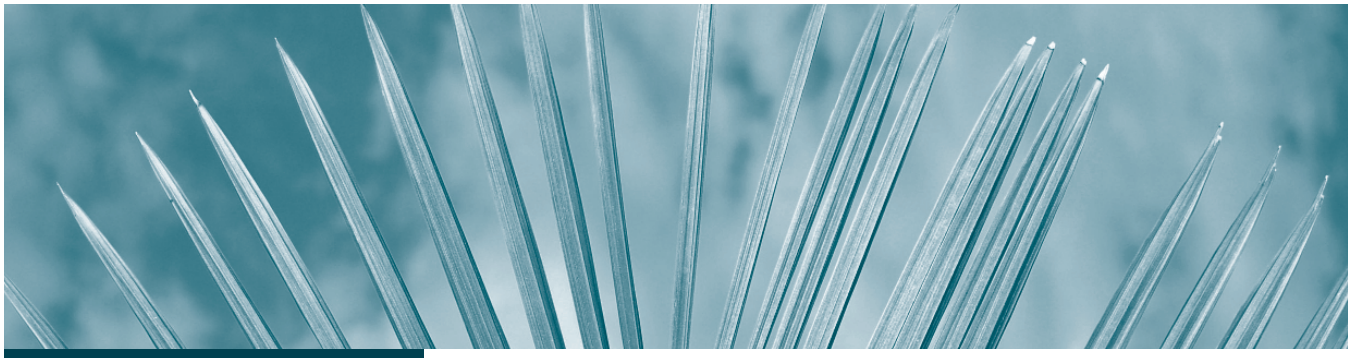

2012

Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment

Gilchrist County

WellFlorida Council

Working Together for Healthy Communities

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Gilchrist County Mobilizing through Action for Planning and Partnerships

Overview

Community health needs assessment activities for Gilchrist County in 2011 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTAS allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Due to prioritization of limited resources, this 2011 MAPP assessment for Gilchrist County focused on the CHSA, the LPHSA and the CTSA. This document provides a brief summary of key activities in each of these areas. However, a Forces of Change Assessment (FCA) was conducted as part of the 2012-13 Community Health Improvement efforts and is included in the CTAS section as additional material. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

The following is a brief bulleted list of key issues for each of the main four assessments that comprise this report.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Gilchrist County both on an individual and county-wide basis.

- Gilchrist County continues to exceed the state death rates for most of the ten leading causes of death in Florida with the overall death rate in Gilchrist County being nearly 33% higher than the state.
- While there are disparities in death rates among white and black residents in Gilchrist County, black residents of Gilchrist County fare better than their counterparts at the state level for overall mortality.
- Gilchrist County is slightly worse than the state for many of the leading birth indicators.
- Overall, poor health behaviors are on the rise in Gilchrist County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Gilchrist County's rate of avoidable hospitalizations is nearly 50% higher than the state rate.
- The most recent estimates for the uninsured put the uninsured rate of Gilchrist County non-elderly residents between 18-21% though most of the best estimates are available for the period immediately prior to the precipitous economic downturn.
- Gilchrist County is near the bottom third of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Gilchrist County are lower than state and national averages.

Local Public Health System Assessment

Based on the self-assessed scores of how Gilchrist County stacks up in each of the 10 Essential Public Health Services, these scores indicate that there may be opportunities in Gilchrist County to better mobilize community partnerships to identify and solve health problems, to enforce laws and regulations that protect health and ensure safety and to link people to needed personal health services and assure the provision of health care when otherwise unavailable. These were the areas were Gilchrist County scored lowest, based on self-assessment.

Community Themes and Strengths Assessment

Through focus group discussions, community members highlighted these key themes in Gilchrist County:

- Economic barriers
    - Lack of jobs
    - Lack of health insurance
- Service needs and barriers
    - Public transportation
    - Dental services
    - After-hours care
- Potential resources available
    - School system
    - Health Department
    - Faith-based services

Forces of Change Assessment

Forces of change discussions were held after the original community health assessment process in conjunction with ongoing community health improvement activities. Key themes in the forces of change discussion included:

- Economic barriers
  - Lack of jobs
  - Lack of health insurance
- Service needs and barriers
  - Public transportation
  - Dental services
  - After-hours care
- Potential resources available
  - School system
  - Health Department
  - Faith-based services

Next Steps

The MAPP process is designed to provide an input to ongoing strategic health planning or community health improvement processes. The following next steps may be warranted in order to utilize the results of the MAPP needs assessment process effectively:

- Conduct the fourth and final of the four core MAPP assessments (the Forces of Change Assessment). COMPLETED IN 2012-13 AS PART OF THE CHIP PROCESS
- Formation of a key group of community leaders to address and advise the community on local public health system improvement activities. ONGOING
- Utilize results of four MAPP assessments to drive a process of developing community-identified strategic priorities with goal statements and strategies. ONGOING
- Utilize results of the four MAPP assessments to create a community health improvement plan (CHIP). ONGOING
- Utilize results of the four MAPP assessments to create a local public health system improvement plan. ONGOING

Community Health Status Assessment Technical Report Summary

Introduction

The *Gilchrist County Community Health Status Assessment Technical Report Summary* highlights key findings from the *Gilchrist County Community Health Status Assessment Technical Appendix* (included as separate document due to length). The assessment data were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). Other sources not listed in the technical report, such as the Population Health Institute (University of Wisconsin) and the Robert Wood Johnson Foundation also aided in the analyses.

A health needs assessment is the process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs and emerging needs.

Data from this report can be used to explore and understand the health needs of Gilchrist County and its various communities and sub-populations, plan interventions, and apply for continuing and new program funding. The following summary is broken down into several components:

- Demographics and socioeconomics
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Gilchrist County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary includes references to specific tables in the Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and anticipate future health needs. The *Gilchrist Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by political region (county zip code). It also provides estimates on future population growth in addition to statistics on education, employment, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the Gilchrist County demographic and socioeconomic profile.

Population

Population growth can fuel the demand for health care services and can magnify successes and failures a community experiences in terms of health behaviors and health outcomes.

- 2009 estimates place the population of Gilchrist County at 17,393 residents. While the state population grew by 17.3 percent (15,982,378 in 2000 to 18,750,483 in 2009), Gilchrist County's population grew by 20.5 percent since the 2000 Census. By 2015, it is estimated that the state population will increase by 6 percent (19,881,179) since the 2000 Census and the population in Gilchrist County will increase by 32.7 percent (19,159) since the 2000 Census (Table 1).
- Gilchrist County has a substantially higher percentage (90.9) of residents who self-identify as White compared to Florida as a whole (75.0). Commensurately, those individuals who self-identify as Black or African American represent 5.3 percent, which is nearly 67 percent lower than the state average of 16.0 percent (Table 3).
- Only 5.0 percent of residents in Gilchrist County are Hispanic or Latino which is nearly 78 percent lower than the Florida average of 22.5 percent (Table 4).
- Individuals who are over the age of 65 represent 16.9 percent of the Gilchrist county population, which is slightly lower than the state average of 17.3 percent (Table 5).
- Males outnumber females in Gilchrist County—52.2 percent males; 47.8 percent females (Table 5).

Economic Characteristics

- Overall, it is estimated that 21.0 percent of Gilchrist County's population lives at or below the poverty threshold, which is 27 percent more than the state of Florida as a whole (16.5 percent). Furthermore, children are disproportionately affected, with an estimated 26.9 percent of individuals under the age of 18 living in poverty in Gilchrist County compared to Florida measures of 23.6 percent (Table 14).
- According to 2000 estimates, 10.8 percent of Gilchrist County males and 17.4 percent of females live at or below poverty. Females in Gilchrist County are 61 percent more likely to live in poverty than males in Gilchrist County Table 20).
- According to 2000 poverty data, 12.7 percent of White Gilchrist County residents live in poverty compared to 9.5 percent of White Florida residents. In other words, 33.7 percent more White Gilchrist County residents live in poverty than their White Florida counterparts (Table 21).
- When compared to Florida, 9.6 percent more Black residents live in poverty (28.4 percent) compared Black Florida residents (25.9 percent) (Table 21).
- It is important to note that Black Gilchrist County residents have poverty rates nearly 124 percent higher than their White Gilchrist County counterparts (28.4 percent of Black Gilchrist County residents live in poverty versus; 12.7 percent of White Gilchrist County residents) (Table 21).
- Hispanic Gilchrist County residents fare better than the state on poverty rates. According to 2000 data, 10.1 percent of Hispanic Gilchrist County residents live in poverty compared to 18 percent of Hispanic Florida residents. In other words, poverty in Gilchrist County Hispanics is 43.8 percent less than poverty in Florida Hispanic residents.
- The median, average, and per capita incomes for Gilchrist County are $35,732, $44,114, and $16,889, respectively compared to the median, average and per capita incomes for Florida $49,910, $64,516, $25,768, respectively (Table 26). Gilchrist County incomes are lower than the state averages on all categories.

- Gilchrist County per capita income is 34.4 percent lower than the state of Florida per capita income (Gilchrist per capita, $16,889; Florida per capita $25,768) (Table 26).
- Employment rates in Gilchrist County have increased since 2006 as in Florida. Gilchrist County fares better than state regarding unemployment rates as unemployment at the state level exceeds the county in any given year. Gilchrist County's average unemployment rate for 2010 was 9.9 percent in comparison to 11.5 percent for the state (Table 27).
- Nearly 42 percent of all businesses in Gilchrist County have less than 20 employees, compared to nearly 19 percent of all businesses in Florida (Table 29).
- In Gilchrist County, 55.2 percent of private business establishments are retail trade and service sector employers compared to 63.2 percent in the state (Table 31).

Educational Attainment

- According to data from 2000, 27.6 percent of the adult population in Gilchrist County has less than a high school diploma which is more than the state average of 20.1 percent.
- 57.4 percent of the adult population in Gilchrist County has completed high school compared to 50.5 percent in Florida.
- Fewer adults in Gilchrist County have college degrees compared to state percentages (15 percent; 29.4 percent, respectively) (Table 33).

Mortality and Morbidity

Perhaps the most direct measures of the health and well-being in a community are the rates of disease and death. In Gilchrist County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As noted above, certain demographic and socioeconomic indicators can shed some light on how and why, and to what extent certain chronic health problems affect communities. While Gilchrist County is similar to Florida averages on some demographic and socioeconomic indicators, in other areas disparities exist. Noted below are some key facts/trends on the mortality and morbidity rates in Gilchrist County.

- The top five leading causes of death in Gilchrist County are: 1) Cancer, 2) Heart Disease, 3) Unintentional Injuries, including motor vehicle accidents 4) Chronic Lower Respiratory Diseases (CLRD), and 5) Diabetes. The leading causes of death for the state of Florida are slightly different. In Florida the top five leading causes of death are: 1) Heart Disease, 2) Cancer, 3) CLRD, 4) Unintentional Injuries, and 5) Stroke (Table 40).
- The overall age-adjusted mortality rate for Gilchrist County is 778.6 per 100,000 while the state is 666.7 per 100,000 (Table 44). This indicator has historically compared unfavorably to the state, and the trend continues to hold true (Table 40).
- The age-adjusted mortality rates for Cancer, Heart Disease, Unintentional Injuries, CLRD, and Diabetes in Gilchrist County are higher than Florida age-adjusted mortality rates (Table 40).
- Age-adjusted mortality rates for Unintentional Injuries and Diabetes in Gilchrist County are 86.8 percent and 113.6 percent higher than the state of Florida (Table 40).
- Gilchrist County fares better than the state of Florida on the age-adjusted mortality rates for Stroke (23.1 in Gilchrist County compared to 30.3 in Florida, which is 23.7 percent lower) (Table 40).
- Cancer mortality rates have increased 52 percent from 2008 to 2009. The crude death rate attributed to cancer is 245.7. Florida's rate in comparison was 216.9 per 100,000 residents, in 2009 (Table 40).

Racial and Ethnic Disparity

- Cancer and Unintentional Injuries were in the top five causes of death for White, Black, and Hispanic residents in Gilchrist County.
- HIV was the second leading cause of death in Black Gilchrist County residents; however, HIV is not in the top five leading causes of death in White or Hispanic Gilchrist County residents. Furthermore, the age adjusted death rate for HIV in 2009 of Black Gilchrist residents was 107.7 compared to 25.9 for Black Florida residents. As such, the HIV age-adjusted mortality rate for Black Gilchrist County residents is 315.8 percent higher than the HIV age-adjusted mortality rate for Black Florida residents (Table 42).
- Overall, the age-adjusted death rates for White, Black and Hispanic Gilchrist County residents in 2009 were 804.4 per 100,000; 683.3 per 100,000; and 147.9 per 100,000, respectively. As such, Whites fare the worst regarding the overall age-adjusted death rates in Gilchrist County (Tables 41,42,and 43)
- The overall age-adjusted death rate (147.9 per 100,000) for Hispanic Gilchrist County residents is 81.6 percent lower than the White overall age-adjusted death rate (804.4 per 100,000) in Gilchrist County and 78.3 percent lower than the Black overall age-adjusted death rate (683.3 per 100,000) in Gilchrist County (Tables 41, 42, and 43).
- Black residents Gilchrist County have a 23% lower age-adjusted mortality rate compared to Whites (604.3 and 789.2, respectively) (Table 44).

Birth Indicators

In 2009, there were 188 births in Gilchrist County (Table 73). In that same year, there were 2 infant deaths (Table 75). While there may be notable discrepancies in standardized rates between state and county figures (especially in defining racial disparities and teen births), it is important to note that the actual numbers in any given year are small. Key findings with regards to birth outcomes include:

- Birth rates (rate per 1,000 residents) in Gilchrist County trend slightly below Florida as a whole. In 2009, the Gilchrist County birth rate (10.7 per 1,000) was 9 percent lower than Florida birth rate (11.8 per 1,000) (Table 74).
- Measures for early access to prenatal care in Gilchrist County from 2000 to 2009 have ranged from 77.6 percent (in 2007) to 83 percent (in 2005). During the same time period, early access to prenatal care in Florida ranged from 75.9 (in 2007) to 85.8 (in 2003) (Table 80).
- In 2009, 78.1 percent of births received care in the first trimester compared to 78.3 percent in Florida (Table 80).
- The percentage of low birthweight newborns has fluctuated over the past five years in Gilchrist County. For the most current data (2009), the percentage of low birthweight babies was considerably below the average for the state (5.9 percent in Gilchrist County; 8.7 percent for state) (Table 78).
- Over the past 4 years, teen births (births to mothers aged 15-17) in Gilchrist County have decreased from 13 to 3 births per year (Table 83). With this decrease, Gilchrist County has a significantly lower teen birth rate than the state (8.8 births per 1,000 teen females compared to 17.8 per 1,000 teen females for the state) (Table 84).

Mental Health

Reviewing hospital discharge data is one way to gauge the health status of a community. The National Institute of Mental Health estimates that approximately 26.2 percent of the adult population in the United States suffers from a diagnosable mental illness in a given year. Common mental health issues

such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

- Gilchrist County has a 55.2 percent lower rate of hospitalizations for mental health reasons when compared to the state, 3.4 per 1,000 and 7.6 per 1,000 respectively (Table 68).
- Mental Health related emergency department(ED) visits, on the other hand, are 22.9 percent higher in Gilchrist County than the state. In 2010, the most current data, Gilchrist County has a rate of 63.2 per 1,000 population compared to the Florida rate of 50.6 per 1,000 population (Table 69).
- In 2009, the rate of Baker Act (involuntary exam) initiations was 44 percent lower in Gilchrist County than in Florida, 405.7 and 724.6 respectively (Table 70).
- These hospital discharge indicators, however, are counter intuitive to why the domestic violence offense rates for Gilchrist County have increased by nearly 40 percent over the last 3 years. From 2008 to 2010, Gilchrist County experienced a growth in these types of crimes, with a majority of the offenses being simple assault. Historically, Gilchrist County's rates have been significantly lower than the state (Table 71 and 72).

Behavioral Risk Factors

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Gilchrist County is for 2010. Below are some highlights from the BRFSS data (Table 96).

- The percentage of adults who engage in heavy drinking has remained unchanged since 2007 measures. Gilchrist County continues to compare unfavorably with the state in this measure (20.1 percent and 15.0 percent, respectively).
- Gilchrist County also continues to compare unfavorably to the state with respect to smoking. The percentage of residents in Gilchrist County who are current smokers dropped 1.5 percent since 2007 measures; however, 26.7 percent of adults are current smokers. In comparison, the overall percentage of current smokers in Florida is 17.1 percent. The percentage of adult smokers in Gilchrist County is 56 percent higher than the state percentage of adult smokers.
- HIV testing has dramatically decreased in Gilchrist County since 2007 measures. Currently, only 37.6 percent of adults under the age of 65 have been tested. This compares to 48.4 percent for the state as a whole and 59.0 percent from the Gilchrist County measures in 2007.
- Overall, cancer screenings have also decreased in Gilchrist County. Significant decreases can be noted in the percentage of adults (50 years and older) who received a colonoscopy as well as in women (18 years of age and older) who received a breast exam. In 2007, 52.1 percent of adults 50 years of age and older received a sigmoidoscopy or colonospy in the past; however, in 2010, only 41.5 percentage of adults 50 years of age and older received a sigmoidoscopy or colonoscopy in the past. Furthermore, the percentage of women over 18 who had a clinical breast exam in the past year reduced from 64.1 percent in 2007 to 60 percent in 2010.
- In 2010, 36.3 percent of adults in Gilchrist County have diagnosed high blood cholesterol compared to 38.6 percent in the state of Florida. The Gilchrist County measure for the percentage of adults who had diagnosed high blood cholesterol was higher in 2007 (41.9 percent) which may indicate improvement.
- New measures for disability rates in Gilchrist County were added as part of BRFSS indicators in 2007. Available data for 2010 shows the percentage of Gilchrist County residents who are

limited in any way because of physical, mental or emotional problems has decreased slightly since 2007. Currently, Gilchrist County compares unfavorably to Florida measures; 33.9 percent and 24.3 percent respectively.

- New measures on diabetes were also added to BRFSS indicators. Historically, Gilchrist County trends near Florida averages. In 2010, a higher relative proportion of Gilchrist County residents were diagnosed with diabetes than the state as a whole (11.8 percent and 10.4 percent respectively); however, new data shows the onset of the diagnosis has delayed from 2007 measures, and that the average age in which Gilchrist County residents are diagnosed with diabetes is 50.1 years of age, compared to 46.2 in 2007.

Health Care Access and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long term management resources can help to maintain a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *Gilchrist Community Health Status Assessment Technical Report* includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

- The Florida Health Insurance Study (FHIS) initiated by the Florida legislature provides reliable estimates of the percentage and number of Floridians without health insurance. It focuses on Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare. According to the 2004 FHIS, 21.6 percent of the Gilchrist County population was uninsured, which is 12.5 percent higher than the percentage of uninsured Floridians (Table 37).
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2007 estimates, 25.9 percent of the Gilchrist County population was uninsured compared to 24.2 percent in the State (Table 37).
- In October 2011, SAHIE released 2008 and 2009 estimates of health insurance coverage by age, sex, and income categories at the county-level (Table 121). Gilchrist County fares slightly worse than the state for all different age groups. It is notable that in the year 2009, 29.6 percent of 18-64 year olds were uninsured, 22.8 percent of 40-64 year olds were uninsured, and 16.4 percent of population under 19 years of age was uninsured.
- The total number of Medicaid enrollees in Gilchrist County for 2010 was 3,021 or approximately 17.0 percent of the population. In comparison, the Medicaid enrollment percentage for the state was 15.6 percent (Table 104).
- Total Medicaid expenditures in Gilchrist County for the period of July 2007-April 2008 is equal to $2,912,477 (Table 106).
- The rate of total physicians per 100,000 residents (fiscal year 2010) is substantially lower in Gilchrist County than in Florida. The rates are 34.3 and 300.6, respectively, meaning that Gilchrist County has 870 percent lower rate of physicians than the state of Florida (Table 109).
- The rate of licensed dentists per 100,000 for the fiscal year 2009-2010 is also substantially lower in Gilchrist County, 5.7 in comparison to 61.9 for the state (Table 111).
- In 2009, there were a total of 2,514,758 hospital discharges in Gilchrist County (Table 112).
- In the same year, the percentage of hospital discharges by payor source was as follows for Gilchrist County: Medicare at 44.2 percent, private insurance at 22.9 percent and Medicaid at

21.7 percent; which is similar to payor source percentages in Florida as a whole (Table 113).

- The most frequent cause of hospitalization was associated with normal newborns and deliveries. Other major reasons for hospitalizations included esophagitis and joint replacements (Table 114)
- Gilchrist County has an avoidable discharge rate (per 1,000 residents) of 13.7, which is slightly below the Florida rate of 14.2 (Table 115). The top five reasons for avoidable hospitalizations include: 1) Dehydration/volume depletion; 2) Congestive Heart Failure; 3) Cellulitis; 4) Chronic Obstructive Pulmonary Disease; 5) Kidney/Urinary Infection (Table 117).
- During 2006, 2007 and 2008, self-pay/charity was the largest payor source for emergency department visits in Gilchrist County; however, in Florida during that same time period, private insurance was the largest payor source.
- In 2009, the largest payor source for avoidable hospitalizations in Gilchrist County was private insurance at 31.2 percent (Table 116).
- Medicaid, however, is the largest payor source for avoidable emergency department (ED) visits in Gilchrist County. Across the last 3 years, data show that avoidable ED visits have increased significantly with a rising percentage paid by Medicaid (30.3 percent in 2010) (Table 118).

County Health Rankings

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Health is viewed as a multi-factorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
II. Health Factors--rankings are based on weighted scores of four types of factors:
   a. Health behaviors (6 measures)
   b. Clinical care (5 measures)
   c. Social and economic (7 measures)
   d. Physical environment (4 measures)

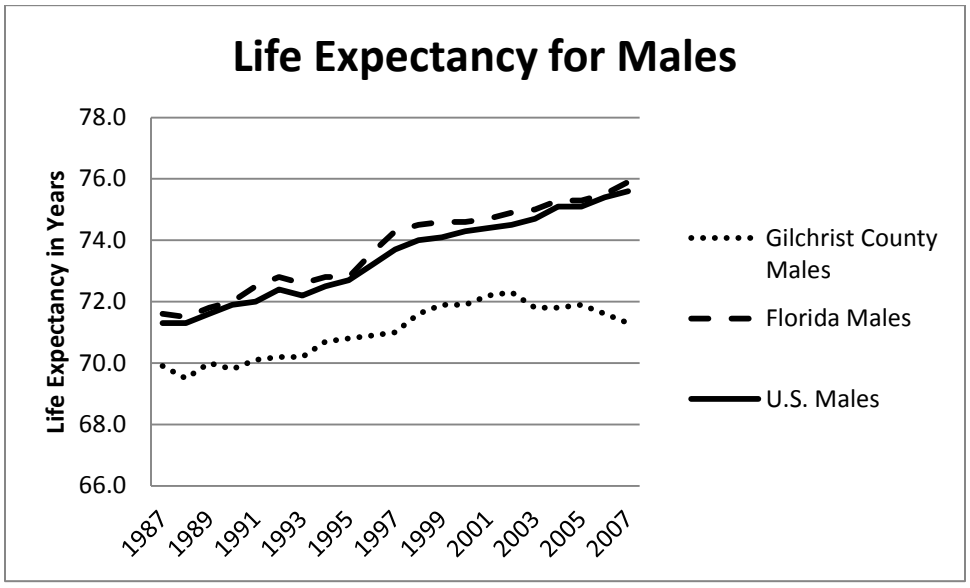
The Rankings are available for 2011. In the year 2011, Gilchrist County ranked 45th for health outcomes and 52nd for health factors. Gilchrist County fared significantly worse than the state of Florida as a whole on poor or fair health, poor physical health days, adult obesity, motor vehicle crash death rate, teen birth rate, preventable hospital stays, and mammography screening as seen in the table below:

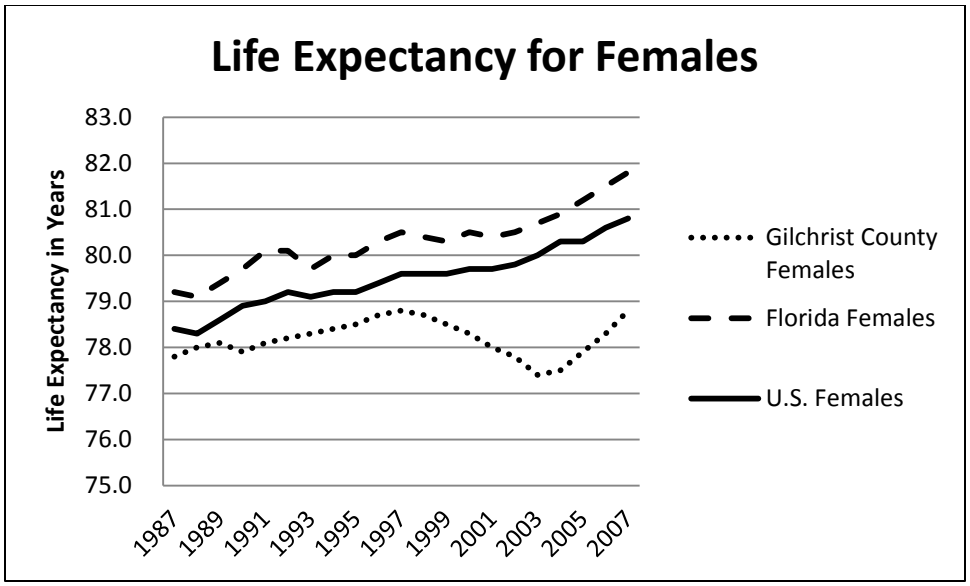
Measure	Gilchrist County	State	National benchmark (90th percentile)
Poor or fair health: Percentage of adults reporting poor or fair health	25%	16%	10%
Poor physical health days: average number of physically unhealthy days reported by adults in the last 30 days	6.6	3.5	2.6
Adult obesity: percent of adults that report a BMI > or = 30	31%	24%	25%
Motor vehicle crash death rate: Motor vehicle crash deaths per 100,000	37	19	12

Measure	Gilchrist County	State	National benchmark (90th percentile)
Teen birth rate per 1000 females in ages 15-19 years	65	45	22
Preventable hospital stays: Hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	77	65	52
Mammography screening: Percent of female Medicare enrollees that receive mammography screening	49%	67%	74%

Life Expectancy

In June 2011, a study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington released a complete time series for life expectancy for all US counties from 1987 to 2007 for each sex, for all races combined, for Whites, and for Blacks. Nationally, life expectancy increased 4.3 years for men and 2.4 years for women between 1987 and 2007. Given below are graphical illustrations of overall life expectancy rates for Gilchrist County residents in comparison with their state counterparts as well as all US males and females from 1987-2007 (table 121). As seen below, in 2007, men in Gilchrist County lived nearly four years shorter than their U.S counterparts and nearly five years shorter than their Florida counterparts. Life expectancy for females in the county is also below the national and state averages. Females in Gilchrist County live nearly two years shorter than their U.S. counterparts and three years shorter than their Florida counterparts.




Life Expectancy for Females
Life Expectancy in Years
83.0
82.0
81.0
80.0
79.0
78.0
77.0
76.0
75.0
1987
1989
1991
1993
1995
1997
1999
2001
2003
2005
2007
Gilchrist County Females
Florida Females
U.S. Females

Community Themes and Strengths Assessment

The purpose of a focus group is to listen and gather information from community members. It is a way to better understand how people feel or think about an issue, product or service. As part of the 2011 MAPP Community Needs Assessment process to identify community themes and strengths, individuals were recruited to participate in a focus group in Gilchrist County.

Listening to and communicating with the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues and highlight possible solutions. More importantly, involving community residents provides every participant with an opportunity to be an integral part of the process. The Community Themes and Strengths Assessment answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

Methodology

One trained focus group facilitator conducted the focus group during the month of September 2011. The focus group was held at the Gilchrist County Health Department. Three key leaders in the community agreed to participate in the focus group.

Participants for these groups were recruited by the Gilchrist County Health Department. A $20.00 stipend was offered as a participation incentive at the conclusion of each meeting. Participant recruitment began approximately two weeks prior to the focus group meeting. Participant registration was undertaken through a designated telephone line at the WellFlorida Council.

One facilitator acted as discussion moderator and note-taker. The focus group meeting was audio recorded with the permission of all participants. After introduction and explanation of meeting format, eleven questions were sequentially presented to the participants for discussion. Focus group protocols and questions were developed by the WellFlorida Council using the national Mobilizing for Action through Planning and Partnerships (MAPP) guidelines for the Community Themes and Strengths Assessment.

Focus Group Questions and Answer Summaries

Q1. What does a "Healthy Community" mean to you?

Brief Summary

Participants described a healthy community as a community in which people, neighbors, and community help each other. It was also stated that a program should be available to offer anyone access to care regardless of their ability to pay.

Notable Quotes

"We need a high quality medical facility."

"We need programs that work with people on an individual basis for individual health problems."

Q2. What are the most important factors for creating a healthy community?

Brief Summary

Participants described the most important factors for a healthy community as a community where people care and have a desire to help their neighbors, education, and hospital facilities.

Notable Quotes

"People generally want to do better and help the community."

"The health department is proactive and helps people."

Q3. In general, how would you rate the health and quality of life in Gilchrist County?

Brief Summary

Participants agreed that overall the health and quality of life in Gilchrist is good. When asked to elaborate by scoring the county on a 1 to 10 Likert scale, with 1 being bad and 10 being great, the participants' responses averaged an 8 overall.

Notable Quotes

"Some services are still missing in the community."

"The quality of life has always been good here, and I would say that the health of the community has slightly improved also."

Q4. What are the pressing health related problems in our community?

Brief Summary

There was consensus among the group that the most pressing health issues in the county were dental treatment center, pain management clinic, prescription drug assistance, and transportation.

Q5. Why do you think we have these problems in our community?

Brief Summary

All of the focus group participants mentioned the lack of jobs, lack of available health services, and lack of health insurance as reasons for occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Gilchrist County.

Notable Quotes

"So many people travel out of county for services, especially to Gainesville for the hospital."

"(They travel to Gainesville) Also for specialty services."

Q6. Are there people or groups of people in Gilchrist County whose health or quality of life may not be as good as others?

Brief Summary

The low-income and uninsured, children, and Hispanic males were mentioned by the focus group as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decrease their access to needed services.

Q7. What strengths and resources do you have in our community to address these problems?

Brief Summary

The focus group mentioned faith-based communities, Palms Medical Facility, Suwannee River Economic Council, Salvation Army, Caretenders, the Kidney Center, and Best Drugs of Gilchrist County as the strengths of the community. The Gilchrist County Health Department was also mentioned often as a resource.

Notable Quotes

"We have a good pharmacy and a good pharmacist who looks out for the community."

"Caretenders is free to everyone, anyone can have their vitals checked."

Q8. What barriers, if any, exist to improving health and quality of life in Gilchrist County?

Brief Summary

There was consensus among all of the participants that transportation is the leading barrier to accessing health care in the county. The group also mentioned the economy, lack of jobs, and lack of insurance as barriers to improving health and quality of life.

Notable Quotes

"People are reluctant to use the health department, even though privacy is protected by HIPAA, within a small community, everyone knows everything."

Q9. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?

Brief Summary

All focus group participants cited that there were enough primary care facilities to offer services currently, but if the health department or Palms Medical stopped offering services there would be a significant lack of services.

Notable Quotes

"If the health department and Palms quit offering primary care services, there would be no primary care in Gilchrist County. There is one other doctor, but he only sees patients four days a week."

Q10. Which health care services do you think are missing in your community?

Brief Summary

A consensus among all participants was that affordable dental care was the primary service missing in their community. Even though most participants did state there were limited services at the health department and Palms the participants stated that there were not enough dentists to serve the county's needs.

Q11. What needs to be done to address these issues?

Brief Summary

Answers varied considerably across the focus group. The common themes among the group were:

- A tax millage to fund "quality health care" to keep the county improving health care outcomes.
- Community transportation, especially for health care services.
- Seek politicians that are willing to fight for the betterment of the community.
- Gain an assisted living facility, grocery stores, social services, and nutritional services, especially for the elderly and children.

CTSA Key Issues

- Economy
  - Lack of jobs
  - Lack of health insurance
- Services
  - Public transportation
  - Dental services
  - After-hours care
- Resources
  - School system
  - Health Department
  - Faith-based services

Forces of Change

One of the main elements of the of the Mobilization for Action through Planning and Partnerships (MAPP) planning process for the development of a community wide strategic plan for community health improvement includes a Forces of Change Assessment (FCA). The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The *Gilchrist County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The FCA was not part of the original community health status assessment process due to time constraints among key community partners. FCA discussions were held as part of community health improvement planning activity during 2012-13.

The following table summarizes the forces of change identified by the Committee for Gilchrist County and possible opportunities and/or threats that may need to be considered in the strategic planning process.

Table 1: Gilchrist County Forces of Change

Forces	Threats	Opportunities
Uncertainty over national election and Affordable Care Act	Federal mandates overriding state and local control	Additional resources through increased federal subsidy of Medicaid
Florida's lack of willingness to participate in Affordable Care Act	Thousands of Florida residents will go without care compared to residents of other states	Other state-centered reform efforts
Doctor and nursing shortages	Hard to staff clinics/hospitals	Growth of ancillary staff and provider extenders
Unemployment rate; loss of income and still generally poor economy (locally especially)	Loss of jobs; loss of health insurance; leads to deteriorating health	Workforce development
Decline in take home pay not keeping up with cost of living	Inability to afford care even among insured who may find co-pays and co-insurance increasingly unaffordable; leads to deteriorating health	Workforce development; economic development
Technological enhancements in electronic health records	Security fears; less access to broadband resources in rural communities	System-wide records sharing allows for system-wide management of patients
School population has dropped	Shrinking population base; remaining population typically older and sicker	Fewer resources needed to educational system; freed up resources can be diverted to community health
Appears to be more migrant residents and children	Many are uninsured and are difficult to get into the formal healthcare system	Fulfills lower cost labor needs; grants focused on addressing migrant issues
Many are moving out of county and choosing to live elsewhere due to lack of jobs	Population is less diverse and generally lower income	Rural quality of life preserved
Rural nature of community makes it difficult to attract specialized services (especially in healthcare) that require high volume to be economically feasible	Residents must continually seek specialized healthcare services outside of the county	Potential partnerships to bring part-time specialty clinics to community
Poor academics of students	More difficult to get health messages to populations with lower educational attainment and literacy levels	Alternative education approaches and opportunities
Increase of people without insurance coverage	Those without coverage typically demonstrate deteriorating health	New partnerships to address community-wide issue
Family bonds/structures are weakening	Difficult to rely on families to spread message of community health improvement when they are fractured	Programs to strengthen families will strengthen the ability to spread the community health improvement message

Table 1: Gilchrist County Forces of Change

Forces	Threats	Opportunities
Change in local officials has sparked greater interest in health care issues in the county over the past two years	The lack of resources may actually overcome interest by local officials to address community health	"Where there is a will, there is a way"
Drug use trends increasing	Makes it difficult to address other health issues among people with mental health and substance abuse issues	Opportunities for wholistic approaches to providing healthcare
High divorce rate and single parent households	Difficult to rely on families to spread message of community health improvement when they are fractured	Programs to strengthen families will strengthen the ability to spread the community health improvement message
Decrease in percentage who actually practice their faith (religion)	Churches have typically been good forums for community health initiatives but as participation decreases, this is less so	Increasing church participation strengthens one of the best venues for spreading messages on community health
Lack of mental health and substance abuse providers	Poor reimbursement Medicaid HMOs Lack of supply Increase need due to economy	Grant opportunities. Health reform changes in provider use-shift to ancillary providers

Source: Gilchrist County CHIP Discussions, 2012-13.

The National Public Health Performance Standards Program

Excerpted from Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many

components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

HOW WELL DOES THE SYSTEM PERFORM THE TEN ESSENTIAL PUBLIC HEALTH SERVIC*ES (EPHS)*

Table 4-1 shows the composite performance score for each of the ten Essential Public Health Services. Four of the ten scored 82 or below (**bold** in the table below). Typically, Essential Public Health Services 8 and 10 are relatively more out of control of the local public health system as they are dictated by geographical dynamics or macroceconomic trends and circumstances. However, the low scores for EPHS 4, 6 and 7may indicate that there are opportunities in Gilchrist County to better mobilize community partnerships to identify and solve health problems, to enforce laws and regulations that protect health and ensure safety and to link people to needed personal health services and assure the provision of health care when otherwise unavailable..

Table 4-1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	94
2	Diagnose And Investigate Health Problems and Health Hazards	90
3	Inform, Educate, And Empower People about Health Issues	85
4	**Mobilize Community Partnerships to Identify and Solve Health Problems**	**84**
5	Develop Policies and Plans that Support Individual and Community Health Efforts	87
6	**Enforce Laws and Regulations that Protect Health and Ensure Safety**	**80**
7	**Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable**	**79**
8	**Assure a Competent Public and Personal Health Care Workforce**	**78**
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	98
10	**Research for New Insights and Innovative Solutions to Health Problems**	**66**
Overall Performance Score		84

Figure 4-1: Summary of EPHS performance scores and overall score (with range)

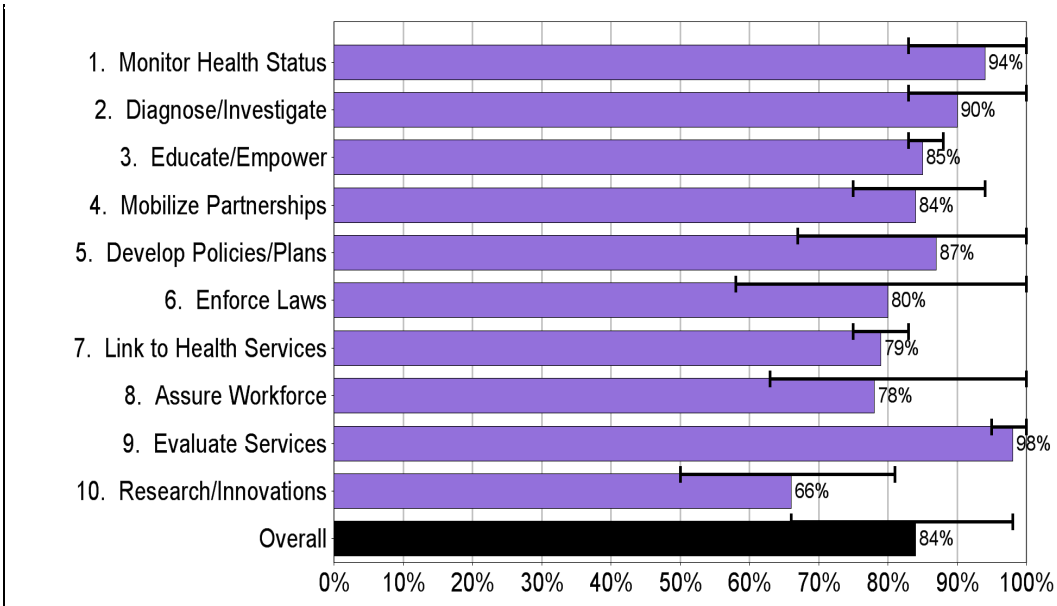


Table 4-1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 4-1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services.

Figure 4-2: Rank ordered performance scores for each Essential Service

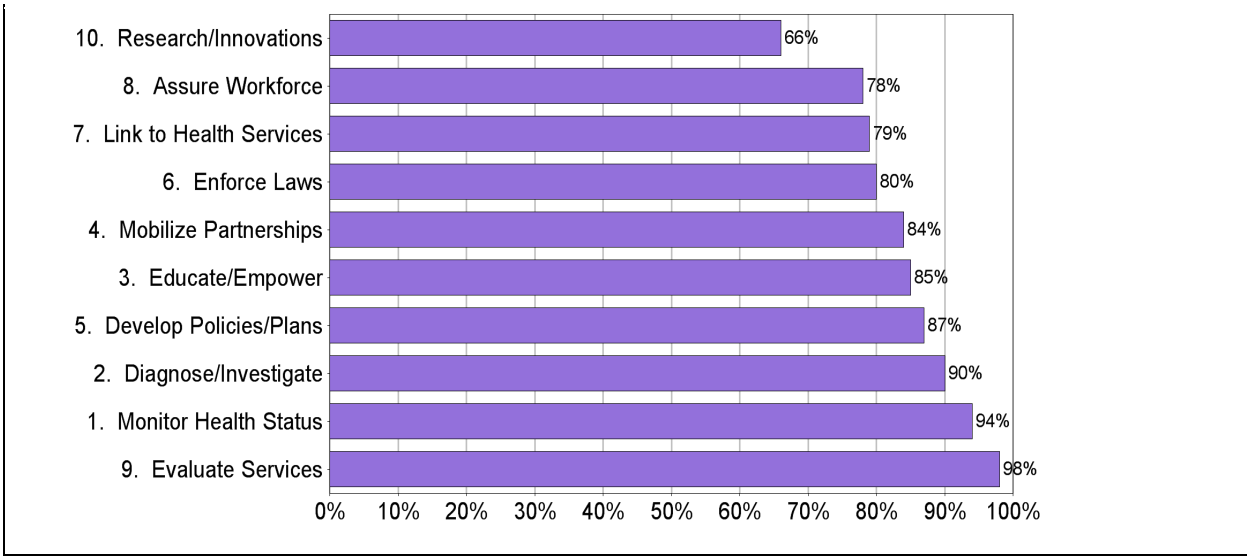


Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity

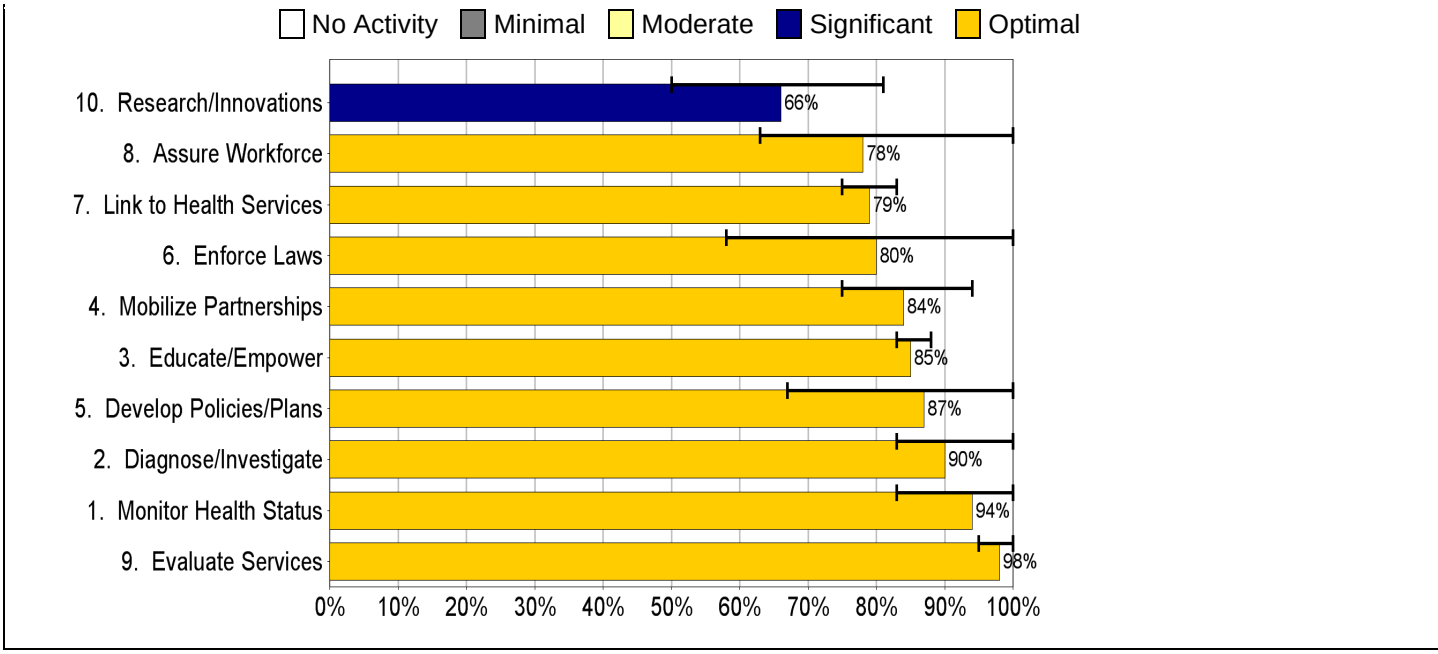


Figure 4-2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 4-3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.