



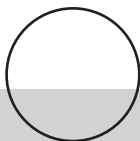
*Hamilton County Health  
Needs Assessment*

August 2005



# Hamilton County Health Needs Assessment

August 2005



The mission of WellFlorida Council is to build healthy communities through our core services, advocacy for healthcare issues and facilitation of community initiatives.

(Formerly North Central Florida Health Planning Council, Inc.)

WellFlorida Council  
18 NW 33rd Court  
Gainesville, FL 32607  
Tel: (352) 955-2264  
Fax: (352) 955-3109  
Email: [info@wellflorida.org](mailto:info@wellflorida.org)  
Web: [www.wellflorida.org](http://www.wellflorida.org)

## **Acknowledgements**

Sharon Gay, Director of Nursing  
Hamilton County Health Department

Jeff Feller, Director of Development and Communications  
WellFlorida Council

Sandra Carroll, Data and Technology Coordinator  
WellFlorida Council

John Austin, Senior Planner  
WellFlorida Council

Douglas Monroe, Intern  
Suwannee River Area Health Education Center

Kate Roland, Intern  
Suwannee River Area Health Education Center

---

# *Executive Summary*

---

## *Introduction*

In an effort to improve the health of the residents of Hamilton County, WellFlorida Council conducted a health needs assessment of Hamilton County for use by the Hamilton County Healthcare Strategic Planning Committee. 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 Hamilton County. When data are available, a comparison is provided with the state of Florida. Zip code level data for Hamilton County are presented, where data are available.

Hamilton is one of the least populated counties in Florida. With a population of 14,045 and a land area of 515 square miles, the density is a modest 25.9 people per square mile, a small fraction of the state average. However, the population is growing. Between 2000 and 2005 the rate of increase was 5.9 percent as compared to Florida's 9.3 percent. While Hamilton County encompasses three zip codes the area currently experiencing the largest growth is 32053, which includes the city of Jennings. Population growth in Hamilton County is predominantly due to in-migration.

In terms of the racial/ethnic distribution, 56 percent of Hamilton County's residents are white, 40 percent are black and 3.8 percent identify themselves as "other"; Hispanics comprise 7.6 percent of the population and those who identify themselves as Asian make up less than 1 percent.

In Hamilton County, the high school graduation rate is lower than the state and the drop out rate is higher than it is for the state. In Hamilton County, fewer people achieve a bachelor's degree or higher than is typical for Florida. The per capita and median household income in Hamilton is significantly lower than it is for the state and correspondingly, the unemployment rate is higher.

Although unemployment is decreasing in Hamilton County, as it is statewide and nationally, the rate has been consistently higher than it has been for Florida. In 2003, the unemployment rate for Hamilton was 6.3 as compared to 5.1 for the state. The major

employers in Hamilton are: PCS Phosphate, the Department of Corrections, the county school board and the county government.

The percentage of people living in poverty in Hamilton County is significantly higher than it is for the state of Florida. Thirty-six percent of the children in Hamilton are living in poverty and 26 percent of all persons are living in poverty, which is more than double the state average of 12.5 percent.

### ***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.

Heart disease continues to be the leading cause of death in the nation, the state of Florida, and in Hamilton County. Additionally, cancer ranks as the second leading cause of death in Hamilton County and Florida. 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 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 Hamilton County residents is Normal Newborn, followed by Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC , Chronic Obstructive Pulmonary Disease, Vaginal Delivery without Complicating Diagnoses, and Heart Failure and Shock. The rate of avoidable hospitalization discharges in Hamilton County is close to double that for Florida.

Behavior is another important component of health, as well as an indicator for health risk and potential improvement. Hamilton County residents have a lower rate of physical activity, a lower rate of fruit and vegetable consumption and higher percentage of overweight residents. The county also has a lower rate of immunization, when compared to the state. However, Hamilton County residents do have decreased rates of tobacco and alcohol abuse among residents when compared to the state.

Maternal health issues are also discussed in the health status section. Rates for low birthweight, teen pregnancy, and infant mortality are notoriously higher in Hamilton County than at the state level for all years examined (1999-2003). Additionally, rates for prenatal care access during the first trimester are lower in Hamilton County than that of the state. However, the maternal and child health birth indicator in which Hamilton County is succeeding is in repeat birth rates of females ages 15-19. The rate in Hamilton County for repeat births is lower in all years reviewed (1999-2003) than the state rate.

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 Hamilton County has been federally designated since 1978 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. Hamilton County reflects this trend and with slightly increased rates of suicide among white residents. Although the crude occurrences of domestic violence in Hamilton County are much lower than for the state, the total rate per 100,000 in Hamilton County is much higher than the state.

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

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

As mentioned above, the Federal Government has designated Hamilton 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 1978.

Twenty-three percent of the non-elderly residents in Hamilton County have no health insurance, which is higher than Florida's 16.8 percent. More than 860 (861) residents are enrolled in managed care programs administered by AvMed Inc., Humana Medical Plan Inc., Health Options Inc., and Vista Health Plan Inc. As of March 31, 2005, Hamilton County had 2,377 residents who were eligible to receive Medicaid, which is consistent with the month-by-month figures for all of 2004. The majority of Medicaid eligibles in Hamilton County are children under the age of 18. Medicaid for children is divided into three separate programs: Children's Medical services, MediKids, and Florida Healthy Kids. Children's Medical Services, or CMS, is intended for children who have special health care needs such as diabetes and leukemia. MediKids is a "mini" version of Medicaid intended for children ages 1-4, and the Healthy Kids program provides coverage for children ages 5-19. In Hamilton County there are 65 enrollees in the Healthy Kids program, 8 in MediKids, and 16 in CMS for a total of 89 children.

From July 2003 to June 2004, there were 2,569 Hamilton residents discharged from hospital. The payer source for the majority of those patients was Medicare, followed by commercial PPO's, Medicaid, commercial insurance, self-pay or charity, commercial HMO's and "other" sources.

Almost all of the healthcare facilities in Hamilton County are located in the city of Jasper, which is situated between Jennings to the north and White Springs to the south. Presently, the physician/patient ratio in Hamilton County is one physician per 2,822 residents.

## ***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 Hamilton County.

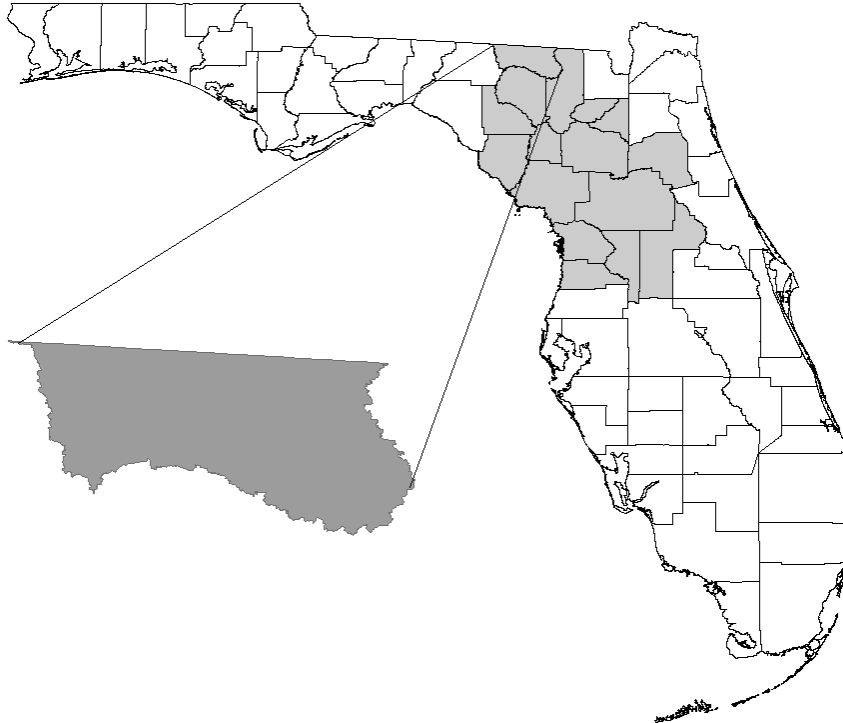
This Community Input section represents the effort to gauge community perspectives on health issues and priorities. This information is critical to the success of a county-wide needs assessment process and represents a key step in the process of ultimately achieving improved health care and health outcomes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

---

# *Demographic and Socioeconomic Characteristics*

---

**Figure 1. Hamilton County, Florida.**



Prepared by WellFlorida Council, 2005.

## ***Introduction***

The demographic and socioeconomic characteristics of Hamilton County residents are provided for review. Whenever possible, comparison data are provided for the state of Florida. The data indicators presented include, but are not limited to: population by age, gender, and race, population growth, population distribution, income levels, per capita and median household income, retail sales activities, labor force, job growth, industry by employment size, estimated number of persons and families in poverty, and educational indicators. The information provided in this section helps to establish a profile for residents of Hamilton County, and to distinguish what resources may be available to meet the health care needs of low-income, uninsured or underinsured residents.

## ***Population***

Hamilton County is located in north central Florida, with Georgia forming its northern border. The Withlacoochee River on the west and the Suwannee River to the east and south separate the county from the rest of Florida. Just north of the crossroads of I-75 and



I-10, Hamilton County is accessible from Jacksonville, Gainesville or Tallahassee. Among the smaller counties in the state, Hamilton covers 515 square miles out of the 53,937 total in Florida. Table 1 illustrates that it is also one of the less densely populated counties, with 25.9 persons per square mile, compared to 315 for the state. Florida statute defines “rural” as areas with fewer than 100 persons per square mile. The total population of Hamilton County is 14,045.

**Table 1. Population density for Hamilton County and Florida, 2005.**

Area	Population	Land Area	Density
Hamilton County	14,045	515	25.9
Florida	17,926,011	53,937	315.0

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

### ***Population Growth and Distribution***

Over the past five years, population growth within the area has been less than the overall population growth in the state. Specifically, between 2000, and 2005 the population of Hamilton County increased by 5.4 percent as compared to a more robust 12.2 percent in Florida.

Hamilton County encompasses three zip codes. The most populous area includes the city of Jasper (32052) with 8,611 residents, followed by Jennings (32053) with 3,714 residents, and White Springs (32096) with 2,570 residents.

The current growth trend is expected to continue through 2010, though at a slower pace. The second most populace area, Jennings (32053) is experiencing the largest percent increase, followed by Jasper (32052), and White Springs (32096). The past growth rates and predicted growth rates are represented in Table 2.

**Table 2. Total population by zip code, county and state, 2000-2010.**

Area	2000 Population	2005 Population	2010 Estimated Population	Percent Change 2000-2005	Percent Change 2000-2010	Percent Change 2005-2010
32052 Jasper	8,166	8,611	8,803	5.5	7.8	2.2
32053 Jennings	3,433	3,714	3,946	8.2	14.9	6.3
32096 White Springs	2,494	2,570	2,683	3.1	7.6	4.4
Hamilton County	13,327	14,045	14,522	5.4	9.0	3.4
Florida	15,982,378	17,926,011	20,140,366	12.2	26.0	12.4

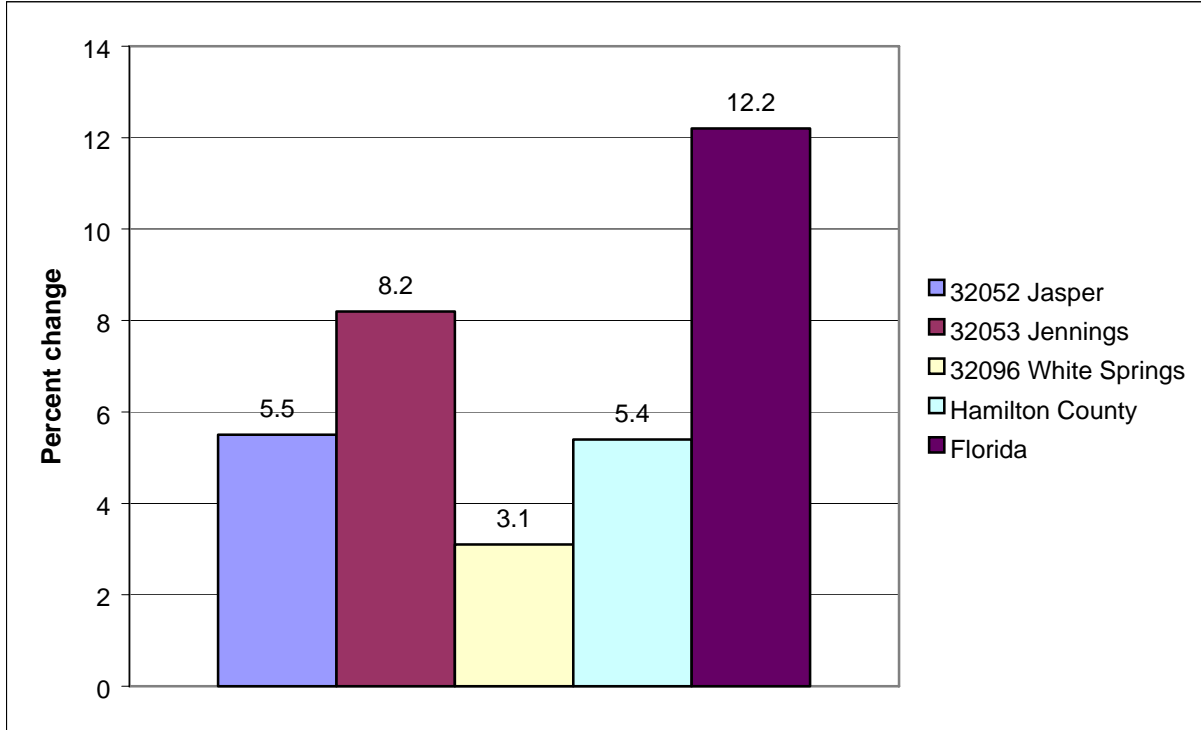
Due to rounding individual zip code totals might not equal the county total.

Source: ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2005.

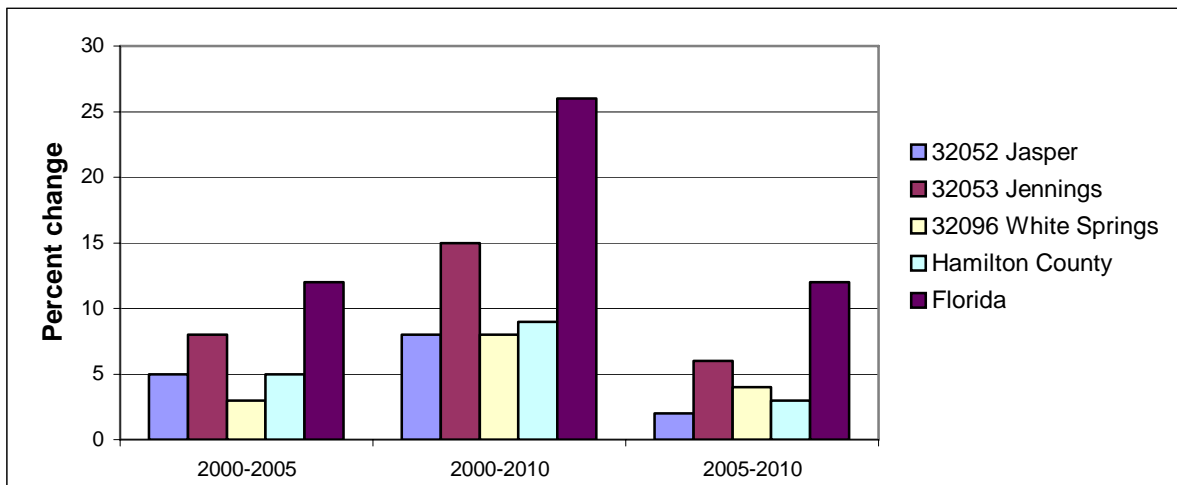
In Figure 2 we see the change in population, by zip code, between 2000 and 2005. Hamilton County's rate of growth is expected to decrease between 2005 and 2010 from 5.4 percent to 3.4 percent. Figure 3 indicates, the growth rate for the state as a whole is expected to remain steady during the same period of time.

**Figure 2. Percent population change by zip code, county and state, 2000-2005.**



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

**Figure 3. Population percent estimates of change by zip code, and selected time period.**



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

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

Analysis of the age and sex structure of a population may allow for a better understanding of the population. Age and sex structures will vary based on birth, death and migration rates.

As seen in Table 3, 17.6 percent of Hamilton County’s population are between the ages of 0 and 14; 6.4 percent are between the ages of 15 and 19; 8.5 percent are between the ages of 20 and 24; 32.2 percent are between the ages of 25 and 44 , and 24 percent are between the ages of 45 and 64. According to *ESRI Business Solutions*, 18.1 percent of the total state population is 65 years of age or older, but in Hamilton County this demographic represents only 11.3 percent. The 0-14 and 45-64 age groups closely mirror the state while the percentage of individuals in the 25-44 age group is higher in Hamilton compared to Florida.

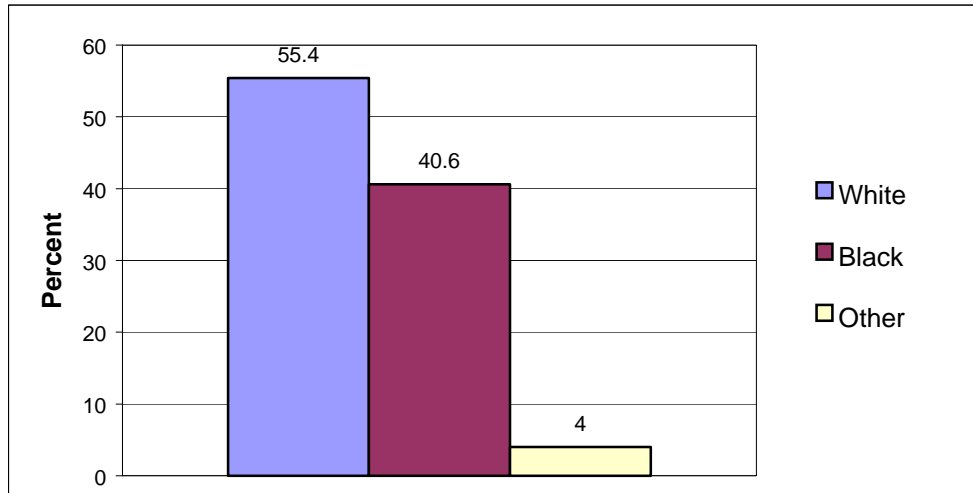
**Table 3. Population distribution by age group for Hamilton County and Florida, 2005**

	Hamilton County		Florida	
2005 Population	14,045		17,926,011	
	Number	Percent	Number	Percent
0-14	2,472	17.6	3,244,608	18.1
15-19	899	6.4	1,147,265	6.4
20-24	1,194	8.5	1,165,191	6.5
25-44	4,522	32.2	4,678,689	26.1
45-64	3,371	24.0	4,463,577	24.9
65+	1,587	11.3	3,244,608	18.1

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

Figure 4 illustrates the racial distribution of the county. Whites represent 55.4 percent of Hamilton County’s residents, followed by blacks, who represent 40.6 percent. Those who identify themselves as “other” represent 4.0 percent.

**Figure 4. Population distribution by race, 2005.**



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

Table 4 compares both the actual numbers and the percentages of racial groups in Hamilton County and the state of Florida.

**Table 4. Population by race in Hamilton County and Florida, 2005.**

	Hamilton County		Florida	
2005 Population	14,045		17,926,011	
	Number	Percent	Number	Percent
White	7,781	55.4	13,641,694	76.1
Black	5,702	40.6	2,760,606	15.4
Other	562	4.0	1,523,711	8.5

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

Table 5 compares both the actual numbers and the percentages of ethnicities for Hamilton County and the state. Hispanics represent 7.9 percent of the population in Hamilton County, as compared to 19.5 percent for the state.

**Table 5. Population by ethnicity in Hamilton County and Florida, 2005.**

	Hamilton County		Florida	
2005 Population	14,045		17,926,011	
	Number	Percent	Number	Percent
Hispanic	1,110	7.9	3,495,572	19.5
Non-Hispanic	12,935	92.1	14,430,439	80.5

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

As can be seen in Table 6, the distribution of races varies by zip code in the county. In the most populace zip code, which includes the city of Jasper, whites represent 52 percent of the population and blacks represent 44.6 percent. In the zip code including the city of Jennings the distribution is closer to that of the state, with whites representing 65.6 percent and blacks representing only 27.5 percent. The city of White Springs is the closest to the county overall, with 57 percent white and 41.2 percent black.

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

Area	2005 Population	White		Black		Other	
		Number	Percent	Number	Percent	Number	Percent
32052 Jasper	8,611	4,478	52.0	3,841	44.6	301	3.5
32053 Jennings	3,714	2,436	65.6	1,021	27.5	256	6.9
32096 White Springs	2,570	1,465	57.0	1,059	41.2	49	1.9
Hamilton County	14,045	7,781	55.4	5,702	40.6	562	4.0
Florida	17,926,011	13,641,694	76.1	2,760,606	15.4	1,523,711	8.5

Note: Due to rounding, individual zip code totals might not equal county totals.

Source: ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2005.

Much like race, the distribution of different ethnicities varies in Hamilton County by zip code. Table 7 compares the percentage of the Hispanic and non-Hispanic ethnicities between zip codes as well as the county and the state.

**Table 7. Population by ethnicity, by zipcode, county and state, 2005.**

Area	2005 Population	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
32052 Jasper	8,611	637	7.4	7,974	92.6
32053 Jennings	3,714	461	12.4	3,253	87.6
32096 White Springs	2,570	26	1.0	2,544	99.0
Hamilton County	14,045	1,110	7.9	12,935	92.1
Florida	17,926,011	3,495,572	19.5	14,430,439	80.5

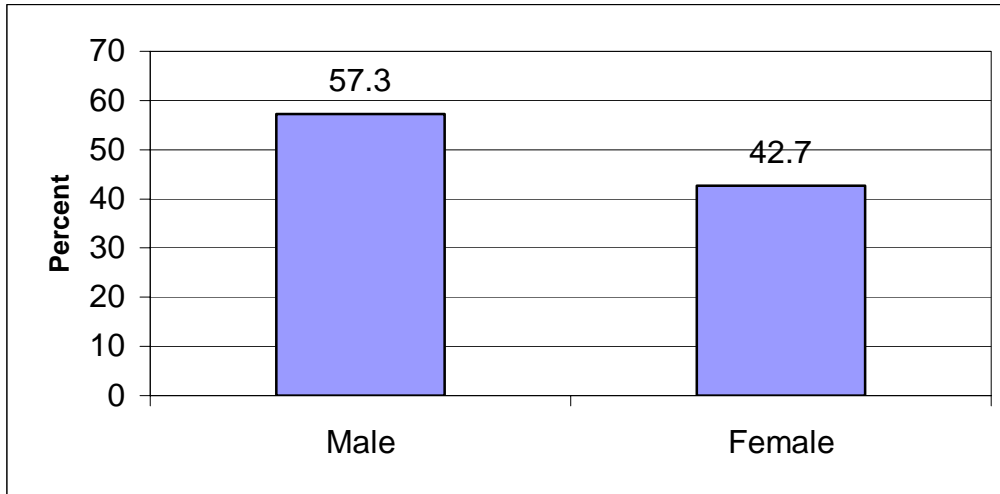
Note: Due to rounding, individual zip code totals might not equal county totals.

Source: ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2005.

At a glance, the ratio of males to females appears unusual. Indeed, Figure 5 illustrates that 57.3 percent of the population are males and only 42.7 percent are females. This is attributable to the fact that there are 2,809 incarcerated individuals in the county, all of whom are males. If we subtract this population and recalculate the ratio, we find that men represent approximately 49 percent and women, 51 percent, which is much closer to the state and national pattern.

**Figure 5. Population distribution by gender, 2000.**



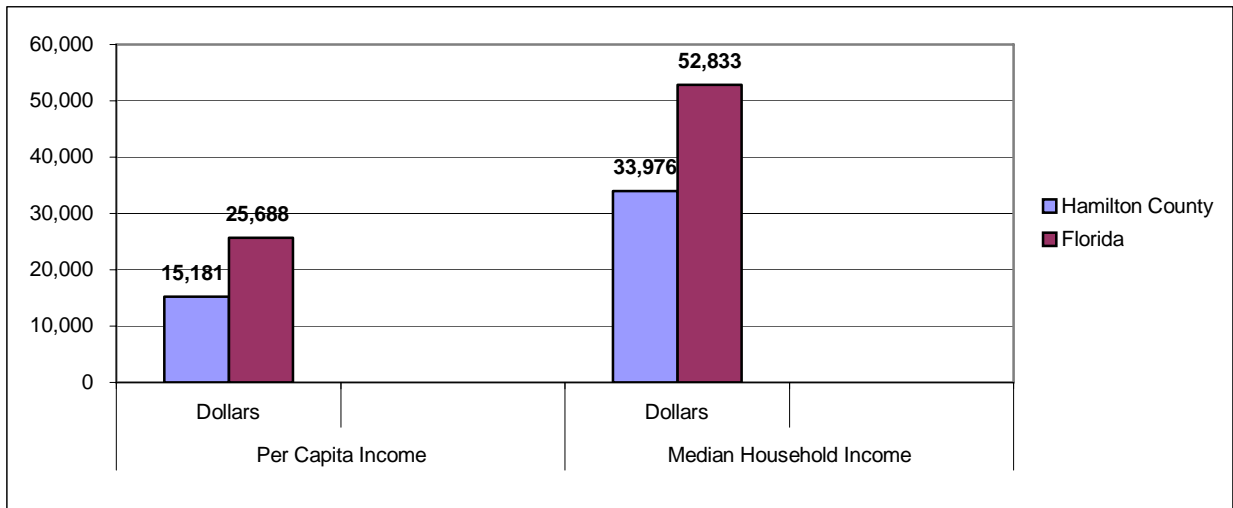
Source: U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.  
Prepared by: WellFlorida Council, 2005.

### ***Socioeconomic Characteristics***

The socioeconomic characteristics of a county influence the way residents access healthcare services and perceive the need for healthcare services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following assessment of Hamilton County will include personal income, employment rates, labor force, employees by types of industry, and poverty. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

As seen in Figure 6, the per capita and median household incomes in Hamilton County are both substantially lower than they are for Florida.

**Figure 6. Per capita and median household income for Hamilton County and Florida, 2005.**



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

Table 8 shows that the per capita income for Hamilton County is only 59.1 percent of the state per capita income, and the median household income is only 64.3 percent of the state median household income.

**Table 8. Per capita income and median household income in Hamilton County and Florida, 2005.**

Area	Per Capita Income		Median Household Income	
	Dollars	Percent of State	Dollars	Percent of State
Hamilton County	15,181	59.1	33,976	64.3
Florida	25,688	-----	52,833	-----

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

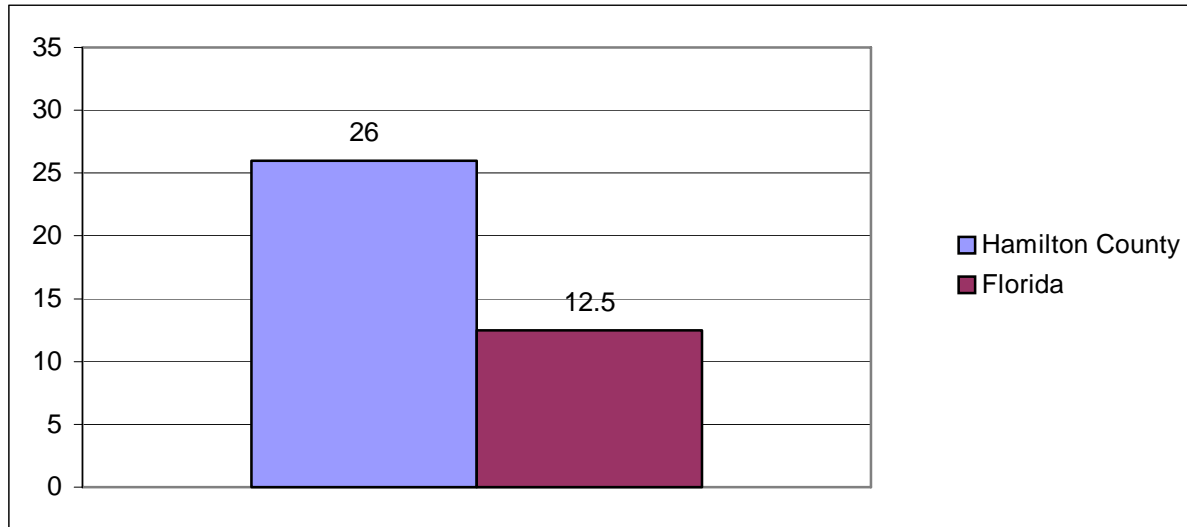
### ***Poverty***

When discussing poverty, it is important to understand how this indicator is measured. Unlike population data, poverty status is determined for all individuals except institutionalized people, which includes prisoners, nursing home residents, people in military group quarters, students living in college dormitories, and unrelated individuals under 15 years old. These groups are excluded from the numerator and denominator when calculating poverty, and thus are considered neither “poor” nor “nonpoor”.

The Federal Poverty Level (FPL) is established each year by comparing annual income to “poverty thresholds.” The thresholds vary by family size: a family of four is considered to be living in poverty today if the household income is below \$19,350. In 2003, an estimated 401,451 Florida families (nine percent) fell below nationally established poverty levels. The poverty rate for a county is the percentage of the county’s families that have an annual income below the poverty threshold. The threshold also varies by age; in 2002, the poverty threshold was \$731 lower for the population over age 65 than it was for those under age 65.

Poverty is more prevalent in north central Florida than is typical statewide. Figure 7 demonstrates that in Hamilton County, the percentage of individuals living below the federal poverty threshold is more than double the percentage for Florida. 29.9 percent of individuals living below the poverty threshold in Hamilton County are children under the age of 17, which is equal to 36 percent of the entire under 17 population for the area.

**Figure 7. Percentage of all persons living in poverty in Hamilton County and Florida, 2005**



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

Table 9 estimates the numbers of persons, children and households living in poverty in 2005. For all three categories: Persons, Children, and Households, the percentage living below the poverty threshold is double the percentage for the state.

**Table 9. Percent and estimated number of persons, children, and households in poverty in Hamilton County and Florida, 2005.**

Area	All Persons		
	Total Number	Estimated in Poverty (2005)	Percent in Poverty (1999)
Hamilton County	14,045	3,652	26.0
Florida	17,926,011	2,240,751	12.5
Area	Children (0-17)		
	Total Number	Estimated in Poverty (2005)	Percent in Poverty (1999)
Hamilton County	3,034	1,092	36.0
Florida	3,907,870	687,785	17.6
Area	Households		
	Total Number	Estimated in Poverty (2005)	Percent in Poverty (1999)
Hamilton County	4,332	1,113	25.7
Florida	7,094,782	830,089	11.7

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

Table 10 illustrates some variation in poverty by zip code in Hamilton County. The least populace city of White Springs on the southern end of the county has the lowest



percentage of citizens living in poverty, followed by the most populace city of Jasper. The area with the highest percentage of people living in poverty includes the middle-sized city of Jennings, which is at the northern end of the county.

**Table 10. Estimated number and percent of persons in poverty (< 100 percent) by zipcode, county and state, 2005.**

Area	Total Population	< 100 percent of poverty	
		Estimated number in poverty (2005)	Percent in Poverty (1999)
32052 Jasper	8,611	2,178	25.3
32053 Jennings	3,714	974	26.2
32096 White Springs	2,570	564	21.9
Hamilton County	14,045	3,653	26.0
Florida	17,926,011	2,242,544	12.5

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

Table 11 examines the different levels of poverty in Hamilton County and Florida. In Hamilton County only 49.8 percent of the population are above 200 percent of poverty as compared to the state at 68.9 percent.

**Table 11. Estimated number and percent of persons in poverty by level of poverty, 2005**

Area	Hamilton County		Florida	
2005 Population	14,045		17,926,011	
	Estimated in poverty (2005)	Percent in poverty (1999)	Estimated in poverty (2005)	Percent in poverty (1999)
Under 100 percent of poverty	3,525	25.1	2,240,751	12.5
100 percent - 199 percent of poverty	3,399	24.2	3,334,238	18.6
200 percent and over	6,993	49.8	12,342,059	68.9

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

## ***Education***

The Florida Comprehensive Assessment Test (FCAT) was first administered in 1998 as part of Florida's effort to improve the educational standards throughout the state. The primary purpose of the FCAT is to assess student achievement of the high-order cognitive skills represented in the Sunshine State Standards (SSS) in Reading, Writing, Mathematics, and Science. The test is administered yearly in grades 3-10.

Schools, as well as students, are being graded by the Department of Education as an accountability measure. The school-grading component is an important part of Florida's standard-based system of accountability. The 1999 legislation requires schools to be assigned a performance grade of "A" to "F," based primarily upon student achievement data from the FCAT. Other data relevant to a school's performance grade include the

percentage of students tested, attendance and discipline data, and dropout rates. The performance grade represents the school's progress as shown below:

- A School is making excellent progress
- B School is making above average progress
- C School is making satisfactory progress
- D School is making less than satisfactory progress
- F School is failing to make adequate progress
- N New school, no grades

As seen in Table 12, all of Hamilton County's schools have made improvements over the last three years except for Hamilton County High School, which has consistently received a D grade since the test began in 1999.

**Table 12. Hamilton County public schools FCAT performance, 1999-2004.**

Central Hamilton Elementary School					
1999	2000	2001	2002	2003	2004
D	D	D	D	C	D
North Hamilton Elementary School					
1999	2000	2001	2002	2003	2004
C	C	D	C	C	A
South Hamilton Elementary School					
1999	2000	2001	2002	2003	2004
D	D	D	F	C	A
Hamilton County High School					
1999	2000	2001	2002	2003	2004
D	D	D	D	D	D

Source: Florida Department of Education, 2004-2005 School Accountability Report.  
Prepared by WellFlorida Council, 2005.

Graduation and dropout rates may lend further insight into the overall status of a community. However, it is imperative that these rates be interpreted as they are defined. In Florida's system of public education, a graduate is defined as a student who receives a standard diploma, special diploma, or GED diploma. The graduation rate is the number of graduates (taken from the cohort group of first-time ninth graders in fall four years prior to graduation plus subsequent incoming transfers on the same schedule to graduate), divided by the number of first-time ninth graders in membership during fall four years prior plus incoming transfer students on the same schedule to graduate minus students

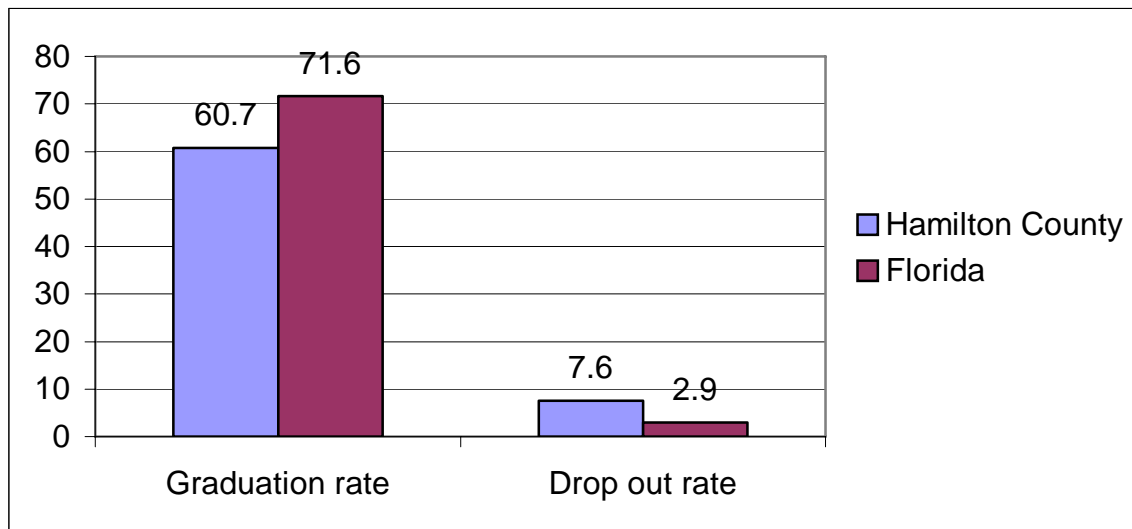
from this combined population who transferred out, students who left to enroll in a private school or an adult education program, and deceased students.

A dropout is defined as a student who withdraws from school without transferring to another school, home education program, or adult education program. Prior to 1998-99, state dropout rates were reported only for students who were 16 years of age or older—that is, students beyond the age of compulsory school attendance. Currently, the dropout rate is calculated and reported for all children in grades 9-12 who drop out of school.

### ***Educational Attainment***

When compared to the state of Florida, Hamilton County has a lower rate of high school graduates. As seen in Figure 8, the graduation rate for Hamilton County is 60.7 as compared to 71.6 for the state of Florida. Also, the dropout rate is higher at 7.6 as compared to 2.9 for the state.

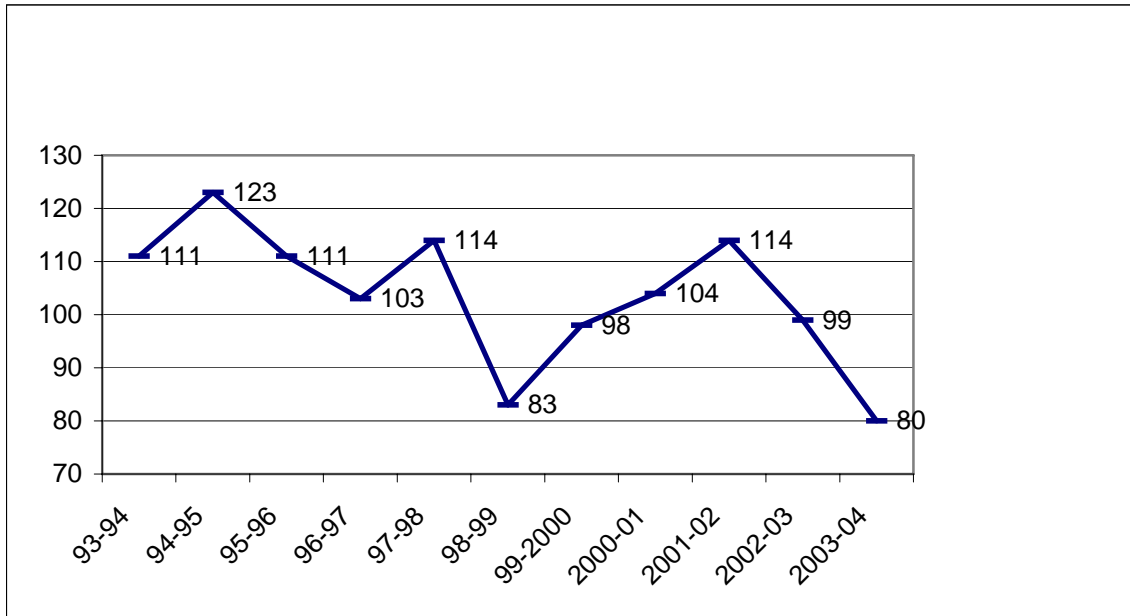
**Figure 8. Graduation and drop out rates for Hamilton County and Florida, 2003-2004.**



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

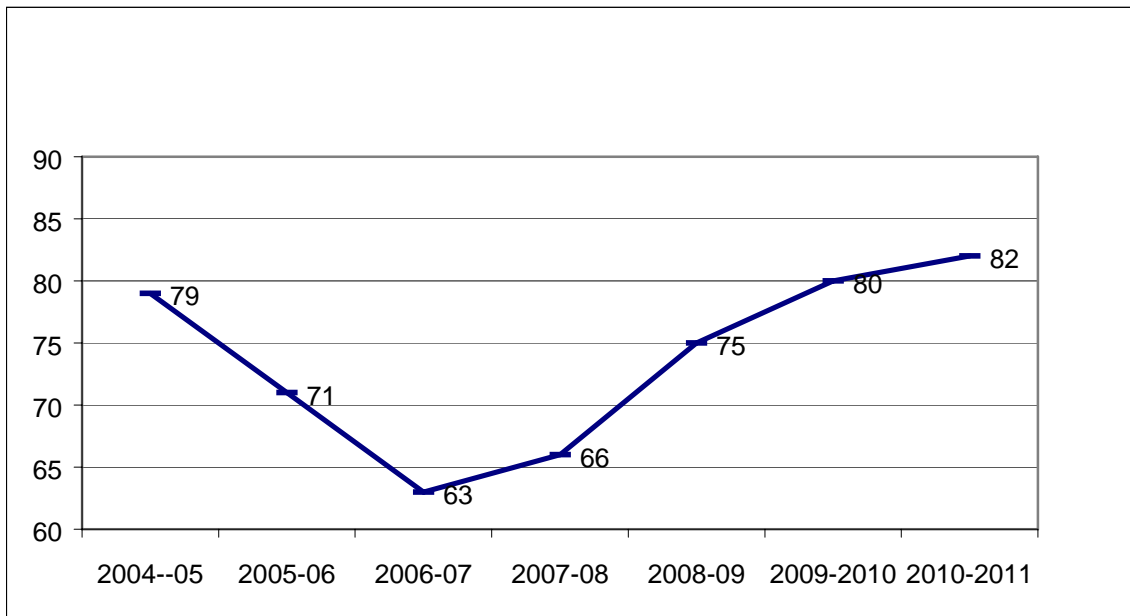
Figure 9 illustrates that the number of graduates per year in Hamilton county has remained fairly stable from 1993-2004 and Figure 10 predicts that it will remain steady through 2011.

**Figure 9. Number of high school graduates in Hamilton County, 1993-2004.**



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

**Figure 10. Number of projected graduates through 2011.**



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

As seen in Table 13, the percent of high school and college graduates is less for Hamilton County than for the state.

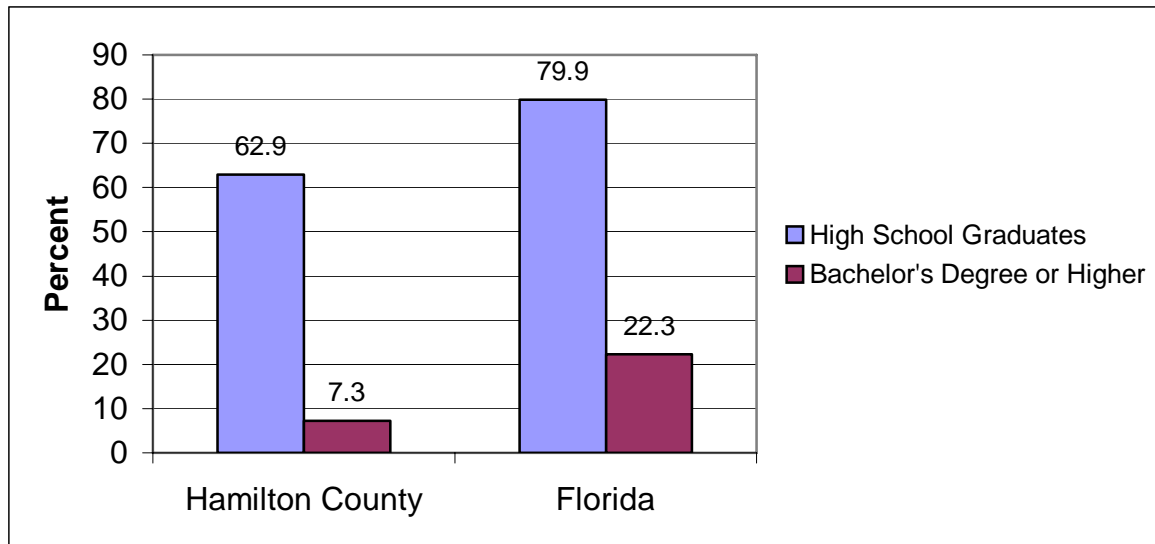
**Table 13. Percent of high school and college graduates for Hamilton County and Florida, 2004.**

	Hamilton County	Florida
High School Graduates	62.9	79.9
Bachelor's Degree or Higher	7.3	22.3

Source: Florida Department of Education, 2004.  
Prepared by: WellFlorida Council, 2005.

Figure 11 further illustrates the disparity in educational attainment. Statewide, 22.3 percent of adults have attained a bachelor's degree or higher, which is more than three times the percentage for Hamilton County.

**Figure 11. Percent of high school and college graduates for Hamilton County and Florida, 2004.**



Source: Florida Department of Education, 2004.  
Prepared by: WellFlorida Council, 2005.

## ***Employment***

Table 14 illustrates the composition of the labor force in Hamilton County from 1997 – 2003, comparing the numbers of employed persons to unemployed persons.

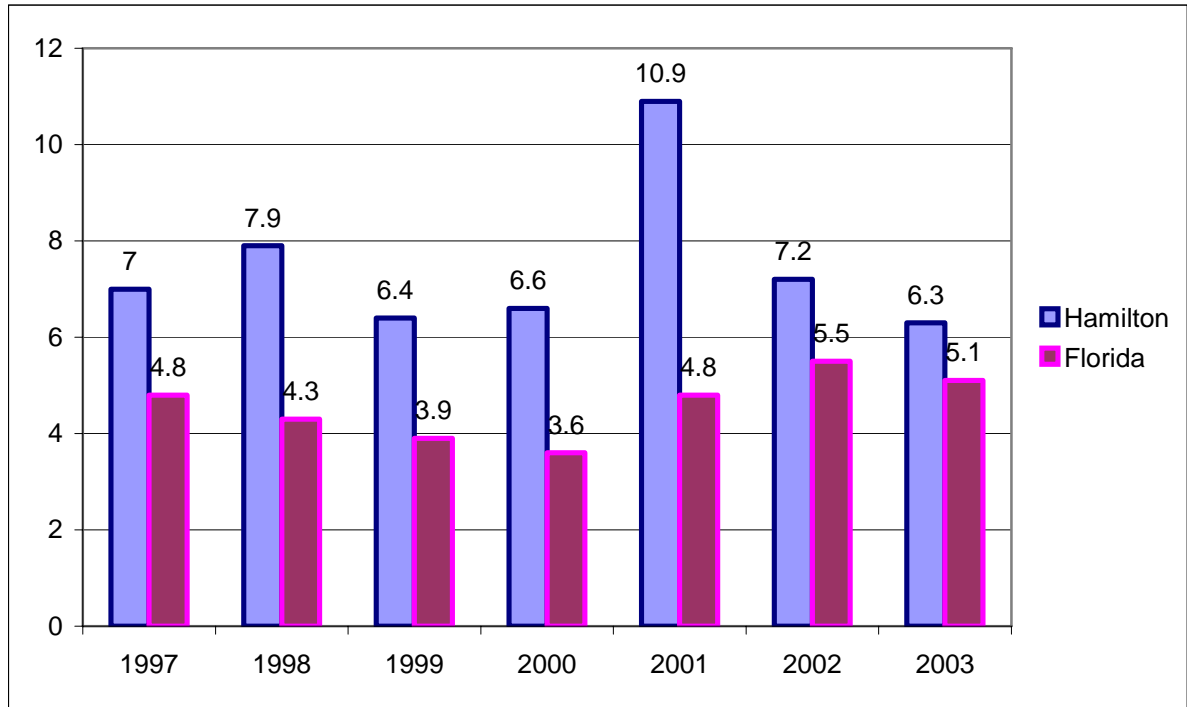
**Table 14. Labor force, employed persons, and unemployed persons for Hamilton County and Florida 1997-2003.**

Area	Labor Force						
	1997	1998	1999	2000	2001	2002	2003
Hamilton County	3,419	3,414	3,423	3,204	3,223	3,061	3,160
Florida	7,119,000	7,230,000	7,361,000	7,490,000	8,020,000	8,095,000	8,164,000
Area	Employed Persons						
	1997	1998	1999	2000	2001	2002	2003
Hamilton County	3,179	3,145	3,203	2,993	2,873	2,842	2,961
Florida	6,780,000	6,920,000	7,077,000	7,221,000	7,639,000	7,653,000	7,744,000
Area	Unemployed Persons						
	1997	1998	1999	2000	2001	2002	2003
Hamilton County	240	269	220	211	350	219	199
Florida	339,000	310,000	284,000	269,000	381,000	443,000	420,000
Area	Unemployment Rate						
	1997	1998	1999	2000	2001	2002	2003
Hamilton County	7.0	7.9	6.4	6.6	10.9	7.2	6.3
Florida	4.8	4.3	3.9	3.6	4.8	5.5	5.1

Source: Florida Statistical Abstract, 2000 - 2004.  
Prepared by WellFlorida Council, 2005.

As seen in Figure 12 Hamilton County has consistently had a higher rate of unemployment than the state of Florida. However, the county mirrors the statewide trend, which is at the present time decreasing. As of May 2005, the unemployment rate for Florida was 4.0, the lowest it has been in five years.

**Figure 12. Unemployment rate for Hamilton County and Florida, 1997-2003.**



Source: Florida Statistical Abstract, 2000 - 2004.  
Prepared by WellFlorida Council, 2005.

The size of area businesses is another factor in assessing a community’s economic health. Not only do the type and size of local businesses affect the socioeconomic status of a community, they may also affect the health of a community, as small businesses are less likely to offer health insurance than are larger companies. Table 15 shows that small businesses comprise 96.7 percent of Hamilton County’s total private industry, which is similar to the state of Florida at 95.5 percent.

**Table 15. Small businesses as a percent of total businesses in Hamilton County and Florida, 2002.**

Area	Total Businesses	Number of Small Businesses	Small Businesses as a Percent of Total Businesses
Hamilton County	181	175	96.7
Florida	450,188	429,796	95.5

Small business is defined as those businesses with 50 or fewer employees.  
Source: U.S. Department of Commerce, Bureau of the Census, County Business Patterns, 2002.  
Prepared by WellFlorida Council, 2005.

## ***Summary of Key Findings***

### ***Population***

- Hamilton is one of the smallest counties in the state of Florida. The sparse population means that it is statutorily characterized as a “rural” area.
- The area is growing, though at a slower rate than the state of Florida.

### ***Socioeconomic Characteristics***

- Both the per capita and median household income in Hamilton are substantially lower than they are for the state of Florida.

### ***Poverty***

- The percent of children living in poverty in Hamilton is double the percent for the state, as is the percent for all persons and households living in poverty in the area.
- The highest concentration of poverty is in the city of Jennings to the north and the lowest concentration of poverty is in the city of White Springs to the south. In the middle is the city of Jasper, which is also the most populous city in Hamilton County.

### ***Education***

- The graduation rate for high school seniors in Hamilton is lower than it is for the state.
- The dropout rate for high school students in Hamilton is higher than it is for the state.
- All schools, except for Hamilton County High, have improved their FCAT scores over the past three years.
- Far fewer adults in Hamilton have attained a bachelor’s degree or higher, than is characteristic of the state.

### ***Employment***

- The unemployment rate in Hamilton is consistently higher than it is for Florida.
- Presently, the unemployment rate for Hamilton County and the state are decreasing.
- Ninety-seven (96.7) percent of all businesses in Hamilton County are small businesses, which is comparable to the state of Florida at 95.5 percent.



---

# *Health Status*

---

## ***Introduction***

This section of the assessment reviews the health status of Hamilton County residents. As in the previous section, comparisons are provided with the state of Florida. This in-depth assessment of the mortality and morbidity data, Behavioral Risk Factor Surveillance System data, maternal and birth data, infant health indicators, and mental health indicators of county residents will enable Hamilton County to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well being, rather than the absence of disease or infirmity. According to *Healthy People 2010*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work, and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living, and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

The interrelationship among lifestyle/behavior, personal health attitude, and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

**Lifestyle**  
Smoking

**Primary Disease Factor**  
Lung Cancer  
Cardiovascular Disease  
Emphysema  
Chronic Bronchitis

Alcohol/Drug Abuse	Cirrhosis of Liver Motor Vehicle Crashes Unintentional Injuries (drowning, falls, etc.) Malnutrition Suicide Homicide Mental Illness
Poor Nutrition	Obesity Digestive Disease Depression
Driving at Excessive Speeds	Trauma Motor Vehicle Crashes
Lack of Exercise	Cardiovascular Disease Depression
Overstressed	Mental Illness Alcohol/Drug Abuse Cardiovascular Disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Florida must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths. As an indicator of morbidity, the patterns of hospital use by county residents are examined in this report.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death Hamilton County, and the state of Florida. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

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

Since the 1950s, heart disease has been the leading cause of death in the nation and the state. Hamilton County follows this model, with a mortality rate from heart disease of 283.5 per 100,000 with an average of 39 deaths per year. Cancer is the second leading cause of death in the nation, state, and also in Hamilton County; cancer accounted for an annual average of 31 deaths in Hamilton County between 1999-2003 with a mortality rate of 229.2 per 100,000. Both crude and age-adjusted rates are presented below.

### ***Overall Average Crude Mortality Rates***

Age-adjusted and crude rates are different ways to measure death rates. A crude rate demonstrates the impact on the community and is useful in analysis of a specific region or community. Average annual crude mortality rates are utilized to identify the major causes of death within a community. Crude rates may not be useful for comparing mortality among geographic areas or monitoring changes over time because mortality depends on the age composition of the population for a specific area as well as age-specific death rates. Therefore, age-adjusted rates will be used as a basis of analysis between Hamilton County and Florida.

Table 16 below presents the average annual crude death rates for all races by leading causes of death for Hamilton County and Florida, from 1999-2003 using three year-rolling rates.

**Table 16. Average annual crude death rates per 100,000 population for all races by leading causes of deaths, Hamilton County and Florida, 1999-2003 with three-year averages.**

Cause of Death	Hamilton		Florida	
	Average Number of Deaths	Rate	Average Number of Deaths	Rate
All Causes	130.4	957.8	165,615.8	1,008.6
Heart Disease (1)	38.6	283.5	49,726.2	302.8
Cancer (2)	31.2	229.2	38,759.8	236.0
Stroke (3)	8.2	60.2	10,276.6	62.6
Respiratory Disease (4)	8.0	58.8	8,948.4	54.5
Unintentional Injuries	All (5)	7.0	6,888.6	42.0
	MV Crashes	2.8	2,869.8	17.5
Diabetes (6)	3.2	23.5	4,557.0	27.8
Influenza and Pneumonia (7)	2.8	20.6	3,240.2	19.7
Alzheimer's Disease (8)	2.2	16.2	3,660.6	22.3
Nephritis (8)	2.2	16.2	2,073.4	12.6
Septicemia (8)	2.2	16.2	1,624.4	9.9
Liver Disease (11)	2.0	14.7	2,086.8	12.7
Hypertension (12)	1.6	11.8	1,352.0	8.2
Homicide (14)	1.0	7.3	975.8	5.9
Perinatal (18)	0.8	5.9	770.8	4.7

Note: Number after cause of death is the ranking based on Hamilton County totals.

Source: Florida Department of Health Office of Vital Statistics, Public Health Statistics 1999-2003.

Prepared by WellFlorida Council, 2005.

### ***Overall Average Age-Adjusted Mortality Rates***

Almost all diseases or health outcomes occur at different rates in different age groups. For example, most chronic diseases, including most cancers, occur more often among older people. Other outcomes, such as many types of injuries, occur more often among younger people. The age distribution determines what the most common health problems in a community will be.

It is useful to summarize specific death rates in an overall mortality index that takes the age of the population into account, such as the age-adjusted mortality rate (AAMR). The age-adjusted death rate is a summary rate of deaths that is developed so that the overall rates are based on the same age structure. Rates that are based on the same age structure can then be compared to each other without the presence of confounding by age. It is by using AAMSR that Hamilton County and Florida rates can be compared.

Age-adjusted rates are used when comparing different populations or for comparing trends in a given population over time. To further explore the health status of residents of Hamilton County, AAMR per 100,000 are used to draw comparisons across the county and state. These rates represent a summary rate by cause of death and permit an unbiased comparison regardless of the age structure of a population. From 1999-2003, the observed AAMR for all causes of death (all races) in Hamilton County was 1,068.7, while Florida presents a lower AAMR of 784.3. When disease-specific AAMR are calculated, Hamilton County has increased rates as compared to the state. Different health problems may be endemic within different communities, and throughout the state.

Tables 17-19 present an examination of the AAMR for the leading causes of death for total population, and by race. For total population, the comparison shows that Hamilton County AAMR for every cause is higher than the state, with the greatest disparity between county and state average found in Respiratory Disease, Nephritis, Septicemia, and Hypertension mortality.

**Table 17. Age-adjusted mortality rates per 100,000 for all races by leading causes of deaths by county and Florida, 1999-2003.**

Cause of Death		Hamilton	Florida
All Causes		1,068.7	784.3
Heart Disease (1)		322.0	226.9
Cancer (2)		250.0	182.6
Stroke (3)		68.8	46.6
Respiratory Disease (4)		67.5	40.2
Unintentional Injuries	All (5)	50.7	39.8
	MV Crashes	19.3	17.3
Diabetes (6)		26.0	21.4
Influenza and Pneumonia (7)		24.5	14.8
Alzheimer's Disease (8)		19.6	16.1
Nephritis (8)		19.8	9.5
Septicemia (8)		18.2	7.6
Liver Disease (11)		14.4	11.0
Hypertension (12)		14.2	6.2
Homicide (14)		6.7	6.2
Perinatal (18)		6.6	5.2

Note: Number after cause of death is the ranking based on Hamilton County totals.

Source: Florida Department of Health Office of Vital Statistics, Public Health Statistics 1999-2003.

Prepared by WellFlorida Council, 2005.

When AAMR for the 10 leading causes of death are compared based on race, different causes of death again emerge among different populations. In Tables 18 and 19, all diseases that rank among the leading causes of death for whites or blacks are included.

For the white population, the AAMR for all causes of death in Hamilton County is 1,011.9, and in Florida is 760.2. Here the AAMR for Hamilton County is much higher than the state average. With the exception of homicide AAMR in Hamilton County, all other rates for leading causes of death are higher at the county level than the state level, as seen in Table 18.

Generally speaking, the white population's AAMR mirror the general overall population rates; county rates are generally higher than the state rate. Rates of heart disease are higher at the county than at the state level among whites (state rate of 221.3 compared to 310.2 in Hamilton County).

**Table 18. Age-adjusted mortality rates per 100,000 for white residents by leading causes of deaths by county and Florida, 1999-2003.**

Cause of Death		Hamilton	Florida
All Causes		1,011.9	760.2
Heart Disease (1)		310.2	221.3
Cancer (2)		229.0	180.9
Respiratory Disease (3)		78.1	41.1
Stroke (4)		57.5	43.7
Unintentional Injuries	All (5)	47.5	41.1
	MV Crashes	20.8	17.6
Influenza and Pneumonia (6)		28.6	14.3
Diabetes (7)		22.6	18.9
Septicemia (8)		19.1	7.0
Liver Disease (8)		16.8	11.5
Alzheimer's Disease (10)		18.7	16.3
Nephritis (10)		17.2	8.4
Hypertension (16)		8.0	5.2
Homicide (17)		2.2	4.2
Perinatal (No Ranking)		-	3.7

Note: Number after cause of death is the ranking based on Hamilton County totals.

Source: Florida Department of Health Office of Vital Statistics, Public Health Statistics 1999-2003.

Prepared by WellFlorida Council, 2005.

Table 19 illustrates that black residents of Hamilton County share similar AAMR patterns as seen above in white residents by having most of their AAMRs higher than the state level comparison. It is encouraging to note that black Hamilton County residents live with lower AAMR for MV Crashes, Diabetes, Homicide, and Influenza/Pneumonia than their Florida counterparts. However, black residents generally suffer much higher rates of overall and specific mortality that their white counterparts.

**Table 19. Age-adjusted mortality rates per 100,000 for black residents by leading causes of deaths by Hamilton County and Florida, 1999-2003.**

Cause of Death		Hamilton	Florida
All Causes		1,230.2	1,047.3
Heart Disease (1)		366.3	298.4
Cancer (2)		312.5	216.5
Stroke (3)		96.7	82.4
Unintentional Injuries	All (4)	55.7	37.1
	MV Crashes	13.1	17.8
Respiratory Disease (5)		45.4	30.2
Diabetes (6)		32.4	51.5
Hypertension (7)		30.8	17.6
Alzheimer's Disease (8)		24.2	13.7
Nephritis (8)		26.6	22.6
Homicide (8)		12.6	15.9
Perinatal (8)		18.2	10.6
Influenza and Pneumonia (12)		18.5	19.2
Septicemia (12)		15.8	14.5
Liver Disease (15)		8.7	8.7

Note: Number after cause of death is the ranking based on Hamilton County totals.

Source: Florida Department of Health Office of Vital Statistics, Public Health Statistics 1999-2003.

Prepared by WellFlorida Council, 2005.

Age-adjusted mortality rates for other nonwhite residents in Hamilton County are not included in this assessment due to extremely low incidence of mortality among that population.

### ***Age-specific Mortality***

Because age-adjusted rates can mask important trends or over- or under-estimate differences, age-specific rates are used for comparing age-defined subgroups when rates are strongly age-dependent. Age-specific mortality rates are more useful than average annual crude mortality rates in determining the health status of a population in a geographical area. These detailed rates are useful for epidemiological and public health purposes.

Table 20 displays the leading causes of disease among particular age groups in Hamilton County from 1999-2003. As previously stated, the top five leading causes of death for all ages are heart disease, cancer, stroke, respiratory disease, and unintentional injury. For children both ages 0-14 and less than 1 year, there are only two known causes of death,

being Congenital anomalies and perinatal conditions. In Hamilton County from 1999-2003, there were no death recorded for those ages 1-4 and 5-14. For senior adult residents, heart disease and cancer are first and second leading causes of mortality, while respiratory disease and stroke both share the third leading cause of death. Influenza and Pneumonia is the fifth leading cause of death among seniors ages 65 and older in Hamilton County.

**Table 20. Hamilton County leading causes of death for selected age groups, 1999-2003.**

Age Category	1st	2nd	3rd	4th	5th
All ages	Heart Disease	Cancer	Stroke	Respiratory Disease	Unintentional Injury
Children 0-14	Congenital anomalies	Perinatal Conditions	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths
<1	Congenital anomalies	Perinatal Conditions	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths
1-4	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths
5-14	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths	No 1999-2003 deaths
Senior Adults 65+	Heart Disease	Cancer	Respiratory Disease (3rd)	Stroke (3rd)	Influenza and Pneumonia

Source: Florida Department of Health, Office of Vital statistics, Public Health Statistics, 1999-2003. Prepared by WellFlorida Council, 2005.

### ***Race-specific Mortality Rates***

When analyzing death data, race may become an important risk factor for certain diseases. For this reason, Tables 21, 22, and 23 present annual crude death rates for white and black deaths. When broken out by race, a number of “new” diseases move into the top ten ranking; these diseases are presented in both tables. The sequencing of leading causes of death is based on the leading cause of death in Hamilton County for that particular race, and numbers in parentheses denote county rank.

County and state rates indicate that heart disease is the leading cause of death among whites and blacks. However, the rates for whites in Hamilton County for heart disease were lower than the state rate, while the rate for blacks in Hamilton County is considerably higher than the state rate. Also of note are the high rates of respiratory disease for both blacks and whites in Hamilton County. Generally speaking, county death rates are consistently higher than state death rates for most leading causes of disease.

It is of interest to note that black and white populations share seven of the ten leading causes of death: heart disease, cancer, stroke, all injuries, Alzheimer’s Disease, respiratory disease, and diabetes. For both heart disease and cancer, both populations share these as the top two leading causes of disease, respectively. For whites, stroke and injuries rank fourth and fifth, while these two mortality indicators rank third and fourth for blacks. For whites, respiratory disease ranks third, and ranked fifth for blacks. Among these two populations, Alzheimer’s Disease and diabetes exhibit greater variance among



the ranks. For whites, Alzheimer's Disease ranks tenth, and diabetes seventh. However for blacks, Alzheimer's Disease ranks eighth and diabetes ranks sixth.

Table 21 compares annual crude mortality rates of the leading causes of death for white residents in Florida for Hamilton County. Similar to crude death rates (although age-adjusted rates are higher in Hamilton County for all races and whites), for these 10 leading causes combined Hamilton County's crude death rate for all causes (1,031.2 per 100,000) is slightly lower than the state (1,093.2 per 100,000). The mortality rate from heart disease is higher for the state (334.2 per 100,000) than for Hamilton County (310.8 per 100,000). Crude death rates due to cancer for white residents in Hamilton County also are slightly lower than the state (243.3 and 260.00 per 100,000 respectively). Of importance, the rates for heart disease and cancer are higher for white Hamilton County residents than for the whole Hamilton County population.

Death rates due to stroke and diabetes are lower for white Hamilton County residents than at the state level, although rates for respiratory disease, all unintentional injuries, motor vehicle (MV) crashes and influenza/pneumonia are all higher in Hamilton County than the state level.

**Table 21. Average annual crude death rates per 100,000 population for white residents for leading causes of death by county and Florida, 1999-2003.**

Cause of Death		Hamilton		Florida	
		Average Number of Deaths	Rate	Average Number of Deaths	Rate
All Causes		85.6	1,031.2	147,225.8	1,093.2
Heart Disease (1)		25.8	310.8	45,007.8	334.2
Cancer (2)		20.2	243.3	35,009.0	260.0
Respiratory Disease (3)		6.6	79.5	8,459.8	62.8
Stroke (4)		4.8	57.8	8,994.0	66.8
Unintentional Injuries	All (5)	4.2	50.6	5,970.6	44.3
	MV Crashes	1.8	21.7	2,402.2	17.8
Influenza and Pneumonia (6)		2.2	26.5	2,930.8	21.8
Diabetes (7)		2.0	24.1	3,711.0	27.6
Septicemia (8)		1.6	19.3	1,384.4	10.3
Liver Disease (8)		1.6	19.3	1,905.4	14.1
Alzheimer's Disease (10)		1.4	16.9	3,482.6	25.9
Nephritis (10)		1.4	16.9	1,717.2	12.8
Hypertension (16)		0.6	7.2	1,081.0	8.0
Homicide (17)		0.2	2.4	538.4	4.0
Perinatal (No Ranking)		-	-	409.2	3.0

Note: Number after cause of death is the ranking based on Hamilton County totals.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003.

Prepared by WellFlorida Council, 2005.

Table 22 compares annual crude mortality rates of the leading causes of death for black residents in Florida for Hamilton County. Unlike the overall and white population, the black residents of Hamilton County suffer from a much greater total death rate for all causes of death than their counterparts at the state level (853.5 and 684.7 per 100,000 respectively). Motor vehicle crashes, diabetes, and homicide are the three death categories where Hamilton County residents have lower death rates than state-level statistics.

Heart disease again is the leading cause of death for black residents in both Hamilton County and Florida, and the greatest cause of mortality has a crude death rate of 246.0 per 100,000 residents. Crude death rates due to cancer for black residents in Hamilton County also are overwhelmingly higher than the state (211.4 and 138.7 per 100,000 respectively).

Unlike white residents of Hamilton County, death rates due to stroke are higher for black residents of Hamilton County residents than at the state level, although rates for diabetes are lower in Hamilton County than the state level. The rate of diabetes is very encouraging because blacks are typically more susceptible to diabetes than any other racial group, and in Hamilton County, not only do blacks have a lower rate than the state rate, Hamilton County blacks have a lower crude rate of diabetes than their white neighbors.

For blacks in comparison to whites, their rates for liver disease, respiratory disease, and influenza and pneumonia are lower, while their rates of Alzheimer’s Disease, stroke, homicide, and perinatal disease are higher.

**Table 22. Average annual crude death rates per 100,000 population for black residents for leading causes of deaths by county and Florida, 1999-2003.**

Cause of Death	Hamilton		Florida	
	Average Number of Deaths	Rate	Average Number of Deaths	Rate
All Causes	44.4	853.5	17,489.8	684.7
Heart Disease (1)	12.8	246.0	4,508.2	176.5
Cancer (2)	11.0	211.4	3,542.8	138.7
Stroke (3)	3.2	61.5	1,215.8	47.6
Unintentional Injuries	All (4)	2.6	845.4	33.1
	MV Crashes	0.8	428.6	16.8
Respiratory Disease (5)	1.4	26.9	461.0	18.0
Diabetes (6)	1.2	23.1	811.8	31.8
Hypertension (7)	1.0	19.2	262.0	10.3
Alzheimer's Disease (8)	0.8	15.4	171.2	6.7
Nephritis (8)	0.8	15.4	346.0	13.5
Homicide (8)	0.8	15.4	425.2	16.6
Perinatal (8)	0.8	15.4	350.6	13.7
Influenza and Pneumonia (12)	0.6	11.5	293.6	11.5
Septicemia (12)	0.6	11.5	231.6	9.1
Liver Disease (15)	0.4	7.7	167.4	6.6

Note: Number after cause of death is the ranking based on Hamilton County totals.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003.

Prepared by WellFlorida Council, 2005.

### ***Leading Causes of Hospitalization (Morbidity)***

Morbidity can be described as the proportion of sickness in a locality. Due to the lack of other reported data regarding morbidity, hospitalization and reported infectious disease data are often utilized as indicators of morbidity. These data are examined to determine the hospital utilization patterns for residents by county, the conditions for which they are treated, and the payor sources for their services.

For the purposes of this assessment of Hamilton County, and because it is the most accurate indicator, discharge data is used to determine the leading causes of hospitalization for both Florida and Hamilton County residents.

#### ***Hospitalization in Florida***

In the state of Florida, overall patient discharges from hospitals have increased 33.7 percent from 1.8 million in 1993 to 2.4 million in 2003. The age group with the greatest number of discharges are those 60 years and older with 45.2 percent of the discharges. Statewide in 2003, the average length of stay for women was 4.6 days, and for men, 5.2 days. White patients accounted for 67.2 percent of the discharges; Asian and Pacific Islanders were hospitalized at the youngest age; and black Hispanic patients were hospitalized for longer periods than any other group.

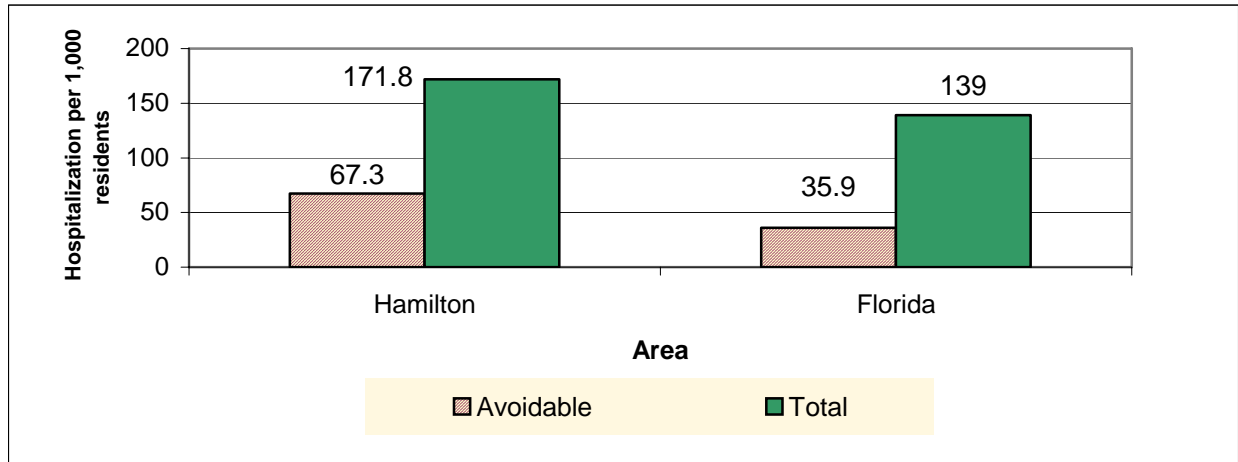
Medicare and Medicaid HMOs, and Commercial Insurance were the principal payor sources in 2003 accounting for 79.5 percent of the discharges in Florida. Approximately 89.6 percent of patients were discharged either to home or a skilled nursing facility, according to the [2003 Florida Hospital Discharge Summary Rate](#).

#### ***Hospitalization in Hamilton County***

In 2003, Hamilton County discharge rates were calculated for total and avoidable rates. In Hamilton County, the total rate was 171.8 and the avoidable rate was 67.3 per 1,000 residents age 0-64 years of age. In comparison, Florida was calculated to have a total rate of 139.0, and an avoidable rate of 35.9. According to the rates calculated, Hamilton County suffers increased rates of hospitalization compared to the state in both general and avoidable hospitalizations,

Figure 13 illustrates the total and avoidable hospitalization rates for Hamilton County and Florida residents in 2003.

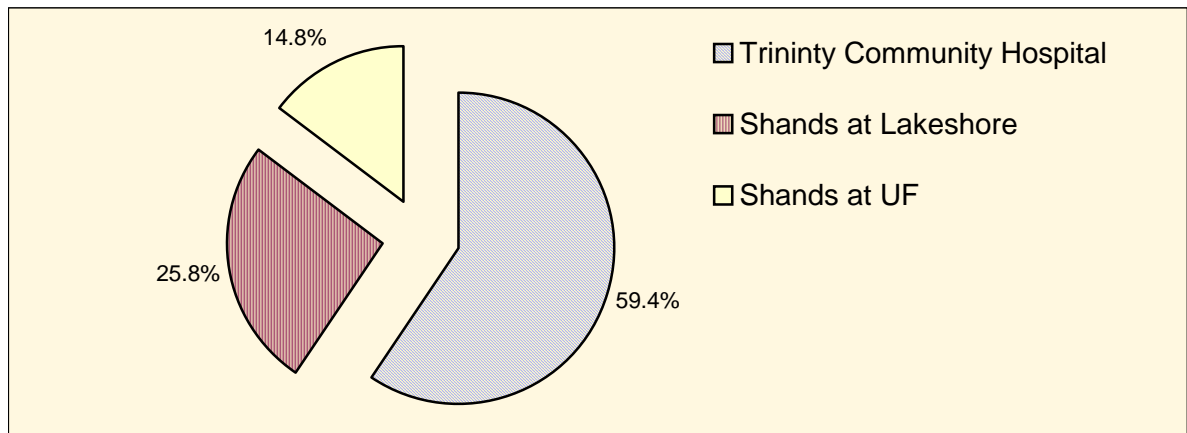
**Figure 13. Avoidable and total hospitalization rates for Hamilton County and the state, 2003.**



Note: Avoidable rates are only for residents 0-64 years of age.  
 Source: Agency for Healthcare Administration Discharge Data.  
 Prepared by WellFlorida Council, 2005.

Hospitals and clinics both within and outside Hamilton County are utilized to meet the needs of Hamilton County residents. The three most utilized hospitals by county residents in 2003 were Trinity Community Hospital, located in Jasper; Shands at Lakeshore, located in Lake City; and Shands at UF, located in Gainesville, as shown below in Figure 14.

**Figure 14. Utilization rates by Hamilton County residents for surrounding treatment centers, 2003.**



Source: Agency for Healthcare Administration Discharge Data.  
 Prepared by WellFlorida Council, 2005.

Table 23 below presents the average number of hospitalizations for chronic disease in Hamilton County, with comparative age-adjusted rates for the county and state. These major chronic disease indicators include coronary heart disease, stroke, heart failure, chronic lower respiratory diseases, asthma, and diabetes.

The seven hospitalization indicators in Table 23 offer a comparison of the age-adjusted rates for Hamilton County and Florida residents. For all six indicators with the exception

of stroke, Hamilton County’s rate far exceeds that of the state, especially for diabetes. It is important to note the similarities and distinctions between the two related sets of chronic disease indicators, coronary health disease and heart failure, and Chronic Lower Respiratory Diseases (CLRD) and asthma.

**Table 23. Hamilton County Chronic Disease Profile, average rates for years 2001-2003 for number of hospitalizations, and county and state rates.**

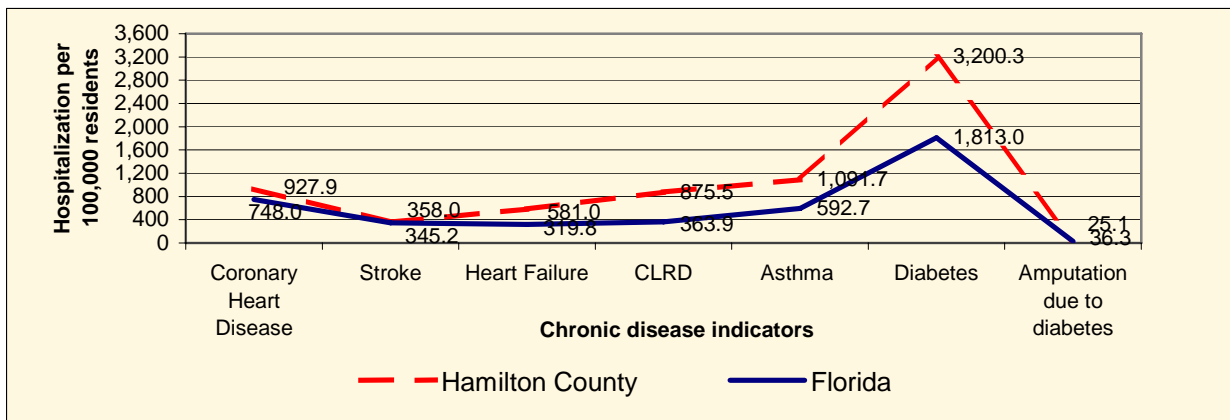
Indicator	Avg. Annual Number Of Hospitalizations	Hamilton County Age- Adjusted Rate	Florida Age- Adjusted Rate
Asthma	149	1,091.7	592.7
Chronic Lower Respiratory Diseases	115	875.5	363.9
Coronary Heart Disease	125	927.9	748.0
Diabetes	427	3,200.3	1,813.0
Diabetes Hospitalizations from amputation	5	36.3	25.1
Heart Failure	73	581.0	319.8
Stroke	47	358.0	345.2

Source: Florida Agency for Healthcare Administration (AHCA), Florida CHARTS. Prepared by WellFlorida Council, 2005.

Figure 15 below illustrates the chronic disease profile of Coronary Heart Disease, Stroke, Heart Failure, Chronic Lower Respiratory Disease (CLRD), Asthma, Diabetes, and Amputation due to Diabetes, and their respective hospitalization events.

Analysis of Figure 15 reveals amputation due to diabetes, while a complication of chronic diabetes, is a low occurrence in both the state and county, at 36.3 and 25.1, respectively. General diabetes hospitalizations represent the greatest disparity between county- and state-level data, as well as the noticeably severe hospitalization rate among all seven indicators.

**Figure 15. Chronic disease profile, 3-year age adjusted rolling rates from years 2001-2003 for Hamilton County and Florida hospitalization events.**



Source: Florida Agency for Healthcare Administration (AHCA), Florida CHARTS. Prepared by WellFlorida Council, 2005.

## ***Leading Reasons for Hospitalization and Length of Stay for all Hamilton County***

### ***Residents***

Table 24 provides a listing of the 20 leading reasons for the hospitalization of residents in Hamilton County by diagnosis-related group (DRG). This table presents the most comprehensive discharge data covering all races, ages, and gender for Hamilton County residents.

The leading cause for hospitalization of Hamilton County residents, Normal Newborn, contributes to 4.6 percent of all discharges in the county, 118 discharges totaling 253 patient days at 2.1 days per average length of stay. The ten leading causes of death represent a total of 801 discharges, and 33.6 percent of total discharges. The majority of all discharges and patient days are related to “other” exceptional hospital-related occurrences.

Of all causes of hospitalization listed, Psychoses (430) requires the longest hospital stay, with a 10.2 day average. “Other” hospitalizations are ranked second with a 4.8 day average, following Simple Pneumonia and Pleurisy, Age > 17 with CC (089) with 4.1 days; Chronic Pulmonary Obstructive Disease with 3.9 days; and Heart failure and shock with 3.6 days. While normal newborns and vaginal deliveries are ranked number one and number four among the most common discharges, Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182) and COPD rank second and third.

**Table 24. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for Hamilton County residents, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Normal Newborn (391)	118	4.6	253	2.1
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	117	4.6	341	2.9
Chronic Obstructive Pulmonary Disease (088)	115	4.5	447	3.9
Vaginal Delivery without Complicating Diagnoses (373)	97	3.8	214	2.2
Heart Failure and Shock (127)	82	3.2	295	3.6
Chest Pain (143)	82	3.2	193	2.4
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	65	2.5	171	2.6
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184)	63	2.5	116	1.8
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	62	2.4	256	4.1
Bronchitis and Asthma, Age >17 without CC (097)	58	2.3	147	2.5
Syncope and Collapse without CC (142)	51	2.0	111	2.2
Cesarean Section without CC (371)	45	1.8	134	3.0
Otitis Media and URI, Age 0-17 (070)	41	1.6	81	2.0
Diabetes, Age Greater than 35 (294)	40	1.6	133	3.3
Psychoses (430)	35	1.4	358	10.2
Bronchitis and Asthma, Age 0-17 (098)	31	1.2	62	2.0
Seizure and Headache, Age > 17 without CC (025)	30	1.2	53	1.8
Atherosclerosis with CC (132)	29	1.1	64	2.2
Hypertension (134)	29	1.1	74	2.6
Neonate with Other Significant Problems (390)	29	1.1	91	3.1
All Others	1,350	52.5	6,482	4.8
<b>Total</b>	<b>2,569</b>	<b>100.0</b>	<b>10,076</b>	<b>3.9</b>

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

Leading causes of hospitalization for Hamilton County residents based on age, gender and race is discussed at detail in the following sections.



***Leading Reasons for Hospitalization and Length of Stay for Hamilton County Residents by Age***

This section of hospitalizations based on age will examine the 0-17, 18-74, and 65+ age groups in Hamilton County.

***Age 0-17***

Table 25 illustrates that for residents of Hamilton County ages 0-17 years old, Normal Newborn (391) is the primary reason for hospitalization. This accounts for 26.1 percent of all discharges with 253 patient days and an average length of stay for 2.1 days. The fifth cause of hospitalization (6.4 percent) is due to Neonate with Other Significant Problems (390), which might involve complications of low birthweight, repeat pregnancies or lack of prenatal care. Individuals of this age group have a much less varied spectrum of causes for hospitalization due to the relatively small percentage of hospitalizations due to other causes (14.8 percent).

Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184), Otitis Media and URI, Age 0-17 (070), and Bronchitis and Asthma, Age 0-17 (098) account for causes two, three and four respectively and account for 29.9 percent of all causes of hospitalization. Hospitalization length of admission rates are greatest for Neonates, Died or Transferred to Another Acute Care Facility (385) which averages 18.7 days, and Extreme Immaturity or Respiratory Distress Syndrome of Neonate (386) which averages 12.0 days.

**Table 25. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for Hamilton County residents ages 0-17, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Normal Newborn (391)	118	26.1	253	2.1
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184)	63	13.9	116	1.8
Otitis Media and URI, Age 0-17 (070)	41	9.1	81	2.0
Bronchitis and Asthma, Age 0-17 (098)	31	6.9	62	2.0
Neonate with Other Significant Problems (390)	29	6.4	91	3.1
Simple Pneumonia and Pleurisy, Age 0-17 (091)	20	4.4	52	2.6
Seizure and Headache, Age 0-17 (026)	13	2.9	32	2.5
Prematurity without Major Problems (388)	12	2.7	65	5.4
Vaginal Delivery without Complicating Diagnoses (373)	9	2.0	19	2.1
Nutritional and Misc Metabolic Disorders, Age 0-17 (298)	8	1.8	24	3.0
Full Tern Neonate with Major Problems (389)	7	1.5	38	5.4
Neonates, Died or Transferred to Another Acute Care Facility (385)	7	1.5	131	18.7
Viral Illness and Fever or Unknown Origin, Age 0-17 (422)	4	0.9	8	2.0
Kidney and Urinary Tract Infections, Age 0-17 (322)	4	0.9	6	1.5
Other Digestive System Disorders, Age 0-17 (190)	4	0.9	16	4.0
Extreme Immaturity or Respiratory Distress Syndrome of Neonate (386)	3	0.7	36	12.0
Cesarean Section without CC (371)	3	0.7	10	3.3
Disorders of Pancreas Except Malignancy (204)	3	0.7	19	6.3
GI Hemorrhage with CC (174)	3	0.7	18	6.0
Other Ear, Nose, Mouth and Throat O.R. Procedures (063)	3	0.7	4	1.3
All Others	67	14.8	268	4.0
Total	452	100.0	1,349	3.0

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

#### Age 18-64

The demographic 18-64 encompasses a very broad and diverse lifespan that can include any and all major life events. As seen in Table 26 the leading cause of hospitalization is Vaginal Delivery without Complicating Diagnoses (373), which accounts for 6.5 percent of all discharges and 195 patient days. The following four causes of hospitalization are Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182),

Chronic Obstructive Pulmonary Disease (088), Bronchitis and Asthma, Age >17 without CC (097), and Chest Pain (143) accounting for 6.2, 4.1, 3.9, and 3.9 percent of discharges, respectively.

Incidents requiring prolonged hospital stays are Psychoses (430) with 10.4 days, Simple Pneumonia and Pleurisy, Age > 17 with CC (089) with 3.7 days, Red Blood Cell Disorders, and Age > 17 (395) with 3.5 days.

**Table 26. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for Hamilton County residents ages 18-64, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Vaginal Delivery without Complicating Diagnoses (373)	88	6.5	195	2.2
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	83	6.2	215	2.6
Chronic Obstructive Pulmonary Disease (088)	55	4.1	186	3.4
Bronchitis and Asthma, Age >17 without CC (097)	53	3.9	133	2.5
Chest Pain (143)	52	3.9	112	2.2
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	48	3.6	130	2.7
Cesarean Section without CC (371)	42	3.1	124	3.0
Psychoses (430)	29	2.1	303	10.4
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	28	2.1	103	3.7
Seizure and Headache, Age > 17 without CC (025)	27	2.0	49	1.8
Syncope and Collapse without CC (142)	27	2.0	53	2.0
Hypertension (134)	25	1.9	58	2.3
Heart Failure and Shock (127)	24	1.8	57	2.4
Diabetes, Age Greater than 35 (294)	23	1.7	73	3.2
Otitis Media and URI, Age > 17 with CC (068)	19	1.4	41	2.2
Red Blood Cell Disorders, Age > 17 (395)	19	1.4	66	3.5
Bronchitis and Asthma, Age> 17 with CC (096)	17	1.3	41	2.4
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	17	1.3	39	2.3
Seizure and Headache, Age > 17 with CC (024)	15	1.1	42	2.8
Angina Pectoris (140)	15	1.1	37	2.5
All Others	643	47.7	2,975	4.6
<b>Total</b>	<b>1,349</b>	<b>100.0</b>	<b>5,032</b>	<b>3.7</b>

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Age 65+**

Table 27 illustrates Hamilton County residents age 65 and older suffer from Chronic Obstructive Pulmonary Disease (088) as the primary cause for hospitalization with 60 discharges and 7.8 percent of total discharges, using 261 patient days with an average of a 4.4 day hospitalization stay. Second to COPD is Heart Failure and Shock (127), third is Simple Pneumonia and Pleurisy, Age > 17 with CC (089), followed by Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182), and fifth is Chest Pain (143). These five leading causes of hospitalization constitute 28.0 percent of total discharges and 858 patient days.

**Table 27. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for Hamilton County residents ages 65+, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Chronic Obstructive Pulmonary Disease (088)	60	7.8	261	4.4
Heart Failure and Shock (127)	58	7.6	238	4.1
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	34	4.4	153	4.5
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	34	4.4	126	3.7
Chest Pain (143)	29	3.8	80	2.8
Syncope and Collapse without CC (142)	22	2.9	53	2.4
Nutritional and Misc Metabolic Disorders, Age > 17 with CC (296)	18	2.3	115	6.4
Atherosclerosis with CC (132)	17	2.2	43	2.5
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	17	2.2	41	2.4
Diabetes, Age Greater than 35 (294)	17	2.2	60	3.5
Syncope and Collapse with CC (141)	14	1.8	44	3.1
Cardiac Arrhythmia and Conduction Disorders with CC (138)	13	1.7	47	3.6
Major Joint and Limb Reattachment Procedures of Lower Extremity (209)	12	1.6	67	5.6
Circulatory Disorders with Acute Myocardial Infarction and Major Complications Discharged Alive (121)	11	1.4	51	4.6
GI Hemorrhage with CC (174)	11	1.4	57	5.2
Degenerative Nervous System Disorders (012)	10	1.3	163	16.3
Nonspecific Cerebrovascular and Precerebral Occlusion without Infarction (015)	10	1.3	51	5.1
Dysequilibrium (065)	10	1.3	34	3.4
Cardiac Arrhythmia and conduction Disorders without CC (139)	9	1.2	18	2.0
Kidney and Urinary Tract Infections, Age > 17 with CC (320)	9	1.2	64	7.1
All Others	353	46.0	1,929	5.5
Total	768	100.0	3,695	4.8

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

***Leading Reasons for Hospitalization and Length of Stay for Hamilton County Residents by Race***

The following analysis includes leading causes of hospitalization and hospitalization rates for black and white residents of Hamilton County.

**Black Residents**

Table 28 ranks the leading hospital discharge status among black residents in Hamilton County from July 2003-June 2004. Gastrointestinal and bronchial complications all for residents older than 17 years of age constitute the top three leading causes of hospitalization for black residents in Hamilton County. These three causes of hospitalization equal 135 discharges, or 12.5 percent of all discharges. The cause of hospitalization that requires the longest average length of stay is Otitis Media and URI, Age > 17 with CC (296), averaging 6.5 days per hospital visit. Normal newborn (391) is ranked sixth with 34 discharges.

Heart failure and shock, and chest pain are ranked fourth and fifth on the list echoing the severity of heart disease as the number one killer among Hamilton County and Florida residents. Again, as previously noted for all Hamilton County residents, the majority of all discharges and patient days are related to other hospital-related occurrences.

**Table 28. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for black Hamilton County residents, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	56	5.2	154	2.8
Bronchitis and Asthma, Age >17 without CC (097)	40	3.7	104	2.6
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	39	3.6	101	2.6
Heart Failure and Shock (127)	38	3.5	140	3.7
Chest Pain (143)	38	3.5	105	2.8
Normal Newborn (391)	34	3.1	71	2.1
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184)	33	3.0	62	1.9
Chronic Obstructive Pulmonary Disease (088)	32	3.0	122	3.8
Syncope and Collapse without CC (142)	30	2.8	68	2.3
Hypertension (134)	27	2.5	70	2.6
Vaginal Delivery without Complicating Diagnoses (373)	26	2.4	55	2.1
Otitis Media and URI, Age 0-17 (070)	23	2.1	46	2.0
Bronchitis and Asthma, Age 0-17 (098)	23	2.1	38	1.7
Red Blood Cell Disorders, Age > 17 (395)	21	1.9	71	3.4
Syncope and Collapse with CC (141)	20	1.8	51	2.6
Diabetes, Age Greater than 35 (294)	20	1.8	63	3.2
Bronchitis and Asthma, Age> 17 with CC (096)	15	1.4	38	2.5
Otitis Media and URI, Age > 17 with CC (068)	14	1.3	33	2.4
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	14	1.3	67	4.8
Otitis Media and URI, Age > 17 with CC (296)	13	1.2	84	6.5
Cesarean Section without CC (371)	13	1.2	39	3.0
All Others	515	47.5	2,525	4.9
Total	1,084	100	4,107	3.8

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

### White Residents

Table 29 charts the leading hospital discharges for white residents in Hamilton County for one year from 2003-2004. The leading cause for hospitalization of white Hamilton County residents is Chronic Obstructive Pulmonary Disease (088) and contributes to 5.7

percent of all discharges in the county, 83 discharges totaling 325 patient days at 3.9 days per average length of stay. Complications from heart disease predominately affect the white population of Hamilton County, which is affected by poor nutrition and lack of physical activity (see Behavioral Risk Factor Data).

The cause of hospitalization requiring the longest hospital stay is Psychoses with an average of 11.0 days, a fraction longer than the 10.2 day average for all Hamilton County residents. Following lengthy hospitalizations are all others with 4.9 days, Kidney and Urinary Tract Infections, Age > 17 with CC (320) with 4.4 days, and Chronic Obstructive Pulmonary Disease (088) with 3.9 days.

Normal newborns and vaginal deliveries without complications rank second and third of all hospitalizations for white residents respectively, accounting for 10.1 percent of all discharges.



**Table 29. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for white Hamilton County residents, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Chronic Obstructive Pulmonary Disease (088)	83	5.7	325	3.9
Normal Newborn (391)	79	5.5	171	2.2
Vaginal Delivery without Complicating Diagnoses (373)	67	4.6	150	2.2
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	60	4.2	186	3.1
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	50	3.5	189	3.8
Heart Failure and Shock (127)	44	3.0	155	3.5
Chest Pain (143)	42	2.9	85	2.0
Cesarean Section without CC (371)	30	2.1	89	3.0
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	26	1.8	70	2.7
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184)	26	1.8	48	1.8
Psychoses (430)	24	1.7	264	11.0
Atherosclerosis with CC (132)	21	1.5	44	2.1
Diabetes, Age Greater than 35 (294)	20	1.4	70	3.5
Syncope and Collapse without CC (142)	19	1.3	37	1.9
Seizure and Headache, Age > 17 without CC (025)	18	1.2	32	1.8
Bronchitis and Asthma, Age >17 without CC (097)	18	1.2	43	2.4
Otitis Media and URI, Age 0-17 (070)	17	1.2	31	1.8
Neonate with Other Significant Problems (390)	17	1.2	57	3.4
Cardiac Arrhythmia and Conduction Disorders with CC (138)	16	1.1	45	2.8
Kidney and Urinary Tract Infections, Age > 17 with CC (320)	16	1.1	71	4.4
All Others	752	52.0	3,686	4.9
Total	1,445	100	5,848	4.0

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

***Leading Reasons for Hospitalization and Length of Stay for Hamilton County Residents by Gender***

The following analysis includes leading causes of hospitalization and hospitalization rates for male and female residents of Hamilton County.

**Male Residents**

As in Table 30, the leading cause of hospitalization among male residents in Hamilton County is Chronic Obstructive Pulmonary Disease (088). COPD accounts for 6.8 percent of all hospitalizations and with 67 discharges, an average length of stay of 4.1 days. Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184), Simple Pneumonia and Pleurisy, Age > 17 with CC (089), and Chest Pain (143) all account for 9.5 percent of total discharges. For men, Seizure and Headache, Age > 17 without CC (025), and Disorders of Pancreas Except Malignancy (204) both occur in the top 20 causes of hospitalization with 1.3 and 1.1 percent of total discharges respectively, and are rarely seen in any other demographic chart.

**Table 30. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for male Hamilton County residents, July 2003-June 2004.**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Chronic Obstructive Pulmonary Disease (088)	67	6.8	272	4.1
Normal Newborn (391)	57	5.8	124	2.2
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184)	35	3.5	70	2.0
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	30	3.0	129	4.3
Chest Pain (143)	30	3.0	70	2.3
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	30	3.0	74	2.5
Heart Failure and Shock (127)	26	2.6	87	3.3
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	20	2.0	45	2.3
Otitis Media and URI, Age 0-17 (070)	19	1.9	38	2.0
Bronchitis and Asthma, Age 0-17 (098)	19	1.9	32	1.7
Syncope and Collapse without CC (142)	17	1.7	35	2.1
Simple Pneumonia and Pleurisy, Age 0-17 (091)	14	1.4	35	2.5
Atherosclerosis with CC (132)	14	1.4	33	2.4
Seizure and Headache, Age > 17 without CC (025)	13	1.3	20	1.5
Angina Pectoris (140)	12	1.2	31	2.6
Diabetes, Age Greater than 35 (294)	12	1.2	41	3.4
Neonate with Other Significant Problems (390)	12	1.2	47	3.9
Intracranial Hemorrhage or Cerebral Infarction (014)	11	1.1	90	8.2
Disorders of Pancreas Except Malignancy (204)	11	1.1	56	5.1
Psychoses (430)	11	1.1	97	8.8
All Others	529	53.5	2885	5.5
Total	989	100.0	4311	4.4

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

#### **Female Residents**

As seen in Table 31, the leading cause of hospitalization for women living in Hamilton County is for Vaginal Delivery without Complicating Diagnoses (373), comprising 6.1 percent total discharges, with 214 patient days and an average of 2.2 day hospitalization. The following four leading causes of hospitalization are Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182), Normal Newborn (391), Heart Failure and Shock (127), and Bronchitis and Asthma, Age >17 without CC (097). These

five causes combined total 22.4 percent of hospitalizations among women in Hamilton County. The longest hospital stay is 10.9 days for Psychoses (430), which ranks 14<sup>th</sup> among all causes for women.

**Table 31. Top 20 leading causes of hospitalization by Diagnosis-Related Group (DRG) for female Hamilton County residents, July 2003-June 2004**

DRG	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay (days)
Vaginal Delivery without Complicating Diagnoses (373)	97	6.1	214	2.2
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	87	5.5	267	3.1
Normal Newborn (391)	61	3.9	129	2.1
Heart Failure and Shock (127)	56	3.5	208	3.7
Bronchitis and Asthma, Age >17 without CC (097)	54	3.4	138	2.6
Chest Pain (143)	52	3.3	123	2.4
Chronic Obstructive Pulmonary Disease (088)	48	3.0	175	3.6
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 without CC (183)	45	2.8	126	2.8
Cesarean Section without CC (371)	45	2.8	134	3.0
Syncope and Collapse without CC (142)	34	2.2	76	2.2
Simple Pneumonia and Pleurisy, Age > 17 with CC (089)	32	2.0	127	4.0
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age 0-17 (184)	28	1.8	46	1.6
Diabetes, Age Greater than 35 (294)	28	1.8	92	3.3
Psychoses (430)	24	1.5	261	10.9
Otitis Media and URI, Age 0-17 (070)	22	1.4	43	2.0
Hypertension (134)	20	1.3	51	2.6
Otitis Media and URI, Age > 17 with CC (296)	20	1.3	95	4.8
Syncope and Collapse with CC (141)	19	1.2	43	2.3
Uterine and Adnexa Procedures for Nonmalignancy without CC (359)	18	1.1	42	2.3
Red Blood Cell Disorders, Age > 17 (395)	18	1.1	62	3.4
All Others	772	48.9	3313	4.3
Total	1580	100.0	5765	3.6

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

As seen in Table 32 below, the following four causes of hospitalization are listed as the leading cause for one or more demographic group.

- 1) Normal Newborn (391) hospitalizations are most common among:
  - All Hamilton County residents
  - Non-White residents
  - Age 0-17 residents
- 2) Vaginal Delivery without Complicating Diagnoses (373) hospitalizations are most common among:
  - Female residents
  - Age 18-64 residents
- 3) Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182) hospitalizations are most common among:
  - Black residents
- 4) Chronic Obstructive Pulmonary Disease (088) hospitalizations are most common among:
  - White residents
  - Male residents
  - Age 65 and older residents

**Table 32. Leading cause of hospitalization among all races, ages, and gender in Hamilton County from July 2003-June 2004.**

Cause	Demographic	Discharges	Percent of Total Discharges	Patient Days	Average Length of Stay
Normal Newborn (391)	All	118	4.6	253	2.1
	Other non-white	5	11.9	11	2.2
	0-17	118	26.1	253	2.1
Vaginal Delivery without Complicating Diagnoses (373)	Female	97	6.1	214	2.2
	18-64	88	6.5	195	2.2
Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182)	Black	56	5.2	154	2.8
Chronic Obstructive Pulmonary Disease (088)	White	83	5.7	325	3.9
	Male	67	6.8	272	4.1
	65+	60	7.8	261	4.4

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

## ***Avoidable Hospitalizations***

The Institute of Medicine 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 the availability of primary care, a methodology has been developed to analyze hospital discharge data for 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 Diseases Codes (ICD) were selected as 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 have been shown to be avoidable in many cases if timely and appropriate ambulatory and primary care is available and utilized.

In 2003, Hamilton County discharge rates were calculated for total and avoidable rates. As previously mentioned, in Hamilton County, the total rate was 171.8 and the avoidable rate was 67.0. In comparison, Florida was calculated to have a total rate of 139.0, and an avoidable rate of 35.9. According to the rates calculated, Hamilton County presents increased rates of hospitalization compared to the state in both general and avoidable hospitalizations.

When hospital discharge data for avoidable hospitalizations is broken down by payor, there are three categories. Presented in Table 33 are the avoidable hospitalizations by payor for both Hamilton County and Florida residents. Major payor sources are grouped into Medicaid (including Medicaid HMO), and Self Pay/Charity, and All Others. In both Florida and Hamilton County, All Other sources of payor constitutes the greatest number of avoidable hospitalizations, while Medicaid is second greatest payor source for avoidable discharges. However, the percent of Medicaid-paid avoidable hospitalizations is more than double in Hamilton County than compared to Florida.

Avoidable hospitalizations are collected through discharge data analysis. Avoidable hospitalization incidence for those 65 and older is no longer collected and will not be presented in this section. Those ages 64 and younger are the non-Medicare population and therefore might experience greater impacts from indigence or barriers to access.

**Table 33. Hamilton County residents, 0-64 years of age who had an avoidable hospitalization by payor source compared to Florida, calendar year 2003.**

Payor	Hamilton County			
	Discharges	Percent of Discharges	Patient Days	Total Charges
Medicaid	240	28.7	671	\$1,170,974
Self Pay/Charity	62	7.4	155	\$335,391
All Others	534	63.9	2,319	\$5,952,534
Total	836	100.0	3,145	\$7,458,899
Payor	Florida			
	Discharges	Percent of Discharges	Patient Days	Total Charges
Medicaid	62,657	12.3	305,987	\$1,268,068,848
Self Pay/Charity	31,748	6.3	139,955	\$603,500,159
All Others	413,152	81.4	2,381,959	\$10,395,703,116
Total	507,557	100.0	2,827,901	\$12,267,272,123

Source: AHCA Detailed Discharge Data, 2003.  
Prepared by WellFlorida Council, 2005.

Table 34 presents the rate calculated in 2005 of residents of Hamilton County aged 0-64 who had an avoidable hospitalization, as compared to Florida. As shown below, the rate among Hamilton County residents is close to double the avoidable hospitalization rate for Florida residents.

**Table 34. Hamilton County residents, 0-64 years of age who had an avoidable hospitalization rate per 1,000 compared to Florida, calendar year 2003.**

Area	Discharges	Rate Per 1,000 Population
Hamilton County	836	67.0
Florida	507,557	35.9

Source: AHCA Detailed Discharge Data, 2003; CHARTS, accessed 7-18-05.  
Prepared by: WellFlorida Council, 2005.

Table 35 below illustrates the ACS leading discharges for Hamilton County from 2000-2002. These five ACS conditions account for 62.9 percent of 1,613 ACS discharges. For comparison, the state of Florida five leading causes of ACS hospitalizations based on discharge status are in order: Dehydration, Bacterial Pneumonia, Other Tuberculosis, Asthma, and Congestive Heart Failure.

**Table 35. Hamilton County five leading ACS condition discharges, 2000-2002.**

ACS Condition	Number
1) Dehydration-volume depletion	491
2) Bacterial Pneumonia	202
3) Asthma	119
4) Gastroenteritis	118
5) Hypertension	85

Source Agency for Healthcare Administration.  
Prepared by WellFlorida Council, 2005.



## ***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 509 interviews in Hamilton 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 policy makers 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 county-wide survey for some years to come. For more current information, a possible recommendation for Hamilton County would be to conduct a community-wide BRFSS assessment.

Based on reports for Hamilton County and Florida, Table 36 demonstrates six targeted behavioral risk factors and each area's standing, and Figure 16 illustrates the state and county comparison.

In an assessment of physical activity in Hamilton County, close to half (45.9 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 Hamilton County can be found between the non-Hispanic black respondents and non-Hispanic white respondents (61.5 and 49.0 percent, respectively). All age groups of Hamilton 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, Florida and Hamilton County respondents reported a similar overweight population percentage with 35.1 and 37.2, respectively. Although in Hamilton County, there were a greater percentage of female than male respondents who register as being overweight (40.1 and 33.1 percent). Conversely, for the state of Florida, 27.4 percent of female and 43.9 percent of male respondents are overweight.

Data for fruit and vegetable consumption among both Florida and Hamilton County residents are very similar with male respondents consuming less than 5 servings per day, non-Hispanic blacks reporting less consumption than non-Hispanic whites, and 18-44 year olds report increased numbers of the population consuming less than 5 fruits and/or vegetables per day. Generally, Hamilton County residents have slightly higher rates of eating less than the recommended 5-a-day fruit and vegetable consumption, as compared to the state.

Among reported smokers in both the state and Hamilton County, it is very noteworthy that for all demographic categories (except men), Hamilton County respondents report lower rates of current smokers than their Florida counterparts.

Similarly, among reported heavy or binge drinking in both state and Hamilton County respondents, among all demographic categories, Hamilton County respondents report lower rates of heavy or binge alcohol consumption than their Florida counterparts. There is a slight increase of heavy or binge drinking reported in Hamilton County between the 45-64 and 65+ age groups (4.6 and 5.0 percent, respectively).

Hamilton County may have targeted the more disadvantaged or vulnerable populations for their vaccine and immunization campaigns due to the rates of flu vaccinations being higher among the non-Hispanic black and the 65+ age group populations. In every other demographic category, Hamilton County respondent rates are lower than their state counterpart respondents. In both Hamilton County and throughout the state, the least vaccinated demographic is the 18-44 age group with a county rate of 8.4 percent and a state rate of 11.9 percent. The three demographic groups with the greatest differentials in Hamilton County are the 45-64 age respondents, non-Hispanic whites, and women (10.1, 9.5, and 8.3 percentage points, respectively).

**Table 36. Major behavioral risk factors in Hamilton County and the state, 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>Hamilton All</b>	45.9	16.0	37.2	16.8	72.6	18.0	17.3	6.5	10.4	4.5	19.2	7.2
Women	46.4	23.6	40.1	26.2	67.4	28.3	11.0	5.9	3.9	2.8	17.3	9.6
Men	45.2	19.9	33.1	13.3	80.0	9.6	26.2	11.4	19.7	9.6	21.9	9.8
NH Black	61.5	19.8	28.6	15.8	88.2	7.8	10.9	7.0	3.8	3.5	24.1	15.1
NH White	49.0	16.6	29.9	10.6	80.2	7.9	21.7	8.4	15.1	6.9	20.4	7.8
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	49.8	20.1	26.5	12.1	82.7	9.1	26.2	12.1	18.6	9.8	8.4	5.7
45-64	43.0	30.6	47.9	32.9	62.1	36.5	13.3	9.3	4.6	3.8	14.7	10.6
65+	43.8	12.6	37.4	11.5	74.4	10.6	4.4	3.3	5.0	4.1	59.7	11.8
<b>Florida All</b>	26.4	1.2	35.1	1.2	74.3	1.2	22.2	1.1	16.4	0.9	26.2	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
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
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
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
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

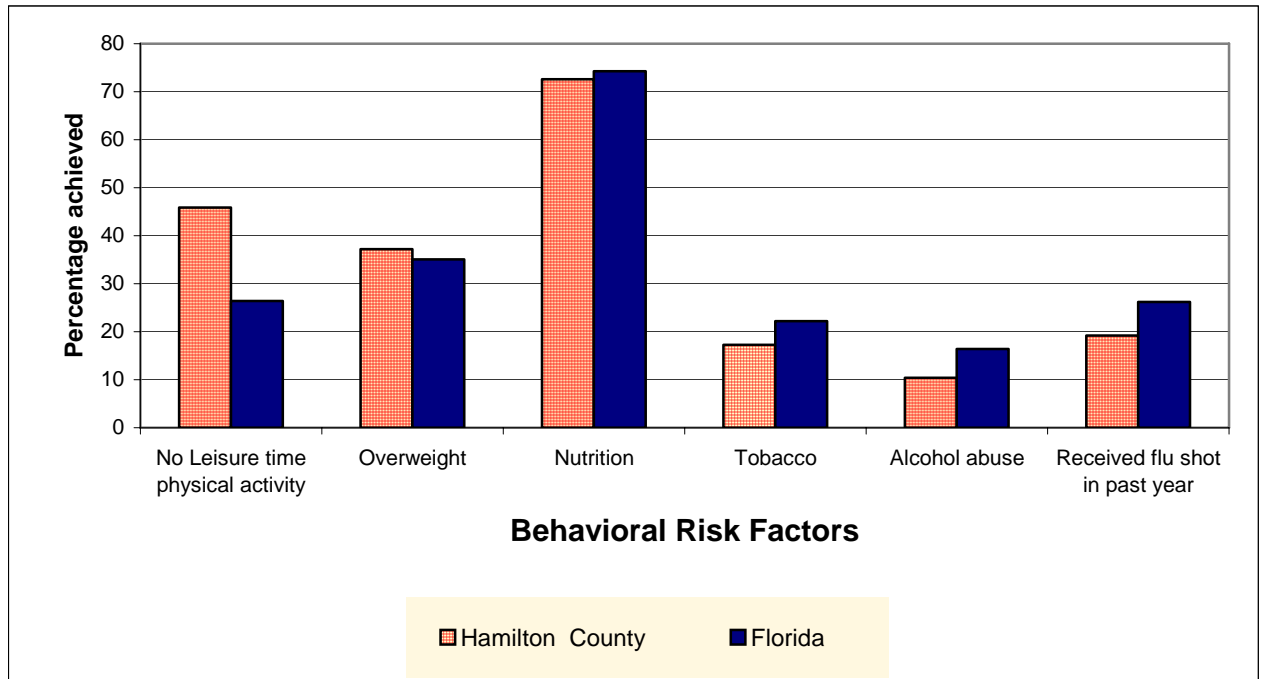
- 1 People with a Body Mass Index (BMI) between 25 and 30.
- 2 People who consume less than 5 servings of fruits and vegetables a day.
- 3 People who have smoked at least 100 cigarettes in their lifetimes and who also smoked some days or every day in the past month.
- 4 People who have consumed 5+ drinks 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, 2005.

**Figure 16. Major behavioral risk factors in Hamilton County and the state, 2002.**



Source: 2002 County Behavior Risk Factor Surveillance System Survey.  
Prepared by WellFlorida Council, 2005.

## ***Birth Data***

### ***Introduction***

Florida does not fare well in pregnancy outcome statistics and birth indicators when compared to other states. According to the Annie E. Casey Foundation [2004 National Kids Count Data Book](#), several of Florida's pregnancy outcome indicators were listed nationally in the bottom 50 percent of all states. Using three-year averages from 1999-2001, the following rankings for Florida are notable:

- 29<sup>th</sup> in infant mortality
- 36<sup>th</sup> in the percentage of low birthweight infants
- 33<sup>rd</sup> in teen (age 15-17) birth rate

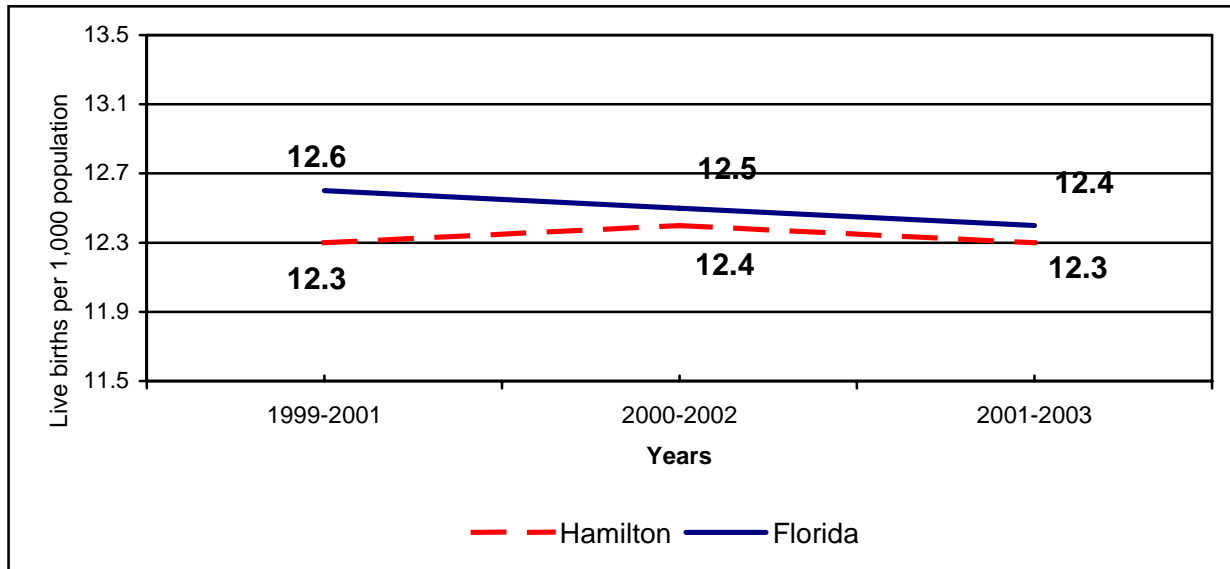
Despite the overall poor rankings, Florida has made some improvements over the years. From 1996 to 2001, the infant mortality rate in Florida has decreased 3 percent from 7.5 to 7.3 per 1,000 per live births. The teen birth rate has decreased 28.0 percent from 36.0 to 26.0 per 1,000 live births. However, low birthweight in infants is a persistent problem in Florida, with a 4.0 percent increase from 7.9 to 8.2 percent from 1996 to 2001, according to the Annie E. Casey Foundation *Kids Count Data Book*.

### ***Birth Indicators***

Assessing particular birth indicators can clearly illustrate the health status of a population or community. For instance, infant mortality rate stands as an important indicator of health for entire populations, acknowledging that environmental factors affecting the health of entire populations will also impact on the mortality rate of infants ([Journal of Epidemiology and Community Health](#)). For Hamilton County, the specific indicators used in this assessment to illustrate the health status of women and children are: infant mortality, low birthweight (less than 2500 grams), early access to prenatal care (first trimester), teen pregnancy (among 15-17 year olds), and repeat births (among 15-19 year olds).

Figure 17 below graphs the three-year rolling average birth rate for Hamilton County in comparison to the state. The figure shows that the birth rate for the state has been decreased slightly between 1999 and 2003 from a rate of 12.6 to 12.4. While the birth rate for Hamilton County has maintained as slightly more static rate, fluctuating between 12.4 and 12.3 between the years 1999 to 2003.

**Figure 17. Rolling three-year average total birth rate for all races, 1999-2003, Hamilton County and Florida.**



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003. Prepared by WellFlorida Council, 2005.

### ***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. The United States ranked 28th in the world in infant mortality in 1998. This ranking is due in large part to disparities, which continue to exist among various racial and ethnic groups in this country, particularly African-Americans. The infant mortality rates for the observed counties are noticeably higher than the state's rate, and are increasing, according to the [Centers for Disease Control and Prevention](#).

Table 37 below presents the infant mortality numbers and rates for Hamilton County and the state according to race. The rates for the white population are consistently always lower than the overall population and the black population. The overall rates for infant mortality in Hamilton County are always higher than the state, and have increased over the years from 1999-2003.

**Table 37. Infant Mortality rate per 1,000 live births by race, Hamilton County and Florida, 1999-2003 with three-year averages.**

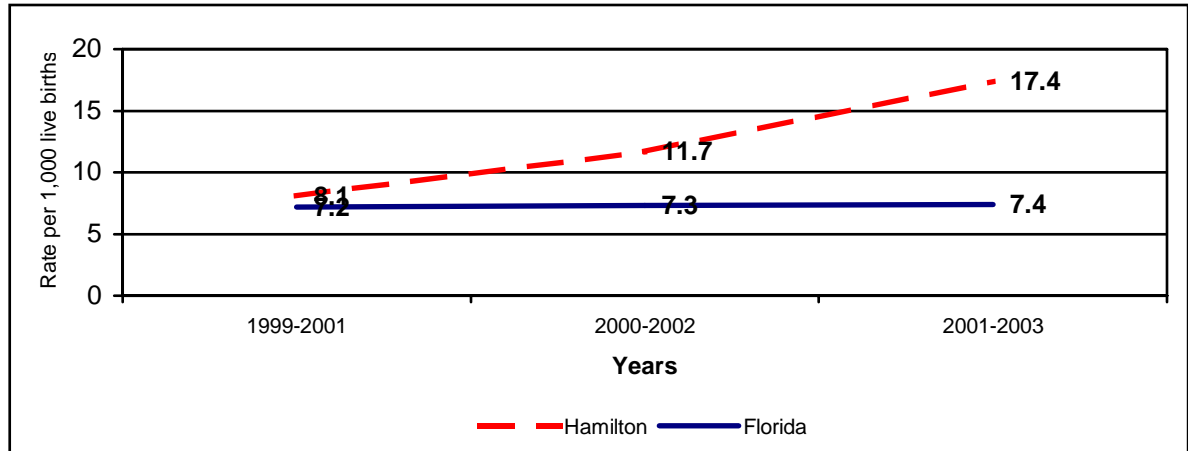
<b>1999-2001</b>						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	1	8.1	0.3	3.2	1	16.9
Florida	1,453	7.2	821	5.5	611	13.2
<b>2000-2002</b>						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	2	11.7	1	9.0	1	16.9
Florida	1,489	7.3	847	5.6	619	13.2
<b>2001-2003</b>						
Area	All Races		White		Black	
	Average number	Rate	Average number r	Rate	Average number	Rate
Hamilton	3	17.4	2	15.6	1	20.7
Florida	1,542	7.4	879	5.7	637	13.6

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

Figure 18 presents the average infant mortality rates for Hamilton County and Florida, from 1999 through 2003. As evident by the table above, while the rates for Florida have maintained a level rate between 7.2 and 7.4, the Hamilton County rate increased greatly from 8.1 to 17.4 over the course of 5 years.

It is important to note that while there are striking disparities among black, white, and other residents, with infant mortality rates there are notable discrepancies between the rates in Hamilton County and the state. Infant mortality does not seem to be as distinctive to black residents as with low birthweight, but is affecting both black and white populations equally.

**Figure 18. Rolling three-year average of infant mortality rates for all races in Hamilton County and Florida, 1999-2003.**



Source State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

***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 the lifespan.

The percentage of low birthweight babies born in the state of Florida has gradually increased from 7.4 percent in 1990 to 8.2 percent in 2001, and there has been a four percent increase in low birthweight babies born in Florida between 1996 and 2001. In 2001, Florida ranked 36<sup>th</sup> in low birthweight births, according to [Kids Count Data Book](#).

According to three-year rolling rates for Hamilton County and Florida, the low birthweight average for all races in Hamilton County was much greater than the Florida average from 1999 to 2001 from a rate of 103.6 (1999-2001) to 87.2 (2001-2003) per 1,000 live births. The state of Florida’s rates for all races are fairly static in comparison, from 81.1 (1999-2001) to 83.7 (2001-2003) per 1,000 live births, a minor increase over the three-year rolling data collection. Table 39 and Figure 20 below both chart the exact birth rates as a comparison for Hamilton County and Florida for each racial category.

As seen in Table 38, most striking are the differences not between Hamilton County and the state averages for each racial category, but the disparities between the white and black mothers within Hamilton County giving birth to low birthweight infants. Figure 20 below illustrates this disparity. Note the birth rate scale.



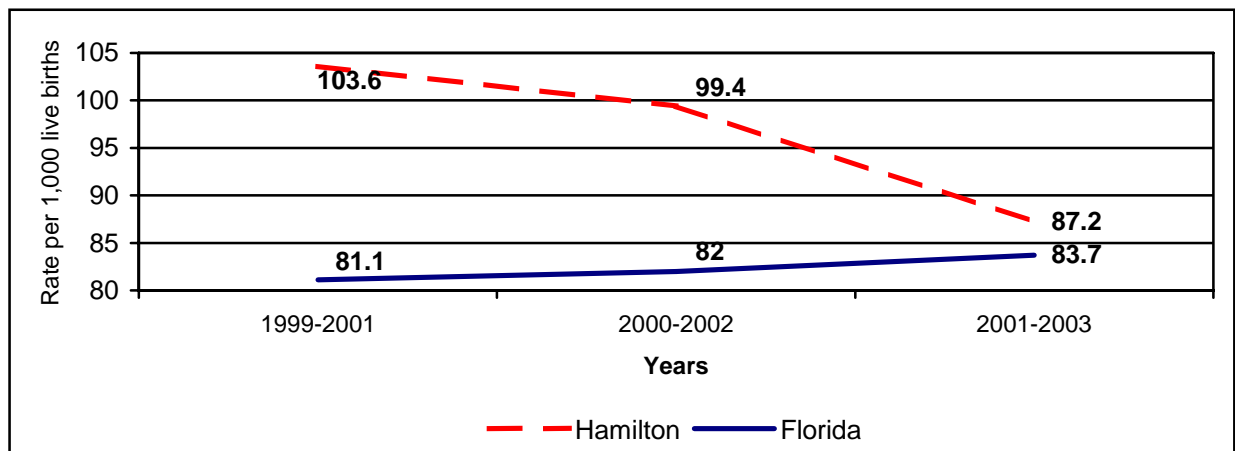
**Table 38. Rolling three-year average for low birthweight rate per 1,000 live births for Hamilton County and Florida, 1999-2003.**

1999-2001						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	17	103.6	7	66.6	10	169.4
Florida	16,407	81.1	10,121	67.7	5,750	123.7
2000-2002						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	17	99.4	9	81.1	8	135.6
Florida	16,815	82.0	10,360	68.4	5,873	125.4
2001-2003						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	15	87.2	8	74.7	7	109.4
Florida	17,403	83.7	10,791	70.2	5,994	128.1

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis (CHARTS).  
Prepared by WellFlorida Council, 2005.

Figure 19 presents the data from Table 38. As mentioned above, while the Florida rate increases slightly, the Hamilton County average rate decreases rather quickly from 103.6 to 87.2, stabilizing the rates between the state and county fairly equally.

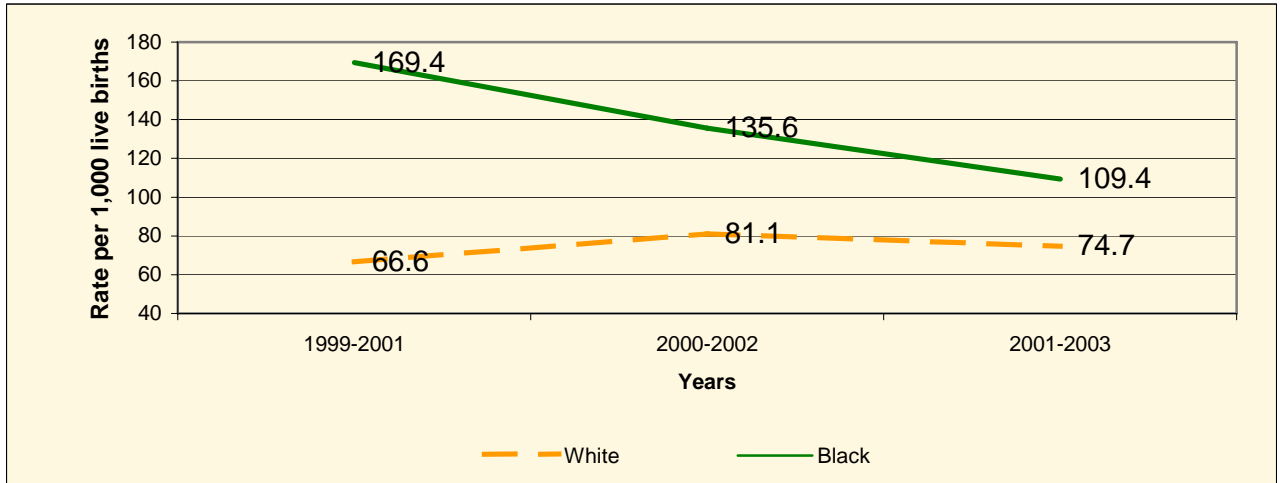
**Figure 19. Rolling three-year average rate of low birthweight babies for all races in Hamilton County and Florida, 1999-2003.**



Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis (CHARTS).  
Prepared by WellFlorida Council, 2005.

Figure 20 presents the disparity between black and white low birthweight babies born in Hamilton County, as mentioned above.

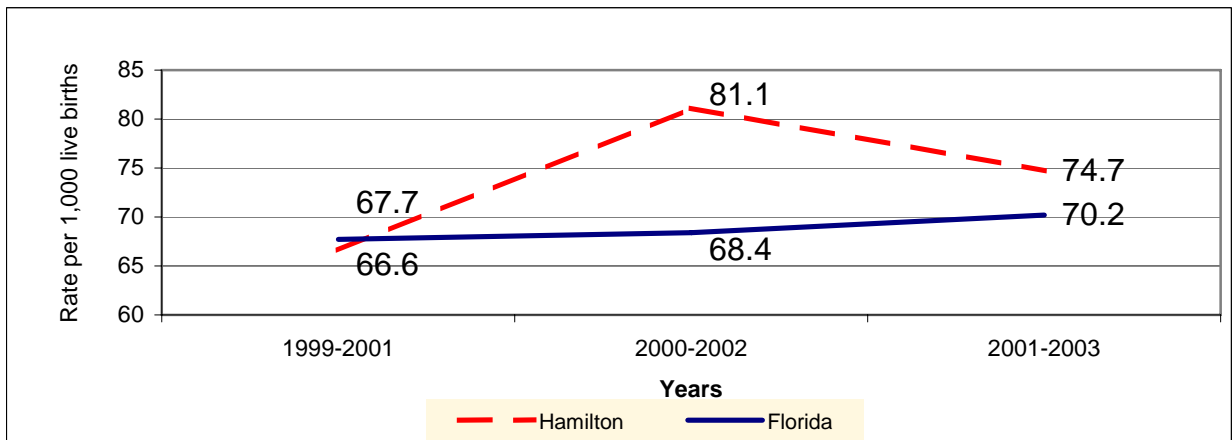
**Figure 20. Low birthweight rates for black and white mothers in Hamilton County, 3 year rolling rates 1999-2001 through 2001-2003.**



Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis (CHARTS). Prepared by WellFlorida Council, 2005.

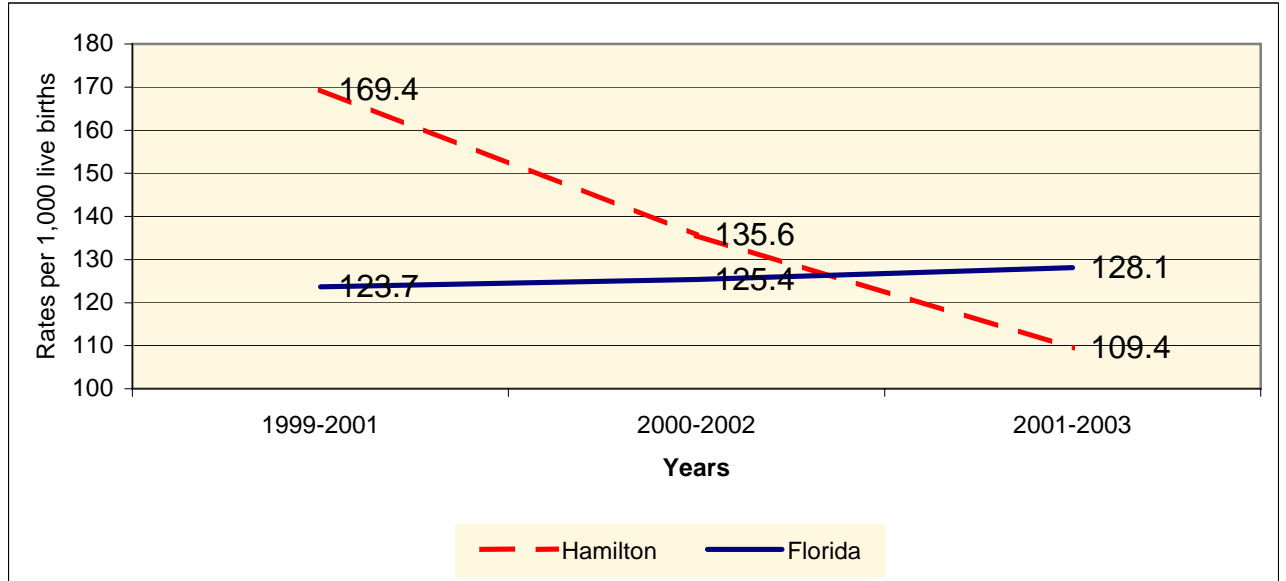
Figures 21 and 22 below illustrate the differences between the county and state averages for both white and black mothers birthing low birthweight infants.

**Figure 21. Rolling three-year average rate of low birthweight babies for white mothers in Hamilton County and Florida, 1999-2003.**



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

**Figure 22. Rolling three-year average rate of low birthweight babies for black mothers in Hamilton County and Florida, 1999-2003.**



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

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

During the 1990's, Florida experienced 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 no prenatal care in Florida was cut in half, from 7.0 percent in 1990 to 3.5 percent in 1998. Florida was below the U.S. average for this measure from 1992 through 1998.

The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either mother or child. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy, according to the [March of Dimes](#).

National prenatal care data from 2002 states that

- 83.0 percent of mothers receive first trimester care during pregnancy
- 3.6 percent of mothers receive late or no care ([CDC](#))

Table 39 below presents the births with access to first trimester prenatal care numbers and rates for Hamilton County and the state according to race. For all races, the state on average has higher rates of prenatal care beginning the first trimester than Hamilton County. While the state's rates have been increasing, the county rates have been fluctuating over the years. In Hamilton County, both white and black resident's rates of prenatal care have been decreasing over the years.

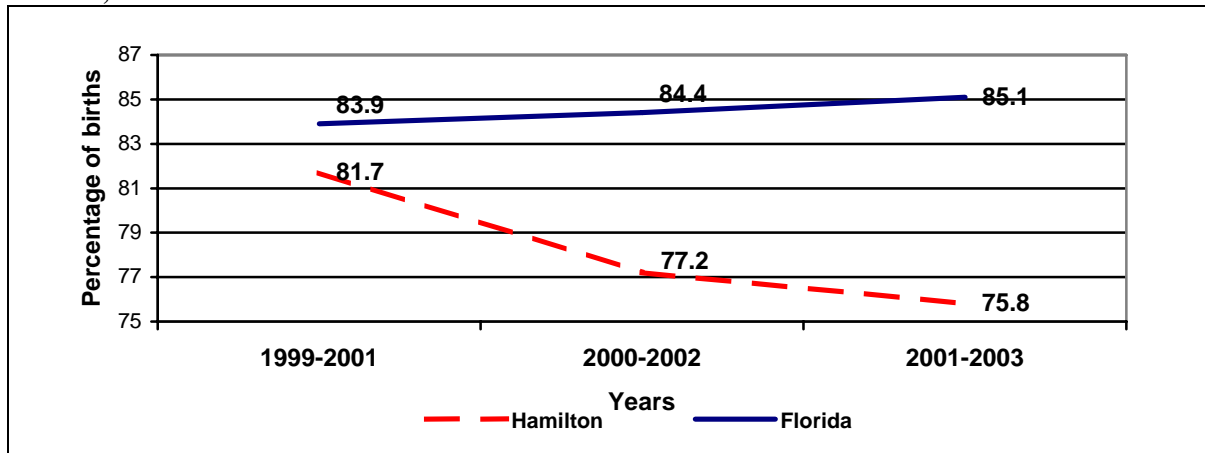
**Table 39. Three-year rolling average of births with first trimester prenatal care rates for Hamilton County and the state, 1999-2003.**

1999-2001						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	132	81.7	84	81.0	49	83.4
Florida	167,978	83.9	128,961	87.0	33,795	74.1
2000-2002						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	130	77.2	85	77.5	45	77.0
Florida	171,205	84.4	130,937	87.2	34,574	75.3
2001-2003						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	127	75.8	78	75.2	49	77.0
Florida	174,887	85.1	133,644	87.7	35,199	76.8

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

Figure 23 presents the data from Table 39 above. Again, note the steady increase in the Florida rates, and the decrease in the Hamilton County rates over the years. Because of the small population of Hamilton County, the rates are more sensitive to change, as seen in Figure 23.

**Figure 23. Three-year rolling average of first trimester prenatal care rates for Hamilton County and the state, 1999-2003.**



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

### ***Teen Births***

According to 2001 data, Florida ranks 34<sup>th</sup> in the nation for teen birth rates, although trend data highlights a 28.0 percent decrease from 1996 for the state. Teen birth rate (births per 1,000 females ages 15–17) is the number of births to teenagers between ages 15 and 17 per 1,000 females in this age group. This measure of teenage childbearing focuses on the fertility of all females ages 15 to 17, regardless of marital status.

Focusing on births to 15- to 17-year-olds rather than the broader age range of 15- to 19-year-olds is due to the consensus that births to females ages 15 to 17 are more problematic. Omitted were births to females under age 15, since less than 5 percent of teen births occurred to females in that age group in the state of Florida. The inclusion of females under age 15 in the denominator would dramatically lower the rate, providing an unrealistic assessment of the true risk being faced by 15- to 17-year-old females ([Annie E. Casey Foundation Kids Count Data Book Online](#)).

While teen birth rates for both the state and Hamilton County are decreasing at the same rate, Hamilton County presents a noticeably greater burden of teen births from 1999-2003.

As evident in Table 40 and Figure 24, the rates for both Hamilton County and the state have decreased over the years at a somewhat equal rate. It is still important to note the teen pregnancy rate for the county compared to the state is much higher for all races and white residents. However, the rate for black residents of Hamilton County is consistently lower than the state rate, although usually higher than their white counterparts in Hamilton County.

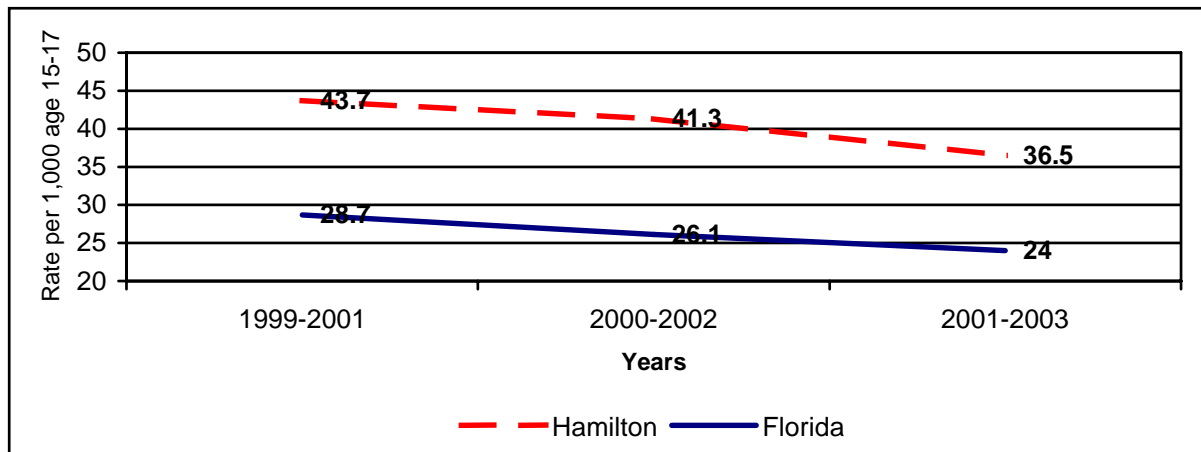
**Table 40. Teen birth rate per 1,000 females (aged 15-17), Hamilton County and Florida, 1999-2003.**

1999-2001						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	12	43.7	6	41.0	6	47.2
Florida	8,474	28.7	4,946	22.5	3,398	51.4
2000-2002						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	11	41.3	7	46.3	4	35.5
Florida	8,029	26.1	4,713	20.5	3,191	46.9
2001-2003						
Area	All Races		White		Black	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	10	36.5	5	33.9	5	40.1
Florida	7,556	24.0	4,520	19.2	2,914	41.7

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council, 2005.

Figure 24 graphs the teenage births rolling average rates for all races in Hamilton County and the state from 1999-2003, with data taken from Table 40 above.

**Figure 24. Three-year rolling average of teen (15-17) pregnancy rates for Hamilton County and the state, 1999-2003.**



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003 (CHARTS). Prepared by WellFlorida Council 2005.

### ***Repeat Births***

Although the U.S. teenage birthrate has fallen (18.0 percent) from 1991 to 1998, and in the same period the rate of second births to teenagers has fallen by 21.0 percent, repeat births still represent more than one in five births to teenagers each year in the United States, according to the [Guttmacher Institute](#).

Nationally, repeat births represent more than one in five births to teenagers, or approximately 110,000 births in 1998. Almost one in three women whose first birth occurred before age 17 has a second birth within 24 months. The large majority of repeat births to teenagers, seven in 10 occur to those who are unmarried.

Research shows that teenagers who have subsequent births, particularly closely spaced births, are less likely to obtain a high school diploma, and are more likely to live in poverty or receive welfare, than those who have only one child during adolescence. The risks of low birth weight and poor health outcome also increase for babies born to teenagers who already have a child, and these children may also be more likely to suffer from child abuse or to be placed in foster care ([Guttmacher Institute](#)).

Table 41 below charts the repeat live birth incidence and rate for all races in Hamilton County and the state to mothers ages 15-19 from 1999-2001 through 2001-2003. The rates for the state steadily decreased from 1999-2003, while Hamilton County, due to the small population exhibits extreme change in the rates.

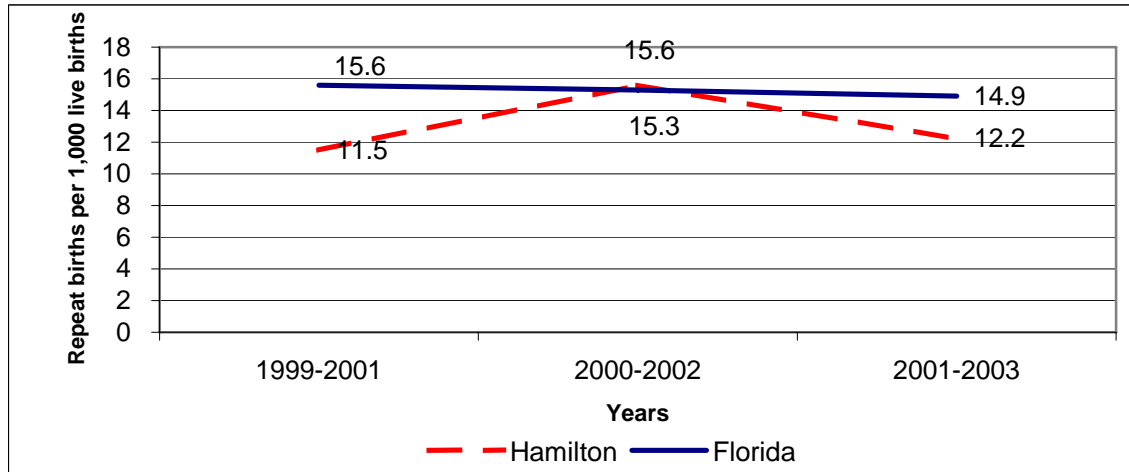
**Table 41. Number and percent of repeat births to mothers 15-19 years of age, 1999-2003.**

Area	1999-2001		2000-2002		2001-2003	
	Average number	Percent	Average number	Percent	Average number	Percent
Hamilton	6	11.5	7	15.6	5	12.2
Florida	5,321	15.6	5,022	15.3	4,704	14.9

Source: State of Florida, Department of Health, Office of Vital Statistics, 1999-2003.  
Prepared by WellFlorida Council, 2005.

Figure 25 charts the data for mother with repeat births in Hamilton County and Florida from 1999-2003.

Figure 25. Percent of mothers ages 15-19 with repeat births, all races from 1999-2003.



Source: State of Florida, Department of Health, Office of Vital Statistics, 1999-2003.  
Prepared by WellFlorida Council, 2005.



## ***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, Hamilton County is classified as a county in Florida that suffers a “whole county shortage” of mental health professionals and as a whole county is medically underserved. There are currently no psychiatrists, and only one mental health nurse practitioner practicing in Hamilton County. Hamilton County was designated as a medically underserved area by the U.S. Department of Health and Human Services, Bureau of Health Professions since 1978.

In order to present some insight into the mental health status of Hamilton 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 Hamilton County reflect this trend. The following two tables examine the crude and age adjusted rates from both Hamilton County and Florida residents from 1999-2003. As seen below, the average number of death for all races is the same as for the white residents, equaling six deaths over the five year span. The specific ages and demographics are found below.

From 1999-2003, there were six suicides in Hamilton County.

- All six suicides were white males.
- One was in the 25-34 year age group.
- Two were 35-44 years of age.
- Two were 65-74 years of age.
- One was between 75-84 years of age.

When comparing the age-adjusted death rates from suicide between Hamilton County and Florida, Table 42 shows that Hamilton County has lower overall rates than Florida.

**Table 42. Suicide rates for all races per 100,000, 1999-2003.**

Area	Average Number of Deaths	Crude Rate	Age Adjusted Death Rate
Hamilton	1.2	8.8	9.2
Florida	2,222.6	13.5	12.9

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003.  
Prepared by WellFlorida Council, 2005.

Table 43 presents the specific suicide rates for Hamilton County and Florida for white residents from 1999-2003.

**Table 43. Suicide rates for white residents per 100,000, 1999-2003.**

Area	Average Number of Deaths	Crude Rate	Age Adjusted Death Rate
Hamilton	1.2	14.5	13.8
Florida	2,084.6	15.5	14.4

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1999-2003.  
Prepared by: WellFlorida Council, 2005.

### ***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 the 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 44 illustrates the differences in incidence rates between Hamilton County and the state. Although the crude occurrences of domestic violence in Hamilton County are much lower than for the state, the total rate per 100,000 in Hamilton County is much higher than the state.

**Table 44. Total Domestic Violence Offenses for Hamilton County and Florida, 2003.**

Area	Hamilton	Florida
Criminal Homicide	0	179
Manslaughter	0	11
Forcible Rape	0	1,196
Forcible Sodomy	0	447
Forcible Fondling	3	1,146
Aggravated Assault	23	21,440
Aggravated Stalking	0	254
Simple Assault	79	90,939
Threat/Intimidation	1	483
Stalking	25	4,602
<b>Total</b>	<b>131</b>	<b>120,697</b>
Population	14,025	17,071,508
<b>Rate per 100,000</b>	<b>934.0</b>	<b>707.0</b>

Source: Florida Department of Law Enforcement, Tallahassee, FL. Florida Statistical Analysis Center.  
Prepared by WellFlorida Council, 2005.

As illustrated in greater detail in Table 45 below, the Hamilton County rates for domestic violence have increased, while the rates for Florida have decreased.

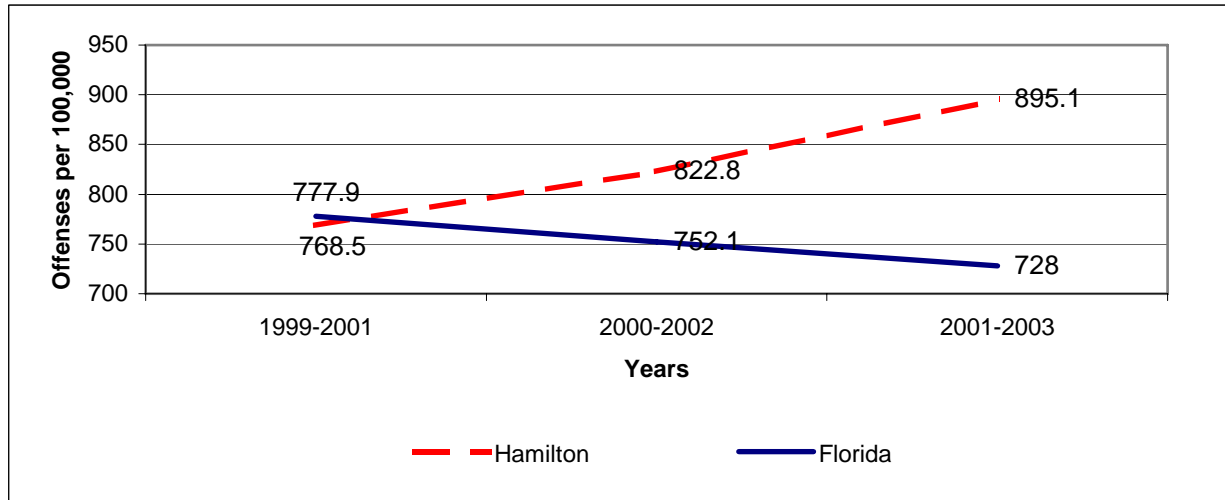
**Table 45. Total Domestic Violence Offenses, all races from 1999-2003, rate per 100,000.**

Area	1999-2001		2000-2002		2001-2003	
	Average number	Rate	Average number	Rate	Average number	Rate
Hamilton	103	768.5	113	822.8	125	895.1
Florida	124,896	777.9	123,493	752.1	122,182	728.0

Source: Florida Department of Health Office of Vital Statistics, Public Health Statistics 1999-2003 (CHARTS).  
Prepared by WellFlorida Council, 2005.

Figure 26 illustrates the total domestic violence offences from 1999-2001 through 2001-2003 per 100,000, referencing data from Table 46 above.

**Figure 26. Total Domestic Violence Offences per 100,000, all races from 1999-2003.**



Source: Florida Department of Health Office of Vital Statistics, Public Health Statistics 1999-2003 (CHARTS).  
Prepared by WellFlorida Council 2005.

### ***Hospitalization Rates for Mental Health Issues***

As noted in Table 46 below, the DRGs used to define the hospitalizations rates for mental health issues are 424-428, 430-433, and 521-523. These include:

**Table 46. 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, 2005.

Table 47 below illustrates the number of hospitalizations in Hamilton County and Florida for mental health issues. The rate of hospitalization from 1999 to 2003 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 47. Number and rate of hospitalizations due to mental health issues, 1999-2003.\***

Area	1999		2000		2001		2002		2003	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hamilton County	49	3.8	71	5.3	66	4.8	47	3.4	79	5.6
Florida	95,888	6.1	96,422	6.0	106,361	6.5	123,579	7.4	123,742	7.2

\*Mental health issues are defined as DRGs 424-428, 430-433 and 521-523.  
 Source: AHCA Detailed Discharge Data, 1999-2003, CHARTS accessed 7-18-05.  
 Prepared by WellFlorida Council, 2005.

***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 Hamilton County and the state, but data for Marchment Act rates are not compiled centrally. Therefore, this needs assessment cannot present Marchment Act rates from Hamilton 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 said person meets the criteria, an order is signed and the said 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 48 below charts the number, percent of state total, and rate of Baker Act initiations for the state and Hamilton County in single year counts from 1999-2003. While the rate peaks in 2003, there is a sharp increase of Baker Act initiations in 2001 in Hamilton County. The state follows the same trend with the greatest number of initiations in 2003, but demonstrates a steady increase throughout the years as opposed to a spike in 2001. Overall, the rate for the state is much higher than the rate for Hamilton County.

The source of this data, the 2003 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 like Hamilton. 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.

However, using 1999 data is a problem because collection of information on the county of residence did not begin until mid-1999 because county of residence was not included on intake forms.

**Table 48. Single year rates for Baker Act initiations in Hamilton County and Florida residents, 1999-2003.**

Area		Hamilton	Florida
1999	Number	20	75,945
	<b>RATE</b>	<b>155.8</b>	<b>484.3</b>
2000	Number	26	80,226
	<b>RATE</b>	<b>193.2</b>	<b>499.1</b>
2001	Number	40	90,368
	<b>RATE</b>	<b>290.0</b>	<b>550.6</b>
2002	Number	27	99,772
	<b>RATE</b>	<b>193.5</b>	<b>594.9</b>
2003	Number	42	104,600
	<b>RATE</b>	<b>299.2</b>	<b>647.1</b>

Source: Florida Agency for Healthcare Administration.  
 Florida Mental Health Act (Baker Act) 2003 Annual Report, 1999 data from 2002 Annual Report.  
 Rates are per 100,000.  
 Population data for 2002 and earlier are from Summer 2003 estimates provided by the Florida Legislature's Office of Economic and Demographic Research (EDR).  
 Population data for 2003 and later are from Winter 2004 estimates provided by EDR.  
 Population data shown on CHARTS and EDR's website may not agree, since EDR revises its population estimates twice a year and CHARTS population data are not revised as often.  
 Prepared by WellFlorida Council, 2005.

### **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 a said individual. The family or friends must make arrangements with a treatment facility prior to coming to our office to complete a sworn petition stating the actions of this said 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***

The health status profile of Hamilton County reveals the following:

### ***Crude Mortality Rates***

- In Hamilton County, the leading causes of death are heart disease, cancer, stroke, respiratory disease, and unintentional injuries.
- In Hamilton County, seven of the top leading causes of death are shared between the black and white populations, including: heart disease, cancer, stroke, all injuries, Alzheimer's Disease, respiratory disease, and diabetes.
- For both heart disease and cancer, both black and white populations in Hamilton County share these as the top two leading causes of disease, respectively.
- There were only 10 deaths in a five-year period (1999-2003) for Hispanic Hamilton County residents.

### ***Age-adjusted Mortality Rates (AAMR)***

- From 1999-2003, the observed AAMR for all causes of death for all races in Hamilton County was greater than Florida.
  - Additionally, Hamilton County AAMR for every cause of death is higher than the state, with the greatest disparity between county and state average found in Respiratory Disease, Nephritis, Septicemia, and Hypertension mortality.
- With the exception of homicide AAMR in Hamilton County, all other rates for leading causes of death are higher at the county level than the state level
- White resident's AAMR county rates are generally higher than the state rate.
  - Rates of heart disease are higher at the county than at the state level among whites
- Blacks residents at the county level live with lower AAMR for MV crashes, Diabetes, Homicide, and Influenza/Pneumonia.
  - Although, blacks generally suffer much higher rates of overall and specific mortality that their white counterparts.

### ***Age-specific Mortality Rates***

- For children both ages 0-14 and less than 1 year, there are only two known causes of death, being Congenital anomalies and perinatal conditions.
- In Hamilton County from 1999-2003, there were no death recorded for those ages 1-4 and 5-14.
- For senior adult residents, heart disease and cancer are first and second leading causes of mortality, while respiratory disease and stroke both share the third leading cause of death. Influenza and Pneumonia is the fifth leading cause of death among seniors ages 65 and older in Hamilton County.

## ***Morbidity***

- In the state of Florida, overall patient discharges from hospitals have increased 33.7 percent from 1.8 million in 1993 to 2.4 million in 2003.
  - In Hamilton County, the total discharge rates and avoidable hospitalizations rates were higher in Hamilton County than the state.
  - The three most utilized hospitals by county residents in 2003 were Trinity Community Hospital Shands at Lakeshore; and Shands at the University of Florida
  - The leading cause of hospitalization among Hamilton County residents is Normal Newborn (391).
  - Of all causes of hospitalization listed, Psychoses (430) requires the longest hospital stay
  - Gastrointestinal and bronchial complications for residents older than 17 years of age constitute the top three leading causes of hospitalization for black residents in Hamilton County.
  - The leading cause for hospitalization of white Hamilton County residents is Chronic Obstructive Pulmonary Disease (088)
  - For the non-white population of Hamilton County, Normal Newborn (391) hospitalizations rank first among all causes of hospitalization
  - The fourth leading cause of hospitalization for non-white residents is Poisoning and Toxic Effects of Drugs, Age > 17 with CC (449).
  - The following four causes of hospitalization are listed as the leading cause for one or more demographic group.
- 1) Normal Newborn (391) hospitalizations are most common among:
    - All Hamilton County residents
    - Other non-White residents
    - Age 0-17 residents
  - 2) Vaginal Delivery without Complicating Diagnoses (373) hospitalizations are most common among:
    - Female residents
    - Age 18-64 residents
  - 3) Esophagitis, Gastroenteritis and Misc Digestive Disorders, Age > 17 with CC (182) hospitalizations are most common among:
    - Black residents
  - 4) Chronic Obstructive Pulmonary Disease (088) hospitalizations are most common among:
    - White residents
    - Male residents
    - Age 65 and older residents



### ***Avoidable Hospitalizations***

- In both Florida and Hamilton County, All Other sources of payor constitutes the greatest number of avoidable hospitalizations, while Medicaid is second greatest payor source for avoidable discharges. However, the percent of Medicaid-paid avoidable hospitalizations is more than double in Hamilton County than compared to Florida.

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

- In an assessment of physical activity in Hamilton County, close to half of the respondents indicated they engage in no leisure time activity, as compared to only 26.4 percent of Florida respondents.
- The greatest disparity of physical activity in Hamilton County can be found between the non-Hispanic black respondents and non-Hispanic white respondents.
- In Hamilton County, there were a greater percentage of female than male respondents who are being overweight, while the state of Florida rates greater numbers of men are overweight than women.
- Hamilton County residents are less likely to eat 5-a-day fruit and vegetables as compared to the state.
- Hamilton County residents report lower rates of heavy or binge alcohol consumption than their Florida counterparts.
- In both Hamilton County and throughout the state, the least vaccinated demographic is the 18-44 age group.

### ***Birth Indicators***

- For low birthweight, the greater differences are seen in the white and black mothers within Hamilton County, rather than between Hamilton County and state rates.
- While teen pregnancy rates for both the state and Hamilton County are decreasing at the same rate, Hamilton County's overall teen pregnancy rates are still much higher.
- The teen pregnancy rate for black residents of Hamilton County is consistently lower than the state rate, although usually higher than their white counterparts in Hamilton County.
- Hamilton County has lower rates of prenatal healthcare during the first trimester than the state.
- In Hamilton County, both white and black resident's rates of prenatal care have been decreasing over the years.
- The infant mortality rates for the white population in Hamilton County are consistently always lower than the overall population and the black population.

- The overall rates for infant mortality in Hamilton County are always higher than the state, and have increased over the years from 1999-2003.

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

- Statistically, whites are more likely to commit suicide than any other racial/ethnic demographic. Hamilton County reflects this trend and with slightly increased rates of suicide among white residents.
- In 2003, Florida domestic violence offenses accounted for approximately 20 percent of violent crimes.
- Although the crude occurrences of domestic violence in Hamilton County are much lower than for the state, the total rate per 100,000 in Hamilton County is much higher than the state.
- The number of Baker Act initiations in Hamilton County and throughout the state has increased since 1999 (to 2003).
- Overall, the rate for Baker Act initiations the state is much higher than the rate for Hamilton County. However, the reliability of county-level data is somewhat in question.

---

# ***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 charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Hamilton County.

## ***Medically Underserved Area (MUA) Designation Status***

As defined by the federal government's Health Resources and Service Administration, the MUA designation involves the application of the Index of Medical Underservice (IMU) to data on a service area to obtain a score for the area. 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 the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score. Hamilton County has received a score of 50.3, thus, it is designated a medically underserved area. The MUA was done in November 1978 and has not been updated (nor is it required to be updated).

## ***Health Professional Shortage Area (HPSA) Designation Status***

The Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis develops shortage designation criteria and uses them to decide whether or not a geographic area or population group is a Health Professional Shortage Area. 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 Health Professional Shortage Areas.

Hamilton County is designated as a Health Professional Shortage Area for all three of the core areas of service: Primary Care, Dental Care, and Mental Health Care. Presently, in Hamilton County the patient/physician ratio is 2,822: 1.

HPSAs are reviewed every four years. The primary care HPSA for Hamilton County was updated in March 2005 and the next review is scheduled for 2009. The dental HPSA was last reviewed in 2001; it is now under review for redesignation. The mental health HPSA was last updated in June 2003; it will be scheduled for review again in 2007.

Table 49 illustrates the current designation status of Hamilton County.

**Table 49. Federal designations for Hamilton County.**

	Designation Status	Designation Type
Primary Health Professional Shortage Area	Yes	LIP
Dental Heal Professional Shortage Area	Yes	LIP
Mental Health Professional Shortage Area	Yes	WC
Medically Underserved Area/Population	Yes	WC

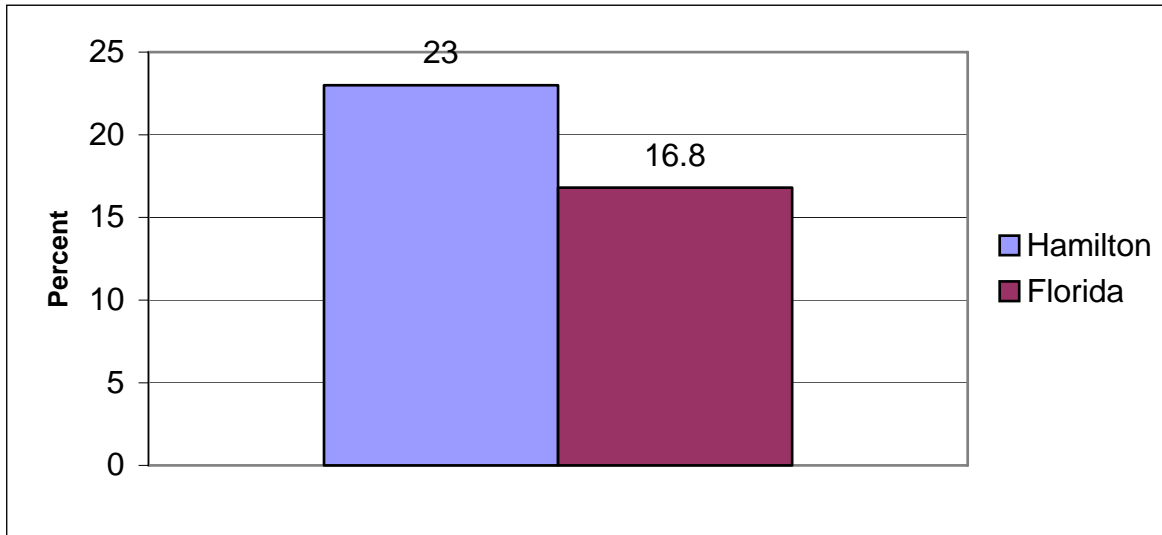
Note: LIP = Low Income Population. WC = Whole County.  
 Source: Agency for Health Care Administration.  
 Prepared by WellFlorida Council, 2005.

### ***Health Insurance Coverage***

According to the *Florida Health Insurance Study: Statewide Summary 2000* (FHIS), conducted by AHCA, 16.8 percent of Floridians under the age of 65 in 1999 were uninsured. Based on the 1999 rate, an estimated 2,463,539 non-elderly Floridians are currently uninsured. There is clear evidence that persons without health insurance are less likely to obtain medical care, with adverse results on their health as a result. Floridians without health insurance often do not have access to preventive care or early diagnosis of health problems, which often leads to more serious problems in the future.

Uninsurance rates in Florida decline continuously as incomes rise. Based on FHIS data, 34.5 percent of Floridians living below 100 percent of FPL are uninsured while only 8.6 percent of Floridians living above 250 percent of the FPL are uninsured. In terms of non-elderly uninsured, Hamilton County is 6.2 percent higher (23 percent) than the state (16.8 percent). Figure 27 illustrates the disparity between Hamilton County and the state of Florida.

**Figure 27. Percent non-elderly uninsured in Hamilton County and Florida, 2005.**



Source: ESRI Business Solutions, 2005; AHCA, The Florida Health Insurance Study, 2000 Summary of the Small Area Analysis Estimates.  
Prepared by WellFlorida Council, 2005.

The actual number of non-elderly uninsured individuals in Hamilton County is estimated to be 2,862. As seen in Table 50, there are 1,758 uninsured in the Jasper zip code, 750 in the Jennings zip code, and 535 in the White Springs zip code.

**Table 50. Percent and estimated number of uninsured 0-64 years of age population, by zip code, county and state, 2005.**

Area	2005 Population aged 0-64	Percent Uninsured	Estimated Number Uninsured
32052 Jasper	7,724	22.7	1,758
32053 Jennings	3,246	23.0	750
32096 White Springs	2,246	23.8	535
Hamilton County	12,458	22.9	2,862
Florida	14,681,403	16.7	2,463,539

Note: Due to rounding individual zip code totals might not equal the county total.

Source: ESRI Business Solutions, 2005; AHCA, The Florida Health Insurance Study, 2000 Summary of the Small Area Analysis Estimates.  
Prepared by: WellFlorida Council, 2005.

### ***HMO Enrollment***

According to the Florida Department of Insurance (DOI), 25 health maintenance organizations (HMOs) had more than 4,044,520 Floridians enrolled as of December 31, 2004. Statewide 13.8 percent of the enrollees are in Medicare HMOs, 18.9 percent are in Medicaid HMOs, and a full 67.3 percent fall into “other,” which includes individuals, small groups, large groups, Healthy Kids, and federal employees.

Rural areas such as Hamilton County often lack Medicare managed health plans because payment rates set by Medicare are much lower and less predictable in rural areas.

Additionally, rural areas often lack the necessary infrastructure such as provider networks and specialists to make managed care systems viable.

As seen in Table 51, the rate of enrollment in HMO's is 61.0 per 1,000 as compared to the state, which is 231.6 per 1,000.

**Table 51. Total and percent HMO enrollment by county and Florida as of December 31, 2004.**

Age	Total HMO's	Population		Total HMO Enrollees		
		Number	Percent of State	Number	Percent of State	Rate Per 1,000 Population
Hamilton	4	14,111	0.08	861	0.02	61.0
Florida	26	17,463,048	100.0	4,044,520	100.0	231.6

Source: State of Florida, Department of Financial Services, HMO Quaterly Report, December 31, 2004; ESRI Business Solutions, 2004.

Prepared by: WellFlorida Council, 2005.

Table 52 illustrates that the vast majority of enrollees in Hamilton County are in commercial HMO's. Less than one percent are enrolled in Medicare HMO's and there are zero enrollees in Medicaid HMO's.

**Table 52. Total and percent HMO enrollment by type by county and Florida as of December 31, 2004.**

Age	Total Number	HMO Enrollment Type					
		Medicare		Medicaid		All Others *	
		Number	Percent	Number	Percent	Number	Percent
Hamilton	861	3	0.3	0	0.0	858	99.65
Florida	4,044,520	556,960	13.8	764,438	18.9	2,723,122	67.33

Source: State of Florida, Department of Financial Services, HMO Quaterly Report, December 31, 2004; ESRI Business Solutions, 2004. Prepared by WellFlorida Council, 2005.

## ***Medicaid***

The Florida Medicaid program is administered by the Agency for Health Care Administration (AHCA). The program is funded through federal and state participation, with counties contributing to inpatient hospital and nursing home services. The Medicaid budget for fiscal year 2003-04 was \$12.5 billion. The current eligibility thresholds for children (who must be living with parents or specified relative) to receive Medicaid, based on the FPL of \$18,400 annual income for a family of four, are shown in table 53:

**Table 53. Poverty threshold for a family of four, by age of children.**

Age of Child	Percent of FPL	Eligibility Threshold
0-1	200.0	\$36,800
1-5	133.0	\$24,472
6-18	100.0	\$18,400

18-20	100.0	\$18,400
-------	-------	----------

Source: Agency for healthcare Administration.  
Prepared by WellFlorida Council, 2005.

Also, pregnant women at 185 percent of FPL or less are Medicaid-eligible. All Medicaid recipients are required to enroll in one of the managed care systems (an HMO or MediPass) implemented by Florida's Medicaid program. Participants who do not enroll are assigned to a managed care system by the district Medicaid program administrator. In Hamilton County, over 50 percent of all persons eligible to receive Medicaid are under the age of 18.

As can be seen in Table 54, more than half of all Medicaid eligibles in Hamilton County and the state of Florida are under the age of 18.

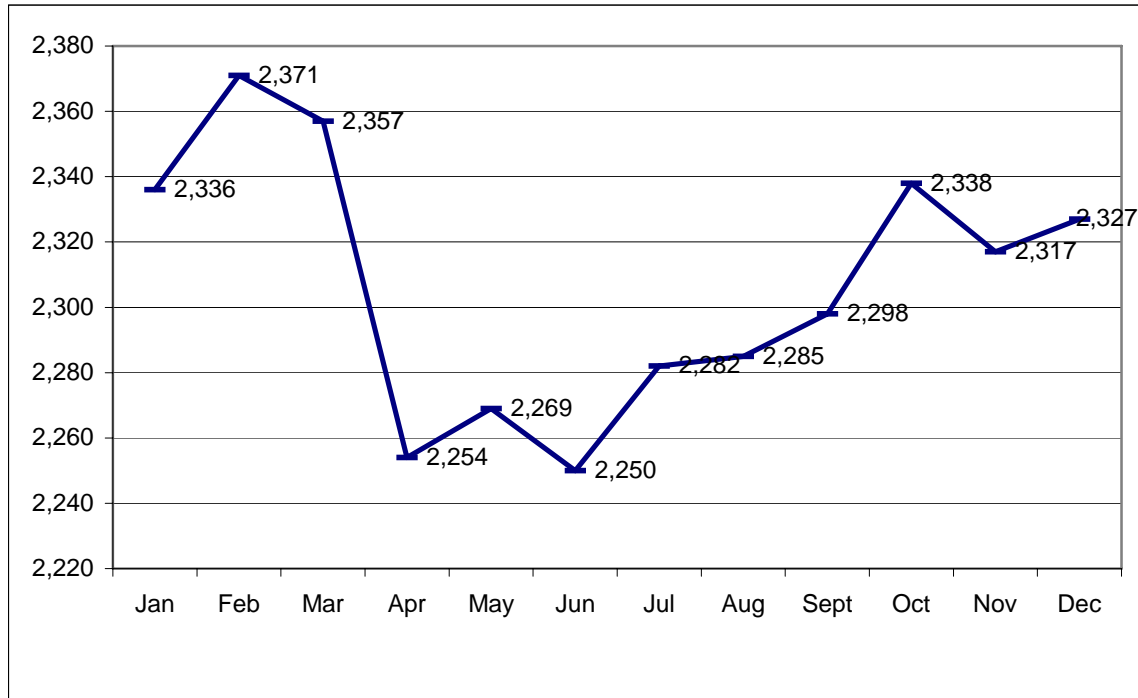
**Table 54. Medicaid eligibles by age, by county and Florida, March 31, 2005.**

Age	Hamilton County		Florida	
	Number	Percent	Number	Percent
0-5	514	21.6	559,981	25.5
6-10	279	11.7	290,934	13.3
11-18	426	17.9	396,456	18.1
19-20	60	2.5	43,793	2.0
21-35	302	12.7	251,814	11.5
36-59	358	15.1	279,845	12.8
60-64	78	3.3	46,790	2.1
65-74	147	6.2	147,115	6.7
75-84	134	5.6	118,247	5.4
85+	79	3.3	59,683	2.7
TOTAL	2,377	100.0	2,194,658	100.0

Source: Agency for Health Care Administration, Medicaid Program Analysis, March 31, 2005.  
Prepared by: WellFlorida Council, 2005.

The number of individuals eligible to receive Medicaid varies month by month. This variance can be observed for Hamilton County throughout 2004 in Figure 28.

**Figure 28. Number of Medicaid eligibles in Hamilton County, 2004.**



Source: Agency for Health Care Administration.  
Prepared by WellFlorida Council, 2005.

### ***Florida KidCare Program***

In 1998, the Florida Legislature passed the Florida KidCare Act, authorizing the development of expanded health insurance options for uninsured children living in families under 200 percent of the FPL. The current FPL is \$36,800 for a family of four. As of January 2003, KidCare enrollment for the state was almost 1.5 million, consisting of MediKids for young children, Healthy Kids for school-age children, Children’s Medical Services Network for children with special health care needs, and Children’s Medicaid. In May of 2004 the Florida state legislature placed a cap on enrollment into the KidCare program, and as of January 9, 2004, there were 89,000 children on the waiting list in the state of Florida. The numbers of enrollment for the KidCare program in Hamilton County are illustrated in Figure 29.

### ***Children’s Medical Services***

Children’s Medical Services (CMS) is a program for children ages 0-19 who have special health care needs such as spina bifida, leukemia, diabetes, and behavioral health problems. Like Healthy Kids, CMS was in existence prior to the implementation of KidCare. Children in CMS have access to specialty providers, care coordination programs, early intervention services, and other programs that are essential for their health care.

CMS is statutorily authorized to operate the CMS Network, which is a managed care option for low-income children with special health care needs. Children ages 0-1 that are



between 186-200 percent of FPL, ages 1-6 and between 134-200 percent of FPL, or ages 6-19 and between 101-200 percent of FPL and who meet the medical criteria may enroll in CMS. They receive the Medicaid benefit package. Under CMS, there is a new Specialized Behavioral Health Program option for children ages 15-19 who are between 101-200 percent of FPL and have severe behavioral health needs. In Hamilton County, CMS currently has 15 enrollees.

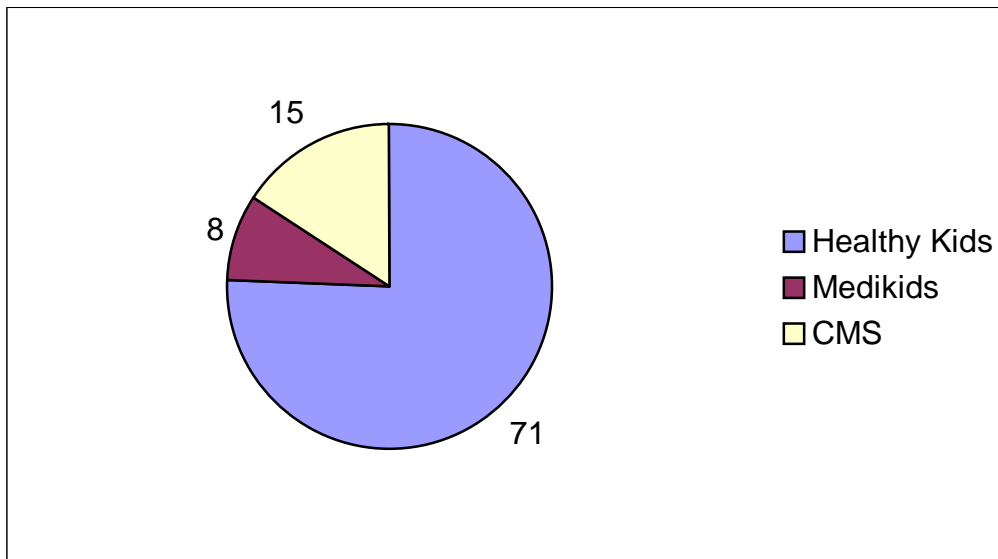
***MediKids***

MediKids is a Medicaid “look-alike” program for children ages 1-4. There are eight children in Hamilton County currently participating in this program.

***Florida Healthy Kids Program***

In 1990, the Florida Legislature established the nonprofit Florida Healthy Kids Corporation (FHKC) to administer a comprehensive health insurance program for families in which parents cannot afford private insurance. This program provides coverage to uninsured children ages 5-19 and their younger siblings. In 1997 the federal government implemented the State Children’s Health Insurance Program (SCHIP) to subsidize children’s health insurance programs existing at the state level. SCHIPS has been subsidizing Healthy Kids since 2000. Children who are age five and whose family’s household income is between 133-200 percent of FPL and children ages 6-19 whose family household income is between 101-200 percent of FPL are eligible for subsidized premiums. The highest subsidized premium cost is \$20 per family per month, regardless of the number of children in the family. Medicaid-eligible children cannot enroll; families above 200 percent of FPL may pay the full premium and enroll their children in Healthy Kids. Seventy-one children in Hamilton County are currently enrolled in this program.

**Figure 29. Hamilton County KidCare enrollment by type, 2005.**



Source: Agency for Health Care Administration, 2005.  
Prepared by WellFlorida Council, 2005.

## ***Hospitalization By Payor Source***

In all three zip codes for Hamilton County, Medicare is the most frequent payor for hospitalization. As seen in Table 55, hospitalizations paid for by Medicare are longer and more costly than hospitalizations paid for by Medicaid and commercial insurance. From July 2003 to June 2004, hospitalization for residents of Hamilton County cost a total of \$34,687,206.00.

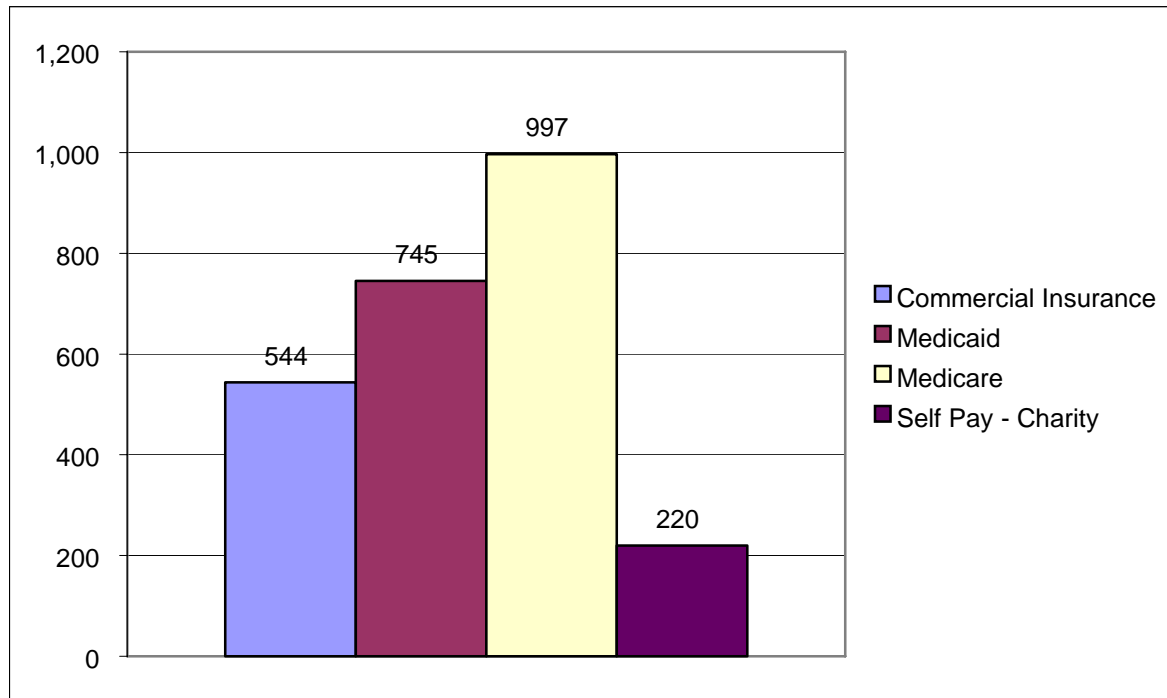
**Table 55. Hamilton County residents utilization by zip code and by payor, July 2003 - June 2004.**

Zip Code	Payor Source	Discharges	Patient Days	ALOS	Total Charges
32052	Commercial Insurance	313	1,527	4.7	\$5,937,096
	Medicaid	485	1,342	2.8	\$2,983,570
	Medicare	580	2,507	4.3	\$8,182,261
	Other	32	123	3.8	\$713,804
	Self Pay - Charity	103	248	2.4	\$631,420
	Total	1,513	5,747	3.8	\$18,448,151
32053	Commercial Insurance	81	435	4.4	\$1,965,240
	Medicaid	156	552	3.5	\$1,152,511
	Medicare	187	929	5.0	\$3,262,755
	Other	9	55	6.1	\$156,464
	Self Pay - Charity	71	247	3.5	\$695,875
	Total	504	2,218	4.4	\$7,232,845
32096	Commercial Insurance	150	538	3.3	\$3,100,421
	Medicaid	104	350	3.4	\$920,647
	Medicare	230	1,013	4.4	\$4,143,794
	Other	22	54	2.5	\$263,492
	Self Pay - Charity	46	156	3.4	\$577,856
Total	552	2,111	3.8	\$9,006,210	
County	Commercial Insurance	544	2,500	4.4	\$11,002,757
	Medicaid	745	2,244	3.0	\$5,056,728
	Medicare	997	4,449	4.5	\$15,588,810
	Other	63	232	3.7	\$1,133,760
	Self Pay - Charity	220	651	3.0	\$1,905,151
	Total	2,569	10,076	3.9	\$34,687,206

Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

Figure 30 further illustrates the number of hospitalizations according to payor source.

**Figure 30. Hamilton County Hospitalizations by payor source, July 2003 - June 2004.**



Note: "commercial insurance" includes all HMO's and PPO's.  
Source: Agency for Health Care Administration, Discharge Data, 2003-2004.  
Prepared by WellFlorida Council, 2005.

## ***Summary of Key Findings***

### ***Federal Designations***

- Hamilton County has been designated as a Medically Underserved Area since 1978, which means that there are not enough healthcare facilities and practitioners in the area to provide for the needs of all of the citizens.
- Hamilton County has also been designated as a Health Professional Shortage Area across the board for primary care, dental care, and mental health care. These designations are used to determine eligibility for 34 federal programs.

### ***Health Insurance Coverage***

- The percent of non-elderly uninsured in Hamilton is substantially higher than it is for the state of Florida at 23 percent.

### ***HMO Enrollment***

- The rate of enrollment in HMO's in Hamilton County is substantially lower than it is for the state.
- The majority of enrollees belong to individual, small group, and large group HMO's.

### ***Medicaid***

- As a rural community Hamilton County does not have the infrastructure to support Medicaid HMO's, as is the case for much of North Central Florida.
- The majority of individuals who are eligible for Medicaid in Hamilton County are under the age of eighteen.

### ***Hospitalization***

- In all three zip codes for Hamilton County, Medicare is the most frequent payor for hospitalization.
- Hospitalizations paid for by Medicare are lengthier and more costly than hospitalizations paid for commercial insurance.

---

# *Community Input*

---

## *Introduction*

The 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. This data has been and will continue to be used to help identify areas in Hamilton County where targeted interventions can be focused and may have the greatest impact.

However, quantitative and qualitative data work best in conjunction with each other. The next stage in the needs assessment process is to gather 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 Hamilton County. Both efforts are detailed herein.

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 between the initial step of a quantitative community health assessment and the ultimate goal of improved health care and health outcomes for residents of Hamilton County.

## *Community Leader Interviews*

Interviewing key community leaders and members is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the county.

## *Methodology*

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about healthcare services. A summary of their opinions is reported without judging the veracity of their remarks.

With the assistance from both the Hamilton County Healthcare Strategic Planning Committee and WellFlorida Council, a list of healthcare and non-healthcare community leaders was compiled for interviewing. The list consisted of the following: governmental representatives, including elected officials and public employees; healthcare providers, including physicians, nurses, and hospital staff members; and representatives of local businesses, the school board, and community organizations.

A key informant for Hamilton County contacted all individuals nominated for interviewing. Her knowledge of the community, and the personal relationships she held with the potential interviewees added validity to the data collection process. If the community leader contacted agreed to an interview, an interview time and place was scheduled. Most of the interviews were conducted in the leaders' workplaces or at the health department. Ten healthcare and six non-healthcare community leaders were interviewed, during July 2005. To assure the confidentiality of their comments, the names of those interviewed are not listed.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in Appendix A. Community leaders provided comments on the following issues:

- General perceptions of the county's healthcare system;
- Perceptions regarding the essential services of the county's healthcare system;
- Opinions regarding the important health issues that affect Hamilton County residents and the types of services that are important for addressing these issues;
- Impressions and/or opinions about specific healthcare services and awareness of any obstacles to receiving the services; and
- Delineation of the most important healthcare issues or services discussed and actions necessary and body responsible for addressing those issues.

### ***Interviewee Profile***

Interviews were scheduled with 16 key informants who worked in healthcare and non-healthcare sectors of Hamilton County. As mentioned in the methodology section above, the interviewees selected are employed by the government, industry, service, healthcare, and education sectors, and may serve on local boards and committees. These healthcare and non-healthcare professionals provided insight into the health status of Hamilton County through a 15-question interview. It is important to note that while all persons interviewed are employed in Hamilton County, some of those persons are not necessarily residents of Hamilton County, and may not have provided insight into some questions.

### ***Healthcare Community Leaders***

#### ***Summaries***

The leaders interviewed were asked whether they serve on any boards or participate in any organizations that deliver healthcare services and whether they are members of community groups or organizations that influence their opinions about healthcare issues. Generally, the healthcare providers interviewed are members of local organizations and committees, and are involved in state-wide initiatives or coalitions that serve the needs of Hamilton County residents.

As stated earlier, the interview questions for each community leader are identical. The questions on the interview instrument are grouped into four major categories for

discussion. A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the community leaders said without assessing the credibility of their comments.

### ***Barriers to Care***

The community leaders were asked what barriers or problems keep Hamilton County residents from obtaining necessary health services in their community. Responses from community leaders include illiteracy, pride, lack of education, lack of transportation, lack of specialty care, being a rural community, and being one of the poorest counties in the state.

The low economic status of the county is seen as a primary and fundamental barrier.

- “This is one of the poorest counties in the state, that is the barrier itself”.
- “It’s the poverty in the county that keeps people from getting care”.

Being a rural, migrant and agricultural community with no public transportation system is viewed as being a major barrier to accessing regular healthcare for those without personal transportation. “Folks are spread out in this community. We can’t reach them all that they can’t all get in to see (a provider)”.

Those interviewed believe it is difficult to reach out to isolated or marginalized people in the community and find a lack of knowledge about resources that are available. “Pride enters into the equation for everyone, especially elders”. The elderly are more concerned with paying bills than being able to afford healthcare, and pride often prevents elderly from going to seek primary care. There is a Lack of transportation for low-income residents to receive services and a lack of personal “know-how” of the medically indigent for accessing needed services

- “One of the greatest problems in Hamilton County are the working poor, those that make too much to qualify for Medicaid, and cannot afford health insurance because their employer does not provide it. This population cannot afford healthcare and medicine, and they are not taking care of themselves”.
- “With Medicaid, people are falling through the cracks.”
- “People are poor for reasons”.

Because people cannot afford to leave town for routine care and check-ups, there is a discontinuity of care among the low-income or no insurance residents of the area. Many residents of Hamilton seek medical care outside of the county for various reasons.

- “Because Jasper is a small town, people believe bigger is better, and go out of town to get good healthcare”.

One of those being that there is a general consensus among community members interviewed that the hospital is not viewed as being a safe place to receive adequate care.

- “The hospital could be considered somewhat of a barrier”.

This was a reoccurring theme during the course of the interviews.

Getting into the healthcare system is also a barrier. Secondary care as opposed to primary care is more difficult to access. Hamilton County is considered to be a “dead zone”, an area geographically and socially isolated, equidistant from Gainesville, Tallahassee and Jacksonville. There is rarely broadcast news coverage about Hamilton County from any of these cities, and telephone and television service is sometimes difficult to access.

### ***General Perceptions***

Interviewees were asked if it was possible to improve the health of the community. All those interviewed answered that it was possible to improve the health of the community, some gave suggestions as to how.

- “Yes, but I think the community needs education”.
- “Yes, with funding. Obesity is a common problem, and they (community residents) need more exercise and to watch what and how much they eat”.
- “Yes I do, but getting access to the doctors is very important”.
- “Yes, if there is a change in policy and procedure. Funding from outside would be needed to support better healthcare”.

In order to assess the perceived strengths of the community, interviewees were asked what areas Hamilton County was succeeding, or what made the community strong or good. The majority feels that being a small community is an asset to them. There is a great sense of pride in the area, many residents have been living in Hamilton County many years. The size of the community contributes to the low crime volume and no overcrowding. Because of this, there is a sense of ownership, community and collaboration that many people feel, and people feel very connected to the community.

- “There is an innate friendliness, cooperation, and sense of community. Most people here want the best for the community, and have a vision for the county”.
- “People care and chip in to help each other”.

Both the Pharmacy Assistance Program and SMART Diabetes and Hypertension Program were specifically noted as programs that are excelling and having a positive impact on the community.

From this question, many insights were given about some of the drawbacks or faults in the community. The lack of industry in the county is a reason some see for the current economic situation. Another drawback is that there is a great resistance to change in Hamilton County, and that the county has “reached a point where Hamilton County can not exist without industry coming in soon”. Also, because of the lack of opportunities in Hamilton County, “those in the cycle can’t and don’t find a way out”. Learned behavior becomes a way of life and repeats from generation to generation.



There seems to be a great resistance to change by some community leaders and members. One person noted that the youth in the community witness the resistance to change and growth and therefore will move away the community upon reaching adulthood.

The perception of the overall health status of the community/county was assessed for this needs assessment. Interviewees responded with “a little below average”, “fairly good”, “poor health and poor economics”, room for improvement”, “above average”, and “not even adequate, a little below what it should be”.

General comments regarding the health system include that the health depart is a shining star in the community. The services are diverse and seem to meet the needs of the residents. The hospital is a source of controversy in the community. People feel that because the hospital needs improvement.

- “If this hospital would grow (increase resources and funding), it would help the community greatly”.
- “I have heard people say we need a new, quality hospital. People are concerned”.
- “The hospital is the key, it does not need to be bigger, just better”.

According to the interviewees, essential components of health care services in a community like Hamilton County include the following. They are listed according importance, which was measured by how many times they were given as responses. The most common responses are ranked.

- 1) Having a quality hospital/clinic, Hospital care
- 2) Mental health services
- 3) Resourceful health department with a physician
- 3) Dental care
- 3) Healthcare system that accepts a variety of insurance
- 3) Primary care

Other Prescription assistance program

Maternal and infant health

Communication between parents and educators

Accessible physicians

Funding

Specialty care

Diversified healthcare workforce

Eye care

### ***Pressing Healthcare Issues***

The community leaders were asked to list some of the important health issues that affect Hamilton County residents. Their responses were quite varied, and are broken down among age groups.

For children and adolescents, immunizations, obesity, nutrition, and risky behaviors such as tobacco and alcohol abuse and sexually transmitted diseases. Some interviewees mentioned that children don't have much of a childhood in this community, and because there is not much to do, they engage in risky behaviors such as drugs and alcohol at a young age. Other issues such as lack of physical activity, depression, pregnancy, and peer pressure are common to adolescents and children according to community leaders.

Among the elderly population in Hamilton County, they face many different issues than other community members. The inability to pay for pharmaceuticals and cost of prescription drugs, and pride are problems and barriers for elderly residents. Also, diabetes, hypertension and cancer seems to be prevalent in the community for elderly residents.

All community residents regardless of age face common issues like obesity and mental health issues.

Through the interview, community leaders recommended the methods that could or are being used to address the issues listed above. They were asked what services were important to address the issues. Programs and resources already established that serve the community well to address the problems above are the Pharmacy Assistance Program; the SMART outreach program that focuses on diabetes, nutrition, and obesity; and the health department. New services that could be established to serve these problems are communication and education and prevention programs, and more activities for all ages.

### ***Specific Services Impressions***

#### **Primary**

The obstacles are lack of money and not having coverage. This leads to people using the hospital for primary care. Transportation is also a barrier to accessing care. Many people are not insured, or their insurance won't cover providers in the area so they have to leave the county for care. Not having personal transportation or a public transportation system makes accessing care very difficult for some residents. Most people do believe that Hamilton County does have quality primary care and excellent physicians, but not everyone can access them.

#### **Dental**

Again, the problem is lack of money and coverage, and lack of transportation. Dental care for both children and adults is perceived to be a major problem in Hamilton County, although like primary care, the dentists in the area are well respected in the community.

**Specialty**

There is not specialty care in the area. Residents either go to Gainesville or Lake City, and according to some of those interviewed, it is difficult to get a referral for residents to see a specialist in another county. There is no rehabilitation facility for those residents needing care.

**Mental**

There is a great need for mental health services in Hamilton County. Depression is a common issue that affects all ages that was indicated to be somewhat of a problem in Hamilton County. There is some discrepancy about whether there is a functioning mental health facility in Jasper.

**Hospital**

Hospital care is a sensitive and dire issue for many residents in Hamilton County. The hospital in the area is low in resources, and cannot give long-term or specialty care. The hospital has a negative reputation among the community, and many people do not feel comfortable using their services. According to the interviewees, the emergency room is abused rather than used. This is a problem for three reasons. One, because the use of limited resources to treat smaller, chronic issues; two, because of standard of care issues; and three, pain cannot be measured in the ER so there are drug-seeking individuals coming in the hospital, which leads to misappropriation of funds.

Many people feel the hospital care would improve if it were not privately owned and were state or federally funded with leadership at the county level. The hospital is viewed to have decreased in quality over the past years, and with the current status, it will be difficult to attract quality healthcare providers to the area.

**Other**

It was mentioned that the nursing home in Jasper is an excellent facility, and that transportation is a major issue for Hamilton County. There is only one public transport with a wheelchair lift in the county.

***Potential Solutions***

Solutions proposed to address the specific problems addressed above are all dependent upon outside resources. People feel that not much can be done locally because of lack of funding and resources.

Some changes that would solve the health problems that Hamilton County faces include national healthcare reform and Medicaid reform, Funding from state and federal resources, and the ability to bring in more diverse and quality physicians to the area.

New hospital management was a common proposed solution to the healthcare problems, or the establishment of a new medical facility. It was proposed by one interviewee that Hamilton County needed three things, one being a walk-in clinic, two being a stabilization area where immediate care could be delivered before leaving for a larger hospital, and three, and emergency room with full services that would both care for people and attract more quality healthcare providers.

Responsibility for these changes lies in partnerships between the government and private organizations. “We are doing everything we can, there must be policy change”. Because Hamilton is a poor county with low resources, substantial change must come from financial assistance from outside resources like state and federal government agencies.

### ***Key Findings***

Overall, the community leaders feel that while there are some quality health services in Hamilton County, there is great room for improvement to meet the needs to all residents.

Key healthcare issues raised by the community leaders include poor hospital care, lack of mental health services, and lack of transportation. For children and adolescents, focus on immunizations, nutrition, recreation activities, risky behaviors including drug and alcohol abuse and teen pregnancy are identified as the most pressing issues. For the elderly, the high-cost of prescription drugs, lack of resources and pride are barriers that they face in being healthy. Above all, the recognition by community leaders that this is one of the poorest counties is a major barrier itself and hinders resource allocation, and therefore health.

In critiquing specific healthcare services, the community leaders believe that primary and dental care services are sufficient, but that the cost of accessing those services is a major obstacle, particularly for residents without adequate resources or transportation. As mentioned above, mental health and hospital care services are lacking in Hamilton County, and specialty care is non-existent.

To the community leaders, primary care, mental health, and hospital care seem to be the most important issues. Actions necessary to address these issues are through increased funding to the county, and state and federal assistance for the establishment of a modern medical facility or the partnership of the county with the hospital. While Hamilton may not have the money, they certainly have the will and passion to make their community a healthy and sustainable place to live and grow, and are highly motivated to implement the necessary change in their communities.

### ***Non-healthcare Community Leaders***

#### ***Summaries***

None of the community leaders who represent business and community organizations had any affiliations with healthcare providers in the county. Generally, they are members of trade associations, educational groups, political groups, or economic organizations.

Among the community leaders who are elected officials/public employees, one had a prior affiliation with a healthcare provider. The others are members of and/or serve on boards of voluntary community organizations, such as civic clubs, children and youth services agencies, and agencies advocating particular healthcare issues.

### ***Barriers to Care***

When asked to discuss specific barriers that prevent residents of Hamilton County from gaining access to healthcare, the interviewees consistently identified poverty, education, and funding for healthcare services. Also mentioned on several occasions, as barriers were lack of transportation and lack of health insurance coverage in the area.

Income and education seem to be the perceived barriers to care. Some people want to make that visit to the doctor to get that check-up, but they just can't afford it. Money is also a barrier for some people. They don't make enough money to pay for healthcare. For education, I think most people aren't aware of the services that are around to take care of them. For example, the pharmacy assistance program seems to be very beneficial to those residents enrolled in the program, but they have only been able to reach a small percent of the people that could qualify for assistance. I don't know anyone that would turn down free medicine, but the fact is, they just haven't heard about it.

Transportation is another problem. Oftentimes, the elderly residents may not drive or own a car, and in a rural community that makes it very difficult to access necessary health services. There also is a kind of stigma associated with going to the doctor. People take that attitude, that unless they're bleeding to death, they don't need to see the doctor.

Poverty and funding are two identified barriers. People can't afford health care and providers can't get the funding to give it away. Funding for the hospital is another problem. I don't think they have all of the things that they need to function. So even if people are able and willing to use the hospital, they might not be able to get the services that they need.. There's no money for health services in this area. State and federal money for health care has disappeared. We don't have a single physician in this community (White Springs). Everything is up in Jasper. So if a person gets sick they have to travel eighteen miles to get treatment. I believe most people in this town just go to Lake City to see the doctor.

Another barrier is the fast growth of the local Hispanic population. There may be language barriers for those needing services that might needs attention.

Lack of health insurance is another barrier. When folks aren't insured, it doesn't matter how close of how far the doctors are. They can't afford it so they don't go.

### ***General Perceptions***

One of the great things about this community is that people know each other, and people care for each other. This has been a fairly closely-knit group in the past. Of course, things are beginning to change now, we've got a growing Hispanic population and people coming from other areas in Florida and the south. But I think that's a good thing too. It's challenging because people sometimes don't want to change...but I think in the long term it's going to be good for all of us.

Well, we have been able to attract a couple of new businesses lately and I think that is helpful. Some folks don't want to see that happening. Some of the people who are well

off now want to keep everything the same, but I think it's great to have new businesses coming in so the people who aren't well off have more choices. Another thing is the pharmacy assistance program, which is going great. We're all extremely happy about it.

In the case of the school in Jennings, we were able to get a nurse from the health department out there full time. Now I know there's one at the high school too. I count that as a success.

In terms of healthcare, down here in White Springs we were able to get some training for the volunteer firefighters. EMT training that is. We're trying to develop the area more...build new facilities, but it's difficult because we've seen cuts in the community development block grants. Those are like the lifeblood of small communities. All I can say is that we're all doing the best we can with what we've got.

Community leaders did not give the county high ratings in terms of the overall health of the community.

- Well, I don't know what the statistics are, but I think that it's probably below average when you compare it to other areas in the state.
- I would say that it's not terribly good. Diet and alcoholism are two problems in this community.
- I don't know, but I will tell you, we need a lot more health care in the area.
- I don't know much about health overall. It seems like here in Hamilton County we have a higher cancer rate than we should.
- I'm not sure about that. I can say, we have a large elderly population in this area and I know they require more in terms of health services.

When asked about the healthcare services available in the community, interviewees were quick to point out that resources are scarce.

- There are some concerns about the local hospital, Trinity.
- Well the thing is, there just aren't that many services available in the area. I don't think most of the people who live here rely on the local services unless they absolutely have to.
- There aren't enough doctors in the area to serve everyone, but we're close to Valdosta and Jacksonville and Lake City so for the most part people can get the things that they need, provided that they have transportation. There may be a problem with dental care. It's not very high on people's lists when they think about health care, and it's hard to get that service in the area. That might be something we have to work on.
- We don't have anything in the area. You have to go either eighteen miles north or fifteen miles south in order to get anything.

Considering the scarcity of services, the community leaders were asked to comment on what they believed to be essential components of a good healthcare system.

- The health department here in Jasper does a great job. In fact, I've heard that some people are coming in from other counties to get service here.
- Interagency communication is one of the essential components. That's what this strategic council is all about I think. You get people together from different areas and you get to talk to each other and you start to realize that you have all of these resources available to address a problem. It's also important in identifying problems. Another thing about health care here in Hamilton is that there aren't enough services for adults, you know? I mean, the kids are pretty well taken care of, and there are programs out there to help seniors, but the rest of the adults are having problems that nobody is helping them with. There's definitely a lack of providers in the area.
- Well, like I said, a hospital is important. Right now we have a hospital, but my understanding is that people don't trust it enough to go there.
- Screening is important. Most people don't go to the doctor unless they feel sick, and when it gets to the point that they feel sick there's only so much that can be done about it. People should be getting screened for high blood pressure and diabetes. What we need is a system that can identify problems before they become problems.
- Funding is the most important thing. If you don't have the money then you can't do anything. Another thing that's important is cooperation between agencies. People need to talk to each other. Also, we need more coordination at the county-state level. Sometimes there are resources out there, but nobody knows how to get their hands on it. The other thing the system needs is advance planning. Like take the hurricane season for example. Last year we did a lot of advance planning and we didn't have half the trouble that some other places in the state had. Don't get me wrong, we didn't get a direct hit from those storms, but the weather got bad and we lost power for several days. It didn't affect us as much though because we had planned in advance to make sure that everybody had what they needed.

### ***Pressing Healthcare Issues***

There was no consensus among community leaders as to what the most pressing healthcare issues for the county are. Responses identified, drugs and alcohol, obesity, prescription drugs, and emergency services.

Some of the adolescents have problems with drugs and things like that. The adults also have substance abuse issues. I think there's a lot of alcoholism in the area. People work hard jobs for not very much money and they come home and down a twelve pack to relieve the stress or chase their cares away. And then the children see this and it doesn't give them a very good example to follow. Some people may not realize that the reason it's hard for them to save any money is because they're spending three hundred dollars a month on beer. The thing is, there just aren't that many employment opportunities around here. You got the PCS place and then there's the prisons and that's about it. Most of the jobs don't pay very well so it's difficult. The young people are lucky to get any jobs at all

and that leaves them with a lot of free time, especially over the summer, and that makes it easier for them to find trouble for themselves.

Obesity is an issue for some of the teenagers and adults. For the teens, I think the really big thing is risky behaviors. You know how the young people think that they're indestructible. These risky behaviors result in the kids spreading STD's to one another. They get into accidents and things like that. The problem is that the children don't have activities to keep them busy. We don't have a movie theater or a shopping mall in the area. The kids congregate in the parking lots on the weekends. There's simply nothing for them to do. The same goes for the senior citizens in the area. They don't have activities to engage in.

Obesity is a problem, but that's true everywhere, not just in Hamilton County. For the teenagers I think that drugs and alcohol are a problem.

The prescription drugs are very important. That's why we have the pharmacy assistance program now. The problem is that people are very skeptical about the idea of getting their medicines for free. Some people are eligible to be in the program, but they don't believe that they can get something for nothing, or for almost nothing.

It takes a first responder twenty or thirty minutes to get into town. If somebody has a heart attack, you know those first few minutes are critical, they could be dead before the ambulance arrived. Response time is a huge problem around here. We got some training for our volunteers so that they can stabilize a person and keep them going until they can be taken somewhere else for care. It cuts the other way too. It's hard for responders to get in and it's also hard for some people to get out. Suppose someone comes down with the flu, but the don't have transportation. They better have a kind neighbor or else they're out of luck. For folks who have a low income, transportation is an obstacle.

When asked to comment on the types of services necessary to address these issues the community leaders mentioned programs and activities that were already in effect, and additional services that they would like to see in the future.

We need community level interventions for things like drugs and domestic violence. We need mental health screening services. A lot people are walking around out there with problems that they don't realize are problems. One of the things we're working on right now is drug court. It's kind of like a diversion program for first time offenders or for people who have only been caught for minor offenses. It's a way to get to people before they develop a record.

We need more activities for all ages, young and old. Also, we could really use some kinds of mental health programs. Also, we need ways to engage the parents in this community.

The schools are working hard to provide nutritious lunches that are lower in calories. They also have good physical education programs.



Well, right now we have a volunteer firefighter team. What we need is full-time fire rescue EMT's. But it takes money.

### ***Impressions of Specific Services***

When asked about specific services, a number of interviewees did not have any distinct impressions to share, whereas others were quite specific in their responses. Those who responded in detail had differing impressions with respect to the availability and accessibility of services.

#### **Primary care**

Insurance is a big issue for primary care. A lot of people don't have health insurance and a lot of people, like myself, don't have an insurance plan that works with the providers in the area.

We don't have a single doctor down in White Springs, and to be perfectly honest I think people would rather get their service down in Lake City, outside of the county, than come up here to Jasper.

#### **Dental care**

- Dental, care, I don't think is as much of a problem. I think that the services available around here are fairly good.
- I think the dental care we have in this community is pretty good.
- The problem with dental care is that there are only two dentists in the county. Probably a lot of people aren't getting any dental care at all. I've heard that the two dentists in town are constantly swamped and they spend the majority of their time on extraction, not cleaning or preventive things. Another problem is that the dentists in town don't take Medicaid at all. So that could be thousands of people in the community who are very poor who can't see the dentist.
- It costs an arm and a leg. Medicare doesn't cover dental so for a senior like myself you have to pay through the nose to get the care.
- "It's difficult to get, especially for children. The dentists here in town don't take Medicaid, so people don't get the care."

#### **Specialty care**

- There is no specialty care in the area. You always have to go outside of the county, like to Gainesville, to get those kinds of services.
- We don't really have those kinds of things here in Hamilton. I think in most people head south to Lake City or maybe to Gainesville when they need special care.
- There isn't any specialty service in the area. Except, I think for a podiatrist.
- There isn't anything like that in Hamilton.
- There's nothing like that in the area.

- There are a couple of assisted living facilities in Jennings.

#### **Mental Health**

- There is a place here, operated by Meridian, and I think they do some counseling.
- We've got Meridian. They do some work here with substance abuse.
- There aren't any mental health services in the area as far as I know, but we really need them.
- There's no mental health care either.
- There's also a shortage of that kind of service. Depression is an issue for the elderly. Also, memory loss. They could use access to mental health services.

#### **Hospital care**

- The hospital is for the short term only. They can't give people the long-term care, or specialty care. They need better equipment and probably more staff. People are concerned about the hospital. The situation with Trinity is, they take you there is it's an absolute emergency, and then they do their best to stabilize you so they can move you to another facility, in Lake City, or Valdosta or wherever it may be. Trinity is not really set up for complicated care and treatment. The best they can do is get you ready to go somewhere else.
- Trinity Hospital. I've never been there myself, but I've heard that they could stand some improvements. I've heard that it's not a very well funded operation.
- That hospital, Trinity, needs to be improved because there are all kinds of things that they can't do there.
- There was no agreement among interviewees as to which healthcare concern was the most important. The priority issues included: health care coverage, the hospital, assisted living, mental health, children and the elderly, teen pregnancy, drugs, obesity, and response time.

#### **Potential Solutions**

The community leaders expressed an interest in developing solutions to the various health issues they discussed, and though their priorities differed, they seemed in agreement that everyone must do the best that they can.

- Equipment is important and I don't think the hospital has the best equipment. Training is another thing, because you need somebody who understands how the equipment works.
- Well, right now I'm working on the Habitat for Humanity project. We're doing our best to give some people in need a decent home to live in. That's a start.
- We have that beautiful Meridian building, but there's no one around to staff it. We already have the facility, but we need people to make it a working mental health care center.

- We're working on ways to expand the tax base and bring in new revenue. One thing we've been talking about is annexation. Bringing in some of the homes and things like that in the surrounding areas will be a help to us. Also, there is some economic development happening in this region. If we can get people to invest in the area then we'll be able to improve things for our citizens.
- There are opportunities for partnerships that we need to be looking into. We need to work together on these things.
- I think the state government needs to do more. They have shifted too much responsibility over to the counties in my opinion, and the money just isn't here at the county level. You see, the federal government cuts money for the states and the states cut the budgets for the counties and meanwhile we have more and more responsibilities. It's time for the state to step back in and accept some responsibility. There are many more opportunities...places where the state can get money. Those opportunities just don't exist at the county level.
- We're a progressive community and we don't expect anyone to do it for us, but at the same time, we can't do everything by ourselves.

### ***Key Findings***

- Community leaders recognize that healthcare services are not readily accessible to many residents of Hamilton County.
- There was a consensus among community leaders that poverty presents itself as a major barrier to healthcare.
- There was a consensus among community leaders that lack of insurance presents itself as a major barrier to healthcare.
- Several of the community leaders pointed out that pride, or stoicism, prevents some people in Hamilton County from asking for assistance and seeking medical attention.
- There was recognition among the community leaders that the number of healthcare providers in Hamilton County is insufficient to meet the healthcare needs of residents.
- Overall, there is a negative perception of Trinity Community Hospital and a distinct lack of trust, which may lead residents to seek healthcare elsewhere or not at all. Some of the community leaders suggested that this is due to the fact that the hospital is currently under private ownership.
- While dental care is difficult to obtain in Hamilton County, the majority of community leaders do not regard it as a necessarily high priority.
- The community leaders are cognizant of the fact that the individuals most in need of healthcare in Hamilton County, such as the working poor, the elderly, and the uninsured are also the least likely to receive it for all of the reasons stated above.
- Many community leaders take the view that increased investment and economic development is necessary to generate the revenue needed to provide all of the health services needed in Hamilton County.

- Some community leaders believe that the federal and state governments are not providing sufficient resources and support for the county, effectively slowing the growth process.

## ***Hamilton County Community Health Survey 2003-04***

### ***Methodology***

The purpose of this survey is to gather and present facts and opinions about the general health and well being of the residents of Hamilton County, Florida. A convenience sample was taken at a community health fair and other community events in Hamilton County from 2003-2004. A member of the Hamilton County Healthcare Strategic Planning Committee created and administered the survey. A total of 95 members of the community completed surveys in order to record health attitudes, beliefs, and perceptions. Each survey was 30 questions, and included a demographic profile including race, sex, age, income, and education to better classify the responses. Analysis of the survey is below.

### ***Respondent Profile***

The data is intended to supplement and illuminate the secondary information provided by state and national agencies. However, the sample is not representative of the population in several key ways. In terms of respondent education level, fully 45.2 percent of respondents indicated Bachelor's Degree or higher, but this group only represents 7.3 percent of the total population. Additionally, the gender distribution of the sample is not representative of the overall population, with 67.3 percent female respondents. The racial distribution of the respondents is also different from the overall population. Almost 76.8 percent identified themselves as white, or Caucasian, and only 17.8 percent identified themselves as black, or African American. In spite of these limitations the survey is still useful because Hamilton County is a small community and all residents share certain commonalities, which is to say the likelihood that outliers could skew the survey results in a substantial way is somewhat less than would be the case for a larger, more heterogeneous population. Nevertheless, further investigation is necessary in order to paint an accurate picture, encompassing all of the shades and contours of the population of Hamilton County.

Despite the fact that the survey respondents are not generalizable to the entire population of Hamilton County, they do provide a unique perspective on individual and community health status as well as community health care needs.

### ***Survey Results: Demographics***

As seen in the tables 56-61, the key results include:

- More than 67 (67.3) percent of respondents were female
- For more than 28 (28.4) percent of respondents, the average annual household income is between \$30,000 and \$49,000.
- A substantial number (32.6 percent) of respondents indicate there are only two people living in their household

- More than 45 (45.2) percent of respondents report having a college degree or higher as an indicator of educational attainment

**Table 56. Gender of respondent.**

Gender	Count	Percent
Female	64	67.3
Male	27	28.4
Unknown	4	4.2
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 57. Age of respondent.**

Age	Count	Percent
40-54 years	26	27.3
26 -39 years	25	26.3
55-64 years	23	24.2
65-80 years	11	11.5
18-25 years	6	6.3
Over 80 years	2	2.1
Under 18 years	1	1.0
Unknown	1	1.0
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 58. Annual household income of respondent.**

Annual Household Income	Count	Percent
\$30,000 to \$49,999	27	28.4
Over \$50,000	22	23.1
Less than \$20,000	21	22.1
\$20,000 to \$29,999	18	18.9
Unknown	7	7.3
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 59. Number of people per household.**

Number of People in Household	Count	Percent
2	31	32.6
4	20	21.0
1	11	11.5
3	11	11.5
Unknown	9	9.4
5	8	8.4
7	2	2.1
6	1	1.0
9	1	1.0
10	1	1.0
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 60. Educational attainment of respondent.**

Education	Count	Percent
College degree or higher	43	45.2
High School Diploma or GED	33	34.7
Less than High School graduate	10	10.5
Other	6	6.3
Unknown	3	3.1
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 61. Ethnicity of respondent.**

Ethnic group	Count	Percent
White/Caucasian	73	76.8
African American/Black	17	17.8
Unknown	2	2.1
Other	2	2.1
Hispanic/Latino	1	1.0
Asian	0	0.0
Native American	0	0.0
Total	95	100.0
Other- American, Irish		

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Survey Results: Healthcare Access**

Healthcare access questions included those regarding hospital care, safety concerns, health insurance status; reasons for no health insurance; children without health insurance; delaying health practices due to cost; and community issues and concerns. The key results include:

- As seen in Table 62, 25.0 percent of respondents indicate that either themselves or a family member has been admitted to Trinity Community Hospital in the past three years. Of residents seeking acute care, and needing hospital admission, 75.0 percent of respondents or respondents family members are leaving Hamilton County for care. Shands at Lake Shore and South Georgia Medical Center are also common hospitals to be admitted.
- The vast majority (76.8 percent) obtain health care from a private physician (Table 63). Respondents seeking health care also use the health department and emergency room.

**Table 62. Question 1. Within the past three years, were you or your immediate family members admitted to an acute care hospital?**

Acute Care Hospital	Count	Percent
Trinity Community Hospital	24	25.0
Shands at Lake Shore	14	14.5
South Georgia Medical Center	12	12.5
North Florida Regional Hospital	10	10.4
Shands at Live Oak	9	9.3
Lake City Medical Center	9	9.3
Shands at UF	8	8.3
Other	7	7.2
Veterans Administration	3	3.1
Total	96	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 63. Question 2. Where do you currently obtain your basic health care?**

Provider	Count	Percent
Private physician	73	76.8
Health Department	16	16.8
Hospital emergency room	3	3.1
Hospital clinic	3	3.1
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

## ***Survey Results: Individual and Community Health***

The key results include:

- As seen in Table 64, the three most important factors that define a healthy community are access to health care and other services; low crime and safe neighborhoods; good schools; and good jobs/healthy economy.
- Table 65 shows the three greatest health problems as views by the respondents are alcohol and other drug abuse; chronic diseases; and teenage pregnancy. Poor diet and sexually transmitted diseases are also of concern to the respondents.
- More than 56 (56.8) percent of respondents rate the county as “somewhat healthy”, while 20.0 percent and 14.7 percent rate the county as “healthy” and “unhealthy”, respectively (Table 66).
- In Table 67, 55.7 percent of respondents rate their own personal health status as “healthy”. 20.0 percent rate themselves as “somewhat healthy”, and 13.6 percent rate themselves as “very healthy”. This could mean respondents view themselves as healthier than the community they live in.
- Table 68 shows that 48.4 percent of respondents rate their county as a “safe” place to grow up or raise children, while 36.8 percent believe there are “somewhat safe hours”.
- The three most serious safety problems as viewed by respondents are alcohol and drug abuse (23.2 percent); unsafe and unprotected sex (13.4 percent); and being overweight (10.5 percent) (Table 69).
- Health care payment methods for respondents are most commonly are through health insurance (53.1 percent); cash due to lack of insurance (17.7 percent); and Medicare (13.2 percent) (Table 70).
- Table 71 shows that 78.9 percent of respondents were able to receive needed health care services, while 12.6 percent of respondents did not need health care services, 6.3 percent of respondents were not able to access needed health care services.
- Table 72 shows that high blood pressure (24.7 percent), Diabetes (18 percent) and Arthritis (17.5 percent) are the top three leading chronic illnesses among respondents and family members.
- Services that must be utilized outside of the county are diverse, although the most common are lab work, eye care, X-ray/MRI, general practitioner care, emergency room care, and dental care, as seen in Table 73.
- Leading reasons for having obtaining health care outside of the county are because of choosing a doctor who practices outside of the county (50.0 percent), and there are no services in county that provide what the respondent needs (36.1 percent) (Table 74).



- Table 75 shows mental health services needed by respondents or family members included hospitalization (12.6 percent), counseling and therapy (10.5 percent), and crisis care (4.2 percent).
- For those needing mental health services, 55.0 percent were able to obtain the needed services, while 45.0 percent were not (Table 76).
- Food stamps, Medipass, and housing assistance were the most common social services utilized by respondents (Table 77).
- Table 78 shows that 84.7 percent of respondent's family or friends did not need skilled nursing care.

**Table 64. Question 3. What do you think are the three most important factors that define a “Healthy Community” (those factors that most affect the quality of life in a community)?**

Answer	Count	Percent
Access to health care & other services	41	14.2
Low crime/safe neighborhoods	39	13.5
Good Schools	35	12.1
Good jobs and healthy economy	35	12.1
Religious or spiritual values	34	11.8
Community Involvement	33	11.4
Strong family life	22	7.6
Healthy behaviors and lifestyles	19	6.6
Clean environment	12	4.1
Low level of child abuse	8	2.7
Parks and recreation	5	1.7
Low death and disease rates	3	1.0
Affordable housing	2	0.6
Tolerance for diversity	0	0.0
Arts and cultural events	0	0.0
Total	288	100.0

Other – cleaning up these old houses

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 65. Question 4. What do you think are the three most important “health problems” in your county? (Those problems that have the greatest impact on overall county health)**

Health Problems	Count	Percent
Alcohol & other drug abuse	43	15.5
Chronic Diseases (cancer, heart, lungs, diabetes, high blood pressure)	39	14.1
Teenage pregnancy	35	12.6
Poor Diet/Inactivity	25	9.0
Sexually Transmitted Disease (HIV,STD)	22	7.9

**Table 65. Question 4. What do you think are the three most important “health problems” in your county? (Those problems that have the greatest impact on overall county health)**

Health Problems	Count	Percent
Child abuse/neglect	17	6.1
Mental health issues	14	5.0
Domestic violence	14	5.0
Lack of access to health care	13	4.7
Tobacco Use	13	4.7
Motor vehicle crashes	11	3.9
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	9	3.2
Rape/sexual assault	5	1.8
Infectious Diseases (Hepatitis, TB etc)	5	1.8
Hunger	4	1.4
Dental problems	4	1.4
Suicide	3	1.0
Homicide	0	0.0
Firearm-related injuries	0	0.0
Total	276	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 66. Question 5. How would you rate your county as a healthy county to live in?**

Health Rating	Count	Percent
Somewhat healthy	54	56.8
Healthy	19	20.0
Unhealthy	14	14.7
Very unhealthy	4	4.2
Very healthy	3	3.1
Blank	1	1.0
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 67. Question 6. How would you rate your own personal health?**

Health Rating	Count	Percent
Healthy	53	55.7
Somewhat healthy	19	20.0
Very healthy	13	13.6
Unhealthy	6	6.3
Very unhealthy	3	3.1
Blank	1	1.0
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 68. Question 7. How would you rate your county as a safe place to grow up or to raise children?**

Rating	Count	Percent
Safe	46	48.4
Somewhat Safe hours	35	36.8
Very Safe	9	9.4
Unsafe hours	4	4.2
Blank	1	1.0
Very Unsafe	0	0.0
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 69. Question 8. What do you think are the three most serious safety problems for people in your county?**

<b>Serious Safety Problems</b>	<b>Count</b>	<b>Percent</b>
Alcohol and drug abuse	64	23.2
Unsafe/unprotected sex	37	13.4
Being overweight	29	10.5
Unsafe driving	21	7.6
Lack of exercise	18	6.5
Not using birth control	15	5.4
School violence	15	5.4
Dropping out of school	14	5.0
Not using seat belts & safety seats, helmets	13	4.7
Child abuse & neglect	11	4.0
Domestic violence	9	3.2
Manufacturing of methamphetamines	8	2.9
Racism & intolerance	5	1.8
Access to firearms by children	5	1.8
Gang-related activity	5	1.8
Unsafe roads/sidewalk conditions	3	1.0
Growing Marijuana	3	1.0
Total	275	100.0

Other – riding in backs of pick-up trucks

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 70. Question 9. How do you pay for your health care?**

<b>Type of Payment for Health Care</b>	<b>Count</b>	<b>Percent</b>
Health insurance (i.e. private insurance, Blue Shield, HMO)	60	53.1
No insurance (pay cash)	20	17.7
Medicare	15	13.2
Medicaid	8	7.0
Kid Care	4	3.5
Veterans Administration	3	2.6
Medicare Supplement Insurance	2	1.7
Medipass	1	0.8
Total	113	100.0

Other – AARP, Children have CMS, my pocket, retired military

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 71. Question 10. Within the past year, were you able to get needed healthcare?**

Answer	Count	Percent
Yes	75	78.9
Not needed	12	12.6
No	6	6.3
Unknown	2	2.1
Total	95	100.00

If no, please describe/explain:

1 – Have own coverage

1 – No money to pay what insurance didn't

Source: Hamilton County Community Health Survey 2003-2004.

Prepared by WellFlorida Council, 2005.

**Table 72. Question 11. Have you or any one in your immediate family been living with any of the following chronic illnesses?**

Chronic Illnesses	Count	Percent
High Blood Pressure	55	24.7
Diabetes	40	18.0
Arthritis	39	17.5
Cancer	19	8.5
Hearing/Vision Loss	18	8.1
Heart Disease	16	7.2
Obesity	13	5.8
Lung Disease/Asthma/Tuberculosis	8	3.6
Other	7	3.1
Alcohol or drug dependency	5	2.2
HIV/AIDS	1	0.4
Hepatitis	1	0.4
Total	222	100.0

Source: Hamilton County Community Health Survey 2003-2004.

Prepared by WellFlorida Council, 2005.

**Table 73. Question 12. Within the past year, what type of health services did you or your immediate family members receive outside of your county?**

Type of Health Services	Count	Percent
Lab Work	43	14.8
Eye Care	38	13.1
X-Ray/MRI	28	9.6
General Practitioner Care/Doctor visits	26	8.9
Emergency Room Service	21	7.2
Dental Care	20	6.9
Cardiac/Heart Care	14	4.8
None	13	4.4
Obstetrics/Gynecology/Prenatal Care	13	4.4
General Surgery	12	4.1
Urology Care	10	3.4
Ear, Nose, Throat Care	9	3.1
Hearing Services	8	2.7
Orthopedic/Bone Care	8	2.7
CPR Training	6	2.0
Orthodontia	5	1.7
Family Planning/birth control	4	1.3
Immunizations/baby shots	4	1.3
Other	4	1.3
Podiatry Care	2	0.6
Mental Health Services	2	0.6
Total	290	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 74. Question 13. If you got health care outside your county, circle one number that best matches why.**

Answer	Counts	Percent
My doctor of choice is in another city	36	50.0
No providers for services I need	26	36.1
My insurance only covers doctors in another area	7	9.7
No appropriate doctors accept Medipass/Medicaid	3	4.1
Total	72	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 75. Question 14. Within the past year, what type of mental health services did you or anyone in your family need?**

Type of Mental Health Services	Counts	Percent
None	61	64.2
Hospitalization	12	12.6
Counseling/Therapy	10	10.5
Unknown	8	8.4
Crisis Care	4	4.2
Total	95	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 76. Question 15. If you needed services, were you able to get these services in your county?**

Able to Get Services	Count	Percent
Yes	22	55.0
No	18	45.0
Total	40	100.0

If no, please describe/explain.

- Shoulder specialist

If you get therapy in Hamilton County, you can be sure everyone will be made aware

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 77. Question 16. Within the past year, what type of social service benefits did you or anyone in your family need?**

Type of Social Service Benefits	Counts	Percent
None	59	70.2
Food Stamps	12	14.2
Medipass	6	7.1
Housing assistance	4	4.7
WIC	3	3.5
TANF (welfare payments)	0	0.0
Respite Care	0	0.0
Subsidized child care	0	0.0
Total	84	100.0

If you needed benefits, were you able to get them in your community?

	Count	Percent
Yes	23	63.8
No	13	36.1
Total	36	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 78. Question 17. Within the past year, have any of your family/friends needed long-term care placement (skilled nursing facility, rehab, etc.)?**

	Count	Percent
No	72	84.7
Yes	13	15.2
Total	85	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

### ***Survey Results: Employment and Recreation***

- Employment status can impact insurance access and coverage, levels of poverty and needs for social services, emergency room utilization for basic care rates, among other indicators. Table 79 shows that only 52.1 percent of respondents reported being employed full-time, 11.7 percent are self-employed, 8.5 are employed part-time, and 27.6 percent of respondents report being unemployed.
- These reasons for not being employed include retirement (58.3 percent), caring for family (20.8 percent), being ill or disabled (12.5 percent), and not being able to find work (8.3 percent) (Table 80).



- Among Hamilton County respondents, 90.1 percent respond there are not enough jobs in the county for youth, and 88.64 percent respond there are not enough jobs in the county for adults (Table 81).
- Job satisfaction and stress were measured by asking respondents about having a sense of satisfaction at their job, and their stress levels on a regular basis is seen in Table 82. Over 72 percent (72.4) of respondents feel a sense of satisfaction at their job, while only 3.5 percent say they do not feel satisfaction regarding their current employment.
- Table 83 shows a level of “some stress” is felt by 38.3 percent of respondents, while 14 percent feel a “little stress”. No stress, and “a lot” of stress both equally account for 12.8 percent of responses, and 9.3 percent of responses feel too much stress on the job.
- Fully 70.89 percent of respondents indicated that illness had not caused them to miss any days of work during the previous month. 16.46 percent had missed one to several days of work and the remaining 8 percent had missed many, or all days of work during the same period of time (Table 84).
- When asked what percentage of their household income went into paying rent or mortgage 49.5 percent of the respondents answered: none. Thirty-seven (37.17) percent indicated that approximately one third of their income goes to pay their rent or mortgage and 11.5 percent answered that one half of their total income is used for this purpose. The remaining 2 percent of respondents indicated that three-fourths of their monthly income is used to cover the rent (Table 85).
- Table 86 shows 80.4 percent of survey respondents indicated that they owned their own home. Fifteen percent identified themselves as renters and the remaining 2.2 percent lived with others.
- The majority of respondents (91.1 percent) claimed to be satisfied with their living situation. The remainder, who were not satisfied, indicated that their living situation was too crowded, or their home or apartment was too run down. Other respondents had problems with roommates or felt that their living arrangements were too expensive (Table 87).
- The top three places where respondents go for recreational purposes were church (55.5 percent), restaurants (14.0 percent) and malls or shopping centers (11.8 percent). Other popular recreational venues included: movie theaters, parks, libraries, swimming pools sports fields, and “other” locations. It is interesting to note that none of the respondents indicated that they used bars/dancehalls for recreation (Table 88).
- When asked what recreational activities/services they would use if they were available in the community, respondents offered a litany of suggestions with gyms and fitness centers and YMCA emerging as the most popular. Table 89 shows they all seemed to agree upon the need for a fitness facility that includes a pool.

- In terms of volunteer activities at hospitals, churches or other organizations, 80.5 percent of the respondents indicated that they participate for at least one hour per week. However, the largest barrier to community participation is the availability of time. According to respondents, another substantial barrier to community participation is the lack of activities/opportunities to volunteer (Table 90).

**Table 79. Question 18. Are you currently employed?**

Employment	Count	Percent
Employed Full-time	49	52.1
Not employed	26	27.6
Self-employed	11	11.7
Employed Part-time	8	8.5
Total	94	100.0

Hours per week (part-time) – 16 hours, 19 hours, 20 hours, 35 hours

Source: Hamilton County Community Health Survey 2003-2004.

Prepared by WellFlorida Council, 2005.

**Table 80. Question 19. If not working, what is the main reason you are not working?**

Reason for Not Working	Count	Percent
Retired	14	58.3
Taking Care of family	5	20.8
Ill or disabled	3	12.5
Cannot find work	2	8.3
Need training	0	0.0
Total	24	100.0

Other – laid off

Source: Hamilton County Community Health Survey 2003-2004.

Prepared by WellFlorida Council, 2005.

**Table 81. Question 20. Do you think there are enough jobs in your county?**

For youth?

	Count	Percent
No	82	90.1
Yes	9	9.8
Total	91	100.0

For adults?

	Count	Percent
No	78	88.6
Yes	10	11.3
Total	88	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 82. Question 21. Does your job give you a sense of satisfaction most of the time?**

	Count	Percent
Yes	63	72.4
Not Working	21	24.1
No	3	3.4
Total	87	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 83. Question 22. How much stress do you feel at your job on a regular basis?**

Level of Stress	Count	Percent
Some stress	33	38.3
A little stress	12	13.9
None	11	12.7
A lot of stress	11	12.7
Not working	11	12.7
Too much stress	8	9.3
Total	86	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 84. Question 23. How many days in the past month were you not able to work or do your daily activities because of illness?**

Days Unable to Work	Count	Percent
None	56	70.8
One to several days	13	16.4
Many days	4	5.0
Every day	4	5.0
Most days	2	2.5
Total	79	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 85. Question 24. How much of your household income do you think goes into your rent or mortgage?**

Amount of Income	Count	Percent
None	56	49.5
One-third	42	37.1
One-half	13	11.5
Three-fourths	2	1.7
Total	113	100.0

Comments – ¼, less than 1/3, less than that

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 86. Question 25. Do you:**

	Count	Percent
Own your own home	75	82.4
Rent	14	15.3
Live with others who rent/own	1	1.1
Other	1	1.1
Total	91	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 87. Question 26. Are you satisfied with your housing situation?**

	Count	Percent
Yes	82	91.1
No	8	8.8
Total	90	100.0

**If no, why not?**

	Count	Percent
Too small/crowded	5	55.5
Too run down	2	22.2
Problems with other people	1	11.1
Too expensive	1	11.1
Too far from town/services	0	0.0
Total	9	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 88. Question 27. The places where I go for recreation most often are:**

	Count	Percent
Church	57	21.0
Restaurants	38	14.0
Malls/Shopping Center	32	11.8
Rivers/Lakes/Beaches/Woods	28	10.3
Movie theaters	24	8.8
Parks	23	8.4
School activities	19	7.0
Sports fields	11	4.0
Library	10	3.6
Other	8	2.9
Swimming pools	7	2.5
Health/Fitness clubs	4	1.4
Senior center	4	1.4
Cruising	4	1.4
Socializing in Parks Lots	2	0.7
Bars/Dance halls	0	0.0
Total	271	100.0

Other – camping, horse club, on my farm, rabbits, run, scouting, state parks, trips

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 89. Question 28. Recreation activities that I would use if they were available in my county are:**

<b>Recreation Activities</b>	<b>Count</b>	<b>Percent</b>
YMCA	2	5.8
a workout gym	1	2.9
any activities for children	1	2.9
Anything	1	2.9
basket programs, summer swim teams	1	2.9
church, library, malls/shopping center	1	2.9
community pool and more restaurants	1	2.9
county owned pool/ life saving & swimming classes	1	2.9
cultural events, performing arts	1	2.9
Duval	1	2.9
Exercise Facilities	1	2.9
fitness club	1	2.9
Gym-Curves	1	2.9
health/fitness	1	2.9
Health club	1	2.9
horse back riding, gym	1	2.9
mall	1	2.9
malls, movie, fitness centers	1	2.9
malls, senior center	1	2.9
more stuff for our children to do.	1	2.9
Movie Theatres	1	2.9
movies, malls	1	2.9
poker room, high-end game room	1	2.9
pool	1	2.9
racquetball, swimming, gym/health club	1	2.9
recreation for youth in noon and night	1	2.9
swimming pools, tennis courts	1	2.9
Swimming, Cruising	1	2.9
table tennis	1	2.9
theater, Symphony/concerts, movie theater	1	2.9
walking trail	1	2.9
women's gym	1	2.9

**Table 89. Question 28. Recreation activities that I would use if they were available in my county are:**

Recreation Activities	Count	Percent
YMCA, Pool, Health Club, Better Restaurants	1	2.9
Total	34	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 90. Question 29. Approximately how many hours per month do you participate in county activities such as volunteering in schools or hospitals, voluntary organizations, and churches?**

Number of Hours	Count	Percent
1-5 hours	43	49.4
6-10 hours	18	20.6
None	17	19.5
Over 10 hours	9	10.3
Total	87	100.0

**I would spend more time participating in county activities if:**

Answer	Count	Percent
community involvement available	1	9.0
I could find more time!	1	9.0
I had it	1	9.0
I had more available time	1	9.0
if I was healthier	1	9.0
it depends on what it is.	1	9.0
no time	1	9.0
there were any around here for people to spend - like on Sunday evenings	1	9.0
there were more activities	1	9.0
they have some	1	9.0
They were available	1	9.0
Total	11	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 91. Question 30. Zip code where you live:**

Zip Code	Count	Percent
32052	57	65.5
32053	11	12.6
32096	7	8.0
32060	5	5.7
32025	3	3.4
32024	1	1.1
32064	1	1.1
32067	1	1.1
32086	1	1.1
Total	87	100.0

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

**Table 92. Question 31. Where did you get this survey?**

	Count	Percent
Health Fair	78	82.9
Community Meeting/Event	12	12.7
Other	4	4.2
Church	0	0.0
Grocery Store/Shopping	0	0.0
Post Office	0	0.0
Total	94	100.0

Other - 2 – Health Department, 1 – Strategic planning committee meeting

Source: Hamilton County Community Health Survey 2003-2004.  
Prepared by WellFlorida Council, 2005.

### *Analysis*

- Residents of Hamilton County are aware of a number of the general social issues and specific health issues facing their community.
- Chronic diseases, unintentional injuries (including motor vehicle accidents) and infant mortality represent substantial challenges for this population.
- Interventions focused on behavior change should seek to raise awareness of the existing resources available to the community and champion the need for additional resources.



---

# *Appendix A*

---

## ***Interview Instrument***

Hamilton County

My name is \_\_\_\_\_ and I am an intern with Suwannee River Area Health Education Center in Alachua, Florida. I am working with Sharon Gay and the Hamilton County Healthcare Strategic Planning Committee in Jasper to construct a needs assessment of Hamilton County. A needs assessment is similar to a community health profile that outlines the strengths and needs of Hamilton County residents.

The information you provide will be very important in understanding the health status and needs of the community, and will help the HC Healthcare Strategic Planning Committee in making health-related decisions for the community. I am going to ask you general questions about your knowledge and opinions regarding the general health of the community. Your responses will be used for statistical purposes ONLY, and will not be identified in any way with you or members of your family.

Would you be comfortable if I record this conversation for accuracy of responses and for our data interpretation?

Thank you for your participation.

---

1. 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. Aside from your profession, do you serve on any boards or participate in any organization that delivers health care services?
2. What barriers or problems keep Hamilton County residents from obtaining necessary health services in your community?
3. Do you feel it is possible to improve the overall health of your community?
4. In what areas is Hamilton County succeeding? What makes this community strong or good?

5. How do you rate the overall health of your community (where you live/work)?
  
6. Do you have any comments about health care in Hamilton County and the services available to meet health care needs?
  
7. What do you think are some of the essential components of health care services in a community like Hamilton County? (Prompt: What kinds of services/programs/facilities do you think are necessary for a good system of health care for county residents?)
  
8. What do you think are the important health issues that affect Hamilton County residents? (Prompt: you may want to consider separate issues for children, adolescents, and adults.)
  
9. 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.)
  
10. Now, I am going to name some specific types of services and ask you to share any impressions have about them, particularly anything you know about how these services are available to all persons in Hamilton 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 services?

11. Of all the issues and services we have discussed, which do you think is the most important health care issue?

12. What actions are necessary to address this issue?

13. Who should take responsibility for addressing this issue?

14. Do you have any additional comments you would like to share about health care needs in Hamilton County?

---

# *Appendix B*

---

*Hamilton County Community Health Survey 2003-04 Instrument*

## ***Table of Contents***

---

<b>Executive Summary .....</b>	<b>1</b>
<i>Introduction.....</i>	<i>1</i>
<i>Demographic and Socioeconomic Profile .....</i>	<i>1</i>
<i>Health Status.....</i>	<i>2</i>
<i>Health Resource Availability and Access .....</i>	<i>3</i>
<i>Community Input.....</i>	<i>4</i>
<b>Demographic and Socioeconomic Characteristics.....</b>	<b>5</b>
<i>Introduction.....</i>	<i>5</i>
<i>Population.....</i>	<i>5</i>
<i>Population Growth and Distribution.....</i>	<i>6</i>
<i>Population by Age, Race, and Gender.....</i>	<i>8</i>
<i>Socioeconomic Characteristics.....</i>	<i>11</i>
<i>Poverty.....</i>	<i>12</i>
<i>Education.....</i>	<i>14</i>
<i>Educational Attainment .....</i>	<i>16</i>
<i>Employment.....</i>	<i>18</i>
<i>Summary of Key Findings.....</i>	<i>21</i>
Population .....	21
Socioeconomic Characteristics .....	21
<b>Health Status .....</b>	<b>22</b>
<i>Introduction.....</i>	<i>22</i>
<i>Leading Causes of Death.....</i>	<i>23</i>
Overall Average Crude Mortality Rates .....	24
Overall Average Age-Adjusted Mortality Rates.....	25
Age-specific Mortality .....	28
Race-specific Mortality Rates.....	29
<i>Leading Causes of Hospitalization (Morbidity) .....</i>	<i>33</i>
Hospitalization in Florida .....	33
Hospitalization in Hamilton County .....	33
Leading Reasons for Hospitalization and Length of Stay for all Hamilton County Residents.....	36
Leading Reasons for Hospitalization and Length of Stay for Hamilton County Residents by Age .....	38
Leading Reasons for Hospitalization and Length of Stay for Hamilton County Residents by Race.....	43

Leading Reasons for Hospitalization and Length of Stay for Hamilton County Residents by Gender .....	46
<i>Avoidable Hospitalizations</i> .....	51
<i>Behavioral Risk Factors</i> .....	54
<i>Birth Data</i> .....	58
Introduction.....	58
Birth Indicators .....	58
Infant Mortality.....	59
Low Birthweight.....	61
Early Access to Prenatal Care.....	64
Teen Births.....	66
Repeat Births.....	68
<i>Key Mental Health Indicators</i> .....	70
Suicide Rates.....	70
Domestic Violence.....	71
Hospitalization Rates for Mental Health Issues.....	73
Baker/Marchment Act Rates.....	74
<i>Summary of Key Findings</i> .....	76
Crude Mortality Rates.....	76
Age-adjusted Mortality Rates (AAMR).....	76
Age-specific Mortality Rates .....	76
Morbidity .....	77
Avoidable Hospitalizations.....	78
Behavioral Risk Factors.....	78
Birth Indicators .....	78
Mental Health Indicators.....	79
<b>Health Resource Availability and Access .....</b>	<b>80</b>
<i>Introduction</i> .....	80
<i>Medically Underserved Area (MUA) Designation Status</i> .....	80
<i>Health Professional Shortage Area (HPSA) Designation Status</i> .....	80
<i>Health Insurance Coverage</i> .....	81
<i>HMO Enrollment</i> .....	82
<i>Medicaid</i> .....	83
<i>Florida KidCare Program</i> .....	85
<i>Children’s Medical Services</i> .....	85
<i>MediKids</i> .....	86
<i>Florida Healthy Kids Program</i> .....	86
<i>Hospitalization By Payor Source</i> .....	87



<i>Summary of Key Findings</i> .....	89
Federal Designations.....	89
Health Insurance Coverage.....	89
HMO Enrollment.....	89
Medicaid.....	89
Hospitalization.....	89
<b>Community Input</b> .....	<b>90</b>
<i>Introduction</i> .....	90
<i>Community Leader Interviews</i> .....	90
Methodology.....	90
Interviewee Profile.....	91
Healthcare Community Leaders.....	91
Summaries.....	91
Barriers to Care.....	92
General Perceptions.....	93
Pressing Healthcare Issues.....	95
Specific Services Impressions.....	95
Potential Solutions.....	96
Key Findings.....	97
Non-healthcare Community Leaders.....	97
Summaries.....	97
General Perceptions.....	98
Pressing Healthcare Issues.....	100
Impressions of Specific Services.....	102
Potential Solutions.....	103
Key Findings.....	104
<i>Hamilton County Community Health Survey 2003-04</i> .....	105
Methodology.....	105
Respondent Profile.....	105
Survey Results: Demographics.....	105
Survey Results: Healthcare Access.....	108
Survey Results: Individual and Community Health.....	109
Survey Results: Employment and Recreation.....	117
Analysis.....	125
<b>Appendix A</b> .....	<b>126</b>
<i>Interview Instrument</i> .....	127
<b>Appendix B</b> .....	<b>130</b>
<i>Hamilton County Community Health Survey 2003-04 Instrument</i> .....	131