



**2012**

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

**Levy County**



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# Section 1: Levy County Mobilizing through Action for Planning and Partnerships Executive Summary

## Overview

Community health needs assessment activities for Levy 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/](http://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 Levy County focused on the CHSA, the LPHSA, the CTSA and FCA; the community health improvement plan aspects of the MAPP process will be incorporated at a later date soon after release of this report. This document provides a brief summary of key activities in each of these assessment areas. 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 four assessments that comprise this report and from the identification of priority strategic health issues.

### 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 Levy County both on an individual and county-wide basis.
- Levy County has a significantly higher overall age-adjusted mortality rate (nearly 24% higher) when compared to the state (826.3 per 100,000 compared to 666.7 per 100,000). Notable differences are seen in Cancer, Chronic Lower Respiratory Disease, and Unintentional Injuries, when comparing Levy County to Florida.
- In both Levy County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Levy County as in the rest of the state. In particular, African Americans have an overall mortality rate nearly 20 percent higher compared to Whites (980.5 per 100,000 residents and 818.2 per 100,000 residents, respectively).
- Overall, poor health behaviors are on the rise in Levy County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Levy County's rate of avoidable hospitalizations is nearly 18% higher than the state rate.
- The most recent estimates for the uninsured put the uninsured rate of Levy County non-elderly residents between 19-24% though most of the best estimates are available for the period immediately prior to the precipitous economic downturn.
- The total number of Medicaid enrollees in Levy County for 2010 was 8,150 or approximately 19.9 percent of the population. In comparison, the Medicaid enrollment percentage for the state was 15.6 percent.
- Levy County is near the bottom 10% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Levy County are lower than state and national averages.

### **Local Public Health System Assessment**

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

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

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given 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).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, five of the ten Essential Services scored 50 or below, which indicates a self-assessment of

moderate or less performance against the standards. Typically, Essential Public Health Services 8 and 10 are relatively more out of the direct control of the local public health system as they are dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4, 6 and 9 may indicate that there are opportunities in Levy County in the following areas:

- to better mobilize community partnerships to identify and solve health problems (EPHS 4);
- to enforce laws and regulations that protect health and ensure safety (EPHS 6); and
- to evaluate effectiveness, accessibility and quality of personal and population-based health services (EPHS 9).

### Community Themes and Strengths Assessment

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

- There was consensus from all of the groups that having access to good healthcare services and having an active lifestyle where people were physically and mentally fit were elements of a “healthy community”.
- The availability of and access to health care services was considered the most important factor for creating a healthy community by all focus groups.
- There was consensus from all of the groups that the health was poor but the quality of life was good in Levy County.
- There was consensus from all of the groups that obesity and chronic diseases are the pressing health issues in the county.
- All of the focus groups mentioned the lack of available health services and lack of health insurance are reasons why there are health issues in the community.
- All of the focus groups mentioned the people/residents of Levy County as the strength of the community – people helping each other. Churches and libraries were also mentioned often as resources.
- Only two focus groups, Williston and Chiefland, cited that they had enough primary care services. However, some were not satisfied with the providers they had in their community.
- There was consensus from all of the groups that specialty care, hospital care and dental care were missing or limited in their community.
- Several groups cited needing more effective local and county government. Some participants agreed that residents need to engage their government representatives and have more community involvement. Residents need to be vocal about their needs. Several groups commented that the residents need to support their local providers so they don’t leave.

### Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Levy 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 Levy County Health Care Citizens Advisory Board, appointed by the County Commission, was asked to participate in the Forces of Change Assessment. Members of this Board include the local hospital administrator, the FQHC administrator, primary care providers, health department, and community leaders. The following table summarizes the forces of change identified for Levy county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

**Table 1-1. Forces of Change Assessment results, Levy County, 2011.**

Forces	Threats	Opportunities
Declining economic situation	Loss of jobs, health insurance; leads to deteriorating health.	Workforce development
New hospital in Chiefland	Where are they going to get the funds to build? How are they going to recruit providers? Do they need 60 beds with the trend to going outpatient?	More jobs. More health services in the county.
Florida Medicaid Reform	More HMOs – decrease rates Decrease availability of specialists	Pharmacy network for controlled substances should reduce abuse of prescription drugs.
United States Health Reform	Lawsuits make it difficult to implement. Increase costs in Medicaid? Enough providers?	Decrease in uninsured?
Decrease in local and state government funding	Cutting back school programs- especially Cutting teacher positions	Cut waste; taxes.
Poor transportation access	Cannot get to services	Nature Coast transit available
TARMAC plant	More pollution/truck traffic	More jobs
Health Information Technology (HIT) / Health Information Exchanges (HIE)	Ability to join may be costly. Penalties if not implemented. Not able to participate in ACOs, PSNs etc.	Better communications/better care. Stimulus dollars are available.
Health manpower decreasing, especially availability of rural primary care	Hard to staff clinics/hospitals	Growth of ancillary staff and provider extenders.
Lack of mental health and substance abuse	Poor reimbursement Medicaid HMOs Lack of supply Increase need due to economy	Grant opportunities. Health reform changes in provider use-shift to ancillary providers.

**Table 1-1. Forces of Change Assessment results, Levy County, 2011.**

Forces	Threats	Opportunities
Local communities pitching in to help those in need	Lack of social services availability	Providing food bank and other needed services. Health ministry. Grant opportunities.
Williston hospital expanding services	Need more marketing	More options for patients locally.
Accountable Care Organizations (ACOs) and Provider Service Networks (PSNs)	Local providers may be left behind	Opportunity to provide better care if properly organized.

Source: Levy County Forces of Change Assessment, September 2011.

## Priority Strategic Health Issues

To conclude the MAPP assessment, the group representative of the local public health system partners was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Levy County in addressing its most pressing needs and issues.

Though a wide variety of issues were addressed by the group, issues were distilled and the following were agreed by consensus to be the most pressing strategic health issues in the community:

1. Secure constant and uniform access to healthcare services within the county.
  - a. Continuum of care including specialized services.
  - b. Screenings/preventative care.
  - c. Focus on underserved areas like those in southern Levy County.
  - d. Optimal use of existing services and resources.
2. Mobilize partners to impact chronic disease rates.
  - a. Improve healthy habits of young people to improve lifelong health.
  - b. Use existing infrastructure such as school facilities and natural resources.
3. Make community health a priority.
  - a. Make community aware of the costs/benefits of good health (saves dollars; saves lives).
  - b. Elevate importance of community health among local officials and policymakers.
4. Leverage Levy County's environmental strengths and natural resources to improve health of community.
  - a. Promote resources.
  - b. Link people to available resources.
  - c. Emphasize a "positive" aspect of Levy County and one of our most competitive advantages.

Group participants also identified some critical next steps in addressing these issues:

1. Create a formal strategic health vision for Levy County with community-wide measurable goals and objectives.
2. Consider making the Levy County Health Advisory Committee the "shepherd" or "overseer" of this plan.
3. Develop specific goals, objectives and action plan for the Levy County Health Advisory Committee consistent with these key strategic health issues.
4. Mobilize partners as needed on specific goals and tasks.

5. Promote cities and local government buy-in to strategic and community health improvement planning.
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.

# Section 2: Levy County Community Health Status Assessment (CHSA)

## Introduction

The Community Health Status Assessment (CHSA) section summarizes key findings from the *Levy Community Health Status Assessment Technical Report and Appendix* which is available in an accompanying document. 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 Levy 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 socioeconomic
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization
- County Health Rankings
- Life Expectancy

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Levy County to the state of Florida as a whole. It is advisable to interpret these rates with consideration 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 include references to specific tables in the appendix so that users can see 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 *Levy 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 healthcare access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the Levy County demographic and socioeconomic profile.

## Population

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

- Population estimates from April 2009, report the population of Levy County at 40,674 residents. While the estimated state population grew by 17.3 percent (15,982,378 in 2000 to 18,750,483 in 2009) the estimated Levy County population grew by 18.1 percent (34,450 in 2000 to 40,674 in 2009) since the 2000 Census. By 2015, growth projections estimate the population of Florida will increase by 24.4 percent (19,881,179) and the population in Levy County will increase by 26.2 percent (43,461)(Technical Appendix Report Table 1).
- The estimated growth in population during the time period of 2000-2009 was largely seen in unincorporated Levy County, which is where 75.4 percent of the Levy County population resides.
- Levy County has a substantially higher percentage (85.5) 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 9.4 percent, which is lower than the state average of 16.0 percent (Technical Appendix Report Table 3).
- According to the 2010 Census, 7.5 percent of residents in Levy County are Hispanic or Latino. In Florida, Hispanic and Latino residents constitute 22.5 percent of the state's population (Technical Appendix Report Table 4). Levy County has three times less the percentage of residents that are Hispanic or Latino than Florida.
- Data from the 2010 Census also show individuals who are over the age of 65 represent 19.4 percent of the Levy County population, which is slightly higher than the state average of 17.3 percent (Technical Appendix Report Table 5).
- Females outnumber males in Levy County with males representing 49.2 percent of the population and females representing 50.8 percent of the population according to the Census 2010 Demographic Profile (Technical Appendix Report Table 5).

## Economic Characteristics

- When compared to Florida, 31.2 percent more Levy County residents are estimated to live at or below the poverty threshold. Compared to 21.8 percent of Levy County's population, 15 percent of Floridians live at or below the poverty threshold. Furthermore, childhood poverty in Levy County is at 32.6 percent, which is 51.2 percent higher than Florida as a whole (21.5 percent) (Technical Appendix Report Table 14).
- According to 2010 estimates for Levy County, 39.8 percent of Blacks and 26.3 percent of Hispanics were living in poverty in comparison to 15.7 percent of Whites (Technical Appendix Report Tables 21 and 22). It is notable that compared to the White residents of the county, poverty among Blacks is more than 153 percent greater and that among Hispanics poverty is 67 percent greater.
- For year 2010, Levy County's per capita income (\$17,684) was 45.7 percent lower than the state of Florida's per capita income of \$25,768 (Technical Appendix Report Table 26). The median and average household incomes for Levy County were \$33,375 and \$42,834 respectively—33.1

percent and 33 percent lower than the state of Florida median (\$49,910) and Florida average (\$64,516) household incomes (Technical Appendix Report Table 26).

- Employment rates in Levy County tend to track with Florida, although unemployment at the county level exceeds the state in any given year. Levy County's average unemployment rate for 2010 was 12.2 percent in comparison to 11.5 percent for the state. In other words, unemployment in Levy County is 6 percent higher than in Florida (Technical Appendix Report Table 27).
- In Levy County, 18 percent of private business establishments is retail trade employers which is more than Florida as a whole (14 percent). Service sector employers represent 42 percent of private sector employers in Levy which is 12.5 percent less than Florida as a whole (48 percent) (Technical Appendix Report Table 31).

## Educational Attainment

- In the year 2010, 26.1 percent of the adult population in Levy County did not have a high school diploma which was more than the state as a whole (20.6 percent). In Levy County, 58.4 percent adults have high school diplomas, which is more than Florida as a whole (50.5). It is important to note that only 15.5 percent of Levy County adults have college degrees which is nearly 50 percent less than the percent of Florida adults (29.4 percent) with college degrees (Technical Appendix Report 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 Levy 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 Levy County compares similarly 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 Levy County.

- The top five leading causes of death in Levy County are: 1) Cancer, 2) Heart Disease, 3) Unintentional Injuries, including motor vehicle accidents, 4) Chronic Lower Respiratory Diseases (CLRD), and 5) Stroke. The leading causes of death for the state of Florida are similar; however, Cancer and Heart Disease are reversed. (Technical Appendix Report Table 40).
- Mortality rates attributed to Cancer have remained consistently high over the past 5 years. The crude mortality rate for Cancer in Levy County is 323.9 per 100,000 in comparison to 216.9 for Florida as a whole (Technical Appendix Report Table 40). Furthermore, a smaller percentage of women in Levy County (50.9 percent) received mammograms in the year 2010 as compared with the state as a whole (61.9 percent) (Technical Appendix Report Table 96).
- Levy County has a significantly high overall age-adjusted mortality rate when compared to the state (826.3 per 100,000 compared to 666.7 per 100,000) (Technical Appendix Report Table 44). Notable differences are seen in Cancer, CLRD, and Unintentional Injuries, when comparing Levy County to Florida. In both Levy County and the state as a whole, the majority of deaths can be attributed to chronic diseases (Technical Appendix Report Table 44).
- Racial disparities are present in Levy County as in the rest of the state. In particular, African

Americans have an overall mortality rate nearly 20 percent higher compared to Whites (980.5 per 100,000 residents and 818.2 per 100,000 residents, respectively) (Technical Appendix Report Table 44).

## Racial and Ethnic Disparities

- According to 2010 estimates for Levy County, 39.8 percent of Blacks and 26.3 percent of Hispanics were living in poverty in comparison to 15.7 percent of Whites (Technical Appendix Report Tables 21 and 22). It is notable that compared to the White residents of the county, poverty among Blacks is more than 153 percent greater and that among Hispanics poverty is 67 percent greater.
- During 2000-2009, cancer, heart disease, unintentional injury, chronic low respiratory disease, and stroke were the top five causes of death for White, Black and Hispanic residents in Levy County, but HIV is among the top five causes of death for Black residents and liver disease and hypertension are among the top five causes of death for Hispanic residents (Technical Appendix Report Table 41, 42, 43).
- During 2000 – 2009 the age-adjusted death rate (per 100,000) for chronic lower respiratory disorders for White residents was 54.0 compared to 18.6 in Black residents. The age-adjusted death rate for unintentional injuries was 82.1 among Hispanic residents compared to 66.9 for White residents and 59.6 among Black residents (Technical Appendix Report Table 44).
- The age-adjusted death rate for stroke in Black residents was 107.7 compared to 40.2 in White and 11.4 in Hispanics. A disparity between Black and White residents was also seen in the age-adjusted death rate for diabetes— 63.7 in Black and 28.8 in White residents. The age-adjusted death rate for cancer was 209.6 for Black, 217.9 for White and 66.3 for Hispanic residents in Levy County (Technical Appendix Report Table 44).
- While the percentage of low birthweight babies in Levy County was below the state average in 2009, racial disparities were evident with 11.7 percent low birthweight babies in Black residents, 6.4 percent low birthweight babies in White residents and 6.1 percent low birthweight babies in Hispanic residents (Technical Appendix Report Table 78).
- In 2009, 4 percent of the total births received late (3<sup>rd</sup> Trimester) or no prenatal care in Levy County, compared to 5 percent of all births in Florida. A higher percentage of White and Hispanic mothers received late or no prenatal care—White (4.5 percent), Hispanic (9.4 percent) and Black (1.7 percent) (Technical Appendix Report Table 82).
- Teen birth-rate among Black residents was also 83 percent higher than the White residents (Technical Appendix Report Table 84).

## Birth Indicators

In 2009, there were 445 births in Levy County (Technical Appendix Report Table 73). In that same year, there was 1 infant death (Technical Appendix Report 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 Levy County generally trend slightly below Florida as a whole. In 2009, Levy County had 10.8 births per 1,000 residents compared to Florida's rate of 11.8 (Technical Appendix Report Table 74).
- Since 2006, early access to prenatal care has been increasing in all races/ethnicities. According

to the most current data (2009), the percent of total births that received care in the first trimester is slightly higher than the Florida average (81.0 percent and 78.3 percent respectively) (Technical Appendix Report Table 80).

- The percentage of low birthweight newborns has fluctuated over the past five years in Levy County. In general, the percentage is slightly below the average for the state. In 2009, the percentage of low birthweight babies was 7.4 percent; compared to 8.7 percent for state (Technical Appendix Report Table 78).
- In Levy County, teen births (births to mothers aged 15-17) have fluctuated from 18 to 32 births per year (2000-2009). The Black residents of the county tend to have the highest (ranging from 34.8 to 78.3 between 2007 and 2009) teen-birth rates compared to their White (ranging from 19.0 to 21.5 between 2007 and 2009) counterparts (Technical Appendix Report Table 83).

## Mental Health

Reviewing hospital discharge data is one method of gauging 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.

- Levy County has a lower rate of hospitalizations for mental health reasons compared to the state, 4.4 per 1,000 and 7.6 per 1,000 respectively (Technical Appendix Report Table 68).
- Mental Health related emergency department (ED) visits, on the other hand, are higher in Levy County than the state. In 2010, the most current data, Levy County had a rate of 66.0 per 1,000 residents compared to the Florida rate of 50.6 per 1,000 residents (Technical Appendix Report Table 69).
- Also, for the most current year (2009), the rate of Baker Act (involuntary exam) initiations was lower in Levy County than in Florida, 333.6 and 724.6 per 1,000 respectively. From 2006-2009, the frequency of Baker Act initiations decreased from 201 to 137 per 1,000 respectively (Technical Appendix Report Table 70).
- From 2007-2010, Levy County had higher domestic violence offense rates than the state as a whole. In 2010, the comparative rates were 803.1 and 603.4 per 1,000 respectively—meaning domestic violence offense was 33 percent higher in Levy County than in the state as a whole (Technical Appendix Report Table 71).

## 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 Levy County is for 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 96).

- Nearly 40 percent Levy County residents met moderate physical activity recommendations and 19.7 percent met vigorous physical activity recommendations.
- Further, the percentage of adults who are inactive at work decreased from 58.5% in 2002 to 50.1% in 2007—a decrease of nearly 30 percent.

- Levy County has made stable improvements in reducing the percentage of current adult smokers—a decrease of over 32 percent between 2002 when 27.8 percent were current smokers to 18.9 percent current smokers in 2010, which is above the state's percentage of current smokers in year 2010 at 17.1%.
- Historically, diabetes rates in Levy County trends above Florida averages. In 2010, a higher relative proportion of Levy County residents were diagnosed with diabetes than the state as a whole (12.3 percent and 10.4 percent respectively).
- New data shows that the onset of the diagnosis has accelerated, and the average age in which Levy County residents are diagnosed with diabetes is 47.2 years of age, compared to 50.0 years of age (Florida's average).
- Overall, cancer screenings in Levy County are lower than the state averages. While the percentage of adults 50 years of age and older who received a sigmoidoscopy or colposcopy in the past five years has increased in Levy County from 38.5 percent in 2002 to 48.5 percent in 2010, the Florida average is 56.4 percent.
- When compared to the state, the percentage of men 50 years of age and older who received a digital rectal exam in the past year is nearly 20 percent lower (39 percent in Levy County and 48.5 percent in Florida).
- 37.1 percent of adults in Levy County are currently diagnosed with hypertension. This is an increase of 6 percent since 2007 measures, and is higher than the state average of 34.3 percent.
- In Levy County, the percentage of adults who engage in heavy drinking has decreased from 2007 measures. This decrease mirrors overall trends for Florida. Now, residents of Levy County compare favorably to state measures, 14.8 percent to 15.0 percent respectively.
- In Levy County, obesity rates are similar to Florida's overall measures. The percentage of adults who are overweight (BMI between 25 and 29.9) dropped by nearly 4 percent since 2007; however, the percentage of adults who are obese (BMI of 30 or higher) increased by more than 5 percent. Currently, 67.2 percent of the adult population in Levy County is overweight or obese.
- Available data for 2010 show that the percentage of Levy County residents who are limited in any way due to physical, mental or emotional problems has increased slightly since 2007 from 25.1 percent in 2007 to 27.4 percent in 2010. Currently, Levy County compares unfavorably to Florida disability measures; 27.4 percent and 24.3 percent respectively; a 12 percent difference.

## 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 *Levy 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.

- According to the 2004 Florida Health Insurance Study (FHIS), 19.8 percent of the population in Levy County was uninsured, which is slightly higher than the percentage of the state as a whole. The focus of the FHIS is Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare (Technical Appendix Report Table 37).
- In 2007, the Census Bureau Small Area Health Insurance Study (SAHIS) estimated 25.9 percent Levy County residents are uninsured compared to 24.2 percent for the state (Technical Appendix

Report Table 37).

- Health care access and coverage is another area of concern for Levy County residents. The percentage of adults who have any type of health insurance was 73.9% in Levy County as compared to 83% for Florida. Improvements have been made in the number of adults who have a personal doctor; however, 22.7% residents could not see a doctor at least once in the past year due to cost.
- The total number of Medicaid enrollees in Levy County for 2010 was 8,150 or approximately 19.9 percent of the population. In comparison, the Medicaid enrollment percentage for the state was 15.6 percent. The County Seat, Bronson had the highest percentage of Medicaid eligibility in the county at 29.5 percent (Technical Appendix Report Table 104).
- Total Medicaid expenditures in Levy County for the period of July 2007-April 2008 was \$24,854,583 (Technical Appendix Report Table 106).
- In Levy County, the rate of total physicians per 100,000 residents (fiscal year 2010) is substantially lower than in Florida where the rates are 39.0 and 300.6, respectively (Technical Appendix Report Table 109).
- The rate of licensed dentists per 100,000 for the fiscal year 2009-2010 is also substantially lower in Levy County; 21.9 in comparison to 61.9 for the state (Technical Appendix Report Table 111).
- In 2009, Levy County had a total of 6,236 hospital discharges with an average length of stay of 4.4 days, which compares favorably to the state of Florida (4.7 days) (Technical Appendix Report Table 112).
- In the same year, the percentage of hospital discharges by payor source was as follows for Levy County: Medicare at 47.5 percent, private insurance at 19.4 percent and Medicaid at 22.3 percent (Technical Appendix Report Table 113).
- In Levy County, the most frequent cause of hospitalization was associated with normal newborns. Other major reasons for hospitalizations include: vaginal deliveries, esophagitis, chest pain, and major joint replacements (Technical Appendix Report Table 114).
- Levy County has an avoidable discharge rate (rate per 1,000 residents) of 18.6, which is above the Florida rate of 14.2 (Technical Appendix Report Table 115). The top five reasons for avoidable hospitalizations include: 1) Dehydration/volume depletion; 2) Chronic Obstructive Pulmonary Disease; 3) Cellulitis; 4) Kidney/Urinary Infection; 5) Congestive heart Failure (Technical Appendix Report Table 117).
- In 2009, the largest payor source for avoidable hospitalizations in Levy County was Medicaid at 30.8 percent. Avoidable discharges have increased since 2007 with a rising percentage resulting from Medicaid (Technical Appendix Report Table 116).
- Total emergency room visits have remained relatively constant in the past 5 years. However, in conjunction with the avoidable hospitalizations, avoidable emergency department visits have significantly increased among Levy County's Medicaid participants. In 2010 (the most current data), an additional 569 Medicaid patients were unnecessarily seen in emergency departments from the previous year (34.3 percent of all unnecessary visits). Medicaid is the largest payor source for avoidable emergency department visits in Levy County, and in the last 4 years of data, avoidable ED visits have increased with a rising percentage resulting from Medicaid (Technical Appendix Report Table 118).

## County Health Ranking

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 years 2010 and 2011. In the year 2010, Levy County ranked 55<sup>th</sup> for health factors and 65<sup>th</sup> for health outcomes. In the following year (Technical Appendix Report Table 121), Levy County’s ranking improved to 63<sup>rd</sup> for health outcomes and remained unchanged for health factors. It is notable that Levy County has significantly higher rates than the state of Florida as a whole on the following measures:

**Table 2-1: Key Observations from Levy County Health Rankings, 2011.**

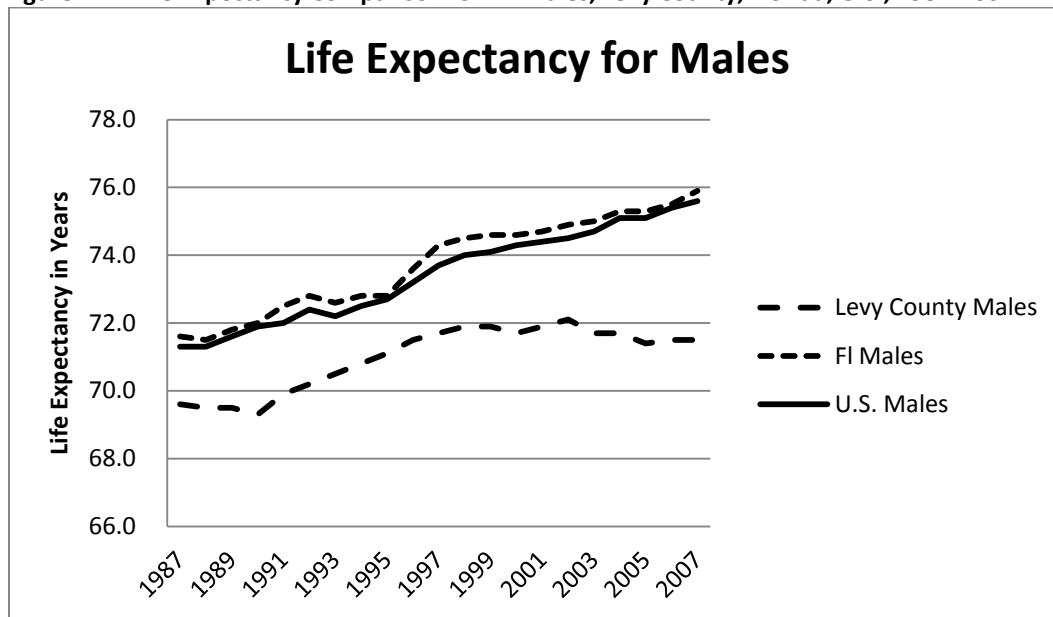
Measure	Levy County	State	National benchmark (90 <sup>th</sup> percentile)
<b>Premature death:</b> Years of potential life lost before the age of 75 per 100,000 population (age-adjusted)	11,550	7,896	5,564
<b>Poor or fair health:</b> The percent of adults reporting poor or fair health (age-adjusted)	24%	16%	10%
<b>Poor physical health days:</b> Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.8	3.5	2.6
<b>Poor mental health days:</b> Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.5	3.5	2.3
<b>Adult smoking:</b> Percent of the adult population that report smoking >=100 cigarettes AND currently smoking	24%	20%	15%
<b>Adult obesity:</b> Percent of adults that report a body mass index (BMI) greater than or equal to 30	29%	24%	25%
<b>Motor vehicle crash death rate:</b> Motor vehicle crash deaths per 100,000	46	19	12
<b>Teen birth rate</b> per 1000 females in ages 15-19 years	61	45	22
<b>Preventable hospital stays:</b> Hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	86	65	52
<b>Children in poverty:</b> Percent of children under age 18 in poverty	28%	18%	11%
<b>Inadequate social support:</b> Percent of adults without social/emotional support	28%	21%	14%

Source: University of Wisconsin Population Health Institute, September 2011

## 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 Levy County residents in comparison with their state counterparts as well as all U.S. males and females from 1987-2007 (Technical Appendix Report Table 121). As seen below, the men in Levy County fell nearly four years behind the national and state average for men's life expectancies. Researchers suggest looking at high rates of obesity, tobacco use, and other preventable risk factors for an early death as the leading drivers of the gap.

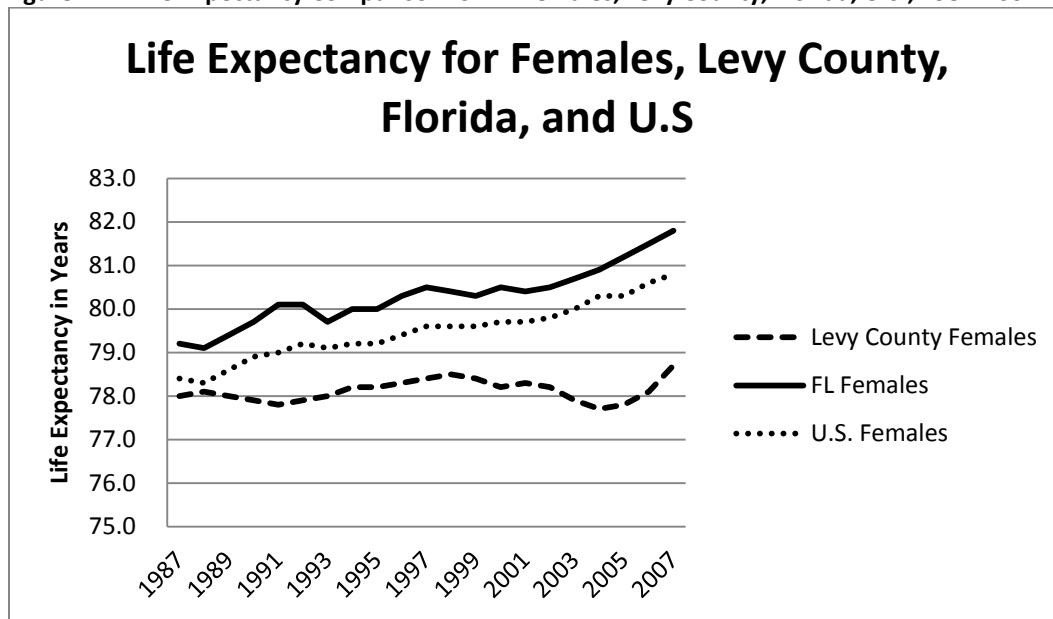
Figure 2-1: Life Expectancy Comparison for All Males, Levy County, Florida, U.S., 1987-2007.



Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

In 2009, the average life expectancy for females in Levy County was just below 79 years. During the same year, the average life expectancy for females in Florida was just below 81 years, and in the U.S. the average life expectancy for females was just below 82 years. As such, Levy County females fare worse in terms of life expectancy when compared to their Florida and U.S. counterparts. While the average life expectancy for females has increased in Florida and in the U.S. by nearly three years since the late 1980s, the average life expectancies for females in Levy County has not steadily increased.

Figure 2-2: Life Expectancy Comparison for All Females, Levy County, Florida, U.S., 1987-2007.



Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007

# Section 3: Levy County Community Themes and Strengths Assessment (CTSA)

## Introduction

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 four focus groups in multiple locations in Levy 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, by involving community residents and listening to their concerns, every participant feels like 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

Two trained focus group facilitators conducted four focus groups during the month of September 2011. Focus groups were held in Bronson, Chiefland, Inglis and Williston. The Bronson, Chiefland and Williston focus groups were held at the library in each town. The Inglis focus group was held at the Inglis Community Center. There were a total of 24 participants from the four focus groups with the following demographic profile: 29% males, 71% females, 96% white, 4% black, and 75% who were 50+ years of age.

Participants for these groups were recruited by advertisements posted at local shopping centers, health department, churches, community centers, libraries and through word of mouth recruiting. A \$20.00 stipend was offered as a participation incentive and was issued to participants at the conclusion of each meeting. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was made through a designated telephone line at the WellFlorida Council. All qualified individuals scheduled for a focus group received a reminder call before their scheduled meeting time.

One facilitator acted as discussion moderator and the other as recorder. The meetings were audio tape recorded with the permission of all participants. After introduction and explanation of meeting format, eleven questions were sequentially presented to participants for discussion. Focus group protocols and questions were developed by the WellFlorida Council, Inc. using the national 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

There was consensus from all of the groups that having access to good healthcare services and having an active lifestyle where people were physically and mentally fit were elements of a “healthy community”. Living in a healthy environment with clean air and water and plenty of outdoor recreational activities were also cited as important elements for a “healthy community” by most of the focus groups. Having a community where people looked out for each other was also mentioned by two focus groups and having good schools and job opportunities were cited by another focus group. One group mentioned that a healthy community is where people are not overweight, are physically fit, have good knowledge about nutrition and have good mental health.

### Notable Quotes

- “It is nice to have neighbors looking out for their neighbors and helping the older folks in the community.”
- “A healthy lifestyle with plenty of outdoor exercise.”

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

### Brief Summary

The availability of health care services was considered the most important factor for creating a healthy community by all focus groups. This was followed by having recreational activities for both adults and children and having strong community involvement.

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

### Brief Summary

There was consensus from all of the groups that the health was poor but the quality of life was good in Levy County. Many people cited that they liked the rural lifestyle such as having low crime, open space, low pollution and knowing your neighbors. However, living in rural areas created problems with access to health services, grocery stores, pharmacies and other needed services. Most of the groups cited that many people in their community have problems with obesity, diabetes and other chronic diseases and don't have the ability to take care of these problems due to lack of insurance and lack of medical providers. The availability of good jobs is difficult in rural areas; however, it was cited as a good place to retire.

### Notable Quotes

- “People who live in rural areas have a pioneering spirit.”
- “Rural communities have lots of open space but it is hard to find places to walk [no sidewalks on rural roads].”

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

### Brief Summary

There was consensus from all of the groups that obesity and chronic diseases are the pressing health issues in the county – not enough focus on prevention. For the older population, depression due to isolation and dementia are problems in Levy County. Drugs and alcohol are problems in the younger populations, especially since there is not much for them to do.

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

### Brief Summary

All of the focus groups mentioned the lack of available health services and lack of health insurance are reasons why there are health issues in the community. All of the groups also mentioned the lack of recreational activities and resources such as parks, community pools, sidewalks, bike trails and playgrounds. Several communities mentioned limited healthy food choices including restaurants and grocery stores. Lack of supervision and lack of jobs for teenagers helps fuel drug and alcohol use since they are bored and have nothing to do after school.

### Notable Quotes

- “The schools will not let you use the playgrounds or ball fields after school hours and there is nowhere else for kids to go play.”
- “The county does not have a lot of infrastructure or funding to improve infrastructure.”

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

### Brief Summary

The poor/uninsured and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These groups also have problems with transportation which decrease their access to needed services. One group mentioned Medicaid clients have trouble finding providers who will accept Medicaid or are “accepting new patients”. Another group mentioned teenagers as a population whose quality of life may not be as good as it can be due to lack of healthy and safe activities for them to participate in after school.

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

### Brief Summary

All of the focus groups mentioned the people/residents of Levy County as the strength of the community – people helping each other. Churches and libraries were also mentioned often as resources. One group cited the EMT system as strength and the health department as a resource. One group cited the quality of the primary care providers in their community as a strength. The Levy County transit was cited as a resource by a couple of focus groups but they also commented that the transit system is costly and has limited availability (only go certain places on certain days).

### Notable Quotes

- “I really like my doctor. He spends time with me and listens to what my problems are.”
- “People here pitch in to help each other but they can’t do it all.”

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

### Brief Summary

There was consensus from all of the groups that there are not enough health care services available in the county. Some communities, like Bronson have no primary care physicians or pharmacies. Most residents said that they leave the county for hospital care or specialty care. Transportation and being able to afford care were cited as the two biggest barriers to care. Participants cited that healthy food options in restaurants, schools and grocery stores are limited. They also reiterated the lack of recreational activities in the county, both indoor and outdoor activities (no bowling alleys, gyms, community pools etc.).

### Notable Quotes

- “I have to drive to Gainesville to get the healthcare I need.”
- “The grocery store here is small and they don’t have very good produce.”

## **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

Only two focus groups, Williston and Chiefland, cited that they had enough primary care services. However, some were not satisfied with the providers they had in their community. Two concerns cited are the lack of availability (can’t get in to see doctor) or too expensive if you did not have insurance. Some suggested having an urgent care center in their community. Lack of information on what is available in the community was prevalent - several focus group members did not know certain services were available in their community when told by other participants.

### Notable Quotes

- “If you don’t have insurance, there is nowhere to go. The health department is not taking new patients.”
- “My doctor’s office is very busy – the waiting room is always full.”

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

### Brief Summary

There was consensus from all of the groups that specialty care, hospital care and dental care were missing in their community. Even though there is a hospital in Williston, most participants did not want to go there and went to hospitals in Gainesville or Crystal River. Several participants mentioned the possibility of having a new hospital in Chiefland but were not optimistic that it would actually be built.

Lack of mental health services was cited by several groups – these services are only available in Bronson. There were no pharmacies in two of the communities participating in the focus groups.

### Notable Quotes

- “It would be great to have a new hospital in Chiefland but they have been taking about building it for years.”
- “Levy County is a large county and you have to drive long distances to get to services that are not available in your town. That is a problem if you don’t have transportation or can’t afford the gas.”

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

### Brief Summary

Several groups cited needing more effective local and county government. Some participants agreed that residents need to engage their government representatives and have more community involvement. Residents need to be vocal about their needs. Several groups commented that the residents need to support their local providers so they don’t leave. More information about what services are available needs to be communicated to residents. Two groups mentioned having a mobile dental clinic to serve their area would help meet these needs.

### Notable Quotes

- “Residents need to communicate with local government – hold them accountable.”
- “It is hard to get anything started – especially new programs or businesses in a rural area.”

## **Key Themes**

The following were the key themes identified during the CTAS focus groups:

- There was consensus from all of the groups that having access to good healthcare services and having an active lifestyle where people were physically and mentally fit were elements of a “healthy community”.
- The availability of and access to health care services was considered the most important factor for creating a healthy community by all focus groups.
- There was consensus from all of the groups that the health was poor but the quality of life was good in Levy County.
- There was consensus from all of the groups that obesity and chronic diseases are the pressing health issues in the county.
- All of the focus groups mentioned the lack of available health services and lack of health insurance are reasons why there are health issues in the community.
- All of the focus groups mentioned the people/residents of Levy County as the strength of the community – people helping each other. Churches and libraries were also mentioned often as resources.
- Only two focus groups, Williston and Chiefland, cited that they had enough primary care services. However, some were not satisfied with the providers they had in their community.
- There was consensus from all of the groups that specialty care, hospital care and dental care were missing or limited in their community.
- Several groups cited needing more effective local and county government. Some participants agreed that residents need to engage their government representatives and have more

community involvement. Residents need to be vocal about their needs. Several groups commented that the residents need to support their local providers so they don't leave.

# Section 4: The National Public Health Performance Standards Program (NPHPSP) – Local Public Health System Assessment (LPHSA) 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 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

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)

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

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" Table 4-1 (below) 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).

As seen in Table 4-1, five of the ten Essential Services scored 50 or below (**bold** in the table below), which indicates a self-assessment of moderate or less performance against the standards. Typically, Essential Public Health Services 8 and 10 are relatively more out of the direct control of the local public health system as they are dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4, 6 and 9 may indicate that there are opportunities in Levy 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 evaluate effectiveness, accessibility and quality of personal and population-based health services.

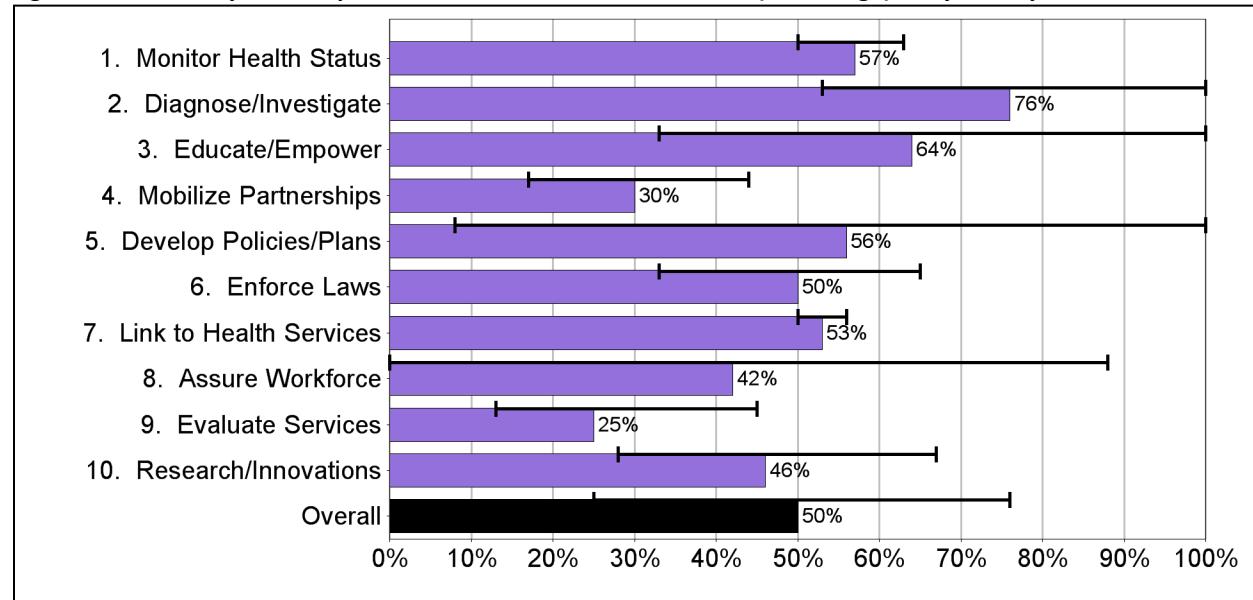
Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

**Table 4-1: Summary of performance scores for local public health system by Essential Public Health Service (EPHS), Levy County, 2011.**

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	57
2	Diagnose And Investigate Health Problems and Health Hazards	76
3	Inform, Educate, And Empower People about Health Issues	64
<b>4</b>	<b>Mobilize Community Partnerships to Identify and Solve Health Problems</b>	<b>30</b>
5	Develop Policies and Plans that Support Individual and Community Health Efforts	56
<b>6</b>	<b>Enforce Laws and Regulations that Protect Health and Ensure Safety</b>	<b>50</b>
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	53
<b>8</b>	<b>Assure a Competent Public and Personal Health Care Workforce</b>	<b>42</b>
<b>9</b>	<b>Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>	<b>25</b>
<b>10</b>	<b>Research for New Insights and Innovative Solutions to Health Problems</b>	<b>46</b>
Overall Performance Score		50

Source: Local Public Health System Assessment Scoring Results, Levy County, September 2011.

**Figure 4-1: Summary of EPHS performance scores and overall score (with range), Levy County, 2011.**

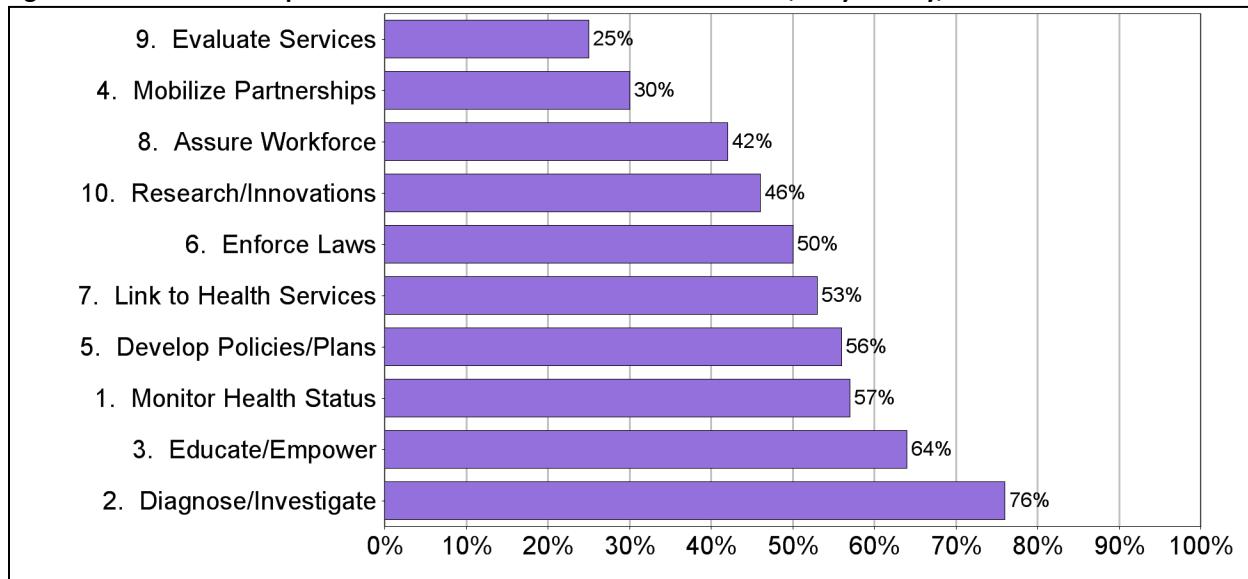


Source: Local Public Health System Assessment Scoring Results, Levy County, September 2011.

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

Figure 3 (below) 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.

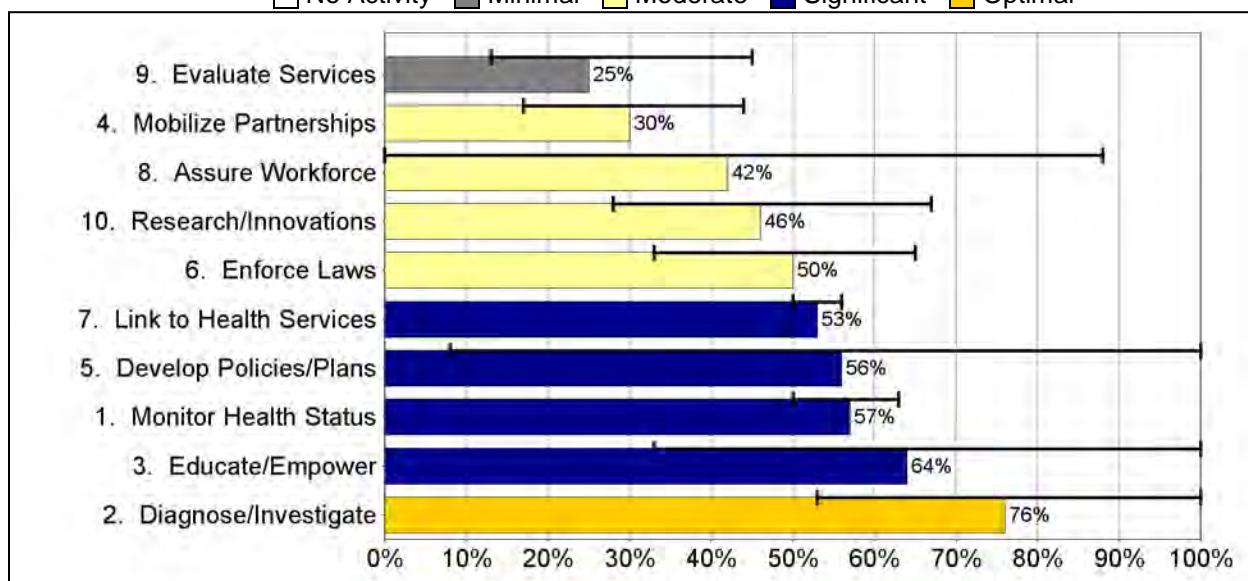
**Figure 4-2: Rank ordered performance scores for each Essential Service, Levy County, 2011.**



Source: Local Public Health System Assessment Scoring Results, Levy County, September 2011.

**Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity, Levy County, 2011.**

□ No Activity    ■ Minimal    □ Moderate    ■ Significant    ■ Optimal



Source: Local Public Health System Assessment Scoring Results, Levy County, September 2011.

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# Section 5: Levy County Forces of Change Assessment (FCA)

## Introduction

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Levy 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.

## Methodology and Results Summary

The Levy County Health Care Citizens Advisory Board, appointed by the County Commission, was asked to participate in the Forces of Change Assessment. Members of this Board include the local hospital administrator, the FQHC administrator, primary care providers, health department, and community leaders.

The Levy County Health Care Citizens Advisory Board met on August 31 to take part in the Forces of Change Assessment. Through an open, participatory process, participants were asked to answer the following 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?" All members of the Advisory Board were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants discussed possible opportunities and/or threats these forces may have on the county's public health system.

The following table summarizes the forces of change identified for Levy county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

**Table 5-1. Forces of Change Assessment results, Levy County, 2011.**

Forces	Threats	Opportunities
Declining economic situation	Loss of jobs, health insurance; leads to deteriorating health.	Workforce development
New hospital in Chiefland	Where are they going to get the funds to build? How are they going to recruit providers? Do they need 60 beds with the trend to going outpatient?	More jobs. More health services in the county.
Florida Medicaid Reform	More HMOs – decrease rates Decrease availability of specialists	Pharmacy network for controlled substances should reduce abuse of prescription drugs.
United States Health Reform	Lawsuits make it difficult to implement. Increase costs in Medicaid? Enough providers?	Decrease in uninsured?
Decrease in local and state government funding	Cutting back school programs-especially Cutting teacher positions	Cut waste; taxes.
Poor transportation access	Cannot get to services	Nature Coast transit available
TARMAC plant	More pollution/truck traffic	More jobs
Health Information Technology (HIT) / Health Information Exchanges (HIE)	Ability to join may be costly. Penalties if not implemented. Not able to participate in ACOs, PSNs etc.	Better communications/better care. Stimulus dollars are available.
Health manpower decreasing, especially availability of rural primary care	Hard to staff clinics/hospitals	Growth of ancillary staff and provider extenders.
Lack of mental health and substance abuse	Poor reimbursement Medicaid HMOs Lack of supply Increase need due to economy	Grant opportunities. Health reform changes in provider use-shift to ancillary providers.
Local communities pitching in to help those in need	Lack of social services availability	Providing food bank and other needed services. Health ministry. Grant opportunities.
Williston hospital expanding services	Need more marketing	More options for patients locally
Accountable Care Organizations (ACOs) and Provider Service Networks (PSNs)	Local providers may be left behind	Opportunity to provide better care if properly organized.

Source: Levy County Forces of Change Assessment, September 2011.

# Section 6: Identification of Priority Strategic Health Issues

## Background

On November 3, 2011, Jeff Feller of WellFlorida Council presented the recently completed results of the Levy County Local Public Health System Assessment (LPHSA) and the highlights of the Levy County Community Health Status Assessment (CHSA) and Community Themes and Strengths Assessment (CTSA) to members of the Levy County Mobilizing for Action through Planning and Partnerships (MAPP) Core Community Support Team comprised of a cross-section of community members. This presentation was designed to provide the impetus to the first phase of development of a strategic healthcare plan or community health improvement plan which will ultimately become the focus of Levy County's health and healthcare vision for the next 2-3 years.

Mr. Feller's presentation followed the following outline:

- I. Overview of Key Issues from CHSA
- II. Overview of Key Issues from the CTSA
- III. Presentation of the Results of the LPHSA
- IV. Strategic Issues Identification Worksheet
- V. Facilitation of Discussion on Strategic Issues Identified by MAPP Core Community Support Team
- VI. Selection of Potential Priority Strategic Issues (Consensus Discussion) from the LPHSA

In his overview of the CHSA, Mr. Feller reviewed a variety of key observations in Levy County's socioeconomic and demographic data; morbidity and mortality data; and healthcare access and utilization data. He also provided summary results of the CTSA, which was comprised of focus group discussions with citizens, and the LPHSA for Levy County.

Upon reviewing the CHSA, the CTSA and the LPHS, Mr. Feller distributed an instrument to each of the meeting participants. Mr. Feller requested members to identify the strategic health issue which the member felt was the most important issue for Levy County. In identifying the most important strategic issues in Levy County, participants were asked to consider the following:

1. Identify the most important strategic health issue. Phrase the issue as a question. (Example: How can the public health community ensure access to population-based and personal health care?)
2. Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?
3. What are the consequences of not addressing this issue?

Each participant identified her/his strategic health issue of highest priority and then discussion ensued in order to identify the top 3-5 priorities based on the consensus of the group.

# Identification of Priority Strategic Health Issues

After presentation of each individual participant's priority issue, the wide variety of issues addressed was distilled and the following were agreed to be the most pressing strategic health issues in the community:

1. Secure constant and uniform access to healthcare services within the county.
  - a. Continuum of care including specialized services.
  - b. Screenings/preventative care.
  - c. Focus on underserved areas like those in southern Levy County.
  - d. Optimal use of existing services and resources.
2. Mobilize partners to impact chronic disease rates.
  - a. Improve healthy habits of young people to improve lifelong health.
  - b. Use existing infrastructure such as school facilities and natural resources.
3. Make community health a priority.
  - a. Make community aware of the costs/benefits of good health (saves dollars; saves lives).
  - b. Elevate importance of community health among local officials and policymakers.
4. Leverage Levy County's environmental strengths and natural resources to improve health of community.
  - a. Promote resources.
  - b. Link people to available resources.
  - c. Emphasize a "positive" aspect of Levy County and one of our most competitive advantages.

## Next Steps

Some next steps to consider:

1. Create a formal strategic health vision for Levy County with community-wide measurable goals and objectives.
2. Consider making the Levy County Health Advisory Committee the "shepherd" or "overseer" of this plan.
3. Develop specific goals, objectives and action plan for the Levy County Health Advisory Committee consistent with these key strategic health issues.
4. Mobilize partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning.
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.

# Section 7: Levy County Annual Update 2013

## Background

### Where in the World is Levy County

The Florida Department of Health in Levy County, also known as the Levy County Health Department (LCHD), is located in the heart of North Florida. Levy County is a large rural county spanning 12,000 miles. In 2012, it had 40,025 residents with the majority living in the following residential areas: Bronson, Williston, Chiefland and Cedar Key. By 2015, its population is expected to increase by 26.2 percent, according to data identified in Community Health Status Assessment (CHSA), an assessment in the 2012 Mobilizing for Action through Planning and Partnerships Framework (MAPP).

### Demographics

The following data was identified in the CHSA. When compared to Florida, 31.2 percent more Levy County residents are estimated to live at or below the poverty threshold. Furthermore, childhood poverty in Levy County is at 32.6 percent, which is 51.2 percent higher than Florida as a whole. In 2011, 11.3 percent of the counties residents were unemployed- a rise from previous years. In 2010, the median and average household incomes for Levy County were \$33,375 and \$42,834 respectively - 33.1 percent and 33 percent lower than the state of Florida median (\$49,910) and Florida average (64, 516) household incomes (Technical Appendix Report Table 26). Employment rates in Levy County tend to be in-line with Florida; however, unemployment at the county level exceeds the state in any given year. Levy County's average unemployment rate for 2010 was 12.2 percent in comparison to 11.5 percent for the state – 6 percent higher than Florida, according to data from the CHSA and featured in the Technical Appendix Report on Table 27.

The economic burden associated with living below the poverty threshold and being unemployed limits individuals and families access to healthcare, housing, nutritional food and basic necessities that improve the overall quality of life and impact health.

### Possibility for Change

The 2012 Community Health Needs Assessment utilized MAPP framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control and Prevention. 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 the needs assessment and priority setting and planning capacity of local public health systems.

The Levy County MAPP assessment used the following 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)

From this MAPP assessment, a group of public health partners identified four priority strategic health issues as the counties most pressing needs and issues.

The following four were agreed to be the four most pressing strategic health issues in Levy County:

- Secure constant and uniform access to healthcare services within the county
- Mobilize partners to impact chronic disease rates
- Make community health a priority
- Leverage Levy County's environmental strengths and natural resources to improve health of the community

Since these findings were identified in 2012, community partners have created goals and objectives to guide health improvement in Levy County. Some of the objectives have been met, while others are still in the process.

## **Access to Care**

Having health insurance and readily available access to health care does not necessarily prevent illness; however, early intervention, such as screenings, preventative care and long-term management resources can help to maintain a quality of life and minimize premature death. This is why it is important to consider insurance coverage and health care access in a community health needs assessment.

The MAPP assessment identified that access to health care as one of the most important factors when it comes to living a healthy lifestyle through the focus groups in the CTSA and the data collected in the CHSA and FCA- highlighting the importance of improving this resource in the county.

The FCA helps to identify the trends and factors that are or will be influencing the health and quality of life of the residents in the community and the work of the local public health system. Levy County's FCA identified the following: the declining economic situation could potentially cause a loss of jobs and reduce the number of residents with health insurance, which could contribute to a decline in overall health.

Access to care is a struggle for residents in Levy County due to the high poverty rate, the high number of uninsured individuals, and the low number of primary and specialty care physicians. This was further outlined in the CHSA. Providing care to residents in Levy County can be a challenge due to the aforementioned barriers; however, community partners work diligently to reach as many residents as possible through services offered throughout the county.

Health care coverage and access to care are areas of concern for Levy County residents. In 2007, 25.9 percent of residents in Levy County were uninsured compared to 24.2 percent in the state. In Levy County, the rate of total physicians per 100,000 residents (fiscal year 2010) was substantially lower than in Florida where the rates were 39.0 and 300.6, respectively. The percentage of adults who have any type of health insurance was 73.9% in Levy County, compared to 83% in Florida.

The rate of licensed dentist per 100,000 for the fiscal year 2009-2011 was also substantially lower in Levy County compared to the state; 21.9 in comparison to 61.9 for the state. This data highlights the

need to increase the physician workforce and access to care for residents in Levy County, thus justifying the priority strategic health issues. The aforementioned figures were identified in the CHSA assessment.

The focus groups, in the CTSA, identified the following: that having access to good healthcare services and having an active lifestyle where people were physically and mentally fit were elements of a “healthy community.” Further, justifying the need to improve access to care.

In November 2012, the Levy County Health Department began to increase access to care and expand the physician workforce when it opened a dental clinic that offers services to children and adolescents between 0-20 who are enrolled in regular Medicaid, Medipass and Denta Quest insurance plans. The clinic provides exams, x-rays, cleanings, fluoride treatments, sealants, restorative services, and basic oral surgery. It provides limited emergency services, exams and extractions, to adults on an emergency basis. This was the first objective met from the MAPP assessment.

Community partners continue to provide healthcare services to the medically underserved through a volunteer after-hours clinic organized by the Medical Reserve Corps (MRC). The after-hours clinic provides care to uninsured residents who are below 200 percent of the poverty level once a month. By March 2014, the MRC hopes to increase its volunteer workforce by two percent and to expand the number of clinics it provides from one to two per month to improve access to care, thus expanding upon an opportunity outlined in the FCA which is to provide needed services to those in need.

Despite having difficulties finding access to care Levy County continues to have high immunization levels going into Kindergarten. From 2009 to 2011, 97.6 of children entering into Kindergarten had the required immunizations compared to 91.7 percent of Florida.

## **Chronic Diseases**

The following data was outlined in the CHSA. The rate of chronic disease may be one of the most direct measures of the health and well-being in a community. The CHSA identified the following in the MAPP process. In both Levy County and the State, the majority of deaths can be attributed to chronic diseases. In 2011, cancer, heart disease, unintentional injury, chronic lower respiratory infections, stroke, and diabetes were the top six causes of death in Levy County. Levy County has a significantly higher overall age-adjusted mortality rate (nearly 24% higher) when compared to the state (826.3 per 100,000 compared to 666.7 per 1000, 000). The most notable differences are seen in Cancer, Chronic Lower Respiratory Disease and unintentional injuries.

The CHSA also identified that Levy County is near the bottom 10 percent of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin- further highlighting the need to improve the health of its residence. Obesity and chronic diseases are the most pressing health matters in the county, and the life expectancy of residents is lower compared to the state and national averages.

From the information gathered in MAPP process, it was determined by community partners that focusing on the healthy habits of the youth would be a key to improving health. This is why the goals and objectives to impact chronic disease rates are based around youth.

In April 2013, the second objective was met with the attendance of three community events to inform and educate the public about healthcare availability, resources and preventative care and screenings in Levy County.

## **Community Redevelopment and Partnerships**

Out of the ten Essential Public Health Services, the LPHSA identified three areas in the direct control of the local public health system for Levy County to improve upon.

- To better mobilize community partnerships to identify and solve health problems (EPHS4)
- To enforce laws and regulations that protect health and ensure safety (EPHS 6); and
- To evaluate effectiveness, accessibility and quality of personal and population-based health services (EPHS 9)

Elevating the importance of community health among local officials and policymakers is one goal created from data collected from this assessment. Through collaboration of community partners the community will be able to work jointly to solve health problems. Community partners are already working together to establish a policy to offer cessation services and to create one tobacco free multi-unit dwelling.

The CTSA also identified the need for more community involvement from their county and local government. The focus group participants highlighted the need for residents to engage their elected officials to have more involvement- reinforcing the need to better mobilize community partners to solve health problems, which is one of the ten Essential Public Health Services.

By April 2013, the LCHD was able to meet its third objective of attending two community health fairs to provide health education information to educate the public about the costs and benefits associated with good health. Articles about the benefits of good health and the high-costs associated with poor health began to be featured in a local Levy County publication. This broad platform allows the community partners to reach a large number of people to inform them about the importance of good health and where to locate healthcare services throughout the county. These efforts show the beginning of the collaboration of community partners to work toward solving health problems to improve community well-being.

## **Environmental Strengths**

It was identified in the CTSA that living an active lifestyle where people were physically and mentally fit were elements of a “healthy community.” This identification led to the idea of linking people to available resources through health promotion. The rationale behind this goal is to link people to existing natural resources and infrastructure and to highlight hiking/walking trails and other free ways to increase physical activity.

## **Looking Forward**

Community partners will continue to work together to improve access to care for residents in Levy County. Through a joint partnership community partners will be able to meet the goals and objectives created from the priority strategic health issues. Currently, the school system and health officials are

working to expand dental services in elementary schools with a dental bus program that will transport qualified children to the dentist.