities in Columbia County. The total number of facilities and total capacity change regularly. For the most up-to-date numbers on licensed facilities, consult [www.Floridahealthstat.com](http://www.Floridahealthstat.com).

**Table 60. Licensed facilities by type in Columbia County, 2006.**

Type of Facility	Total Number	Total Capacity
Adult Family Care Home	1	5
Ambulatory Surgical Center	2	3
Assisted Living Facilities	9	353
Clinical Laboratories	55	NA
Crisis Stabilization Unit	1	18
End Stage Renal Disease	1	NA
HCC - Exemptions	12	NA
Health Care Clinic	3	NA
Health Care Services Pool	2	NA
Home Health Agency	5	NA
Home Medical Equipment	7	NA
Homemaker and Companion Services	4	NA
Hospital	2	166
Intermediate Care Facility	2	30
Rehab Agency	3	NA
Residential Treatment Facility	1	15
Rural Health Clinic	5	NA
Skilled Nursing Facility	3	275

Source: Agency for Health Care Administration, Licensure, 2006.  
Prepared by: WellFlorida Council, 2006.

## ***Access to Healthcare***

### ***The Uninsured***

Utilizing estimates from the *2004 Florida Health Insurance Study*, conducted by the Florida Agency for Health Care Administration, in 2005, 19.2 percent of Floridians, more than 2.8 million residents, under the age of 65 were uninsured. In Columbia County, nearly 11,000 residents age 0-64, more than 20 percent, had no form of public or private health insurance coverage.

The rate of the uninsured in Florida climbed to 19.2 percent compared to 16.8 percent in 2000. In Columbia County, the current number of non-elderly individuals living without health insurance equals 20.4 percent (Table 61). The highest percentage of uninsured citizens (21.7) reside in the 32055 zip code of Lake City. The zip code with the lowest percentage of uninsured (19.1) reside in the 32061 zip code, which includes the municipality of Lulu. This zip code also has the fewest number residents over all.

**Table 61. Estimated number of non-elderly uninsured by zip code, by county and Florida, 2005.**

Area	2005 Population 0-64	Uninsured	
		Percent	Estimated Number
32024 Lake City	17,065	19.5	3,328
32025 Lake City	15,191	20	3,038
32038 Fort White	4,784	19.4	928
32055 Lake City	13,873	21.7	3,010
32061 Lulu	348	19.1	66
Columbia	51,974	20.4	10,603
Florida	14,681,403	19.2	2,818,829

Source: ESRI Business Solutions, 2005; Agency for Health Care Administration, Florida Health Insurance Study 2004, Zip Code Estimates of People Without Health Insurance.  
Prepared by: WellFlorida Council, 2006.

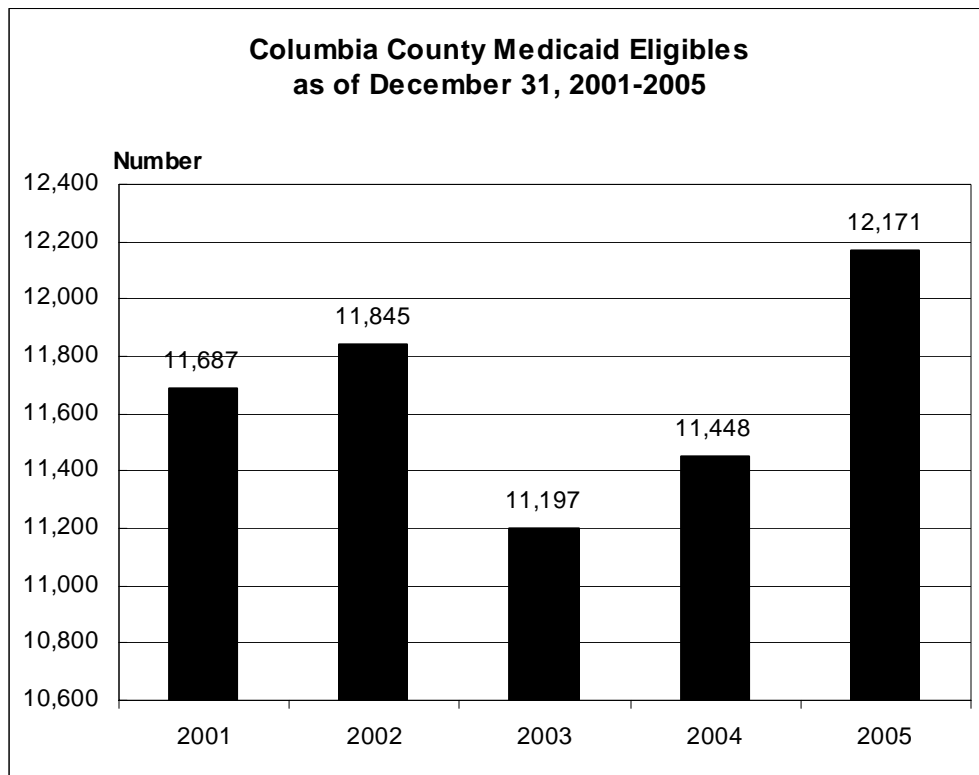
## **Medicaid**

The Florida Medicaid program provides healthcare to various low-income and other special needs groups. The program is administered by the Agency for Health Care Administration and is funded through federal and state cost-sharing, with local counties contributing to inpatient hospital and nursing home service.

In Florida, eligibility for most Medicaid primary medical care is reserved for pregnant women (up to 185 percent of the federal poverty level) and children. All Medicaid recipients are required to enroll in one of the managed care systems (either a Medicaid HMO or Medipass) implemented by Florida's Medicaid program.

The number of individuals eligible to receive Medicaid varies month by month. Figure 35 and Table 62 displays data for the year end number of eligibles on December 31 of each year. At year's end in 2005, there were 12,171 Medicaid eligibles in Columbia County compared to only 11,687 as of December 31, 2001. While the actual number of those eligible for Medicaid grew between 2001 and 2005, relative to the population, the percentage of those eligible decreased slightly. In 2001, the eligible Medicaid population equaled 20.6 percent of the overall population. In 2005, that number was down to an even 20 percent.

**Figure 35. Number of Medicaid eligibles in Columbia County as of December 31, 2001-2005.**



Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.  
Prepared by: WellFlorida Council, 2006.

Table 62 shows the number of Medicaid eligibles by zip code for Columbia County from 2001 through 2005. As seen in Table 62, the largest increase in Medicaid eligibles occurred in Lake City (32025), followed by Lake City (32055), and Fort White (32038).

**Table 62. Number of Medicaid Eligibles by zip code, by county and Florida, as of December 31, 2001-2005.**

Area	December 2001	December 2002	December 2003	December 2004	December 2005
32024 Lake City	2,378	2,500	2,305	2,471	2,503
32025 Lake City	2,546	2,780	2,734	2,940	3,065
32038 Fort White	1,226	1,391	1,336	1,364	1,381
32055 Lake City	4,112	4,165	4,575	4,351	4,272
32061 Lulu	9	24	34	41	49
Columbia	11,687	11,845	11,197	11,448	12,171
Florida	1,962,045	2,102,411	2,051,482	2,168,332	2,233,946

Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.  
Prepared by: WellFlorida Council, 2006.

Table 63 shows the average monthly number of Medicaid eligibles in various age groups for 2005. In Columbia County in 2005, on average, 57 percent of the Medicaid eligibles were age 0-18, which is the same percent for the state of Florida. It is noteworthy that in Columbia County 30.1 percent of Medicaid eligibles were age 21-59 while only slightly more than 24 percent of Florida's Medicaid eligibles were age 21-59.

**Table 63. Average number of Medicaid eligibles by age in Columbia County and Florida, 2005.**

Area	Columbia County		Florida	
	Number	Percent	Number	Percent
0-5	2,745	23.1	558,894	25.2
6-10	1,515	12.8	298,061	13.5
11-18	2,129	17.9	406,221	18.3
19-20	276	2.3	44,147	2.0
21-35	1,678	14.1	251,965	11.4
36-59	1,902	16.0	280,959	12.7
60-64	291	2.5	47,292	2.1
65-74	611	5.1	148,759	6.7
75-84	475	4.0	119,479	5.4
85+	243	2.0	60,085	2.7
Total	11,863	100.0	2,215,861	100.0

Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.  
Prepared by: WellFlorida Council, 2006.

Table 64 shows Medicaid expenditures by type for Columbia County and Florida for a recent 8-month period. Expenditures for this period amounted to more than \$51.5 million. In Columbia County, Inpatient Hospital services accounted for 22.7 percent of the expenditures compared to only 17.3 percent in Florida as a whole. In addition, prescribed drugs accounted for nearly 24 percent of all Medicaid expenditures in Columbia County compared to only 16 percent for all of Florida.

**Table 64. Medicaid expenditures by type by county and Florida, July 1, 2005 - March 31, 2006.**

Type of Medical Assistance	Columbia County				Florida			
	Clients		Dollars		Clients		Dollars	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adult Day Care	0	-	\$0.00	-	0	-	\$0.00	-
Ambulatory Surgical	352	1.9	\$146,534.98	0.3	36,781	1.1	\$14,278,208.01	0.1
Birthing Center	16	0.1	\$7,696.69	0.0	1,959	0.1	\$1,129,833.88	0.0
Case Management	386	2.1	\$282,256.08	0.5	81,090	2.5	\$55,409,850.96	0.6
Chiropractor Services	174	0.9	\$15,366.17	0.0	9,375	0.3	\$1,136,909.74	0.0
Comm Mental Services	970	5.2	\$1,316,968.86	2.6	129,662	4.0	\$196,292,116.04	2.0
Dental Care	1,206	6.4	\$258,082.30	0.5	306,610	9.4	\$74,720,283.37	0.7
DME Dial Crossover	492	2.6	\$264,663.93	0.5	52,543	1.6	\$35,590,329.47	0.4
End-Stage Renal	10	0.1	\$102,432.99	0.2	1,397	0.0	\$10,886,363.96	0.1
EPSDT	3,036	16.2	\$325,972.10	0.6	360,669	11.1	\$47,025,233.73	0.5
Family Planning	0	-	\$0.00	-	10	0.0	\$447.05	0.0
Hearing Services	134	0.7	\$10,884.11	0.0	11,999	0.4	\$821,864.72	0.0
HMO - Physicians Health Plan	343	1.8	\$213,895.88	0.4	1,617,732	49.7	\$1,601,382,001.78	16.1
Home and Comm Based Services	1,164	6.2	\$3,422,030.99	6.6	244,519	7.5	\$764,659,421.70	7.7
Home Health	807	4.3	\$521,929.99	1.0	97,468	3.0	\$216,604,021.51	2.2
Hospice	37	0.2	\$249,431.12	0.5	16,185	0.5	\$186,647,395.09	1.9
ICF - MR	27	0.1	\$2,925,407.86	5.7	3,606	0.1	\$255,509,450.58	2.6
Inpatient Hospital	3,764	20.1	\$11,708,875.93	22.7	462,254	14.2	\$1,724,615,263.31	17.3
Lab and Xray	2,546	13.6	\$214,036.77	0.4	415,477	12.8	\$37,553,779.87	0.4
Medipass	10,598	56.5	\$204,843.00	0.4	1,093,581	33.6	\$21,967,380.00	0.2
Nurse Practitioner	1,667	8.9	\$150,938.18	0.3	202,700	6.2	\$35,330,527.19	0.4
Outpatient Hospital	12,093	64.4	\$3,587,440.65	7.0	1,101,979	33.9	\$438,882,822.07	4.4
Physician Care	9,653	51.4	\$3,524,183.13	6.8	1,321,492	40.6	\$547,739,194.41	5.5
Podiatry	150	0.8	\$6,987.10	0.0	38,416	1.2	\$3,061,806.72	0.0
Portable Xray	139	0.7	\$11,708.06	0.0	28,927	0.9	\$1,731,785.67	0.0
Practitioner Crossover	1	0.0	\$18.03	0.0	539	0.0	\$16,059.60	0.0
Prescribed Drugs	10,343	55.1	\$12,084,999.11	23.5	1,235,807	38.0	\$1,613,711,665.32	16.2
Primary Care Management	0	-	\$0.00	-	0	-	\$0.00	-
Rural Health	5,574	29.7	\$1,643,765.02	3.2	180,797	5.6	\$51,149,043.52	0.5
Rural Hospital Swing Bed	0	-	\$0.00	-	83	0.0	\$1,096,714.89	0.0
SNF	356	1.9	\$7,729,235.83	15.0	106,512	3.3	\$1,889,393,675.04	18.9
State Mental Hospital	0	-	\$0.00	-	180	0.0	\$4,471,502.87	0.0
Therapy Services	292	1.6	\$174,893.64	0.3	59,106	1.8	\$91,134,203.69	0.9
Transportation	1,128	6.0	\$288,477.10	0.6	173,287	5.3	\$43,372,751.96	0.4
Unassigned	0	-	\$0.00	-	203	0.0	\$335,746.74	0.0
Visual	1,142	6.1	\$111,507.60	0.2	108,305	3.3	\$9,442,133.89	0.1
<b>Total</b>	<b>18,771</b>		<b>\$51,505,463.20</b>	<b>100.0</b>	<b>3,253,481</b>		<b>\$ 9,977,099,788.35</b>	<b>100.0</b>

Source: Agency for Health Care Administration Medicaid Management Information System Recap of Welfare Medical Assistance Report, July 2005-March 31, 2006.

Prepared by: WellFlorida Council, 2006.

## HMO Enrollment

Health maintenance organization (HMO) health insurance plans are often more affordable than standard private insurance and preferred provider organization (PPO) plans. In theory, the insured person is subjected to care management by a primary care provider that often leads to more efficient utilization of healthcare resources and subsequent lower costs.

According to the Florida Department of Insurance (DOI), as seen in Table 65, five of Florida's 33 HMOs are enrolling clients in Columbia County. As of December 31, 2005, more than 4,500 Columbia County residents were enrolled in HMOs. However, Columbia County's HMO enrollment rate of 76.7 persons per 1,000 population is substantially lower than the state of Florida rate of 217.4 per 1,000.

Table 66 shows that more than 99.7 percent of Columbia County's HMO enrollment is in "All Other" plans compared to only 63 percent statewide. Only 16 individuals, or less than 1 percent are enrolled in Medicare HMOs, and there are zero Medicaid HMO enrollees.

**Table 65. Total and percent HMO's and enrollees, by county and Florida, as of December 31, 2005.**

Area	Total HMO's		Total HMO Enrollees		
	Number	Percent of State	Number	Percent of State	Rate Per 1,000 Population
Columbia	5	15.2	4,657	0.1	76.7
Florida	33	100.0	3,896,850	100.0	217.4

\* All Others include: Individuals, Small Groups, Healthy Kids and Federal Employees.

Source: State of Florida, Department of Financial Services, Managed Care Summary Report as of December 2005; ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

**Table 66. Total and percent HMO enrollment by type, by county and Florida, as of December 31, 2005.**

Area	Total HMO Enrollees	HMO Enrollment Type					
		Medicare		Medicaid		All Others	
		Number	Percent	Number	Percent	Number	Percent
Columbia	4,657	16	0.3	0	0.0	4,641	99.7
Florida	3,896,850	637,183	16.4	805,315	20.7	2,454,352	63.0

\* All Others include: Individuals, Small Groups, Healthy Kids and Federal Employees.

Source: State of Florida, Department of Financial Services, Managed Care Summary Report as of December 2005.

Prepared by: WellFlorida Council, 2006.

## ***Avoidable Hospitalizations***

The Institute of Medicine (IOM) defines access as the “timely use of personal health services to achieve the best possible outcome.” This definition suggests that an evaluation of effective utilization and access must include consideration of indicators of health status or health outcomes. In order to determine appropriate and effective utilization of hospital services and availability of primary care, a methodology has been developed to analyze hospital discharge data for (non-elderly) residents to determine the level of hospitalization for certain illnesses susceptible to primary care intervention.

The methodology is based on a study of the impact of the socioeconomic status on hospital use in New York; the results of which were released in 1993. In that study, specific diseases from the International Classification of Disease (ICD) codes were selected and proven in research to be reflective of the efficiency and effectiveness of access to the healthcare delivery system in the region. These diseases were called ambulatory care sensitive (ACS) because they had been shown to be avoidable in many cases if timely and appropriate ambulatory and primary care is available and utilized.

In 2004, there were nearly 28 avoidable hospitalizations per 1,000 population in Columbia County which was substantially higher than the nearly 16 avoidable hospitalizations per 1,000 population for the state as a whole (Table 67). Table 68 and Figure 36 break out these avoidable hospitalizations by payor or insurance status. Oftentimes, the self-pay/charity and Medicaid populations demonstrate a disproportionately high number of avoidable hospitalizations since timely access can be a questionable proposition for these groups.

While the percentage of self pay/charity avoidable hospitalizations in Columbia are actually lower, 12.3 percent as compared to 14.2 percent for Florida, the percentage of Medicaid avoidable hospitalizations are higher in Columbia County than in Florida; 31.5 percent as compared to 26.3 percent. In the “all other” category (which includes Medicare and all other forms of private insurance) Columbia County’s avoidable hospitalizations are less than Florida’s (as a percentage of overall avoidable hospitalizations).

In total, there were 1,440 avoidable hospitalizations in Columbia County during calendar year 2004 resulting in more than \$24 million in charges. As seen in Table 69, the overwhelmingly leading cause for avoidable hospitalization is dehydration/volume depletion accounting for almost a third of all avoidable hospitalizations. The second leading cause of avoidable hospitalization in Columbia County is bacterial pneumonia, followed by chronic obstructive pulmonary disease, and congestive heart failure and asthma rounding out the top five.



**Table 67. Columbia County residents 0-64 years of age avoidable rate per 1,000 population compared to Florida, calendar year 2004.**

Area	Discharges	Rate Per 1000 Population
Columbia County	1,440	27.7
Florida	229,713	16.0

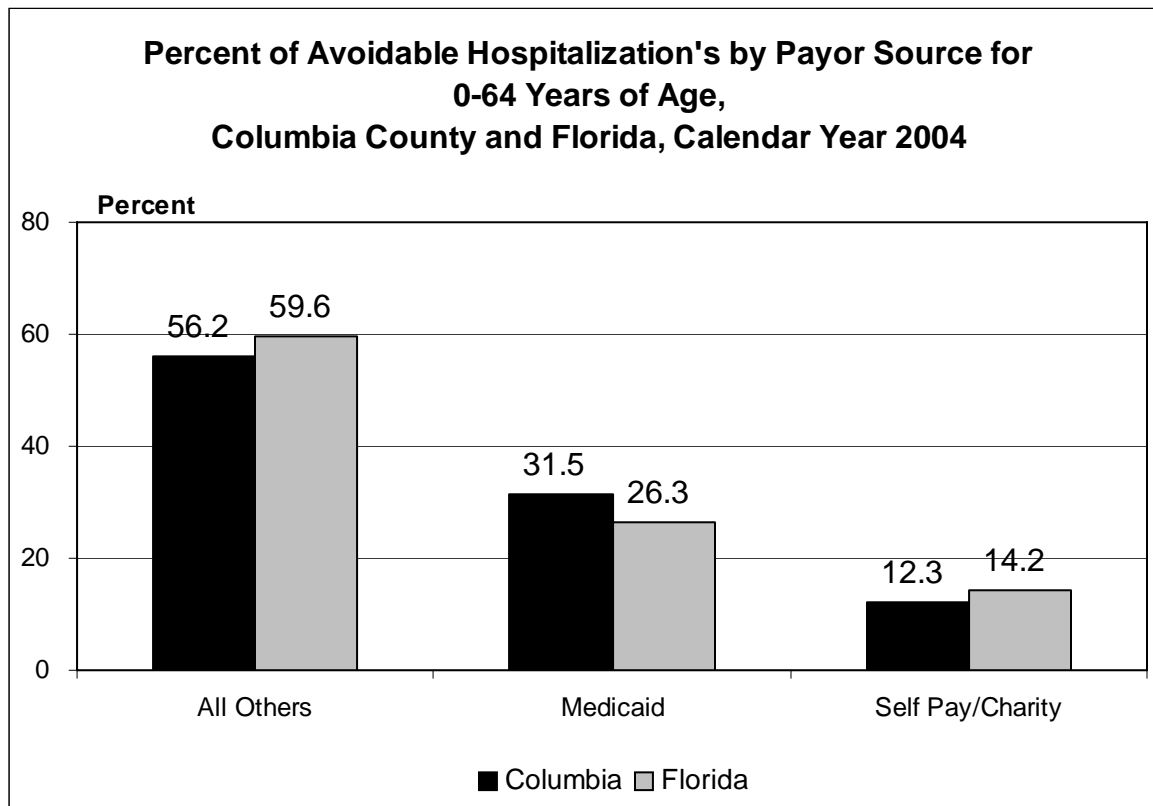
Source: AHCA Detailed Discharge Data, 2004.  
Prepared by: WellFlorida Council, 2006.

**Table 68. Columbia County residents, 0-64 years of age who had an avoidable hospitalization by payor source compared to Florida, calendar year 2004.**

Payor	Columbia County			
	Discharges	Percent	Patient Days	Total Charges
All Others	809	56.2	3,756	14,742,312
Medicaid	454	31.5	2,046	6,487,471
Self Pay/Charity	177	12.3	840	3,403,103
Total	1,440	100.0	6,642	24,632,886
	Florida			
	Discharges	Percent	Patient Days	Total Charges
All Others	136,856	59.6	677,355	3,398,372,014
Medicaid	60,347	26.3	288,761	1,283,555,180
Self Pay/Charity	32,510	14.2	141,501	666,703,126
Total	229,713	100.0	1,107,617	5,348,630,320

Source: AHCA Detailed Discharge Data, 2004.  
Prepared by: WellFlorida Council, 2006.

**Figure 36. Percent of avoidable hospitalizations by payor source for residents (age 0-64), Columbia County and Florida, calendar year 2004.**



Source: AHCA Detailed Discharge Data, 2004.  
Prepared by: WellFlorida Council, 2006.

**Table 69. Top 10 avoidable hospitalizations for 0-64 years of age in Columbia County, 2004.**

Avoidable Hospitalization	Number	Percent of Total
Dehydration - Volume Depletion (1)	473	30.2
Bacterial Pneumonia (2)	194	12.4
Chronic Obstructive Pulmonary Disease (3)	157	10.0
Congestive Heart Failure (4)	124	7.9
Asthma (5)	107	6.8
Angina (6)	103	6.6
Cellulitis (7)	90	5.7
Kidney/Urinary Infection (8)	67	4.3
Gastroenteritis (9)	57	3.6
Convulsions "B" (10)	38	2.4
All Others	157	10.0
Total	1,567	100.0

Source: AHCA Detailed Discharge Data, 2004.  
Prepared by: WellFlorida Council, 2006.

# **Summary of Key Findings**

## **Provider and Facility Supply**

- The low income population of Columbia County has been designated as a medically underserved population by the federal government.
- The low income and migrant farmworker population has been designated a health professional shortage area by the federal government for primary medical care and mental health care.
- The low income population has been designated a health professional shortage area by the federal government for dental care.
- The rate of licensed physicians and doctors of osteopathy per 100,000 population, with license addresses in Columbia County, is substantially less than for Florida.
- The rate of licensed LPN/RNs per 100,000 population, with license address in Columbia County, is slightly higher than for Florida.

## **Access to Healthcare**

- In 2005, there were nearly 11,000 non-elderly uninsured in Columbia County.
- The percentage of non-elderly uninsured in Columbia County in 2005 was 20.4 percent compared to 19.2 percent for the state.
- As of December 31, 2005, there were 12,171 Medicaid eligibles in Columbia County.
- As a percentage of the total population, the number of Medicaid eligibles remained stable from 2001 to 2005.
- Prescribed drugs comprise nearly 24 percent of Medicaid expenditures in Columbia County compared to only 16 percent for the state.
- The avoidable hospitalization rate in Columbia County is 27.7 per 1,000 population compared to 16.0 per 1,000 for Florida.
- In 2004, there were 1,440 avoidable hospitalizations which incurred more than \$24 million in charges.

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# ***Community Input***

## ***Interviews with Community Leaders***

### ***Introduction***

The WellFlorida Council conducted key informant interviews during the months of May and June 2006 with the cooperation of the Columbia County Health Department. The purpose of conducting the interviews is to better understand the perspectives of key community leaders on the health and healthcare needs of Columbia County residents. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Columbia County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

### ***Methodology***

The WellFlorida Council staff compiled a list of possible interview subjects and the Columbia County Health Department made the initial contacts. The list included governmental representatives, including elected officials and public employees; healthcare providers, mental health professionals, and representatives of local businesses and community organizations.

Council staff made appointments by telephone to speak with the community leaders in person. Sixteen key community leaders agreed to be interviewed, and the interviews were conducted during May and June 2006. To assure the confidentiality of their comments, the names and any other identifying information of the interviewees has not been included in this report.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix A. Community leaders provided comments on the following issues:

- Overall perspective on healthcare in Columbia County;
- Perception of essential services of the county's healthcare system;
- Opinions of important health issues that affect county residents and types of services needed to address these issues;
- Impressions on specific health services available in the county; and
- Opinions on the parties responsible for initiating and addressing health issues for the county.

## ***Interview Analysis***

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. Generally, the healthcare providers interviewed are members of their professional organizations.

The business and community leaders interviewed served on various professional, political, and trade organizations.

The interview questions for each community leader are identical. The questions have been grouped into five major categories. A summary of the leaders' responses by each of these categories follows. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with statements. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

## ***General Perceptions***

When asked to share their impressions about health and healthcare in Columbia County, community leaders spoke at length about the assets and deficiencies of the system. First and foremost, interviewees consider the county to be quite fortunate in that there are three hospitals available to meet the needs of citizens. Although they were quick to acknowledge that some people may harbor negative perceptions of smaller hospitals in rural communities, they maintained the quality of care in Columbia County is quite high. One community leader went so far as to say that some people "relocate to this area just to be close to our VA hospital". Additionally, interviewees indicated that there has been growth in a number of specialties, and that at least one of the hospitals is positioning itself to expand over the coming years.

While hospitals play an important role in a community's ability to administer healthcare to its citizens, community leaders also discussed other services such as the Health Department and Quality First Care, which they regarded as important components of healthcare in Columbia County. Community leaders consistently indicated that there must be different levels of care available, from primary to tertiary, and that there must be options for citizens within each of these levels of care. Although they often remarked that their network of facilities and providers are above average, community leaders also noted areas where many improvements are needed.

Community leaders are well aware that an individual's ability to access healthcare is most often predicated on that person's ability to pay for it. They noted that there is a significant population of uninsured in Columbia County and that those individuals have limited options when it comes to healthcare. In some cases, community leaders discussed the fact that people simply do without basic healthcare. In other instances, the uninsured may be forced to use the emergency room for services other than those for which it is intended. Moreover, interviewees pointed out that some forms of healthcare coverage, such as Medicaid, do not automatically guarantee access. Since Medicaid offers providers a decidedly low rate of reimbursement, and physicians

are not compelled to accept them as patients, many Medicaid recipients are not able to access appropriate primary care in Columbia County. Whatever deficiencies may exist in the network of specialty service in the county are even more problematic for the Medicaid population because in most cases they can receive care nowhere else. In the words of one interviewee, “getting a doctor to accept an out-of-county Medicaid patient is virtually impossible”.

What emerged throughout the comments of community leaders is that while the healthcare system in Columbia County is generally good, some of the most vulnerable individuals in the population, namely the uninsured and the indigent, are running into barriers that prevent them from getting the services they need. These barriers occur at the personal level as well as the systemic level and they have a synergistic effect on one another. Community leaders went on to point out that when access to primary care is constrained, it could contribute to the degradation of the system as a whole.

## ***Essential Services***

The community leaders were asked to list some of the essential services of the healthcare system in Columbia County. The top five essentials they discussed were indigent care, specialty care, networks, health education, and hospitals.

### ***Indigent Care***

Many interviewees placed a premium on the importance of providing health services for those who are unable to afford them. While noting that the Health Department, Quality First Care, and the Family Health Center work hard to reach this population, many needs are still going unmet. In particular, community leaders expressed concern for the growing number of Columbia County residents who are not able to obtain health insurance, but at the same time are not eligible to receive Medicaid. Several observed that any growth in the healthcare infrastructure should contemplate the need for free clinics and other “safety net services”.

### ***Specialty Care***

In discussing the availability of appropriate treatment, community leaders often cited specialty care as a concern. On the one hand, many felt that the number of providers in several fields, such as orthopedics, is inadequate to meet the needs of the population. On the other hand, they emphasized that a good referral system must be in place so that individuals can receive prompt treatment outside of the county when necessary.

### ***Networks***

In order to capture the largest percentage of the population possible, community leaders emphasized networking between facilities and between providers both within and between facilities. “Private physicians need to have ties to different facilities and develop good working relationships”. “Communication between agencies and the ability to share patient information is essential to ensure continuity of care”. At the same time, interviewees indicated that networks should not be constrained by county lines. “Smaller communities need to build relationships with

larger communities that have more resources”. Although it was never explicitly stated, a number of community leaders implied that a lack of cooperation and amity between the private and public sectors of healthcare is detrimental to the system overall.

### ***Health Education***

Observations about education centered on the point that it should be a life long process and that it should begin as early as possible. Some community leaders felt that health education should be aggressively incorporated into elementary and high school curricula while acknowledging that public school employees have limited resources to execute such a policy. While the importance of health education was widely agreed upon, one community leader went farther in calling for increased accountability with respect to the design and implementation of programs. “Everyone loves the idea of a health education program, but I sometimes wonder if we are prepared to take responsibility for that education. That is, do we take responsibility if it is effective? Do we take responsibility if it is ineffective? And what about evaluating performance? Do we even know if what we are doing is working? Most of the time I think not”.

### ***Hospitals***

Generally, community leaders were in agreement that the hospital care in Columbia County is very good. Several commented that it is unusual for a relatively small community to have multiple facilities that offer a broad range of services. In spite of this, a number of community leaders expressed concern that the number of acute care beds in the county may still be insufficient. However, as one leader pointed out, because the county is located within a short distance of Gainesville and Jacksonville, transporting certain kinds of patients out of the county is not a problem.

### ***Key Healthcare Issues***

The community leaders were asked to define the important health issues that affect Columbia County residents and comment on the types of services that are important for addressing these issues. Community leaders, whether they work in the field of healthcare or in other non-healthcare occupations, tended to identify similar issues spanning from the individual to the systemic level. In table 70 below, those issues are ranked according to the frequency of their occurrence. For community leaders who work in healthcare, Access and Affordability was ranked the number one issue affecting health in Columbia County. Mental Health was ranked second, followed by Behavior/Lifestyle, Substance Abuse, and Dental Health. For community leaders who work outside of healthcare, Behavior/Lifestyle ranked as the most serious health issue, followed by Access and Affordability, Education, Poverty, and Dental Health.

As can be seen, there is a great deal of similarity between the responses of different community leaders. Access and Affordability and Behavior/Lifestyle tend to serve as bookends for what occurs in terms of health outcomes. On the one hand, a person’s lifestyle and behavior will have a substantial impact on how healthy or unhealthy that person is. On the other hand, the differential ability or inability of the healthcare system to deliver services will also have a substantial impact on that person’s health. Interestingly, community leaders ranked both of these



as the most important health issues in Columbia County. Whereas the interviewees employed in healthcare felt that problems at the systems level were more serious, those who were employed in non-healthcare fields felt that problems related to individual behavior and lifestyle should take priority.

**Table 70. Priority health issues identified by community leaders in Columbia County.**

Numerical ranking	Healthcare Interviews	Non-Healthcare Interviews
1	Access and Affordability	Behavior/Lifestyle
2	Mental Health	Access and Affordability
3	Behavior/Lifestyle	Education
4	Substance Abuse	Poverty
5	Dental Health	Dental Health

Source: Columbia County community leader interviews, 2006. Prepared by: WellFlorida Council, 2006.

In addition to these bookend issues of Access and Affordability and Behavior/Lifestyle, community leaders also spoke at length about several other health issues that are of concern in Columbia County: Mental Health, Dental Health, Substance Abuse, Education, and Poverty.

### Mental Health

Community leaders tended to discuss mental health in terms of the inaccessibility of services. One leader observed that “Twenty percent of children and adults are living with some sort of diagnosable mental illness”. Several others noted the lack of adequate in-patient facilities in the county, and the limited services available through existing facilities. Another leader pointed out that the availability of services may be declining as one of the local hospitals reallocated their psychiatric beds for acute care.

In most cases, community leaders were in agreement that the best approach to improving mental health in Columbia County should involve developing strategies to increase the number of facilities and providers that can offer a variety of services, particularly for the low income and indigent populations.

### Dental Health

Dental health was also discussed by community leaders in terms of its inaccessibility to a large percentage of the population. While most feel that the dentists in the county provide excellent care, they also assert that the number of providers is insufficient. Several community leaders indicated that dentistry is only available to those individuals who have health insurance. Often, while commenting on health insurance, community leaders expressed a concern that most, if not all, dentists in Columbia County do not accept Medicaid. Community leaders tended to agree on the point that the group that is most disproportionately affected by lack of access to dental care is children who are living at or near the poverty threshold.

Many of the strategies proposed for addressing the problem of access to dental care in Columbia County involved building partnerships with individuals and organizations outside of the county, such as the University of Florida's College of Dentistry in Gainesville. Coupled with this strategy, a number of community leaders commented on the need for developing more robust incentives for attracting dentists willing to provide free or low cost care.

### Substance Abuse

Community leaders discussed substance abuse as a problem relating to an individual's lifestyle/behavior. To the extent to that it is a precursor to or symptom of mental illness, community leaders are very concerned about it. Often, community leaders commented that substance abuse begins at an early age, and it is at this early age that they feel education is necessary.

### Education

Community leaders commented on education as the foundation for a healthy lifestyle. Morbidity and mortality decrease when individuals have a better understanding of how their behavior/lifestyle impacts their health. While some community leaders felt that health education should be more of a priority in public schools (including an improvement in meal choices provided by schools), others felt that physicians and other providers should accept more responsibility as health educators.

### Poverty

According to community leaders, the most significant factor affecting a person's lifestyle as well as his or hers ability to access healthcare is poverty. The problem of poverty is so ubiquitous that several community leaders expressed hesitation about listing simple strategies to eradicate it. However, those who proposed solutions discussed the need for economic development, which, if it occurs in a measured way, would allow Columbia County to maintain its rural character, while allowing for the adequate provision of healthcare services to the most vulnerable members of the population.

## ***Specific Healthcare Services***

When asked about specific healthcare services in Columbia County the community leaders responded in a number of different ways. Yet, at the same time there was a great deal of consistency among their responses. In order to capture the breadth and diversity, responses are paraphrased below.

### *Primary Care*

In general, community leaders felt that primary care was quite adequate to meet the needs of the insured population in Columbia County, but that the uninsured and underinsured face significant barriers when attempting to access these basic services.

- It is available through the health department, the family health center, and quality first care.
- Primary care providers often do not accept Medicaid patients. If a person has insurance, these services are readily available.
- It is not available for the uninsured and the underinsured. Even Medicare recipients who don't have supplemental insurance have difficulty here. Also, the people who have Tricare must often travel outside of the county.
- There is a shortage of providers, especially for adults. There are a good number of pediatrics in the area.
- It is fine for the people that have money. There is a need for more providers, but the ones that we do have are good.
- We have above average primary care in the area.
- There is an unmet need for primary care in this county
- There are a good number of providers, but a person who is uninsured would have a hard time getting in to see them.
- It is difficult for the uninsured to obtain.
- It is good for those who have insurance. Sometimes there are waiting lists for appointments though.
- I think it is above average at the moment, but the growth of providers has to keep pace with the overall growth of the population.
- It is okay, but we need more providers.
- There are a lot of providers, but not everybody is able to get in to see them. They may lack insurance, or for whatever reason, and those people have to go to the emergency room.
- The people who need it the most are unable to get it.
- It is fairly good, the county is growing.

### ***Dental Care***

Overall, the community leaders feel that the community is not lacking in dental providers, but the cost and availability of providers accepting certain insurance plans is an increasing need. Some notable observations include:

- It is only available for those who have health insurance.
- Again, providers will not accept Medicaid patients in most cases because the rate of reimbursement is so low. We will have a mobile dental unit next year to see patients who would otherwise not be seen.
- The need is not met, both for children and for adults. Also it is a challenge to attract new providers to the area.
- There are a sufficient number of providers, but patients may not be able to access them due to lack of insurance.
- Affordability is a problem. The indigent population cannot access care. Also, some providers do not accept Medicaid.
- Dental care is fine as far as I know.
- Very poor. The providers are good, but they are inaccessible for the uninsured.
- Dentists are very good. I think there are a reasonable number of providers. Overall, very good.
- We have excellent dentists in this county, but we are in need of a free clinic.
- Dental care is fine.
- There are plenty of dentists, but you have to have health insurance to see them.
- Same thing, the people who need it the most are not able to get it.
- It is good.

### ***Specialty Care***

Though the community leaders are complimentary of the existing specialty services, they note significant deficiencies in certain areas.

- Not available for the indigent and the Medicaid population.
- Provided that a patient has insurance they will have no trouble obtaining most kinds of specialty care.
- Those people who do not have health insurance will have trouble accessing any kind of specialty care.
- Specialty care in the area is decent.
- There has been some difficulty with recruiting new providers, but that might be getting better.

- There are several good nursing homes and assisted living facilities that allow people to maintain some independence.
- The care that we have is good, however, there are areas that have not been filled yet.
- Orthopedics needs improvement. We could also use some neurologists. The general surgeons in the area are quite good.
- There has been an increase in providers over the past couple of years.
- I'm not particularly comfortable with specialty care in this county. The population is thin.
- It is better these days thanks in part to the VA system. I think we're fortunate, given the size of the county.
- A lot of people get referred outside of the county.
- Improving all the time. However, there may be a problem with the trust factor. People may perceive doctors in small communities to be less professional or less experienced, and those people like to travel outside of the county for specialty care.
- The people who need it the most are unable to get it.
- There are some in the area, cancer and such, but I believe a lot of people still prefer to go to Gainesville.
- There are several providers in the area that seem to do a good job.

### ***Mental Health***

Most community leaders expressed concern over the lack of resources available for mental health services. Some notable observations include:

- There are some private providers and there is Meridian, but care is not available for the uninsured.
- Services are lacking for mental health, and once again, Meridian does not like dealing with Medicaid.
- There is none for children and adolescents. Mental healthcare is virtually non-existent.
- Not anywhere near enough services to meet the need.
- Totally inadequate – especially since the medical center lost its psychiatric beds.
- The medical center used to have psych beds, but not anymore. There is a lack of facilities.

- This is a big unmet need. Meridian over flows with Baker Act initiations.
- There is an unmet need for mental healthcare. For those people who have mental health issues, we have nowhere to send them.
- This is an area that could use improvement.
- Mental health could stand some improvement. This is an area that needs outside funding. I don't think that good mental health care is really sustainable on its own. In this county it is a little below average.
- We need more than just a handful of social workers.
- There are a couple of private providers, psychiatrists and so on. There might be an unmet need there.
- Meridian does not have enough beds or staff to meet the need.

### ***Hospital Care***

The hospital care services received praise from a majority of the community leaders. The existence of multiple facilities was seen as a benefit to being a resident of Columbia County.

- At the moment the hospitals provide good care and they continue to improve.
- For the insured and the Medicare population, the services are fine. Others find the ER to be their last option.
- We have three hospitals and each of them has a functioning ER. Unfortunately, there is a public perception problem regarding the quality of care.
- The hospitals provide good care, but they do not have a sufficient number of beds.
- I would give it a B average.
- Good services and well established. The hospitals have been in the community for a long time.
- The care is good, but there has been no growth or expansion for a very long time.
- Hospital care is fairly good. Right now the Lake City Medical Center is looking to expand.
- Hospital care is fairly good, but there is a poor public perception of the facilities.
- I am comfortable with hospital care in the area. Although, I'm sure people find themselves in a 'hurry up and wait' situation when they go.
- Hospital care is above average.

- They do a good job. Lake Shore has good communication with Shands at the University of Florida.
- It's pretty good except for the ER due to the volume of the care they have to provide
- Hospitals are overburdened with indigent care.
- We have two fine hospitals. The care is good.

## ***Responsibilities for Addressing Healthcare Issues***

When discussing where responsibility lies for addressing important healthcare issues, community leaders answered variously, indicating that responsibility spreads from the individual to local and state governments, to the private sector and finally to the national level. The majority of interviewees expressed the belief that the federal government is not doing enough to provide a safety net for the indigent and low income populations. Several indicated the need for a nationwide reform of healthcare that involves some kind of universal coverage/single payer framework.

At the same time, several interviewees stressed the need for individuals in the healthcare field to accept more responsibility for the health of the individuals they serve and it was stressed that this applies to both public and private practitioners.

The private sector was also often cited as having responsibilities that must be met. For example, one community leader spoke at length about the role of private companies who manufacture and distribute products such as fitness equipment. "Fitness, like fast food is a billion dollar industry in this country. There should be a partnership, some cooperation between schools and these fitness corporations. Why after all can they not donate their used equipment to the school system, or provide free services for at-risk children. These are questions that should be on the table. Some people want to sue the fast food industry...why not make vigorous demands of the fitness industry?"

Finally, local and state governments have an important role to play in improving health and healthcare. Several community leaders made the point that the limited resources available at the local and state level are not always being used to advantage. According to community leaders, accepting more responsibility at the local level, and fostering cooperation, will allow communities like Columbia County to speak with a single voice when they address their concerns to the state and national levels.

## ***Summary***

Overall, the community leaders feel positive about the county's healthcare system. Many feel that there will always be "more needs", but the county is working towards improving its healthcare services and infrastructure.

In critiquing specific healthcare issues and services, the community leaders expressed concern for prescription assistance, dental services, and mental health services including addiction treatment. While leaders readily admit the services are available in the county, the affordability and resources are extremely limited in most opinions.

Of all the issues discussed by community leaders, indigent care was most often noted as a major concern for the county. The limited resources for the uninsured and the underinsured continue to be high among respondents' concerns. Generally, the leaders feel that the responsibility for addressing all of these issues rests with the community, businesses, and local and national government.

## ***Community Health Survey***

### ***Introduction***

In order to gain a deeper understanding of the characteristics and perceptions of residents of Columbia County, survey research was conducted from June 1 through June 17, 2006. The survey consisted of 26 questions and was designed to ascertain how and to what extent individuals can access healthcare in the county.

### ***Methodology***

A list of registered voters in Columbia County was obtained through the Supervisor of Elections office. To ensure an adequate sample size, addresses were selected from the list at intervals of fifteen until the target of 2,500 individuals was reached. By using this strategy, people in every voter district in Columbia were given the opportunity to participate. A total of 328 surveys were returned by mail, representing a response rate of 13 percent. Analysis of the survey is included below. It should be noted however that due to the non-random sampling method and the demographic distribution, the results of the survey are not generalizable to the broader Columbia County population.

### ***Respondent Profile***

Tables 71 through 81 relate the demographics and socioeconomics of the survey respondents. The largest percentage of respondents (31.4 percent) indicated the (32025) zip code in Lake City as their place of residence (Table 71). Below that, the remaining three Lake City zip codes (32055), (32024), and (32056) combined represent 46 percent. Apart from Lake City, 14.6 percent of respondents indicated that Fort White (32038) was their place of residence. The remaining individuals listed zip codes located in High Springs, and White Springs, both of which share borders with other counties, Alachua and Hamilton, respectively.



**Table 71. Zip code (geographic) distribution of respondents.**

Zip code	Number	Percent
No Answer	14	4.3
32024 Lake City	70	21.3
32025 Lake City	103	31.4
32038 Fort White	48	14.6
32055 Lake City	77	23.5
32056 Lake City	4	1.2
32096 White Springs	3	0.9
32643 High Springs	7	2.1
32649 Not found in USPS database	1	0.3
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

The sample of respondents was disproportionately female with a 60.1 percent response among women as compared to 34.8 percent among men. The remainder of respondents did not indicate a gender. In terms of age distribution, the largest percentage of respondents (28.7 percent) indicated that they were 65-80 years of age. The next largest percentages (25.6) were aged 55-64, and 22.9 percent were 40-54. The smallest percentages (12.8) and (7.6) were 18-39 and over 80 years, respectively. The racial distribution of the sample was relatively close to the overall figures for the county with 78.4 percent identifying as White, 7.9 percent as Black, 1.8 percent as More Than One Race, and 1.8 percent as Native American. Only one individual identified themselves as Asian, and the remaining respondents declined to answer the question. Seven individuals or 2.1 percent considered themselves to be of Hispanic origin, while 77.7 percent did not. Fourteen (4.3) percent indicated that they did not know, or were not sure about their ethnic background, and the remainder of respondents declined to answer the question.

**Table 72. Gender distribution of respondents.**

Gender	Number	Percent
Female	197	60.1
Male	114	34.8
Incorrect	2	0.6
No Answer	15	4.6
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 73. Age distribution of respondents.**

Age	Number	Percent
18-25 years	9	2.7
26-39 years	33	10.1
40-54 years	75	22.9
55-64 years	84	25.6
65-80 years	94	28.7
Over 80 years	25	7.6
No Answer	8	2.4
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 74. Racial distribution of respondents.**

Race	Number	Percent
African American/Black	26	7.9
Asian	1	0.3
More than one race	6	1.8
Native American	6	1.8
White	257	78.4
Other	3	0.9
No Answer	29	8.8
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 75. Ethnicity of respondents.**

Ethnicity	Number	Percent
Don't Know/Not Sure	49	14.9
Non-Hispanic	255	77.7
Hispanic	7	2.1
No Answer	17	5.2
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

The majority of survey respondents (50.6 percent) indicated that they reside in 2 person households. Below that, 16.5 percent reside in 1 person households, 13.1 percent reside in 3 person households, and 10.1 percent reside in 4 person households.

**Table 76. Number and frequency of residents in respondent's household.**

Household Occupancy (number of persons)	Frequency	Percent
No Answer	14	4.3
0	2	0.6
1	54	16.5
2	166	50.6
3	43	13.1
4	33	10.1
5	7	2.1
6	7	2.1
7	1	0.3
8	1	0.3
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

In terms of educational attainment, the largest percentage of the sample (30.5) were college graduates, and 29.9 percent indicated that they had earned a high school diploma or GED. Another 29 percent listed some college with no degree and 7 percent had less than a high school diploma.

**Table 77. Education attainment of respondents.**

Educational Attainment	Number	Percent
	1	0.3
College degree or higher	100	30.5
Some College with no degree	95	29.0
High school diploma or GED	98	29.9
Less than high school graduate	23	7.0
No Answer	9	2.7
Incorrect Answer	1	0.3
Other	1	0.3
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

The majority of survey respondents reported that they were either employed for wages or retired, 33.5 and 36.6 percent, respectively. Below that, 27 individuals, or 8.2 percent reported that they were unable to work. When those who reported being out of work (3.9 percent) are added to the percent of those who reported being unable to work, the total percent of those who were unemployed equals 12.1 percent.

**Table 78. Employment status of respondents.**

Occupation	Number	Percent
A homemaker	20	6.1
A Student	1	0.3
Employed for wages	110	33.5
Incorrect Answer	13	4.0
No Answer	9	2.7
Out of work for less than one year	9	2.7
Out of work for more than one year	4	1.2
Retired	120	36.6
Self-employed	15	4.6
Unable to work	27	8.2
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

The largest percentage of the population reported an annual household income of over 50,000 dollars. The second largest percentage (22.0) reported an income of less than 20,000 dollars. Below that, 18.9 percent declined to answer the question, 11.9 percent reported an income of 20,000 to 29,000, and 10.7 percent reported 30,000 to 39,000 dollars. The smallest percentage of the population (9.1) reported an income of 40,000 to 49,000 dollars.

**Table 79. Annual household income of respondents.**

Income	Number	Percent
Less than \$20,000	72	22.0
\$20,000 - \$29,999	39	11.9
\$30,000 - \$39,999	35	10.7
\$40,000 - \$49,999	30	9.1
Over \$50,000	89	27.1
Incorrect Answer	1	0.3
No Answer	62	18.9
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

A large majority of survey respondents (83.8 percent) indicated that they were home owners. Renters constitute 7.3 percent of the sample, and those who live with others who rent or own equal 3.7 percent. Only 3.7 percent invoked the “other” category, and 2.1 percent did not answer the question. As a living expense, 74.1 percent of the sample indicated that the monthly sum of their rent or mortgage was less than a third of their monthly income. Of the remainder, 18.9 percent spend more than one third of their monthly income on their rent/mortgage, and 7.0 percent did not answer the question.

**Table 80. Housing situation of respondents.**

Housing Situation	Number	Percent
Own your home	275	83.8
Rent	24	7.3
Live with others who rent/own	12	3.7
Other	10	3.0
No Answer	7	2.1
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 81. Rent/mortgage equals more than one third (1/3) of monthly household income.**

Question 17	Number	Percent
No	243	74.1
Yes	62	18.9
No Answer	23	7.0
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

## ***Analysis***

The first three questions appearing on the survey asked where individuals go to obtain basic healthcare services, how they pay for those services, and whether or not they are able to get those services when they need them. Given that many people use multiple payment methods and utilize different services based on their availability and other factors, these three questions were structured with many different alternatives for respondents to select.

In response to the first question (Tables 82-86), the majority of respondents indicated that a doctor/primary care physician was their main source of basic healthcare. As much as 79.3 percent go to a private physician either “Always” or “Often”. The least utilized health provider according to survey respondents is the County Health Department. Out of the total sample, 48.8 percent of respondents use Health Department services “Never”. Another 34.8 percent of the sample left the option blank. In this and in subsequent cases, “No Answer” can be interpreted as “Never”, which results in a total of 83.6 percent of the sample that do not utilize services available through the Health Department. Used only slightly more often by survey respondents are Hospital Clinics; the total of those respondents who answered “Never” or left the option blank represents 79.9 percent of the sample. The largest percentage of respondents who do use Hospital Clinics (15 percent) indicated that they only do so “Sometimes” or “Rarely”. The Emergency Department is another health service used by survey respondents, though not as often as private physicians. Only 4.6 percent of the sample indicated that they use the Emergency Room for basic healthcare “Always” or “Often”. Yet, more than half (50.6 percent) said that they use it either “Rarely” or “Sometimes”.

**Table 82. Doctor/Private Physician utilization by respondents for primary healthcare.**

Doctor/Private Physician	Number	Percent
Always	217	66.2
Often	43	13.1
Sometimes	19	5.8
Rarely	18	5.5
Never	7	2.1
No Answer	24	7.3
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 83. Emergency room utilization by respondents for primary healthcare.**

Emergency Room	Number	Percent
Always	12	3.7
Often	3	0.9
Sometimes	41	12.5
Rarely	125	38.1
Never	42	12.8
Incorrect Answer	2	0.6
No Answer	103	31.4
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 84. Health Department utilization by respondents for primary healthcare.**

Health Department	Number	Percent
Always	7	2.1
Often	1	0.3
Sometimes	14	4.3
Rarely	30	9.1
Never	160	48.8
Incorrect Answer	2	0.6
No Answer	114	34.8

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 85. Hospital Clinic utilization by respondents for primary healthcare.**

Hospital Clinic	Number	Percent
Always	8	2.4
Often	5	1.5
Sometimes	15	4.6
Rarely	34	10.4
Never	140	42.7
Incorrect Answer	4	1.2
No Answer	122	37.2
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 86. "Other" utilization by respondents for primary healthcare.**

Other	Number	Percent
Always	7	2.1
Often	4	1.2
Sometimes	7	2.1
Rarely	9	2.7
Never	59	18.0
Incorrect Answer	4	1.2
No Answer	237	72.3
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

In addition to inquiring as to where people are able to obtain healthcare services, the survey also asks whether or not they are able get services when they need them.

In response to this second question (Table 87), 82.7 percent answered either "Always" or "Often". Only 1.5 percent answered "Never", combined with 3.7 percent who did not answer the question, for a total of 5.2 percent. The remaining 12.2 percent indicated that they were able to obtain their basic healthcare services either "Sometimes" or "Rarely".

**Table 87. Ability of respondents to obtain healthcare services.**

Question 2	Number	Percent
Always	198	60.4
Often	73	22.3
Sometimes	26	7.9
Rarely	14	4.3
Never	5	1.5
No Answer	12	3.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Just as there are different venues through which a person might access healthcare, so too are there various payment options. The third question on the survey asked respondents to indicate which types of payment options they use the most often (Tables 88-94).

The largest percentage of respondents (60.4) indicated that private insurance is their most frequent method of payment for healthcare. The second most often cited method of payment was Medicare, with 35.1 percent listing it as their primary form of payment. Below that, 9.1 percent use VA/military/Tri Care “Always”, and 8.8 percent use cash “Always”. Although cash as a primary method of payment has a lower percentage than veteran’s insurance, more respondents answered that they use it at least some of the time. Cash was listed by 15 percent of the sample as a payment option they use either “Often” or “Sometimes”. The fifth ranked method of payment was Medicaid. This option was only selected by 6.7 percent of the sample as their main method of payment. Twenty-eight percent of respondents “Never” use Medicaid and 60.7 percent left this option blank, which can be interpreted as “Never”, for a combined total 88.7 percent. The least utilized form of payment for healthcare was Medipass. Only five individuals, or 1.8 percent of the sample indicated that they used it at all.

**Table 88. Private insurance utilization by respondents to pay for healthcare services.**

Private Insurance	Number	Percent
Always	198	60.4
Often	20	6.1
Sometimes	9	2.7
Never	23	7.0
Incorrect Answer	1	0.3
No Answer	77	23.5
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 89. Medicaid utilization by respondents to pay for healthcare services.**

Medicaid	Number	Percent
Always	22	6.7
Often	1	0.3
Sometimes	2	0.6
Rarely	5	1.5
Never	92	28.0
Incorrect Answer	7	2.1
No Answer	199	60.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.



**Table 90. Medicare utilization by respondents to pay for healthcare services.**

Medicare	Number	Percent
Always	115	35.1
Often	5	1.5
Sometimes	6	1.8
Rarely	4	1.2
Never	71	21.6
Incorrect Answer	6	1.8
No Answer	121	36.9
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 91. Medipass utilization by respondents to pay for healthcare services.**

Medipass	Number	Percent
Always	3	0.9
Sometimes	2	0.6
Rarely	1	0.3
Never	98	29.9
Incorrect Answer	15	4.6
No Answer	209	63.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 92. VA/Military/Tri-care utilization by respondents to pay for healthcare services.**

VA/Military/Tricare	Number	Percent
Always	30	9.1
Often	7	2.1
Sometimes	5	1.5
Rarely	8	2.4
Never	81	24.7
Incorrect Answer	17	5.2
No Answer	180	54.9
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 93. Cash utilization by respondents to pay for healthcare services.**

Cash	Number	Percent
Always	29	8.8
Often	15	4.6
Sometimes	34	10.4
Rarely	27	8.2
Never	46	14.0
Incorrect Answer	6	1.8
No Answer	171	52.1
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 94. "Other" utilization by respondents to pay for healthcare services.**

Other	Number	Percent
Always	11	3.4
Often	5	1.5
Sometimes	4	1.2
Rarely	1	0.3
Never	42	12.8
Incorrect Answer	3	0.9
No Answer	262	79.9
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

In order to further assess the ability of survey respondents to access healthcare services they were asked when was the last time they received treatment from a physician or outpatient facility (Table 95). The majority of the sample (89.0 percent) indicated that they had received some kind of medical care within the last year. Below that, 7.3 percent said that they had received care 1 to 2 years ago, and only 2.7 percent answered that it had been longer than three years since the last time they received care.

**Table 95. Last medical treatment from a doctor, clinic, or other outpatient facility.**

Question4	Number	Percent
No Answer	3	0.9
1 or 2 years ago	24	7.3
3 years ago or more	9	2.7
Within the last year	292	89.0
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

When asked whether or not they had been admitted to a hospital in the past three years, 57.9 percent answered "No" (Table 96). Lake City Medical Center was the most frequently utilized hospital among survey respondents with 18.0 percent of the sample indicating they had been

admitted to the facility. Another 12.5 percent said they had been admitted to North Florida Regional Medical Center, and 12.2 percent to Shands at Lakeshore. Of the 31 individuals who responded “Other” only one of them listed the VA center located in Columbia County. The remaining 30 listed hospitals located elsewhere around North Central Florida and Georgia. This is noteworthy because when respondents who marked “Other” are combined with those who were admitted to North Florida Medical Center (located in Gainesville) the total (21.0 percent) surpasses that of the other hospitals that are located within the county.

**Table 96. Hospital admissions of respondents.**

Question 5	Number	Percent
Not admitted to any hospital	190	57.9
Shands at lake shore	40	12.2
Lake city medical center	59	18.0
North Florida regional medical center	41	12.5
Other * See below	31	9.5
Total	361	110.1

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Those individuals who had been admitted to a hospital were asked to rate their experience in terms of the quality of care they received (Table 97). The largest percentage (21.6) rated their hospital experience as “Average”. Next, 14.0 percent indicated that their experience was “Above Average”, and 5.5 percent rated it as “Below Average”.

**Table 97. Quality of care received during last hospital visit.**

Question 6	Number	Percent
Above Average	46	14.0
Average	71	21.6
Below Average	18	5.5
Not admitted to any hospital	189	57.6
Incorrect Answer	1	0.3
No Answer	3	0.9
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

In thinking about their personal health, 56.4 percent of the total sample rated themselves as “Good” (Table 98). Those who rated their health as “Excellent” and “Fair” both equaled 18.3 percent. Those who ranked themselves in poor health represent 5.5 percent.

**Table 98. Description of respondent's general health.**

Question 7	Number	Percent
Excellent	60	18.3
Good	185	56.4
Fair	60	18.3
Poor	18	5.5
Incorrect Answer	1	0.3
No Answer	4	1.2
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

When asked about the accessibility of dental care (Table 99), the majority of respondents (56.4 percent) indicated that they had been able to visit a dentist within the past year. Those who had accessed dental care between one and two years ago equaled 12.8 percent of the sample, as did those who had received dental care between two and five years ago. Fifteen (15.2) percent indicated that they had not received any dental care in more than five years.

**Table 99. Last visit to a dentist or a dental clinic.**

Question 8	Number	Percent
Less than 1 year ago	185	56.4
1 to 2 years ago	42	12.8
2 to 5 years ago	42	12.8
More than 5 years ago	50	15.2
Never	1	0.3
Don't know/Not Sure	6	1.8
No Answer	2	0.6
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Since physical activity is predictive of an individual's overall health, survey respondents were asked how often they engage in rigorous exercise (Table 100). Almost half of the sample (49.1 percent) said that they engage in physical activity at least three times per week. Another 25.3 percent indicated that they were able to exercise one to two times per week, and 14.6 percent answered that they exercised less than one time per week. Thirty-three individuals, or 10.1 percent of the sample said that they never engage in rigorous physical activity.

**Table 100. Frequency of physical activity in an average week.**

Question 9	Number	Percent
At least 3 times per week	161	49.1
1 to 2 times a week	83	25.3
Less than 1 time per week	48	14.6
None	33	10.1
No Answer	2	0.6
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Respondents were asked if during the past twelve months they had been unable to obtain specific types of health care because they could not afford them (Table 101-103). Of the three basic services: mental healthcare, dental healthcare and prescription medication, it was dental care, which was cited the most often as unaffordable. Out of the total sample, 25.3 percent indicated that at some point they had been unable to afford dental care. Below that, 18.6 percent indicated that during the past twelve months they had been unable to afford prescription medications. Only 13 individuals or 4.0 percent were unable to obtain mental healthcare due to cost.

**Table 101. Ability of respondents to obtain prescription drugs based on affordability.**

Prescription Medicines	Number	Percent
Yes	61	18.6
No	247	75.3
Don't Know	1	0.3
No Answer	19	5.8
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 102. Ability of respondents to obtain mental health services based on affordability.**

Mental Health Care or Counseling	Number	Percent
Yes	13	4.0
No	255	77.7
Don't Know	5	1.5
Incorrect Answer	1	0.3
No Answer	54	16.5
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 103. Ability of respondents to obtain dental care based on affordability.**

Dental Care (Including Check-ups)	Number	Percent
Yes	83	25.3
No	221	67.4
Don't Know	4	1.2
No Answer	20	6.1
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Apart from the cost, there are many other reasons why a person may not obtain healthcare services. The following question listed some of these reasons and asked respondents to identify which ones led them to delay or avoid healthcare (Tables 104-113). The largest percentage of respondents indicated that they had not delayed getting healthcare for any of the reasons listed. Among those who did postpone or avoid healthcare the most common reason was: “You could not get an appointment soon enough”. The second most common reason for avoiding or delaying healthcare was: “You could not afford it”, followed by: “Once you got there, you had to wait too long to see a doctor”. The fourth and fifth most common reasons were: “Health insurance did not cover the care you needed” and “You could not get through on the telephone”, respectively. The reason that led the fewest respondents to avoid healthcare was: “You were afraid to visit the doctor or hospital”.

**Table 104. Unable to get through on the telephone as a reason for avoiding healthcare.**

You could not get through on the telephone	Number	Percent
Yes	38	11.6
No	256	78.0
Don't Know	2	0.6
No Answer	32	9.8
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 105. Could not get an appointment soon enough as a reason for avoiding healthcare.**

You could not get an appointment soon enough	Number	Percent
Yes	67	20.4
No	231	70.4
Incorrect Answer	1	0.3
No Answer	29	8.8
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 106. Had to wait too long to see a doctor as a reason for avoiding healthcare.**

Once you got there, you had to wait too long to see a doctor	Number	Percent
Yes	58	17.7
No	237	72.3
No Answer	33	10.1
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 107. Doctor's office was not open as a reason for avoiding healthcare.**

The clinic/doctor's office was not open when you could get there	Number	Percent
Yes	36	11.0
No	254	77.4
Don't Know	2	0.6
Incorrect Answer	1	0.3
No Answer	35	10.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 108. Did not have transportation as a reason for avoiding healthcare.**

You did not have transportation	Number	Percent
Yes	18	5.5
No	274	83.5
Incorrect Answer	1	0.3
No Answer	35	10.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 109. Did not know where to find services as a reason for avoiding healthcare.**

You did not know where to find care	Number	Percent
Yes	20	6.1
No	272	82.9
Incorrect Answer	1	0.3
No Answer	35	10.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 110. Un-affordability as a reason for avoiding healthcare.**

You could not afford it	Number	Percent
Yes	60	18.3
No	239	72.9
No Answer	29	8.8
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 111. Lack of health insurance coverage as a reason for avoiding healthcare.**

Your health insurance did not cover the care you needed	Number	Percent
Yes	51	15.5
No	238	72.6
Don't Know	6	1.8
Incorrect Answer	3	0.9
No Answer	30	9.1
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 112. No insurance coverage as a reason for avoiding healthcare.**

You did not have health insurance	Number	Percent
Yes	32	9.8
No	264	80.5
No Answer	32	9.8
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

**Table 113. Fear of doctor/hospital as a reason for avoiding healthcare.**

You were afraid to visit the doctor or hospital	Number	Percent
Yes	8	2.4
No	284	86.6
Don't Know	1	0.3
No Answer	35	10.7
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Trust is an essential component of the patient/provider relationship. Individuals who possess a negative impression of healthcare providers or feel that they are not trustworthy will be less likely to seek care and will be less likely to give providers information necessary to adequately assess their health status.



When asked whether or not they felt doctors and other healthcare providers were trustworthy people (Table 114), the majority of the sample (72.3 percent) responded in the affirmative. Only 6.7 percent answered that they felt doctors were not trustworthy, and 15.5 percent indicated that they were not sure. Eighteen individuals or 5.5 percent declined to answer the question.

**Table 114. Perception of doctors and other healthcare providers are trustworthy people?**

Question 12	Number	Percent
Yes	237	72.3
No	22	6.7
Not Sure	51	15.5
No Answer	18	5.5
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

When asked what their main source of information about health and healthcare is (Table 115) the majority (68.6 percent) of respondents indicated their physician. Below that, 4.6 percent selected “Other Healthcare Providers”, 4.3 percent chose “Friends/Family”, and another 4.3 percent chose the “Internet”. Twelve individuals or 3.7 percent indicated that they were employed in the field of healthcare and their job was their primary source of information about their health. The smallest percentage of respondents selected newspapers, magazines, and television as their primary sources of information about their health.

**Table 115. Main source of information about health and healthcare services.**

Question 13	Number	Percent
My doctor/physician	225	68.6
Other healthcare providers	15	4.6
Friends, Family	14	4.3
Internet	14	4.3
My job/occupation	12	3.7
Newspapers, magazines	7	2.1
Television	2	0.6
Other	8	2.4
Incorrect Answer	16	4.9
No Answer	15	4.6
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

Following up on the question regarding whether or not physicians and other providers can be trusted, respondents were asked to what degree they feel comfortable asking doctors and other providers questions about their personal health and lifestyle (Table 116).

The majority of the sample, 76.0 percent responded that they feel comfortable asking their physician questions about health and lifestyle either “Always” or “Often”. Those who feel comfortable “Rarely” or “Never” equal 4.5 percent of the sample.

**Table 116. Degree of comfort in asking a doctor or other healthcare provider questions about personal health and lifestyle?**

Question 14	Number	Percent
Always	175	53.4
Often	74	22.6
Sometimes	50	15.2
Rarely	8	2.4
Never	7	2.1
No Answer	14	4.3
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

The final question of the survey asked respondents to indicate whether or not they had traveled outside of their county in order to gain access to health services (Table 117). The larger the percentage is of people who leave the county for services, the more likely there is to be an access problem for individuals who do not have transportation or require costly specialized services. In Columbia County, the largest percentage of respondents (43.9) answered that they “Never” have to leave the county in order to get healthcare. Those who do travel outside the county either “Always” or “Often” equals 27.4 percent. An additional 16.8 percent indicated that they travel outside the county for healthcare “Sometimes” and the remaining 7.6 percent answered “Rarely”.

**Table 117. Travel outside of county to receive healthcare services.**

Question 15	Number	Percent
Always	43	13.1
Often	47	14.3
Sometimes	55	16.8
Rarely	25	7.6
Never	144	43.9
Incorrect Answer	1	0.3
No Answer	13	4.0
Total	328	100.0

Source: Columbia County Health Survey, 2006.  
Prepared by: WellFlorida Council, 2006.

## Summary

A substantial number of survey respondents were college educated, homeowners, and either employed for wages or retired. Not surprisingly, a large percentage of them indicated that they were able to obtain primary healthcare through private physicians and were able to pay for the services they received either through private health insurance or Medicare. The largest percentage of respondents trust their healthcare providers and feel comfortable discussing their personal health and lifestyle decisions.

At the same time, many respondents lack health insurance coverage and have difficulty obtaining services of all kinds. These individuals were more likely to report a lower level of education as

well as income. For these individuals, accessing healthcare services in Columbia County remains problematic and challenging.

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# APPENDIX A

# Survey Instrument

## Columbia County Health Survey – 2006

**1. When I need primary health services I go to a: (check all that apply):**

Private Physician/Doctor

Always  Often  Sometimes  Rarely  Never

Hospital Emergency Room

Always  Often  Sometimes  Rarely  Never

Health Department

Always  Often  Sometimes  Rarely  Never

Hospital Clinic

Always  Often  Sometimes  Rarely  Never

Other \_\_\_\_\_

Always  Often  Sometimes  Rarely  Never

**2. I am able to get the health services I need (check one):**

Always  Often  Sometimes  Rarely  Never

**3. In order to pay for the health services I get, I use: (check all that apply)**

Health Insurance (private insurance, HMO)

Always  Often  Sometimes  Rarely  Never

Medicaid

Always  Often  Sometimes  Rarely  Never

Medicare

Always  Often  Sometimes  Rarely  Never

Medipass

Always  Often  Sometimes  Rarely  Never

VA/Military/Tricare

Always  Often  Sometimes  Rarely  Never

Pay Cash

Always  Often  Sometimes  Rarely  Never

Other \_\_\_\_\_

Always  Often  Sometimes  Rarely  Never

4. When was the last time you received medical treatment from a doctor, clinic, or other outpatient facility?

- Within the last year
- 1 or 2 years ago
- 3 years ago or more

5. Within the last three years, were you admitted to a hospital?

**(Check all that apply).**

- Not admitted to any hospital
- Shands at Lake Shore
- Lake City Medical Center
- North Florida Regional Medical Center
- Other \_\_\_\_\_

6. In thinking about the quality of care you received, would you describe your hospital experience as:

- Above average
- Average
- Below average
- Not admitted to any hospital

7. How would you describe your general health?

- a. Excellent
- b. Good
- c. Fair
- d. Poor

8. How long has it been since you last visited a dentist or a dental clinic?

- a. Less than 1 year ago
- b. 1 to 2 years ago
- c. 2 to 5 years ago
- d. More than 5 years ago
- e. never
- f. Don't know/Not sure

9. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster)?

- a. Less than 1 time per week
- b. 1 or 2 times a week
- c. At least 3 times per week
- d. None

10. DURING THE PAST 12 MONTHS, was there anytime when you needed the following healthcare services but didn't get them because you could not afford it? **(check all that apply)**

	YES	NO	DON'T KNOW
a. Prescription medicines.			
b. Mental health care or counseling.			
c. Dental care, including check-ups.			

**11. Have you delayed or avoided getting medical care for any of the following reasons in the PAST 12 MONTHS? (check all that apply)**

	YES	NO	DON'T KNOW
a. You couldn't get through on the telephone.			
b. You couldn't get an appointment soon enough.			
c. Once you got there, you had to wait too long to see the doctor.			
d. The clinic/doctor's office wasn't open when you could get there.			
e. You didn't have transportation.			
f. You didn't know where to find care.			
g. You couldn't afford it.			
h. Your health insurance did not cover the care you needed.			
i. You did not have health insurance.			
j. You were afraid to visit the doctor or hospital.			

**12. In general, do you feel that doctors and other healthcare providers are trustworthy people?**  
 Yes  No  Not sure

**13. What is your main source for information about your health and healthcare services? (check one)**

- My doctor/physician
- Other healthcare providers (e.g. Nurse, pharmacist)
- Newspapers, magazines
- Internet (e.g. WebMD)
- My job/occupation
- Friends, family
- Television
- Other \_\_\_\_\_

**14. Do you feel comfortable asking a doctor or other healthcare provider questions about your personal health and lifestyle?**  
 Always  Often  Sometimes  Rarely  Never

**15. During the past 3 years, did you have to travel outside of your county to get healthcare?**  
 Always  Often  Sometimes  Rarely  Never



**16. Are you currently...? (Check one).**

Employed for wages

A homemaker

Self-employed

A student

Out of work for more than one year

Retired

Out of work for less than one year

Unable to work

**17. Does your rent/mortgage equal more than one third (1/3) of your monthly household income?**

Yes  No

**18. Do you:**

Rent

Own your home

Live with others who rent/own

Other \_\_\_\_\_

**19. Zip code where you live:**

\_\_\_\_\_

**23. Your gender:**

Male  Female

**20. Your age:**

Under 18 years

18-25 years

26-39 years

40-54 years

55-64 years

65-80 years

Over 80 years

**24. Annual household income:**

Less than \$20,000

\$20,000 to \$29,999

\$30,000 to \$39,999

\$40,000 to \$49,999

Over \$50,000

21. Number of people in your household: \_\_\_\_\_

22. Your highest educational level:

Less than high school graduate

High school diploma or GED

Some College with no degree

College degree or higher

Other

25. What is your racial background?

African American/Black

Asian

Native American

White/Caucasian

More than one race  Other \_\_\_\_\_

26. Do you consider yourself of Hispanic origin?

Yes  No  Don't know/Not sure

# APPENDIX B

# ***Interview Instrument***

## ***Columbia County Needs Assessment: Structured questions for key leaders.***

Do you have any comments about health care in Columbia County and the services available to meet health care needs?

What do you think are some of the essential components of health care services in a community like Columbia County? (Prompt: What kinds of services/programs/facilities do you think are necessary for a good system of health care for county residents?)

What do you think are the important health issues that affect Columbia County residents? (Prompt: you may want to consider separate issues for children, adolescents, and adults.)

Comment on the types of services that you believe are important for addressing these issues. (Prompt: Please identify any programs you know of that are targeting the issues you identified and indicate whether there are enough services to meet the needs and whether the services are accessible to all who need them.)

Now, I am going to name some specific types of services and ask you to share any impressions you have about them, particularly anything you know about how these services are available to all persons in Columbia County and whether there are any obstacles to receiving these types of services:

- a. Primary care (the basic and routine services that most people use most often)*
- b. Dental care*
- c. Specialty care*
- d. Mental health*

*e. Hospital care*

*f. Other service*

Of all the issues and services we have discussed, which do you think is the most important health care issue?

What actions are necessary to address this issue?

Who should take responsibility for addressing this issue?

Do you have any additional comments you would like to share about health care needs in Columbia County?

It is important that we understand any affiliations you have with health care providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers health care services?