

COMMUNITY HEALTH ASSESSMENT

Liberty County, Florida

June 2013



Contributors

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was led by Rachel Manspeaker.

PREPARED BY



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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Assessment Report 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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INTRODUCTION

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

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

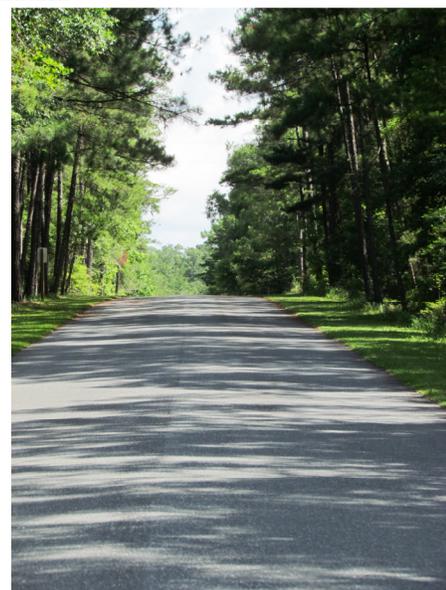
The Liberty County Community Health Assessment serves to inform the community decision making, the prioritization of health problems, and the development, implementation, and

evaluation of community health improvement plans. The overarching goals of this report include:

- Examination of the current health status across Liberty County as compared to Florida.
- Identification of the current health concerns among Liberty County residents within the social and economic context of their community.
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Liberty County.

Four broad focus areas were used in the CHA process:

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



DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

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

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.



County Health Rankings

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

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

Florida Cancer Registry

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

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS

<http://www.floridacharts.com>

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

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

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

The Inpatient Data Query provides performance and outcome data and information on selected

medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (FYTS)

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

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

United States Census Bureau

<http://quickfacts.census.gov/qfd/states/12000.html>

The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

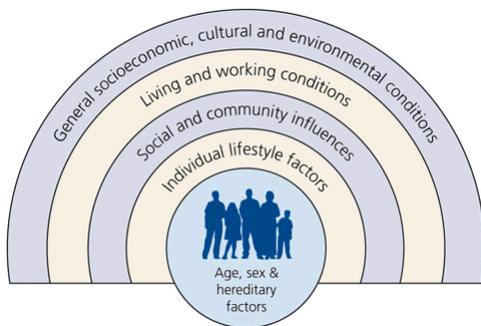


METHODS

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

Social Determinants of Health Framework

It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Liberty County, represented by the data within this report, live and work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Liberty County community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.



between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Liberty County, represented by the data within this report, live and work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its

Process and Engagement of Community Health Partners

The Community Health Assessment relied on a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process. The Florida Department of Health in Liberty County worked with a number of community health partners and community residents from 2011-2013. Meetings and workshops were held to identify and assess perceptions, health concerns, strengths, weaknesses, and other related issues about the

health programs and services available within Liberty County. Individual members are identified throughout this report. The Community Themes & Strengths Assessment was conducted in 2011 with 188 community residents responding. The Forces of Change workshop was held in 2013, with 20 community health partners and residents participating.

Quantitative Data

Data for this report was drawn from county, state, and national sources in order to develop a social, economic and health snapshot in time of Liberty County. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, and Florida Department of Health. Types of data included self-report of health behaviors using the Behavioral Risk Factor Surveillance System (BRFSS), public health surveillance data from Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), as well as vital statistics based on birth and death records.

Qualitative Data

From 2011- 2013, meetings and workshops were conducted with Liberty County residents and members of the health community to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns.

Limitations

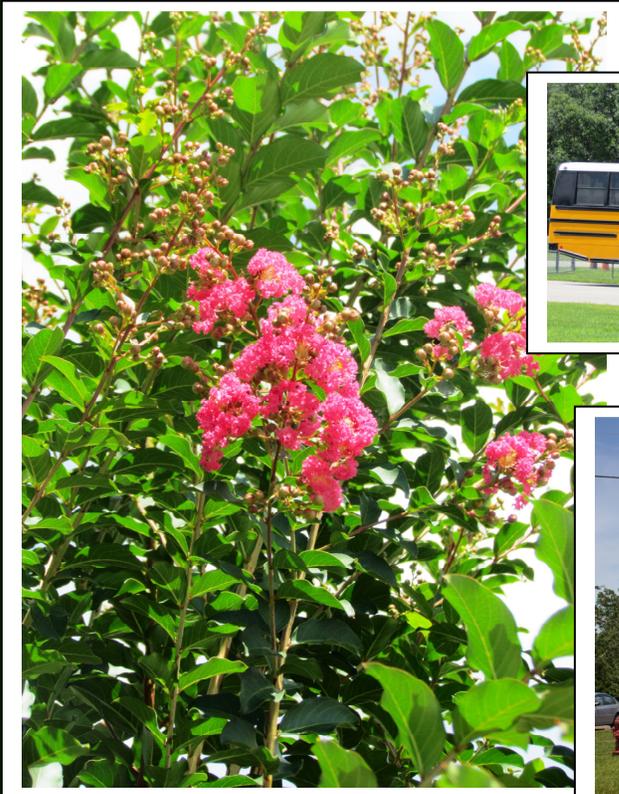
Several limitations related to this assessment's research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Liberty County and should not be interpreted as definitive. While the most current BRFSS and CHARTS data was used, this data is at least one year old due to the nature of the reporting systems used. In some cases, data from CHARTS is aggregated across multiple years to increase sample size (e.g., rolling three-year rates). In other cases, CHARTS and BRFSS data could not provide information stratified by race/ethnicity, gender, or age due to small sample sizes.

Self-report data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

Finally, the results of the forums and workshops should not be generalized as being representative of the larger Liberty County community due to the non-random recruiting techniques and small sample size. Recruitment for these events was conducted with community health partners, and participants may have already been involved and/or interested in community health issues.



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Community Health Status Profile

Liberty County, Florida

The Florida Department of Health in Liberty County and community health partners are engaged in the 2013 Community Health Improvement Project. As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Liberty County Community Profile provides a “snapshot in time” of the demographics, employment, health status, and health resource availability of Liberty County, Florida.

The Health of Liberty County: A Status Report 2012



Florida Dept. of Health in Liberty County
12832 NW Central Ave.
Bristol, Fl. 32424

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Acknowledgements

This report is a direct result of the many individuals, organizations and agencies engaged in improving the health and quality of life in Liberty County. The Florida Department of Health in Liberty County and Community Partners worked together and provided valuable resources and input.

Community Members Who Participated in the Facilitated Sessions

Rachel Manspeaker – Florida Department of Health in Liberty County

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Shann Layne - Florida Department of Health in Liberty County

Vanita Anderson - Appalachia Regional Planning Council

Monica Brinkley - University of Florida

Garet Shuler - Florida Department of Health in Liberty County

Celeste Philip, MD. - Department of Health

Executive Summary Liberty County

To improve the health of the residents of Liberty County, our community must commit to action that goes beyond health care. Thus, members from several areas of the community, including education, government, health care, business, not-for-profit agencies, and citizens have come together to initiate a process for identifying and addressing health needs. The intent of this project is to foster successful partnerships within the community in order to improve the health of Liberty County residents.

The *Public Health Accreditation Board* defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, educational or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Key Issues and Recommendations

The Florida Department of Health in Liberty County and key partners of the community have come together to identify five areas that we would like to focus on. These areas include Cancer, Stroke, Tobacco Use, Access to care, and obesity. The CHIP reflects a commitment of health professionals to collaborate in addressing shared issues in a systematic and accountable way. Only by working together can we make a difference.

Introduction

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health.

Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Florida Department of Health in Liberty County and its community partners have initiated a community-wide strategic plan for improving community health. A health improvement plan has been created that focuses on long-term strategies that address multiple factors that affect health in the community. The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.



Methodology

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

The Florida Department of Health in Liberty County and its community partners used the NACCHO's MAPP model for the community health planning, which provided a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Community Input was sought in April of 2012 through the Community Health Needs Assessment Survey. This county wide survey was distributed through its partners by emails, flyers, and phone calls.

The Liberty County community health survey was conducted by using the convenience sample method. Questions were asked to determine general health status and health behaviors. To

ensure an accurate representation of the community, the survey was administered at sites in and around the community, not just the health department. For example, a group of community health workers, commissioned by Big Bend Area Health Education Center, Inc., administered the survey and canvassed Piggly Wiggly, Dollar General, and other sites frequented by the local community. As an incentive for completing the survey, participants will be compensated with a \$10.00 gift card to be redeemed for cash or purchases. 188 persons responded to this survey. The representations to follow will demonstrate the demographics of the survey respondents

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

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



Key Findings

Access to Health Care

- 32% of respondents indicated they have private insurance, paid by their employer.
- 17% pay cash, and have no health insurance.
- 23% receive Medicaid, medical coverage for certain people, based on need.
- 45% indicated they could not see a doctor due to cost.
- 60% indicated they could not afford or find a dentist in the past year.
- 15% indicated they had not seen a doctor in the past year.
- 4% indicated they had seen a doctor in the past 5 years.
- 6% indicated they had not seen a doctor in more than 5 years.
- 11% are not sure when they had last seen a doctor.
- 21% indicated they had seen a dentist in the past 2 years.
- 21% indicated they had not seen a dentist in the past 5 years.
- 22% indicated they had not seen a dentist in more than 5 years.
- Nearly 60% of respondents earned less than \$20,000 per year.
- 13% use the emergency room for care when they are sick.
- 36% report going to the health department when they are sick.

Health Status

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

Health Behaviors

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

Chronic Disease

- 36% have been told by a health care professional, they are overweight.
- 26% have been told by a health care professional, they have high blood pressure.
- 32% have been told by a health care professional, they have high cholesterol.
- 21% have been told by a health care professional, they have diabetes.

Prevention

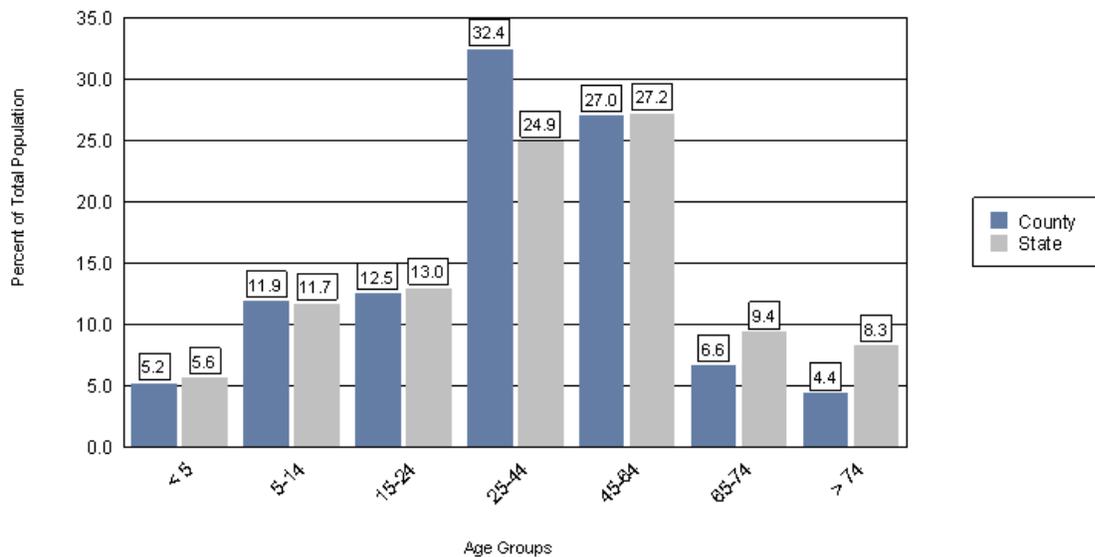
- 62% of women surveyed had not had a mammogram in the last year.
- 89% of individuals had not had a colorectal cancer exam.



PROFILE - Liberty County Facts

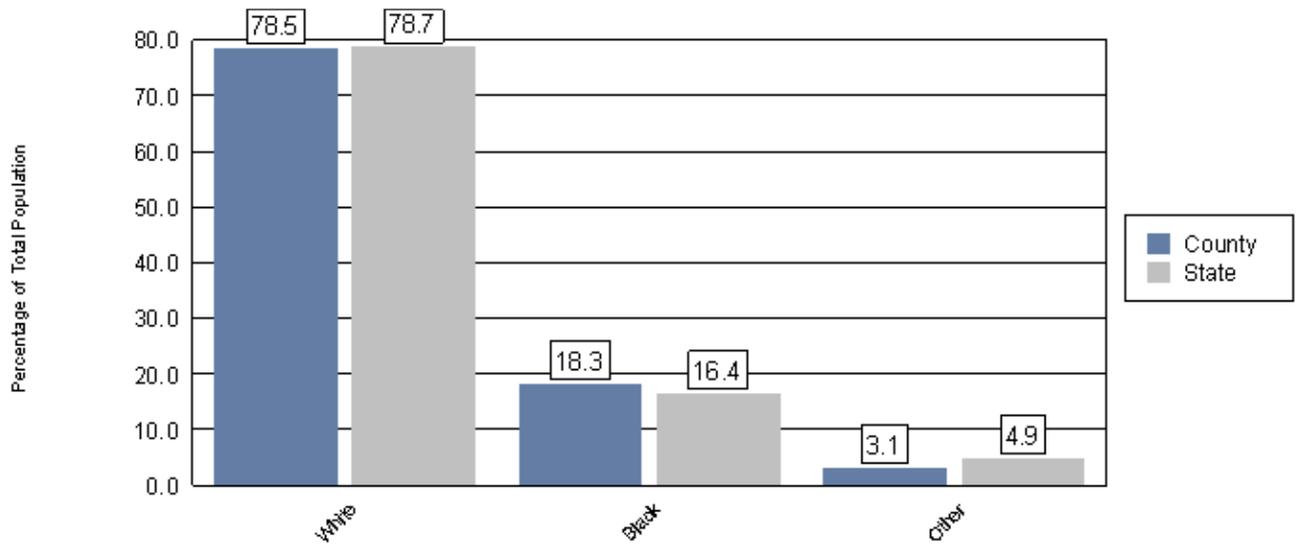
Liberty County is a rural Panhandle county that measures 835.56 square miles in length with a 2010 population of 8,365(US Census). It should be noted that this is a large area and services must be provided too many outlying areas. The largest municipality is Bristol (population 950) and the only other city of noted size is Hosford (unincorporated population 1841).

The 2010 census reports 77.3 % of the population is white, 17.9% is black, and 6.2% are persons of Hispanic or Latino origin. However, service records from the Federally Qualified Health Care Facility and the County Health Department reflect a larger number of Hispanics than those documented by the Census. In Liberty County, 21.2% of the population is under the age of eighteen, 24.4% of residents do not have a high school diploma or its equivalent, 23.1% of the population lived below poverty level with the 2010 median household income of \$40,777 being well below the state average of \$47,661.



The majority of Liberty County Residents are between the ages of 25-44 and 45-64, close to the state of Florida.

Population by Race and Ethnicity - Liberty
Population by Race



TOTAL

8,326

100.0

100.0

Population Percentage by Race, County and State, 2010

Data Source: Population estimates from the Office of the Governor

Race: In 2010, Liberty County’s residents were predominately white and made up 78.5 percent of the population. Blacks made up 18.3 percent of the population, while the remaining 3.1 percent of the population consisted of other minorities.

MAPP ASSESSMENTS OVERVIEW

Separate, unique, comprehensive and Walton county-specific assessments were completed in 2011 and 2012. These assessments gather information to drive the identification of strategic issues for community health improvement.

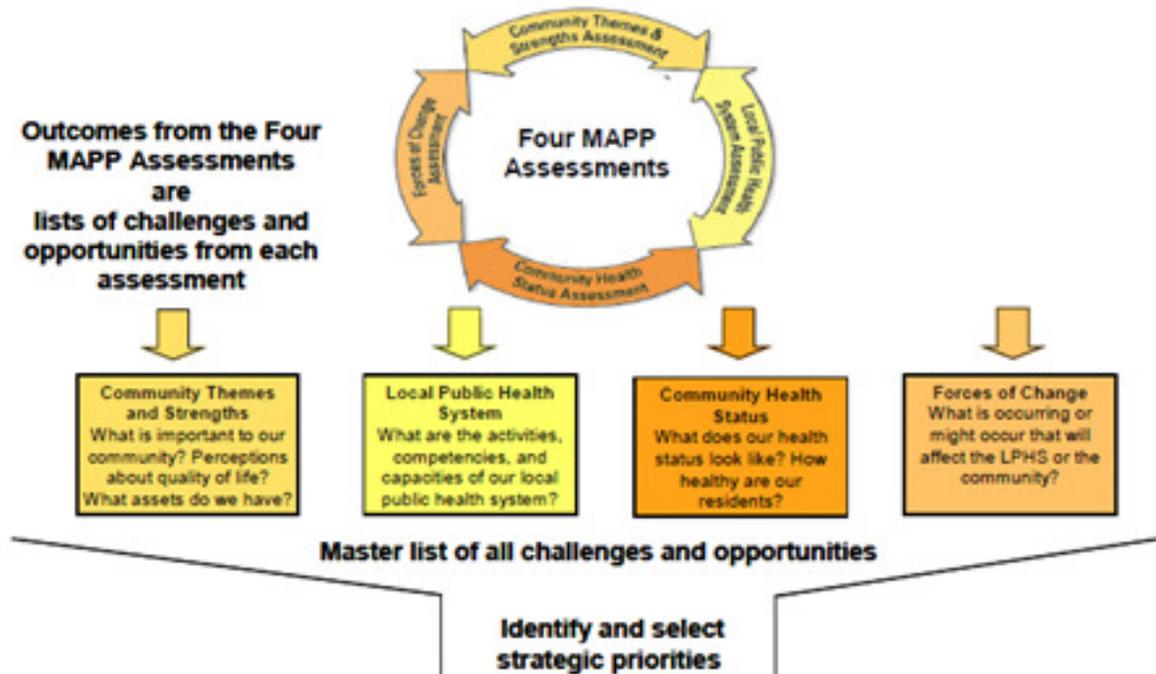
- **The Community Health Status Assessment** analyzes data about health status, quality of life and risk factors in the community.
- **The Community Themes and Strengths Assessment** identifies themes that interest and engage the community, perceptions about quality of life, and community assets.
- **The Forces of Change Assessment** identifies forces that are occurring or will occur that will affect the community or the local health system.
- **The Local Health System Assessment** measures the capacity of the local health system to conduct essential public health services.
- **The Local Environmental Public Health System Assessment** standards describe level of performance and capacity to which all environmental public health systems and programs should aspire.

Results of the MAPP assessments interact to provide the basis for the development of community strategic issues. Collectively, the MAPP assessments have several purposes, including:

- Providing insight on the gaps between current circumstances and a community's vision;

- Providing information to use in identifying the strategic issues that must be addressed to achieve the vision; and
- Serving as the source of information from which the strategic issues, goals and strategies are built.

On September 4th 2012 Liberty Community Partners and Florida Department of Health in Liberty County employees held a meeting where data sets were reviewed to determine Liberty County strengths, weaknesses, opportunities and threats. As depicted in the diagram below, this activity led to a master list of challenges and opportunities from which participants identified and selected strategic priorities.



Liberty County Community Health Status Assessment Summary

The Community Health Status Assessment (CHSA) answers the questions: “How healthy are our residents?” “What does the health status of our community look like?” “What health conditions exist in our community?” The results of the CHSA provide the Florida Department of Health in Liberty County and Community Partners with an understanding of the community’s health status and ensure that the community’s priorities include specific health status issues.

Resources

The Florida Department of Health’s public health statistics website, Community Health Assessment Resource Tool System (CHARTS; www.floridacharts.com), provides the data elements for broad-based categories of health status and quality of life indicators.

Complete Liberty County results can be found at www.floridacharts.com under *Community Tools*. Other resources of use for the CHSA follow:

- Behavioral Risk Factor Surveillance System (BRFSS) – <http://www.floridacharts.com/charts/brfss.aspx> - This survey was conducted among adults in Florida in 2002, 2007 and 2010. The purpose of this survey is to obtain county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality.
- County Health Profile - http://www.floridacharts.com/charts/mapp_report.aspx - The county health profile report provides your community with an understanding of the community’s health status and ensures that the community's priorities consider specific health status issues. The County Health Profile answers the questions, “*How healthy are our residents?*” and “*What does the health status of our community look like?*”
- County Health Rankings and Roadmaps – www.countyhealthrankings.org. Where we live matters to our health. This set of data helps us to understand what influences how healthy

residents are and how long they will live.

- **County Health Status Summary**–
<http://www.floridacharts.com/charts/SpecReport.aspx?RepID=1341> - This report allows you to compare your county's health status with the state and other counties. County trends for individual indicators, which are tested for statistical significance, Healthy People 2020 goals, and county quartiles, are also included.
- **County Performance Snapshot** – This report, available only on the Florida Department of Health intranet, is an annual scorecard of business and health outcome data for each of Florida’s 67 health departments. Information includes performance trends for organizational performance.
- **Florida Charts** – www.floridacharts.com – Florida Health Statistics and Community Health Assessment Resource Tool Set. This site provides Florida public health statistics such as births, deaths and communicable and chronic diseases.
- **Public Health in America** - <http://www.health.gov/phfunctions/public.htm> - Website asks, “*What is public health?*” and provides the public health vision, mission and essential services.

The Liberty CHSA Summary that follows will highlight some of the most recent findings for the following indicators:

- **Obesity**
- **Tobacco**
- **Stroke**
- **Cancer**
- **Access to Care**

OBESITY

Percentage of Adults who are obese:

According to Florida CHARTS the state rate of adults that are obese is 27.2 and the county rate is 40.1. The U.S. Healthy People 2020 Goal is 30.6. This puts Liberty County in the 4th quartile.

As indicated in the excerpt from Florida CHARTS below Liberty County ranks in the 4th quartile for adults who meet moderate physical activity. The state rate of adults who meet moderate physical activity recommendation is 34.6 and the county rate is 28.7.

 Liberty County, Florida County Health Status Summary 							
Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Actual Causes of Death*							
Physical Activity							
Adults who meet moderate physical activity recommendations ¹	2007	Percent	4	28.7%	34.6%		
Adults who meet vigorous physical activity recommendations ¹	2007	Percent	4	21.6%	26.0%		
Adults who engage in no leisure-time physical activity ¹	2002	Percent	4	36.9%	26.4%		32.6%
Overweight and Obesity							
Adults who consume at least five servings of fruits and vegetables a day ¹	2007	Percent	4	16.0%	26.2%		
Adults who are overweight ¹	2010	Percent	4	41.1%	37.8%		
Adults who are obese ¹	2010	Percent	4	40.1%	27.2%		30.6%
Tobacco Use							
Adults who are current smokers ¹	2010	Percent	4	26.9%	17.1%		12%

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.^{1,2} Among adults and older adults, physical activity can lower the risk of:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression

Childhood obesity has tripled during the last 30 years. Unless we change course, estimates suggest that one-third of all children born after 2000 will suffer from diabetes or other obesity-related health problems—conditions that cost an estimated \$147 billion each year to treat. Obesity is widely known to contribute to a number of serious health problems, including diabetes and heart disease. In the United States alone, the direct and indirect costs associated with obesity amounted to \$117 billion in 2000, according to the U.S. Department of Health and Human Services. The prevalence of overweight and obese school-aged children is increasing in nearly every country. The numbers of overweight and obese children worldwide are expected to climb dramatically by 2010. Among children and adolescents, physical activity can:

- Improve bone health.
- Improve cardio respiratory and muscular fitness.
- Decrease levels of body fat.
- Reduce symptoms of depression.

- For people who are inactive, even small increases in physical activity are associated with health benefits.

Physical Activity Resources

Torrey State Park: 14,000 acre state park, 16 miles of hiking trails. (FTA System) Trails are moderate to extreme offering some of the most diverse trails in Florida. 3 Back Pack primitive campsites, 2 Youth Camps, 30 Family campsites, picnic area with playground and horseshoe pitching and daily tours of the Historic Gregory House.

Contact: Steve Cutshaw, Park Manager @ 850-643-2674

Below are some other recreational areas that we may access:

Area:	Distance	Difficulty
1. Liberty County High School Track	¼ mile	Easy
2. Garden of Eden / The Nature Conservancy (FTA System)	3.5 miles	Mod. to Ext.
3. Bristol/Blountstown Bridge	2.5-3 miles	Easy to Mod.
4. Apalachicola National Forest		
5. Camel Lake Trail	1 mile	Easy
6. Wright Lake	n/a	Easy to Mod.
7. Veterans Memorial Park in Bristol, Fl. has a 1 mile walking trail with exercise stations, children’s playground equipment, softball and baseball fields.		



Nutrition

As indicated in Florida CHARTS Liberty County ranks in the 4th quartile for adults who consume at least 5 servings of fruits and vegetables a day. The state rate for adults who consume at least 5 servings of fruits and vegetables a day is 26.2 and the county rate is 16.0.

The Basics

Your body needs the right vitamins, minerals, and other nutrients to stay healthy. A healthy diet means that you are eating:

- Vegetables, fruits, whole grains, and fat-free or low-fat milk products
- Seafood, poultry, lean meats, eggs, beans, and nuts

Stay away from:

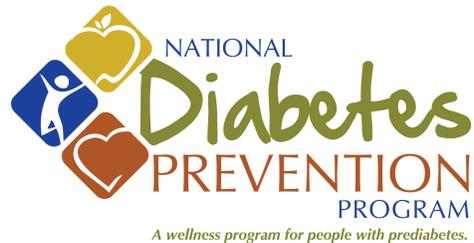
- Cholesterol, sodium (salt), and added sugars
- *Trans* fats – *Trans* fats may be in foods like cakes, cookies, stick margarines, and fried foods.
- Saturated fats – These fats come from animal products like cheese, fatty meats, whole milk, and butter.

A healthy diet can keep your body strong and active.

By making smart food choices, you can help protect yourself from:

- Heart disease
- Bone loss
- Type 2 diabetes
- High blood pressure
- Some cancers, such as colorectal cancer

Nutrition Resources



Calhoun/Florida Department of Health in Liberty County offers Diabetes Prevention classes weekly. Call the Florida Department of Health in Liberty County at 850-643-2415 for information on this and other opportunities that are available.



<http://liberty.ifas.ufl.edu>

The **Liberty County Extension Service** offers educational programs in 4-H Youth Development, Food and Nutrition, and Money Management to help improve our lives, communities, and environment.

The **4-H Youth Development Program** trains **volunteers** to support positive youth development, and provides educational experiences in the form of clubs, day camps, competitive events, and school enrichment programs.

The **Food and Nutrition Program** teaches healthy eating and lifestyles to youth and adults throughout the school system, as well as at local day care centers, libraries, and local events.

The **Money Management Program** offers mentors to adults who would like to learn more about managing their personal finances.

Educational programs and **activities** are offered by the Liberty County Extension Office all year long and vary from month to month.

Liberty County Extension proudly partners with other community organizations, programs, and events to reach as many citizens as possible. To find out more about Extension office events, please contact us at the address, phone, or website listed above.

Links for nutrition websites

Join us @MyPlate on Twitter for more updates and daily announcements.

Nutrition Communicators Network Team



1. Tweets to Promote the SuperTracker

(Shorten the links below on Twitter or using a URL shortening tool of choice)

Join the 1 million people taking control of their #health. Create your own #SuperTracker profile
<https://www.supertracker.usda.gov/CreateProfile.aspx>

www.fruitsandveggiesmorematters.org

www.fycs.ifas.ufl.edu/extension/hnfs/fnp/

www.fnict.nal.usda.gov

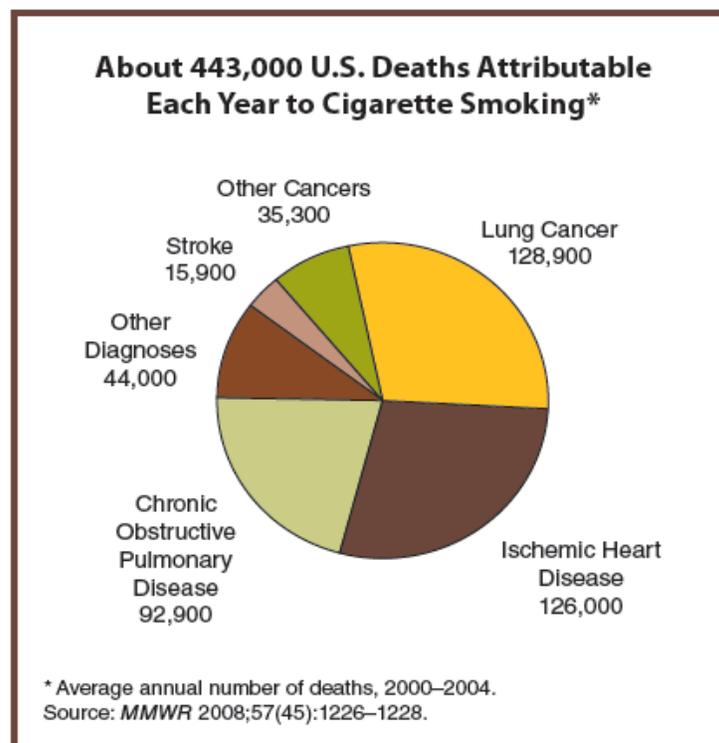
www.platemethod.com

TOBACCO

Tobacco related illnesses are responsible for approximately 443,000 deaths each year. Florida's health care costs directly caused by smoking are \$6.32 billion, every year. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.^{2,4}

Tobacco Use Causes:

- Heart Disease
- Cancer
- Lung Disease
- Premature birth, low birth weight, still birth and infant death
- Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.¹



Source: [CDC SAMMEC, MMWR 2008;57\(45\):1226–1228.](#)

Compared with nonsmokers, smoking is estimated to increase the risk of—

- coronary heart disease by 2 to 4 times,^{1,5}
- stroke by 2 to 4 times,^{1,6}
- men developing lung cancer by 23 times,¹
- women developing lung cancer by 13 times,¹ and
- dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.¹

Liberty County Stats	<u>2007</u> <u>Liberty</u> <u>County%</u>	2007 State%	<u>2010</u> <u>Liberty</u> <u>County%</u>	2010 State%
Adults who are current smokers	22.3%	19.3%	26.9%	17.1%
Current smokers who tried to quit at least once in the past year	63.9%	53.2%	64.8%	60.1%

The Feel Good Benefits of Quitting Smoking

- ❖ 20 minutes after you quit smoking; your blood pressure decreases.
- ❖ 8 hours after you quit smoking; your blood oxygen level returns to normal.
- ❖ 3 months after you quit smoking; your lung function improves up to 30%.
- ❖ 1 year after you quit smoking; your risk of heart attack is cut in half.
- ❖ 10 years after you quit smoking; your risk of dying from lung cancer is about half that of a smoker’s.
- ❖ 15 years after you quit smoking; your risk of coronary heart disease is that of a NON-smoker’s

Resources for QUITTING



Online: Enroll in Web Coach[®], which will help you create your own web-based quit plan that's right for you, visit <http://floridaquitline.com>^{FL}. Motivational and educational e-mails will be sent to you throughout the program. A valid e-mail address is required. Available 24 hours a day.



Phone: Call the Florida quitline at 1-877-U-CAN-NOW (1.877.822.6669) to speak with a Quit Coach who will help you assess your addiction and help you create a personalized quit plan. Additional tailored phone calls with a Quit Coach, timed throughout the quitting process, also are included. Unlimited toll-free access to Quit Coaches is available, as needed. Available 24 hours a day.



In-person: Visit the Florida Area Health Education Centers (AHEC) Network's website, ahectobacco.com^{FL}, to locate your local AHEC and sign up for Quit Smoking Now group classes.



Call the Florida Department of Health in Liberty County at 850-643-2415 for a listing of smoking cessation classes being held in your area.



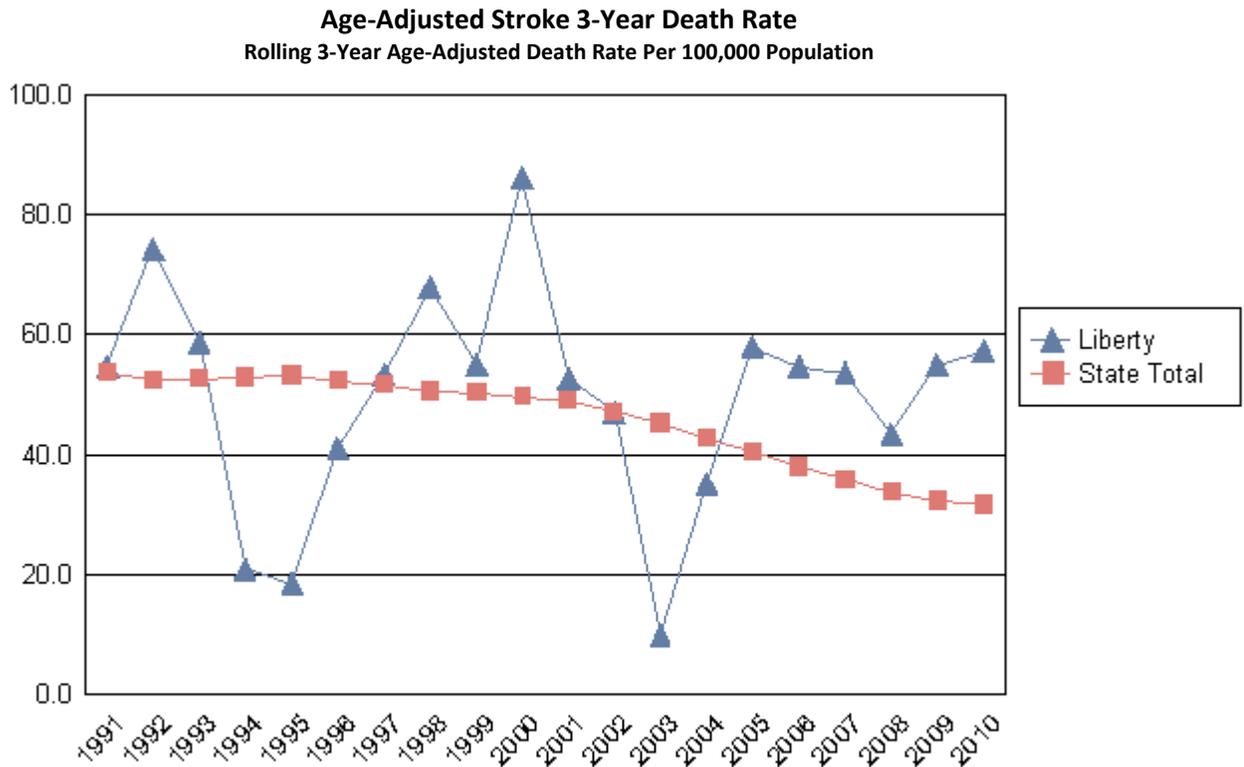
The Calhoun Liberty Hospital offers smoking cessation classes. Please call 850-674-5411 for class dates and times.

References

1. U.S. Department of Health and Human Services. **The Health Consequences of Smoking: A Report of the Surgeon General**. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 [accessed 2012 Jan 10].
2. Centers for Disease Control and Prevention. **Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004**. Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2012 Jan 10].
3. Centers for Disease Control and Prevention. **Health, United States**. Hyattsville (MD): Centers for Disease Control and Prevention, National Center for Health Statistics. [accessed 2012 Jan 10].
4. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. **Actual Causes of Death in the United States**. JAMA: Journal of the American Medical Association 2004;291(10):1238–45 [cited 2012 Jan 10].
5. U.S. Department of Health and Human Services. **Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General**. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1989 [accessed 2012 Jan 10].
6. Ockene IS, Miller NH. **Cigarette Smoking, Cardiovascular Disease, and Stroke: A Statement for Healthcare Professionals from the American Heart Association**. Circulation 1997;96(9):3243–7 [accessed 2012 Jan 10].

STROKE

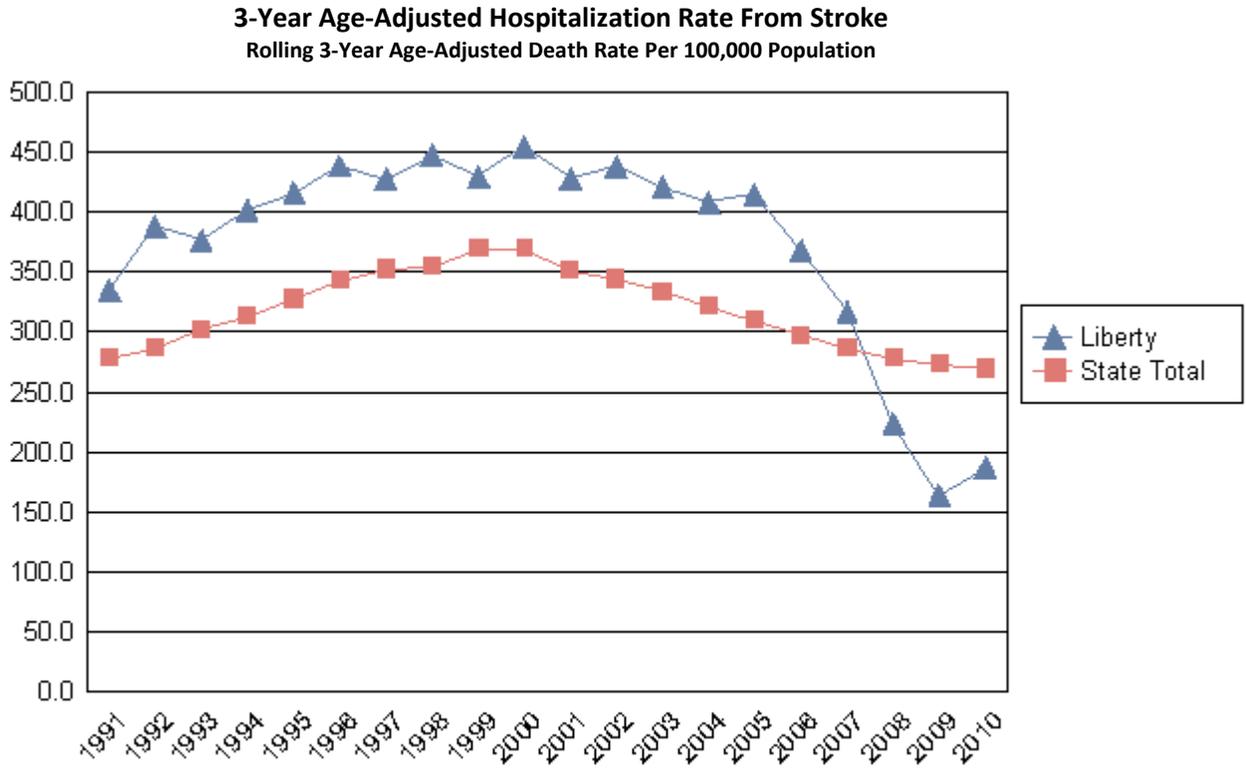
As indicated in the incerpt from Florida CHARTS the state rate for deaths from strokes is 31.5, and the county rate is 57.2.



Age-Adjusted
3-Year Death
Rate

FloridaCHARTS.com is provided by the Florida Department of Health, Office of Planning, Evaluation and Data Analysis, (850) 245-4009
 Data Source: Florida Department of Health, Bureau of Vital Statistics.
 Data Note(s): ICD-10 Code(s): I60-I69
 Rates calculated using July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research.

As indicated in the incerpt from Florida CHARTS the state rate for hospitalizations from stroke is 269.2 and the county rate is 186.6.



Age-Adjusted
3-Year Death
Rate

FloridaCHARTS.com is provided by the Florida Department of Health, Office of Planning, Evaluation and Data Analysis, (850) 245-4009

Data Source: Florida Agency for Health Care Administration (AHCA).

Data Note(s): ICD-9-CM Code(s): 430-438. Includes primary diagnosis only.

Rates calculated using July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research.

You can help prevent stroke by making healthy choices and managing any medical conditions you might have.

Live a Healthy Lifestyle

- **Eat a healthy diet.** Choosing healthful meal and snack options can help you avoid stroke and its complications. Be sure to eat plenty of fresh fruits and vegetables.

Eating foods low in saturated fat and cholesterol and high in fiber can help prevent high blood cholesterol. Limiting salt or sodium in your diet can also lower your blood pressure.

For more information on healthy diet and nutrition, see [CDC's Nutrition Web site](#).

- **Maintain a healthy weight.** Being overweight or obese can increase your risk for stroke. To determine whether your weight is in a healthy range, doctors often calculate a number called the [body mass index \(BMI\)](#). Doctors sometimes also use waist and hip measurements to measure a person's excess body fat.

If you know your weight and height, you can calculate your BMI at [CDC's Assessing Your Weight Web site](#).

- **Be active.** Physical activity can help you maintain a healthy weight and lower cholesterol and blood pressure. The Surgeon General recommends that adults should engage in moderate-intensity exercise for at least 30 minutes on most days of the week.

For more information, see [CDC's Physical Activity Web site](#).

- **Don't smoke.** Cigarette smoking greatly increases your risk for stroke. So, if you don't smoke, don't start. If you do smoke, quitting will lower your risk. Your doctor can suggest ways to help you quit.

For more information about tobacco use and quitting, see [CDC's Smoking and Tobacco Use Web site](#).

- **Limit alcohol use.** Avoid drinking too much alcohol, which causes high blood pressure. For more information, visit [CDC's Alcohol and Public Health Web site](#).

Prevent or Treat Your Medical Conditions

If you have high cholesterol, high blood pressure, diabetes, or heart disease, there are steps you can take to lower your risk for stroke.

- **Have your cholesterol checked.** Your health care provider should test your [cholesterol levels](#) at least once every five years. Talk with your doctor about this simple blood test.
- **Monitor your blood pressure.** High blood pressure has no symptoms, so be sure to have it checked on a regular basis.
- **Manage your diabetes.** If you have diabetes, closely monitor your blood sugar levels. Talk with your health care provider about treatment options.
- **Take your medicine.** If you're taking medication to treat high cholesterol, high blood pressure, or diabetes, follow your doctor's instructions carefully. Always ask questions if you don't understand something.
- **Talk with your health care provider.** You and your doctor can work together to prevent or treat the medical conditions that lead to heart disease. Discuss your treatment plan regularly and bring a list of questions to your appointments.

Stroke warning signs:



Sudden numbness or weakness of the face, arm or leg, especially on one side of the body



Sudden confusion, trouble speaking or understanding



Sudden trouble seeing in one or both eyes



Sudden trouble walking, dizziness, loss of balance or coordination



Sudden, severe headache with no known cause

Resources for stroke:

American Stroke Association

National Center

7272 Greenville Avenue

Dallas TX 75231

1-888-4-STROKE

or 1-888-478-7653

[American Stroke Association](http://www.strokeassociation.org)

<http://www.strokeassociation.org/STROKEORG/>

CANCER

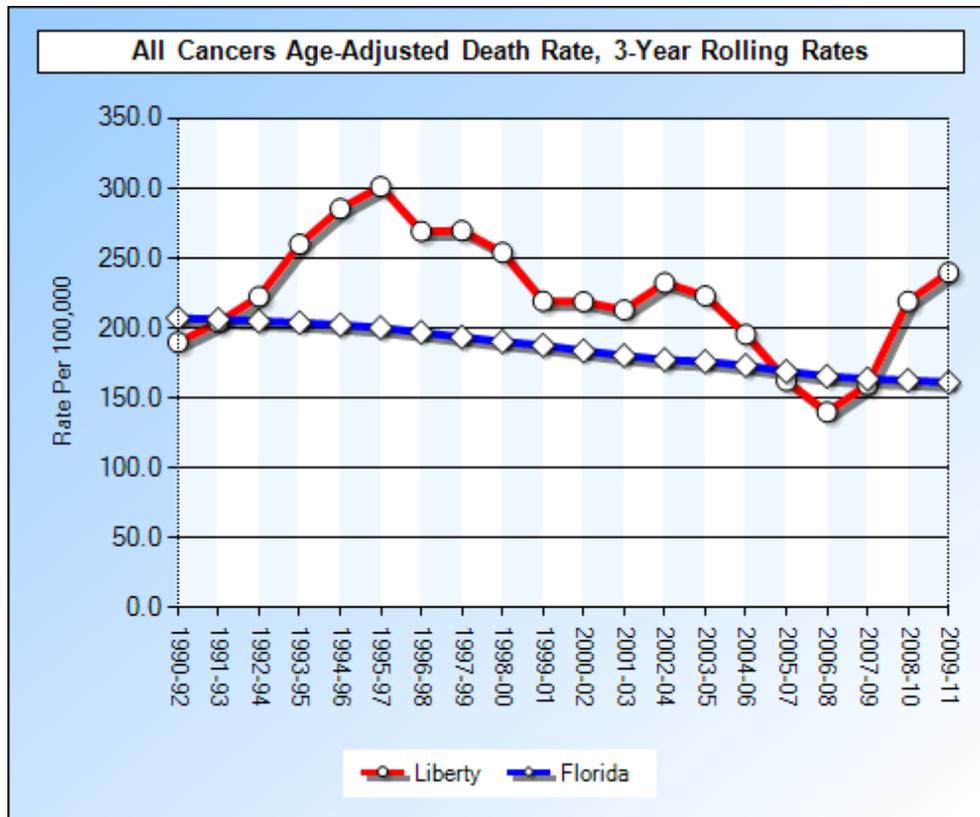
As indicated in the incerpt from Florida CHARTS the state rate for cancer deaths is 161.1 and the county rate is 239.7.

All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates				
	Liberty		Florida	
Years	Count	Rate	Count	Rate
1990-92	29	189.8	102,560	207.1
1991-93	32	204.1	104,612	206.1
1992-94	34	222.5	106,554	205.0
1993-95	39	260.0	108,604	203.8
1994-96	43	285.4	110,487	202.2
1995-97	48	301.2	112,155	200.2
1996-98	45	269.2	113,072	196.8
1997-99	45	269.7	113,778	193.5
1998-00	43	254.0	114,587	190.2
1999-01	38	219.1	115,639	187.6
2000-02	40	218.8	116,385	183.6
2001-03	38	212.9	117,001	180.2
2002-04	44	232.4	117,668	177.2
2003-05	45	222.9	119,061	175.9
2004-06	43	195.4	119,904	173.1
2005-07	37	162.2	120,192	168.9
2006-08	32	139.8	120,420	165.4
2007-09	37	159.4	121,156	163.5
2008-10	51	219.1	122,249	162.5
2009-11	56	239.7	122,921	161.1



Liberty County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Chronic Diseases (continued)							
Prostate Cancer							
Prostate cancer age-adjusted death rate ⁷	2008-10	Per 100,000	4	25.2	18.2	Better ↓	21.2
Prostate cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000	3	136.7	133.2	No Trend ↔	
Cervical Cancer							
Cervical cancer age-adjusted death rate ⁷	2008-10	Per 100,000	1	0.0	2.7	No Trend ↔	2.2
Cervical cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000	4	38.3	9.0	No Trend ↔	
Women 18 years of age and older who received a Pap test in the past year ¹	2010	Percent	1	60.5%	57.1%		93%
Melanoma							
Melanoma age-adjusted death rate ⁷	2008-10	Per 100,000	4	5.5	2.8	No Trend ↔	2.4
Melanoma age-adjusted incidence rate ⁹	2006-08	Per 100,000	1	0.0	17.9	No Trend ↔	
Lung Cancer							
Lung cancer age-adjusted death rate ⁷	2008-10	Per 100,000	4	69.9	47.2	No Trend ↔	45.5
Lung cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000	1	47.2	67.1	No Trend ↔	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate ⁷	2008-10	Per 100,000	1	11.3	14.6	No Trend ↔	14.5
Colorectal cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000	1	23.0	42.7	No Trend ↔	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years ¹	2010	Percent	4	45.0%	56.4%		
Adults 50 years of age and older who received a blood stool test in the past year ¹	2010	Percent	2	16.2%	14.7%		
Breast Cancer							
Breast cancer age-adjusted death rate ⁷	2008-10	Per 100,000	4	25.0	21.0	No Trend ↔	20.6
Breast cancer age-adj. incidence rate ⁹	2006-08	Per 100,000	3	110.4	110.9	No Trend ↔	



Cancer resources:

The Florida Department of Health in Liberty County has a cancer resource closet that is housed in the Calhoun County Health Department. There are several free items available for patients. The resource closet has wigs, breast prosthesis, blankets, pillows, scarf's, etc. This resource is available to the public.

American Cancer Society

NEED ANSWERS? 1-800-227-2345

Our phone lines are open every minute of every day to help give people the answers they need about cancer. Each year, we provide free information and support to the nearly 1 million people who call us at 1-800-227-2345.

Get Information

Cancer Information Specialists are available 24/7 to answer your questions about:

- Specific cancers
- Treatment options
- Side effects
- Coping with cancer
- Medicines
- Pain control
- Clinical trials
- Prevention
- Screening
- Quitting tobacco

Locate Resources

There are many local and national resources available to cancer patients. We can refer you to:

- Patient services
- Support groups
- Social services
- Medical equipment
- Wigs and prostheses
- Transportation
- Lodging
- Financial programs
- Quitline

ACCESS TO CARE

Health Status and Access to Care							
Adults who rate their health status as "fair" or "poor" ¹	2010	Percent		22.5%	17.1%		
Adults with any type of health care insurance coverage ¹	2010	Percent		69.6%	83.0%		
Adults who could not see a dentist in the past year because of cost ¹	2007	Percent		33.9%	19.2%		
Adults who received a flu shot in the past year ¹	2010	Percent		25.1%	36.5%		
Total licensed family physicians ⁴	2008-10	Per 100,000		4.0	23.0		
Total licensed dentists ⁴	2008-10	Per 100,000		36.1	63.0		
Total hospital beds ⁵	2008-10	Per 100,000		0.0	320.3		

Access to care includes availability of medical providers, health insurance and transportation. Liberty County has 1 medical care office and it has an indigent program. According to the 2012 County Health Rankings and Roadmaps, Liberty County has a 29% uninsured rate with the state rate being 25%. Without health insurance most people cannot afford to pay for an office visit with a general practitioner much less a specialist. There are 2 programs available for people without insurance, Bay Cares and Vocational Rehab. Although these two programs offer help with access to some specialists, there are only a limited amount of specialists available. Transportation is another barrier to care. Many people do not have their own mode of transportation or they cannot afford to pay for fuel to drive a minimum of 50 miles one way to see a specialist. Liberty County does have a transit system available that works with the indigent but at times scheduling is a problem due to Calhoun Transit being the only transportation system in the county.

Resources:

Florida Department of Health in Liberty County/Liberty Community Health Care

is a Federally Qualified Health Center located at:



FQHC

10971 NW Spring St.
Bristol, FL 32321
Phone: 850-643-2292
Fax: 850-643-2306



MISSION STATEMENT:

“The mission of Liberty Community Health Care is to provide comprehensive, integrated health care to the residents of Liberty County and the surrounding area, regardless of their ability to pay. Services will be provided by qualified staff in a culturally appropriate manner with dignity and compassion.”

We accept most health insurances, and provide Primary Health Care, Dental, Gynecology, Obstetrics, Healthy Start, and Mental Health services.

LIBERTY COUNTY TRANSIT

Types, Hours and Days of Service

TYPES OF SERVICE: Liberty County Transit provides paratransit subscription, demand response, and reservation transportation. There are no fixed routes available in Liberty County.

Liberty County Transit provides service to the entire county as well as a number of routes to surrounding counties. Routes include travel in the panhandle of Florida from Pensacola to Gainesville.

MODES OF SERVICE: Liberty County Transit provides non-emergency ambulatory, wheelchair and stretcher service. Service is provided door-to- door.

HOURS/DAYS OF SERVICE: Services are available twenty-four (24) hours per day, seven days a week, as need dictates and as previously arranged based on driver and vehicle availability. Transportation is provided as a last resort source. Friends and family should be contacted first.

HOLIDAYS: The following Holidays will be observed, New Years Day, Martin Luther King's Birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, the Friday after Thanksgiving and Christmas Day.

1. Accessing Services

MAKING RESERVATIONS: Requests for transportation are received Monday through Friday between the hours of 8:00 A.M. and 3:00 P.M., Eastern Time, by calling 850/643-2524. Monday service requests are taken on the proceeding Friday. Requests must be made 72-

hours in advance of needed trip. Same day transportation will be accomplished only if an emergency occurs.

DISPATCHING: The driver=s schedules are completed by the dispatcher in a manner appropriate for routing the vehicles efficiently and cost-effectively. The drivers are responsible for recording passenger trips and vehicle miles.

Return trips for doctor=s appointments, etc., which cannot be scheduled 72-hours in advance are scheduled the day of service. Drivers contact the office regarding these trips, and the dispatcher records them on a Transportation Request Log.

CANCELLATIONS: There will not be a charge for cancellation made prior to the driver being dispatched. If the driver has been dispatched, the trip will be charge as a no-show.

NO-SHOW POLICY: Passenger no-shows are defined as trips not cancelled prior to dispatch of the vehicle. Policy is defined in service standards.

AFTER HOURS/BACK-UP SERVICE: After hours back-up service is provided by the Community Transportation Coordinator. The rider will contact the Sheriff's office at 643-2235, who then notifies Liberty County Transit management, who will then contact a driver.

CLIENT INFORMATION SYSTEM: A client information system is maintained by Liberty county Transit which contains record of demographic and eligibility data regarding each client. Schedules are prearranged, to meet the needs of riders who sign up in advance. Riders do not have to continually call to arrange for their transportation and must provide information only once, unless changes occur. The subscription service routes operate Monday through Saturday for dialysis, mental health, and developmental services needs. Reservation service is provided with Seventy-two (72) hours advanced notice. Demand transportation is provided only in the case of an emergency.

Group trips are defined as trips of 5 or more passengers going from the same general area to the same destination.

The file is used to supply the information necessary for daily trip planning and billing purposes. When the request for transportation is received it is entered in the transportation request log. This log contains information necessary for the dispatcher to schedule a trip.

TD ELIGIBILITY REQUIREMENTS:

The CTC for Liberty County has set the following Eligibility requirements to be eligible to ride under the Transportation Disadvantaged program: One of the following criteria must be met-

- No other funding Available
- No other means of transportation is available
- Has a physical or mental disability
- Individual Household income is poverty level
- No other resources for transportation

2. Transportation Operators and Coordination Contractors

Liberty County Transit is the sole operator of transportation. There are no known operators at the present time in the county. The Community Transportation Coordinator will utilize the Commission for the Transportation Disadvantaged approved process for selection and contracting operators, as needed.

Calhoun Liberty Hospital, Your Community Hospital

Outpatient Services:

24-7 Emergency Care

Arrangement of transportation/transfer services to a higher level of care if needed; such as cardiac catheterizations, labor and delivery, surgical needs, etc. after stabilization in the Emergency Room.

Radiology:

- Routine and/or urgent X-rays
- Echocardiograms
- Ultrasound
- CT Scan
- Mammography (Free October 1-15 in observance of Breast Cancer Awareness Month)
- Bone Density Scans

Infusion Therapy on a case by case basis; as well as specialty long term IV placement and maintenance per our quality trained and certified PICC line specialty nursing staff.

Wound care; as ordered by your primary physician and/or authorization from your insurance company.

Laboratory Testing of routine and emergency lab draws as ordered by your primary care physician.

Hospitalization Services:

Inpatient Hospitalizations; such as for severe infections requiring IV antibiotic therapy, wound care, COPD management and stabilization, etc.

Observation hospitalization/admission: this service is utilized to observe the patient with an anticipated return to home within 24-48 hours.

Swing Bed admission (like a nursing home admission with shorter length of stay goals) and Inpatient Rehabilitation Physical Therapy services with the intent to assist our patients in reaching maximum functional capacity with the goal to return the patient home safely in order to maintain a patients independence and dignity. Hospice care /placement to provide a more one on one patient quality of care environment is available.

Case Management Services: Discharge planning and ongoing management of all hospitalized patients to ensure proper care is arranged if necessary for the return home, such as arranging home health services or outpatient physical therapy if needed. In addition, if the patient requires long term services and treatment the Case Management team will work with your admitting physician, yourself and your family to refer the patient to the long term facility of their choice should this be needed.

Respiratory Therapy: 24-7 licensed respiratory therapists to augment nursing services in treating patients with respiratory needs; such as continuous oxygen monitoring, nebulizer treatments, Bi-Pap services on a case by case basis due to severe respiratory distress.

Endoscopy/ GI Services: same day outpatient colonoscopies and upper endoscopies as referred by your primary physician, under the Medial Direction of Dr. Stockwell.

Accounting Services: Billing office in house personnel to assist with all your billing issues; to include, but not limited to payment arrangements and charity care.

Medical Records: Personnel dedicated to maintaining patients medical records, to include providing copies of the medical record upon request to patients, ancillary service agencies,

primary care physician offices and legal representatives per subpoena and patients request, always ensuring the utmost privacy to our patients.

The Hospital will file your medical claims with your insurance provider: **Current insurances** we take include, but not limited to, Medicare and HMO Medicare plans, Medicaid and HMO Medicaid plans, AARP, Aetna, Humana, Wellcare, Evercare, Healthease, Blue Cross Blue Shield, CHP, Coventry, United Healthcare, Veterans Administration Benefits, Auto Insurance Coverage, Employers Workman’s Compensation Plans on a case by case basis. For outpatient services; such as mammography, labs, X-rays, etc, it may be necessary for your primary care provider to obtain prior authorization from your insurance companies before services can be rendered to prevent our patients from incurring unnecessary expenses that insurance companies cover. In the event the patients insurance company applies provided service care to the deductible it will be the responsibility of the patient to discuss pay options with our accounting/billing services personnel.



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LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

The NPHPSP is a partnership effort with all community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a community. The NPHPSP assessment instruments guide local jurisdictions in evaluating their current performance against a set of nationally established standards.

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Liberty Local Public Health System Assessment Summary

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

Though the Florida Department of Health in Liberty County is the natural leader in the development of a cohesive local public health system, no organization singularly provides public health services in a community. The MAPP process recognizes the important contributions of all entities involved in the local public health system and provides a process for coming together and planning how to provide public health services. Inclusion of the LPHSA results may lead to strategies that help strengthen and improve the local public health system and provision of public health services.

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

What are the 10 Essential Public Health Services?

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

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

B. Performance Assessment Instrument Results

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

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

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

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

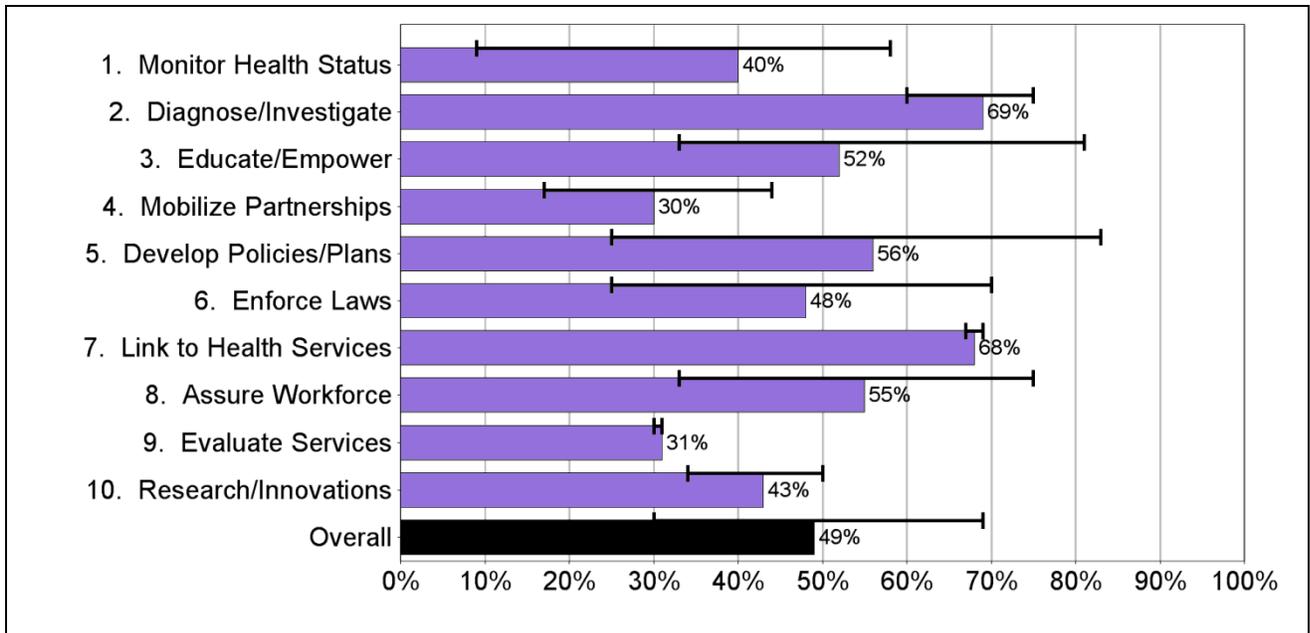
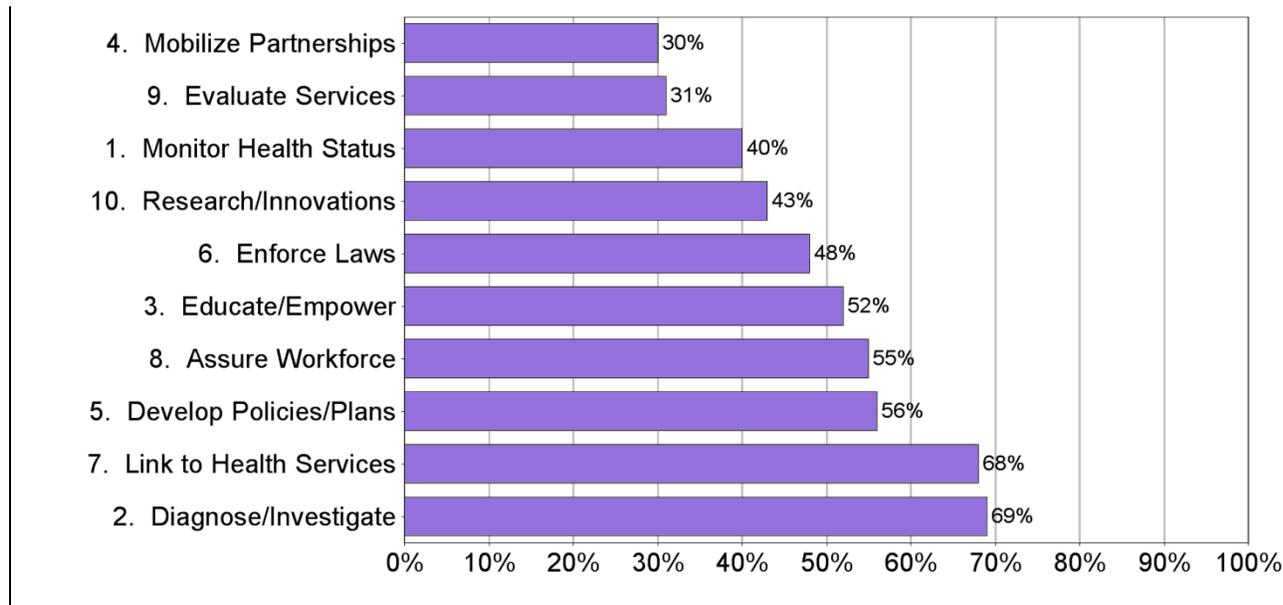


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of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

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



Figure 2: Rank ordered performance scores for each Essential Service



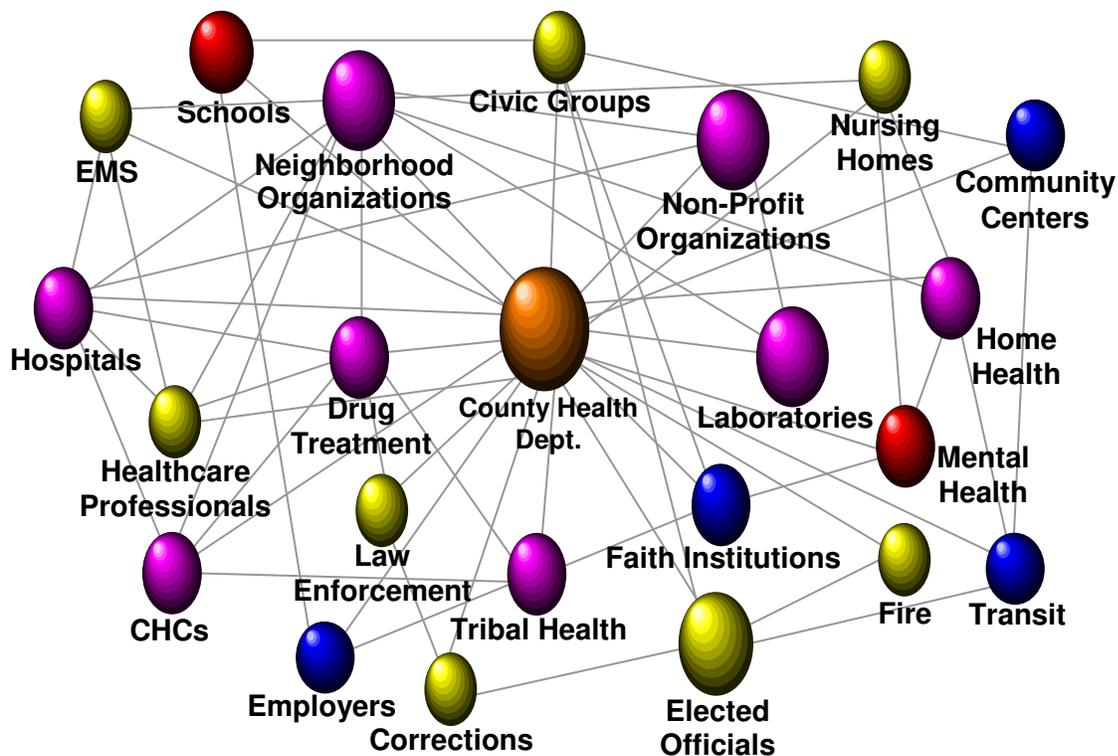
COMMUNITY PARTICIPATION

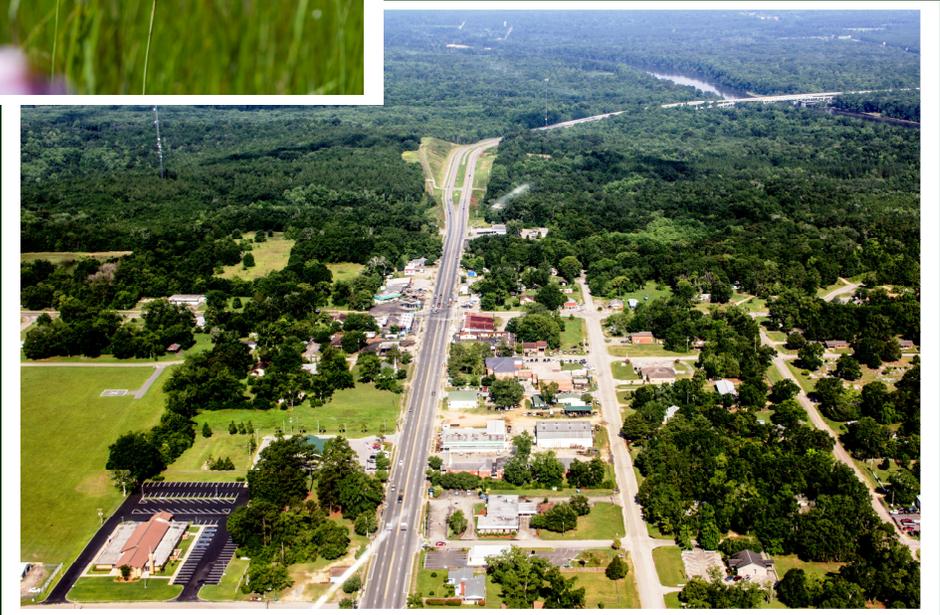
Mobilizing for Action through Planning and Partnerships (MAPP) is intended to result in the development and implementation of a community-wide strategic plan for community health improvement. For the plan to be realistically implemented, it must be developed through broad participation by persons who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

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

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

Public Health System





FORCES OF CHANGE

AS PART OF THE LIBERTY COUNTY COMMUNITY HEALTH IMPROVEMENT PROJECT, THE “MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS” (MAPP) FORCES OF CHANGE WORKSHOP WAS CONDUCTED IN APRIL 2013. TWENTY COMMUNITY HEALTH PARTNERS PARTICIPATED IN THE FORCES OF CHANGE AND IDENTIFIED SIX COMMUNITY HEALTH THEMES FOR LIBERTY COUNTY.

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LIBERTY COUNTY FORCES OF CHANGE REPORT

BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Liberty County, Quad R, LLC was contracted by the Florida



Department of Health in Liberty County to facilitate the Forces of Change Assessment workshop on April 9, 2013. The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

The Forces of Change workshop was a collaborative effort with Calhoun County, as both share a Health Department Administrator, community health partners, and resources. For the purposes of this report, the workshop will be referred to as the Liberty County workshop. When appropriate, specific issues for Liberty County were identified during the workshop.

A total of 20 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Liberty County. The list of participants can be found at the end of this report.

METHODS

Two weeks prior to the scheduled Forces of Change workshop, community health partners were contacted by e-mail from the Florida Department of Health in Liberty County regarding the date, time, and purpose of the workshop. Community health partners were provided the

agenda and the Forces of Change Brainstorming worksheet. The email, agenda, and worksheet are at the end of this report.

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

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

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

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

After introducing themselves and the organization they represented, participants selected one of the six Forces of Change and went to the applicable flip chart paper that was posted around the room. Participants were asked to use the information from their *Forces of Change Brainstorm Worksheet* and their identification of health issues and/or needs to write down the Forces, Trends, and Events for that particular area (e.g., Economic, Environmental, Health, Social, Political, or Technological). Each group of participants worked collaboratively to identify

health issues and/or community needs related to their specific category or “Force.” Participants then moved to each of the flipcharts or “Forces” and added additional health issues and/or needs.

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

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



were identified for each of the six Forces. Workgroups moved around the room and identified *Threats* for each of the six Forces of Change issues and/or community needs.

Finally, the workgroups were asked to identify *Opportunities* which could potentially be used to impact the issues



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

in this step in the process. Participants reviewed each other's work and added additional *Opportunities* as needed.

Participants were asked to select one of the *Forces of Change* which they either felt strongly about or was an area in which they worked. Once selected, they were instructed to review all the information about that specific Force – the issues and/or needs, *Strengths*, *Threats*, and *Opportunities*. Each workgroup was tasked with filling in the “story” represented by the information for that Force. Workgroups were reminded to include county, regional, state, and national people, organizations, policies, physical assets and resources. Participants were also reminded to include events, fairs, festivals, routine exercises, PODS, and/or clinics.

IDENTIFICATION OF FORCES

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

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

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



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Liberty County Forces of Change

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

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

Liberty County Forces of Change

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

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

Liberty County Forces of Change

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

Liberty County Forces of Change

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

SUMMARY/KEY FINDINGS

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

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Liberty County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. The *Economic and Technological Forces* will continue to be impacted in Liberty County by these conditions.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an



increase in the need for services and programs. Liberty County is a rural community, and as such, challenges to both access to healthcare and the transportation infrastructure result. Changing demographics within Liberty County and the state of Florida also present the need to address language and cultural barriers. *Health forces* which impact the health of Liberty County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they



would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for mental health and counseling services. *Social Forces* impact and are impacted by all the other forces discussed in the workshop.

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

COMMUNITY HEALTH FORCES OF CHANGE 2013 - NEXT STEPS

Community health improvement planning (CHIP) is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The next step in the Liberty County CHIP process is to conduct a Strategic Priorities and Goals assessment, wherein the results from this report will be reviewed in conjunction with Community Health Status Profile, Community Health Survey, and other relevant health. The resulting report will be incorporated into the *Community Health Assessment Report (CHAR)* and used to develop the CHIP or Action Plan.

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



This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)



The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action, and is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.



Community Themes & Strengths

COMMUNITY PERCEPTIONS OF THE HEALTH CARE SYSTEM ARE A CRITICAL PART OF THE MAPP PROCESS. EXPERIENCES WITH AND KNOWLEDGE OF THE PUBLIC HEALTH SYSTEM PROVIDED INFORMATION FOR IDENTIFYING HEALTH PRIORITIES.

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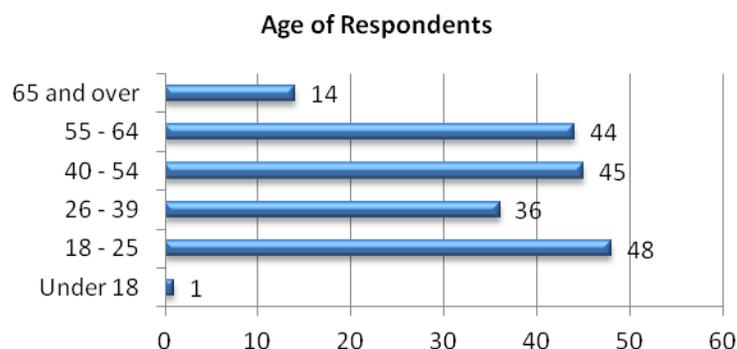
Quick Facts About Liberty County*2010 Census		+2011 Wisconsin Health Rankings
	Liberty	Florida
Population*	8365	18,801,310
Below 18	1777	4,002,091
Over 65	888	3,259,602
African American	1,498	2,259,602
American Indian and Alaskan Native	89	71,458
Asian	17	454,821
Hispanic	518	4,223,806
Females	3,273	9,611,955
% Rural	100%	11%
Health Outcomes+		
% Diabetic	10%	10%
Health Care+		
Mental health providers	3,983:1	3,441:1
Social & Economic Factors+		
Median household income	\$38,608	\$47,802
% with high housing costs	24%	43%
% of children eligible for free lunch	41%	46%

Methods

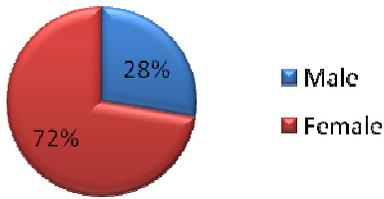
The Liberty County community health survey was conducted by using the convenience sample method. Questions were asked to determine general health status and health behaviors. To ensure an accurate representation of the community, the survey was administered at sites in and around the community, not just the health department. For example, a group of community health works, commissioned by Big Bend Area Health Education Center, Inc., administered the survey and canvassed Piggly Wiggly, Dollar General, and other sites frequented by the local community. As an incentive for completing the survey, participants will be compensated with a \$10.00 gift card to be redeemed for cash or purchases. 188 persons responded to this survey. The representations to follow will demonstrate the demographics of the survey respondents.

Table 1: This table shows zip codes represented by the survey responses and the percentage of the population responding from the zip codes.

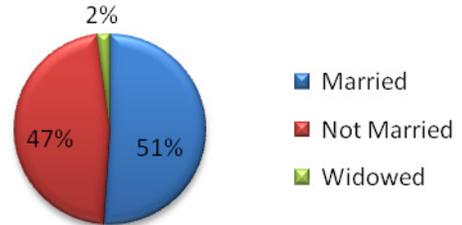
Zip Code	Number of Surveys	Percentage
32321-Bristol	78	41%
32334-Hosford	52	28%
32335-Sumatra	36	19%
32360-Telogia	22	12%



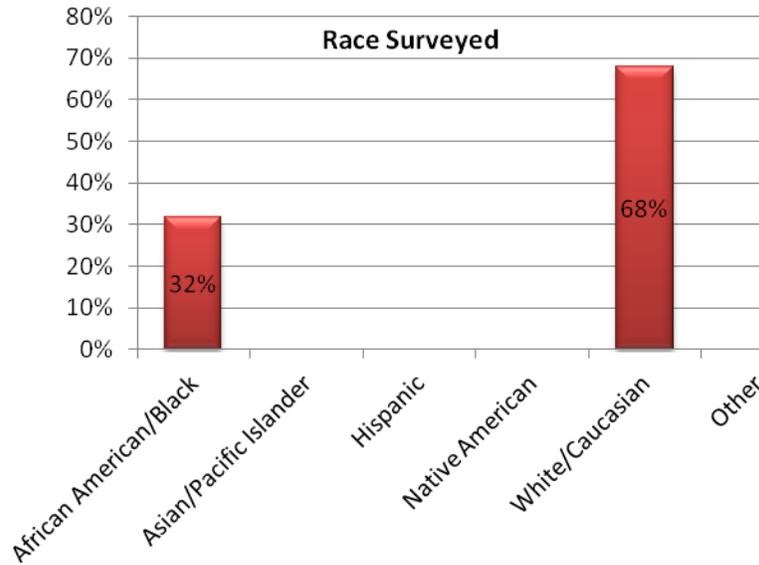
Genders Surveyed



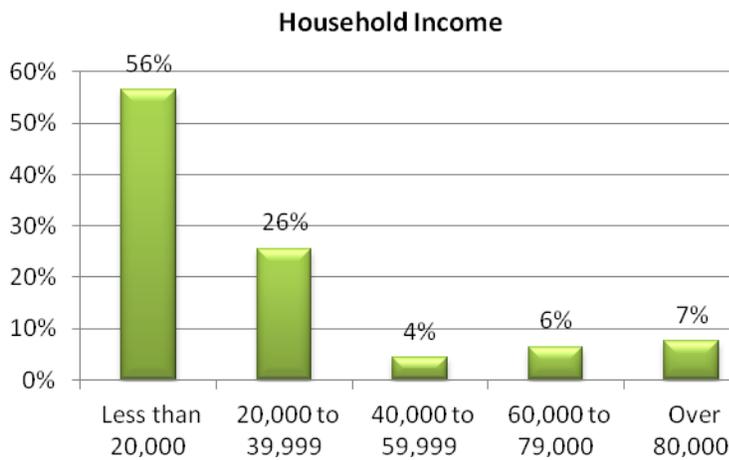
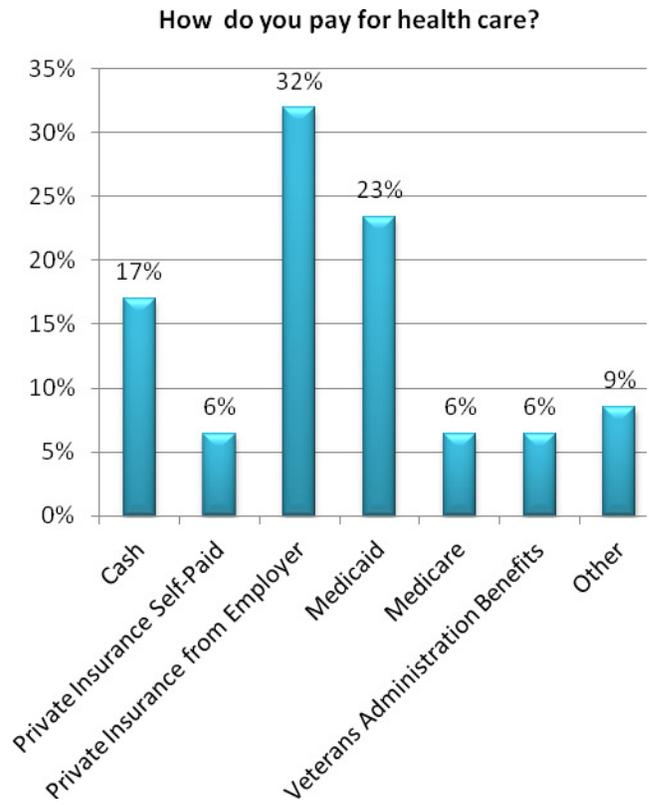
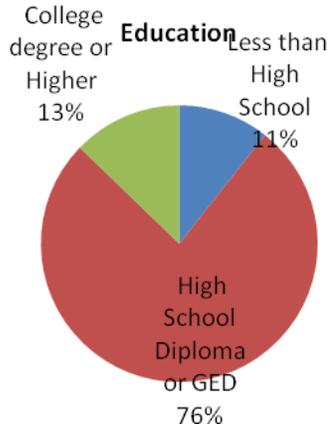
Marital Status



Race Surveyed



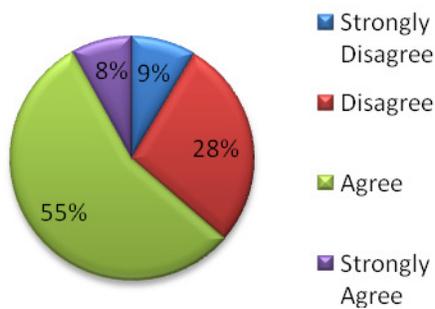
Socioeconomic Status of Respondents



Quality of Life

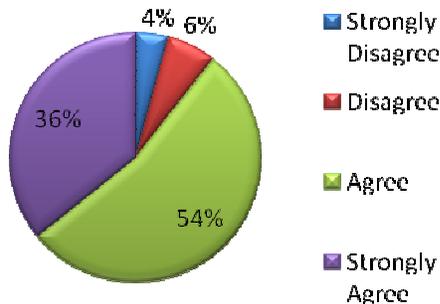
All in all, more than 50% of the persons surveyed gave a favorable opinion of life in Liberty County. The pie charts below depict overall satisfaction. The question with the least favorable response was question # 4 of the quality of life statements, regarding the amount of economic opportunities in Liberty County. Respondents were asked their opinion of the availability and quality of jobs, job training/higher education, and affordable housing.

Satisfied With Health Care System

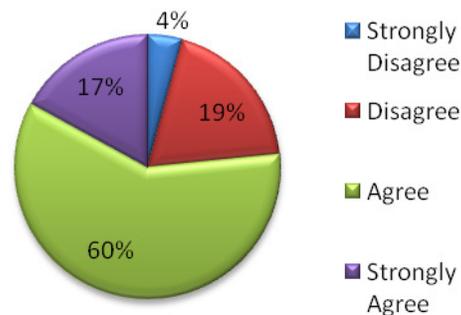


Priority Points: A total of 37% of respondents marked Disagree or Strongly Disagree regarding their satisfaction with the Health Care System in Liberty County. More than 60% agree there should be more economic opportunities in Liberty County.

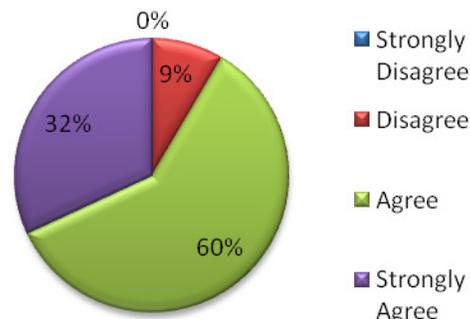
A Good Place to Grow Old



Networks of Support



Good Place To Live



5 PRIORITY HEALTH PROBLEMS

Ranked by highest response.

1. UNEMPLOYMENT
2. ACCESS TO HEALTH CARE
3. DIABETES
4. HIGH BLOOD PRESSURE
5. TEEN PREGNANCY

5 MOST UNHEALTHY BEHAVIORS

Ranked by highest response.

1. ALCOHOL ABUSE
2. DRUG ABUSE
3. NO CHECK-UP
4. TOBACCO
5. OBESITY/OVERWEIGHT

The Survey vs. Recent Data

A review of the Liberty County Community Health Status Summary, 2009 indicates many of the same less than favorable indicators identified by survey respondents.

Obesity*: The county rate for obesity was 42.4% for Liberty County, which exceeds the Healthy People 2020 rate of 30.6% by 27.8%. Liberty County is ranked in the least than favorable quartile in all indicators for physical activity.

Tobacco Use*: 26.9% of adults surveyed for Liberty County during the recent BRFSS indicated they currently smoke.

Access to Care*: 30.4% of adults surveyed for Liberty County during the recent BRFSS indicated they do not have health insurance.

Liberty County is designated by HRSA as a Health Professions Shortage Area (HPSA). Residents must travel to neighboring counties to access a hospital. 23.4% had not visited a doctor because they could not afford it.

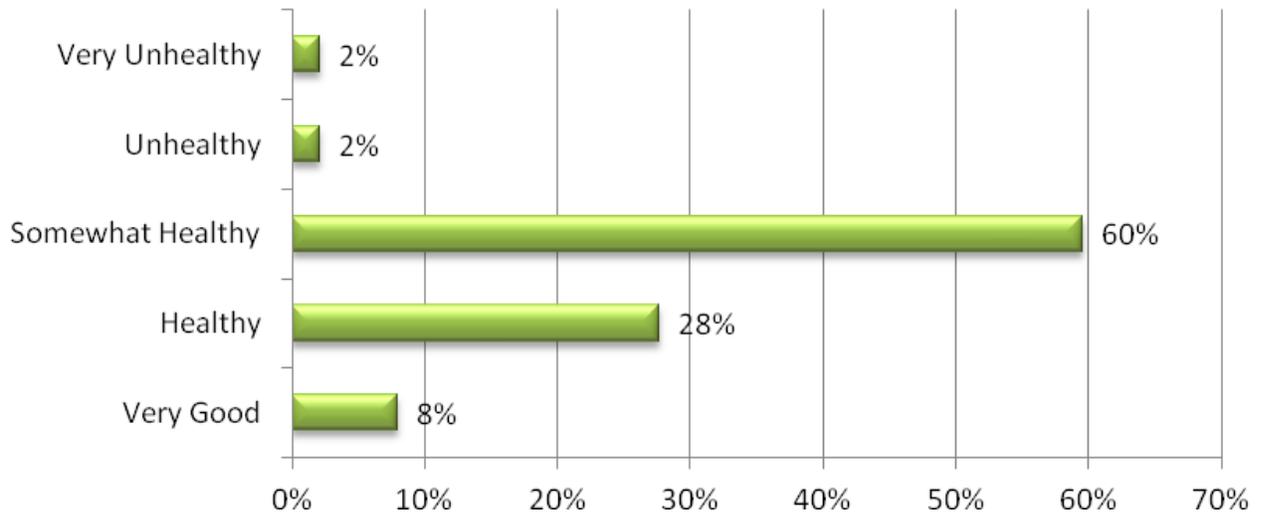
High Blood Pressure*: 31.1% report having high blood pressure.

Diabetes*: 12.2% report being diagnosed with diabetes.

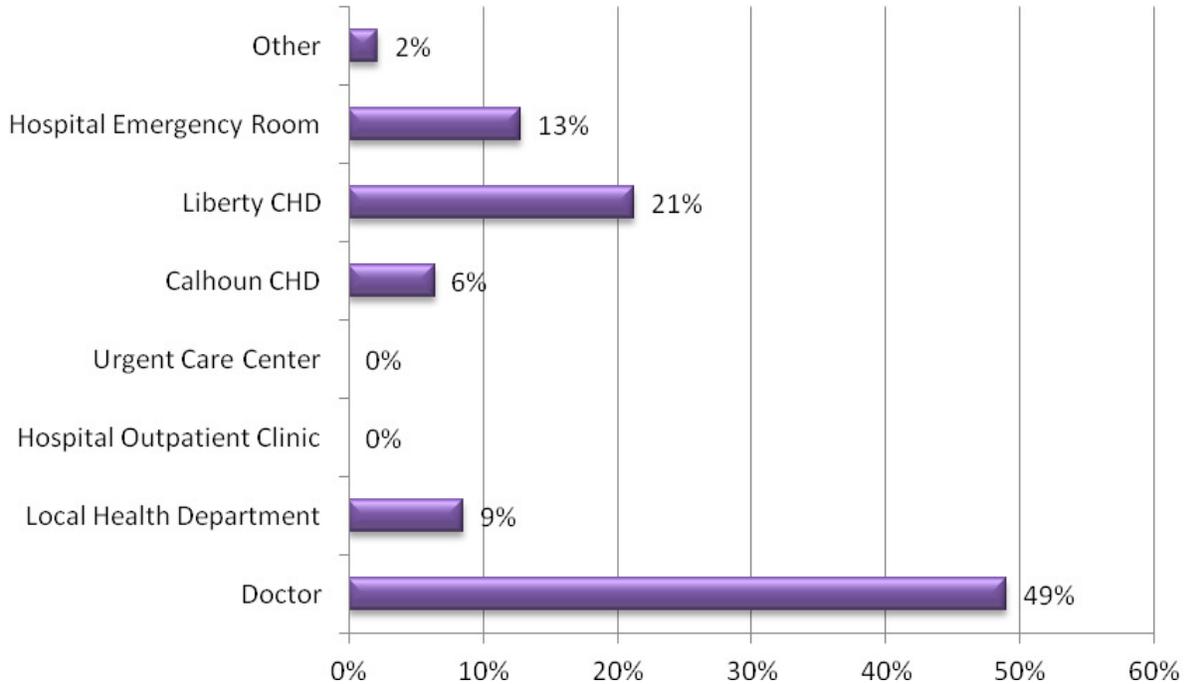
Unemployment rate: According to the Bureau of Labor Statistics the unemployment rate for Liberty County is 7.1%, an increase of 20% from the 5.9% reported for 2009.

Teen Births: The rate for teen births 15-19 for Liberty County is 48.2, slightly higher than the state rate of 40.4. In addition the rate for Repeat Births to Teen Mothers 15-19 is 26.7%,

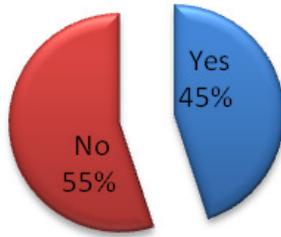
Self-Reported Rating of Own Health



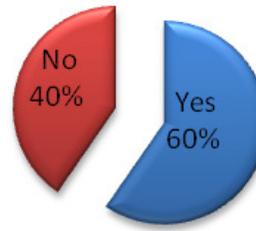
Where do you go when you are sick?



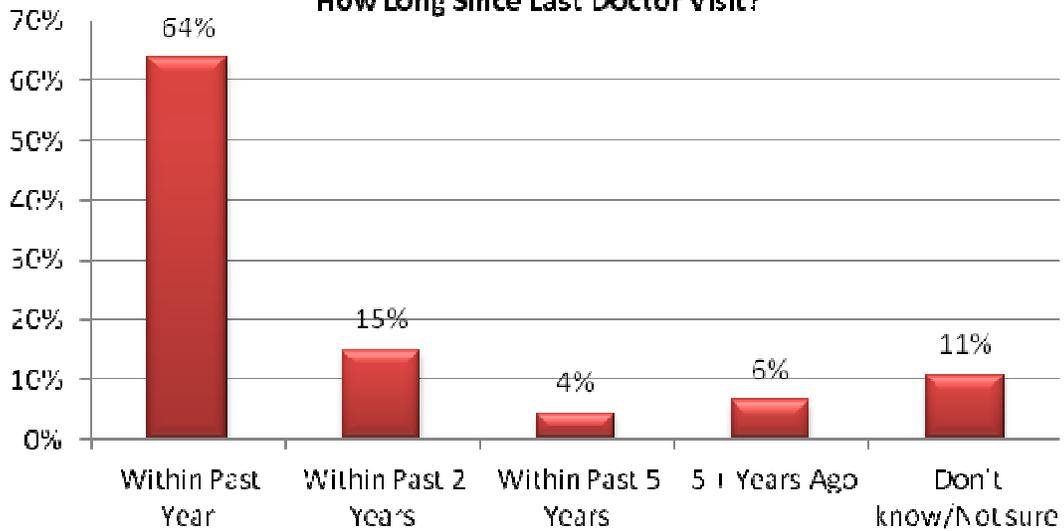
Could Not Go to a Doctor Due to Cost



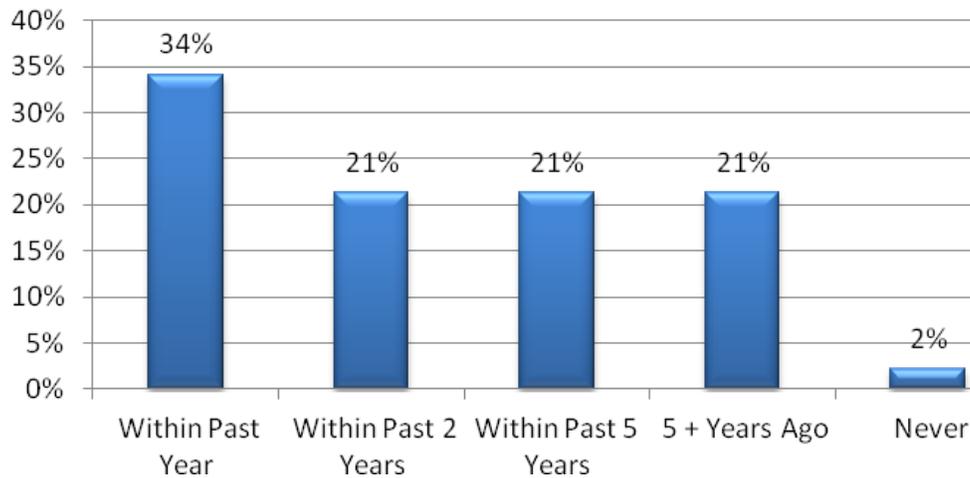
Could Not Afford or Find A Dentist in the Past Year



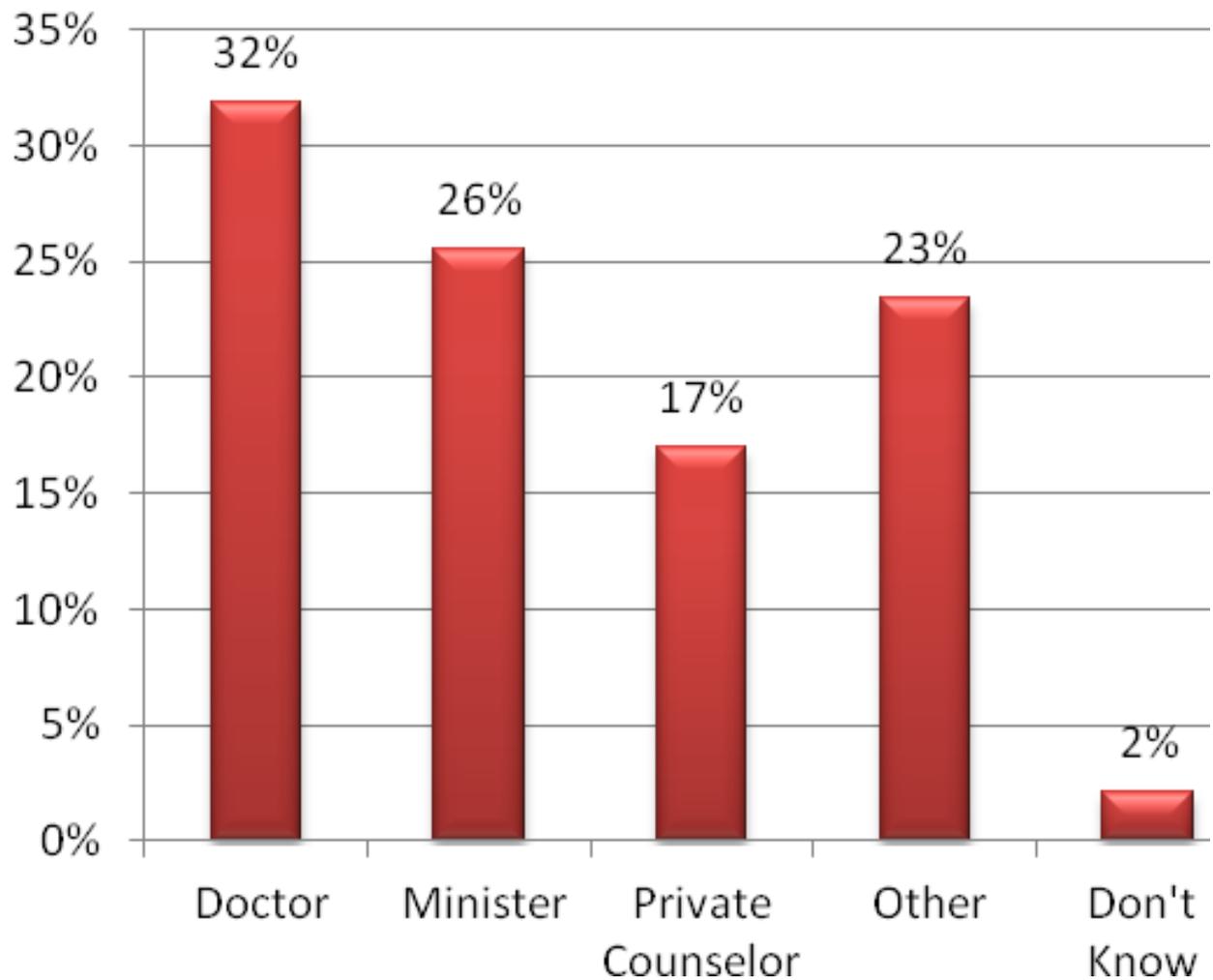
How Long Since Last Doctor Visit?



How Long Since Your Last Dental Visit?

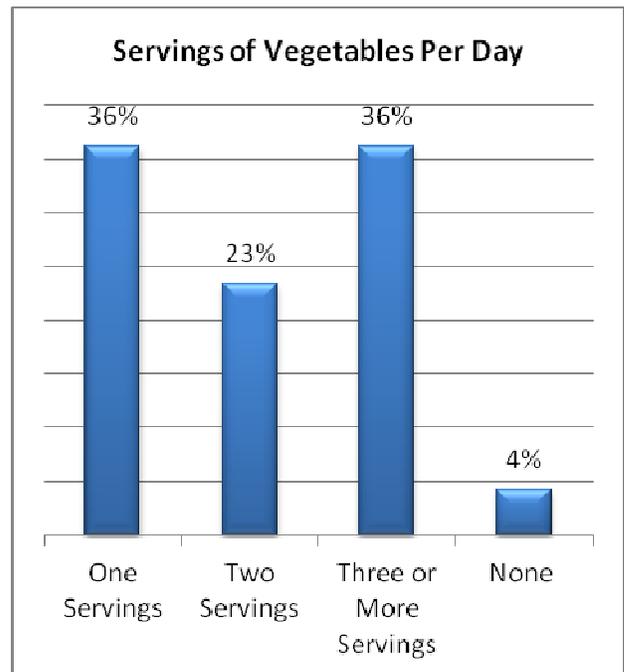
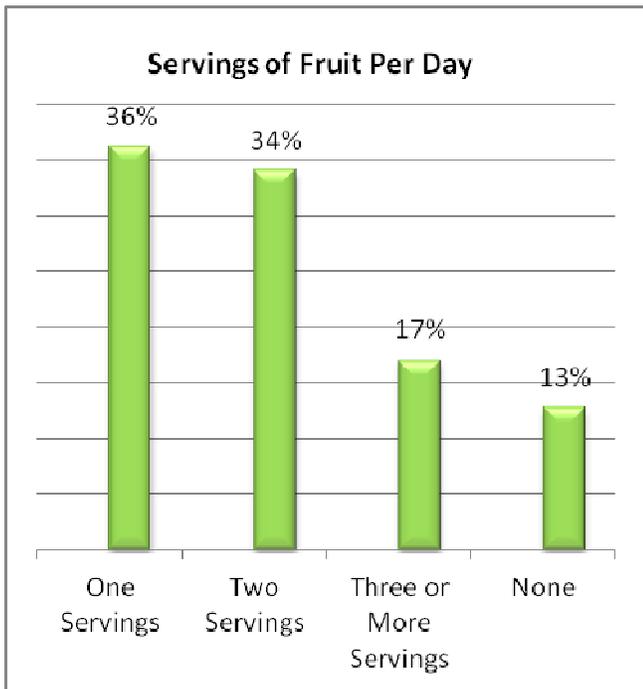
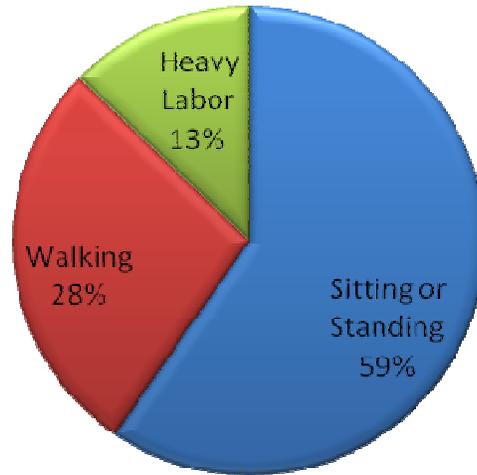


Who would you recommend a person to see for counseling?

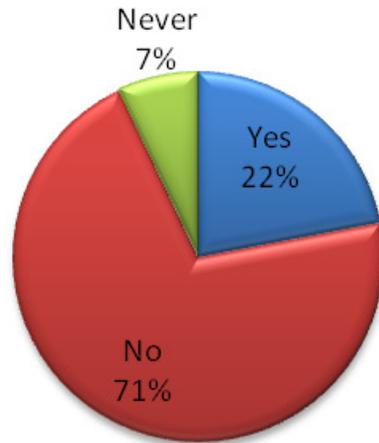


Health Behaviors

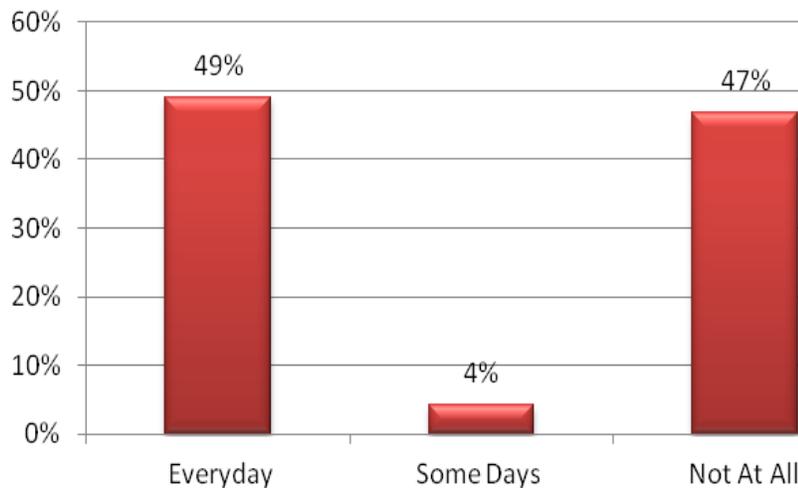
Typical Daily Physical Activity Level



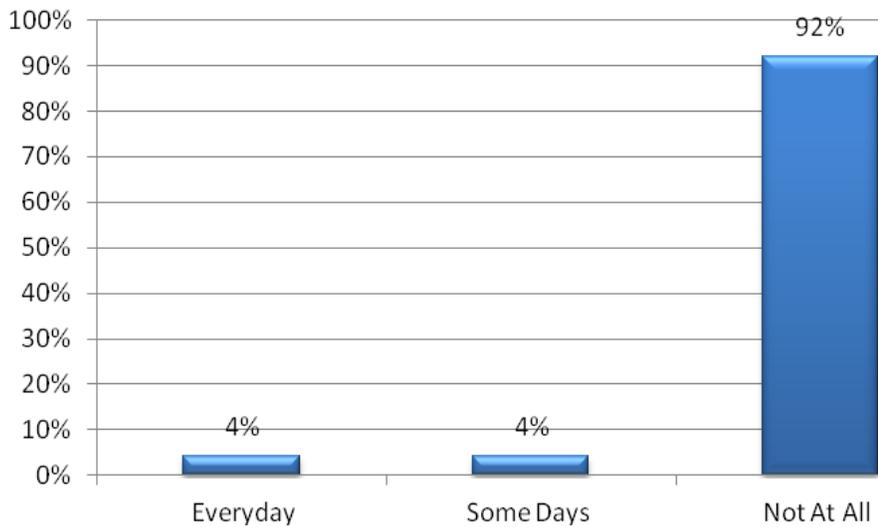
5 or More Alcoholic Beverages in Last 30 Days



Currently Smoking

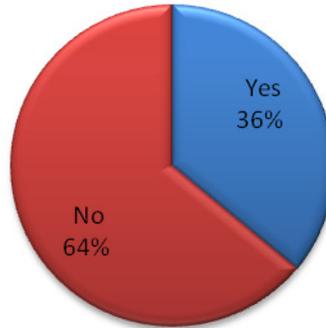


Use Spit Tobacco or Snuff

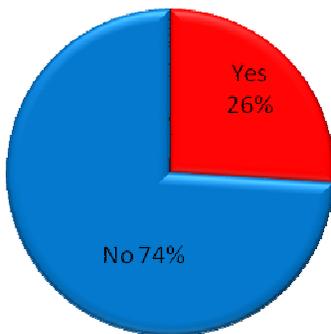


Chronic Disease

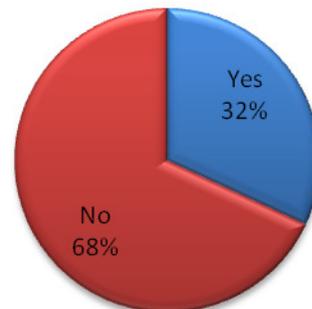
Told By Health Professional They are Overweight or Obese



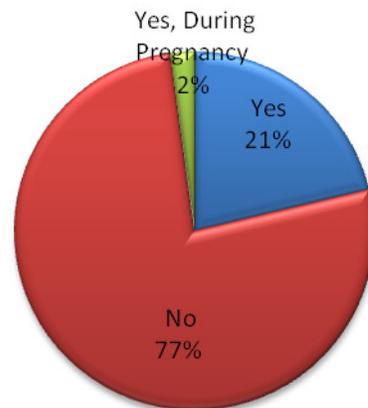
Told By Health Professional They Have High Blood Pressure



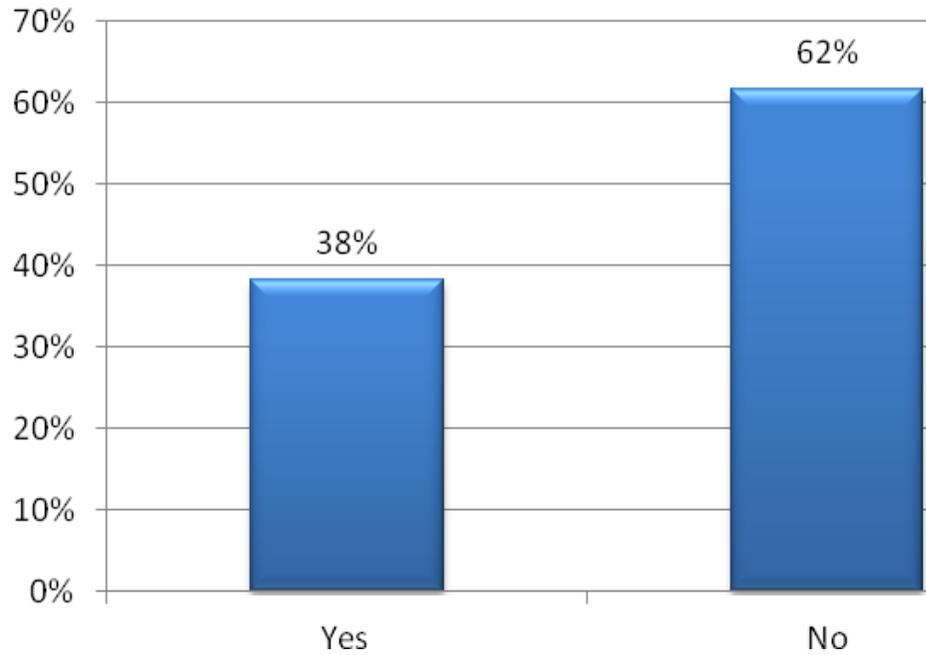
Told They Have High Cholesterol



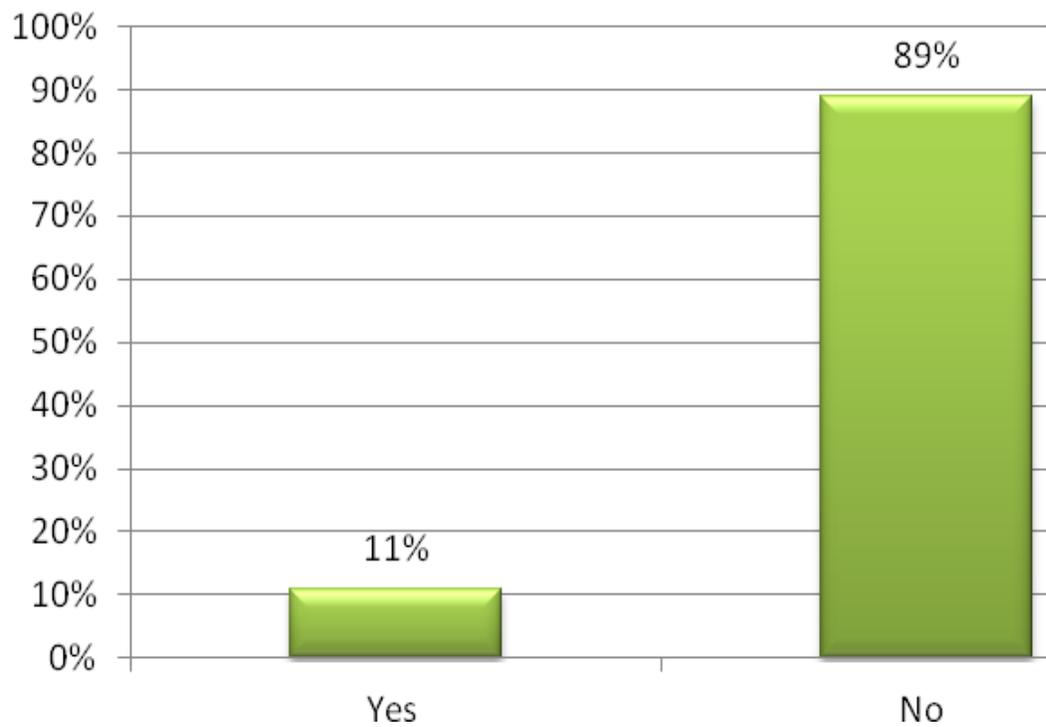
Been Told They have Diabetes



Mammogram in Past Year



Colorectal Exam



Five Leading Causes of Death in Liberty County

Cancer

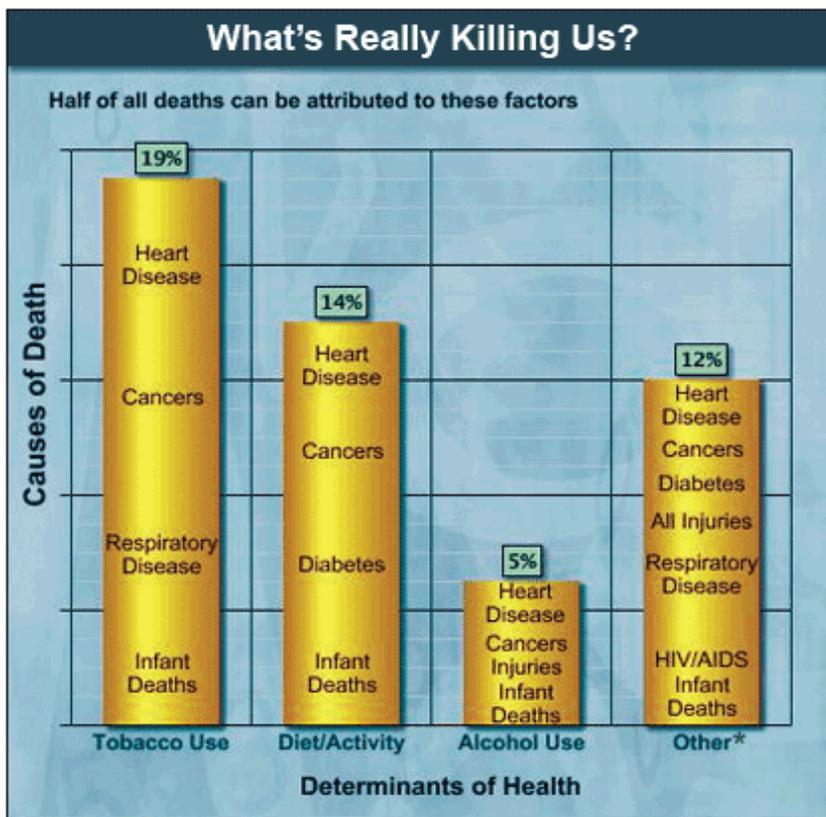
Heart Disease

Chronic Lower Respiratory Disease

Unintentional Injuries

Diabetes Mellitus

*Florida
Charts
2011



Key Findings

Access to Health Care

- 32% of respondents indicated they have private insurance, paid by their employer.
- 17% pay cash, and have no health insurance.
- 23% receive Medicaid, medical coverage for certain people, based on need.
- 45% indicated they could not see a doctor due to cost.
- 60% indicated they could not afford or find a dentist in the past year.
- 15% indicated they had not seen a doctor in the past year.
- 4% indicated they had seen a doctor in the past 5 years.
- 6% indicated they had not seen a doctor in more than 5 years.
- 11% are not sure when they had last seen a doctor.
- 21% indicated they had seen a dentist in the past 2 years.
- 21% indicated they had not seen a dentist in the past 5 years.
- 22% indicated they had not seen a dentist in more than 5 years.
- Nearly 60% of respondents earned less than \$20,000 per year.
- 13% use the emergency room for care when they are sick.
- 36% report going to the health department when they are sick.

Health Status

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

Health Behaviors

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

Chronic Disease

- 36% have been told by a health care professional, they are overweight.
- 26% have been told by a health care professional, they have high blood pressure.
- 32% have been told by a health care professional, they have high cholesterol.
- 21% have been told by a health care professional, they have diabetes.

Prevention

- 62% of women surveyed had not had a mammogram in the last year.
- 89% of individuals had not had a colorectal cancer exam.



COMMUNITY HEALTH STRATEGIC PLANNING

THE COMMUNITY HEALTH ASSESSMENT DEFINES THE HEALTH OF A COMMUNITY USING A SOCIAL DETERMINANTS OF HEALTH MODEL WHICH RECOGNIZES NUMEROUS FACTORS AT MULTIPLE LEVELS IMPACT A COMMUNITY'S HEALTH. THIS REPORT SERVES AS THE FOUNDATION IN THE FINAL STEP IN THE COMMUNITY HEALTH IMPROVEMENT EFFORTS — THE ACTION PLAN.

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SUMMARY FROM MAPP ASSESSMENTS

Health is affected by a number of factors such as, where and how we live, work, play, and learn. The Community Health Assessment (CHA) attempts to identify these factors and create an understanding about how they influence the health of the community. The CHA recognizes lifestyle behaviors, physical environment, clinical care, and social and economic factors all have an impact on community residents' health. Efforts to improve the health of Liberty County need to address those factors through a comprehensive plan for action which includes working collaboratively with community health partners.

The key findings from each of the four MAPP assessments were used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Liberty County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment displayed on the following page.

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<p>Community Health Status Profile</p> <ul style="list-style-type: none"> ○ In Liberty County, 21.2% of the population is under the age of eighteen, 24.4% of residents do not have a high school diploma or its equivalent, 23.1% of the population lived below poverty level with the 2010 median household income of \$40,777 being well below the state average of \$47,661 ○ Liberty County ranks in the 4th quartile for adults who meet moderate physical activity. ○ Liberty County ranks in the 4th quartile for adults who consume at least 5 servings of fruits and vegetables a day. ○ 26.9% of adults smoke in Liberty County. ○ Florida CHARTS the state rate for deaths from strokes is 31.5, and the county rate is 57.2. ○ The state rate for hospitalizations from stroke is 269.2 and the county rate is 186.6. ○ For cancer deaths, the county rate is 239.7 and has been trending upward for the past 5 years. ○ 29% of the population did not have health insurance. 	<p>Community Themes & Strengths Assessment</p> <ul style="list-style-type: none"> ○ Obesity: The county rate for obesity was 42.4% for Liberty County. Liberty County is ranked in the least than favorable quartile in all indicators for physical activity. ○ Tobacco Use: 26.9% of adults surveyed for Liberty County during the recent BRFSS indicated they currently smoke. ○ Access to Care: 30.4% of adults surveyed for Liberty County during the recent BRFSS indicated they do not have health insurance. ○ Liberty County is designated by HRSA as a Health Professions Shortage Area (HPSA). Residents must travel to neighboring counties to access a hospital. 23.4% had not visited a doctor because they could not afford it. ○ High Blood Pressure: 31.1% report having high blood pressure. ○ Diabetes: 12.2% report being diagnosed with diabetes. ○ Unemployment rate: According to the Bureau of Labor Statistics the unemployment rate for Liberty County is 7.1%, an increase of 20% from the 5.9% reported for 2009. ○ Teen Births: The rate for teen births 15-19 for Liberty County is 48.2, slightly higher than the state rate of 40.4. In addition the rate for Repeat Births to Teen Mothers 15-19 is 26.7%, a rate higher than the state of Florida's 22.7%.
<p>Local Public Health System Assessment</p> <ul style="list-style-type: none"> ○ ES #4: Mobilize community partnerships to identify and solve health problems. ○ ES #9: Evaluate effectiveness, accessibility and quality of personal and population-based health services. ○ ES #1: Monitor health status to identify community health problems. ○ ES #10: Research for new insights and innovative solutions to health problems. ○ ES #6: Enforce laws and regulations that protect health and ensure safety. 	<p>Forces of Change Assessment</p> <ul style="list-style-type: none"> ○ Economic ○ Environmental ○ Health ○ Political ○ Social ○ Technological

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

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

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

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

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

Source: Florida Department of Health, Office of Minority Health

When available, health disparities will be identified for each of the Strategic Issues identified in the Community Health Improvement process. It should be noted that there is limited data on

health disparities for White and Black-African American and some data for Male and Female populations within Liberty County.

Liberty County community health partners reviewed the data associated reported in the Community Health Assessment and determined there were three critical health issues which impact the health of residents within the county.

STRATEGIC ISSUES

- Education
- Obesity
- Access to Healthcare

STRATEGIC ISSUE 1: EDUCATION

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

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

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

Learning Environment						
Percentage of students absent 21+ days						
K-12 Students	Percent	2010-11(SY)	2		9.4%	9.5%
Percent of children not promoted						
Elementary school	Percent	2010-11(SY)	4	59	9.0%	3.3%
Middle school	Percent	2010-11(SY)	3	9	2.9%	2.2%

Source: Florida CHARTS

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

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

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

Source: US Census – American Community Survey 2006-2011

STRATEGIC ISSUE 2: OBESITY

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

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

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

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

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

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

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

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

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

STRATEGIC ISSUE 3: Healthcare Access

The third critical health issue that emerged from the MAPP assessments was access to healthcare. According to the Florida Public Health Institute, 26% of adult residents and 12% of children under the age of 18 did not have health insurance. Data from the 2010 BRFSS report indicates that White Men (71.5%) reported having health insurance less frequently than White Women (78.9%). Black residents (75.8%) had a slightly higher percentage reporting having health care insurance coverage than White residents (74.4%). Nearly all (98.5%) of the 65 years and older who responded to the 2010 BRFSS had health care insurance coverage.

2010 Florida BRFSS Data Report

Liberty

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

While 69.6% of those who responded to the 2010 BRFSS indicated they had some type of health insurance coverage, 23.4% indicated they could not see a doctor in the past year due to cost.

This data is summarized in the table below. Nearly twice as many (38.3%) Black residents reported they could not see a doctor due to cost as compared to White residents (19.2%).

2010 Florida BRFSS Data Report

Liberty

Health Care Access & Coverage

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

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

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

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

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

2010 Florida BRFSS Data Report

Liberty

Oral Health

Percentage of adults who visited a dentist or a dental clinic in the past year

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

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

2010 Florida BRFSS Data Report

Liberty

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

HEALTH ASSETS AND RESOURCES

Health Insurance Coverage

Access to health resources is often impacted by an individual's health insurance coverage. Health insurance may be obtained privately through an employer or purchased independently. Individuals who meet specific eligibility requirements may also qualify for government subsidized or other publicly funded health coverage programs such as Medicare, Medicaid, Military and/or VA benefits. There are also those individuals who are uninsured, including full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford the cost for adequate coverage.

Responses from Liberty County residents in the 2010 county-level BRFSS indicate that 69.9% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was considered to be a statistically significant difference from the state average. There were some specific differences in coverage noted among specific groups. For example, 65.8% of men reported having health insurance, compared to 76.0% of women. Additionally, 72.7% of persons who had attended additional schooling beyond obtaining a high school degree reported having coverage, compared to only 42.3% of persons that did not obtain a high school degree or equivalent. Similarly, 93.2% of persons making \$50,000 or more per year had insurance, compared to only 51.0% among persons making less than \$25,000.

Data reported by the U.S. Census Bureau from the 2010 Small Area Health Insurance Estimates indicate that as many as 21.6% of Liberty County residents were uninsured at that time among all races, age groups, and genders. Additional data was not available from Florida Hospital Association on the percentage of Liberty County residents that were uninsured by age group. Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many

of these figures are available on their website at:
<http://ahca.myflorida.com/Medicaid/index.shtml>.

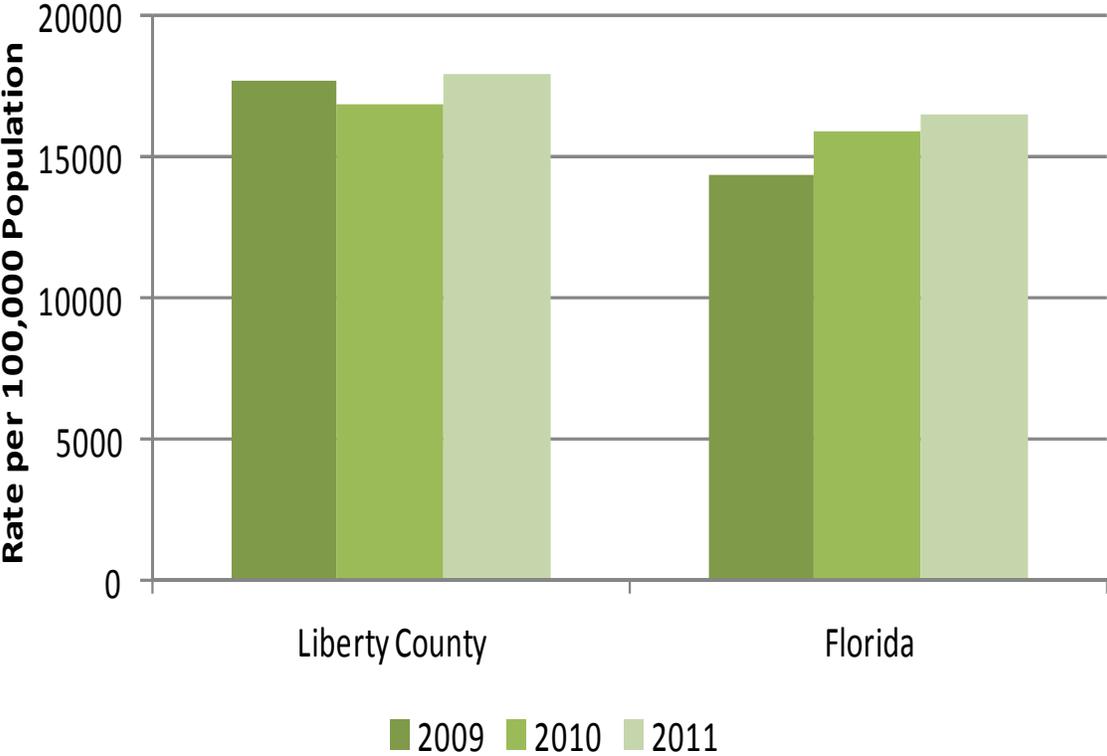
The table on the following page shows the reported enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs. Please note that significant numbers of insured residents are not reported because commercial insurance enrollment figures are not available and the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

Hospital Discharges by Principal Payer, Florida, 2011

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

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

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



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

Coverage for Children

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

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

Data for Florida KidCare enrollment in January from 2000 through 2012 was not available.

Primary Care

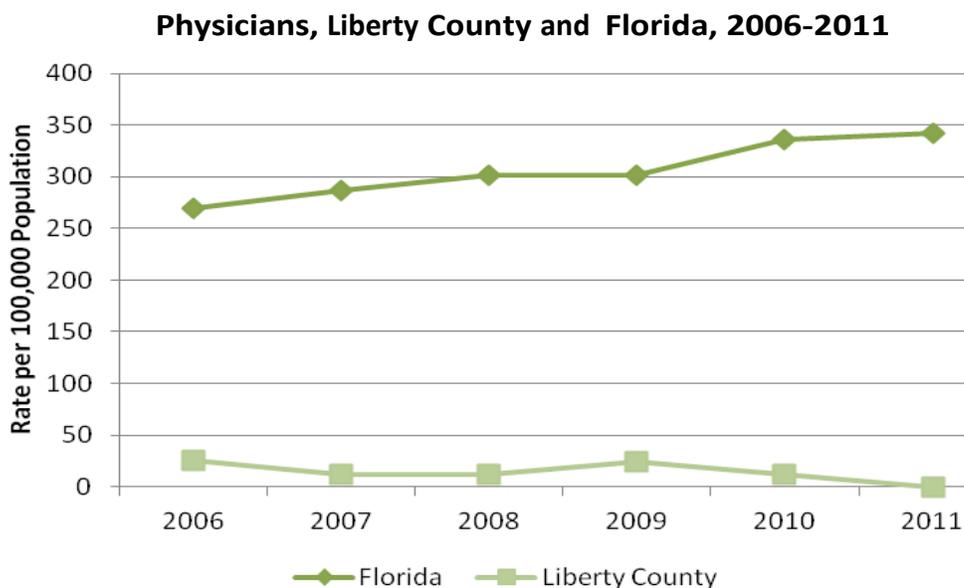
Primary Care Providers (PCP's) offer routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care providers often serve as "gatekeepers" for the health care system, as they are intended to be the entry point into the health care system for non-emergent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

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

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

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

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



Source: Florida Department of Health

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

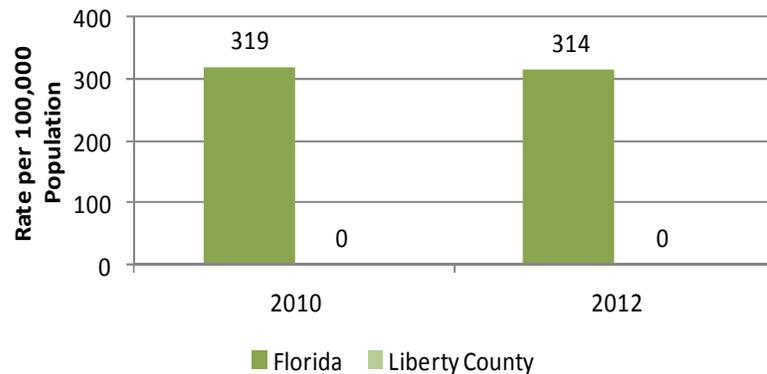
Health Care Facilities

Acute Care

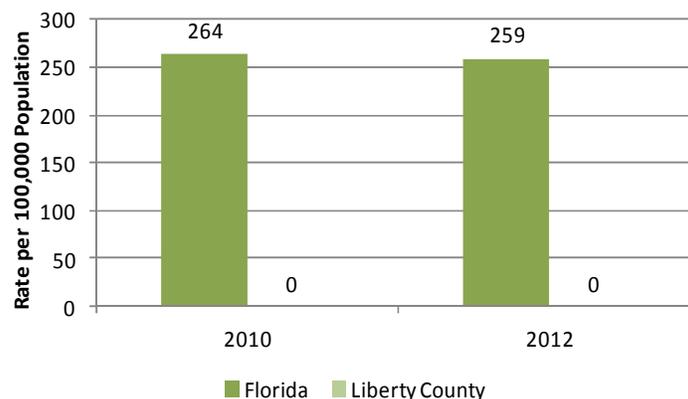
Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services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

Liberty County has no hospital within its boundaries.

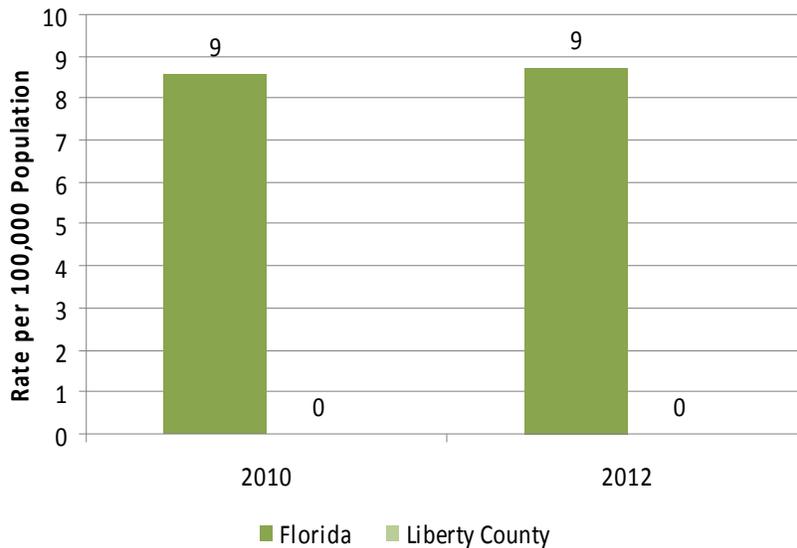
Total Hospital Beds (All Facilities), Liberty County and Florida, July 2010-July 2012



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



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



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

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

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

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

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

Emergency Room Care

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

Hospital data submitted to AHCA regarding the primary diagnosis at discharge from the ER (regardless of whether released or admitted as inpatient) provides ten reasons for emergency room visits among Santa Rosa County residents. The table on the following page displays selected non-fatal injury emergency department visits by mechanism in Liberty County during 2011.

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

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

Long-Term Care

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

There are no long-term care facilities located within the boundaries of Liberty County.

Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for more than half (50.0%) of all nursing home days in Liberty County. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

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

Skilled Nursing Home Information, Liberty County and Florida, 2011

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

Source: Florida Department for Elder Affairs

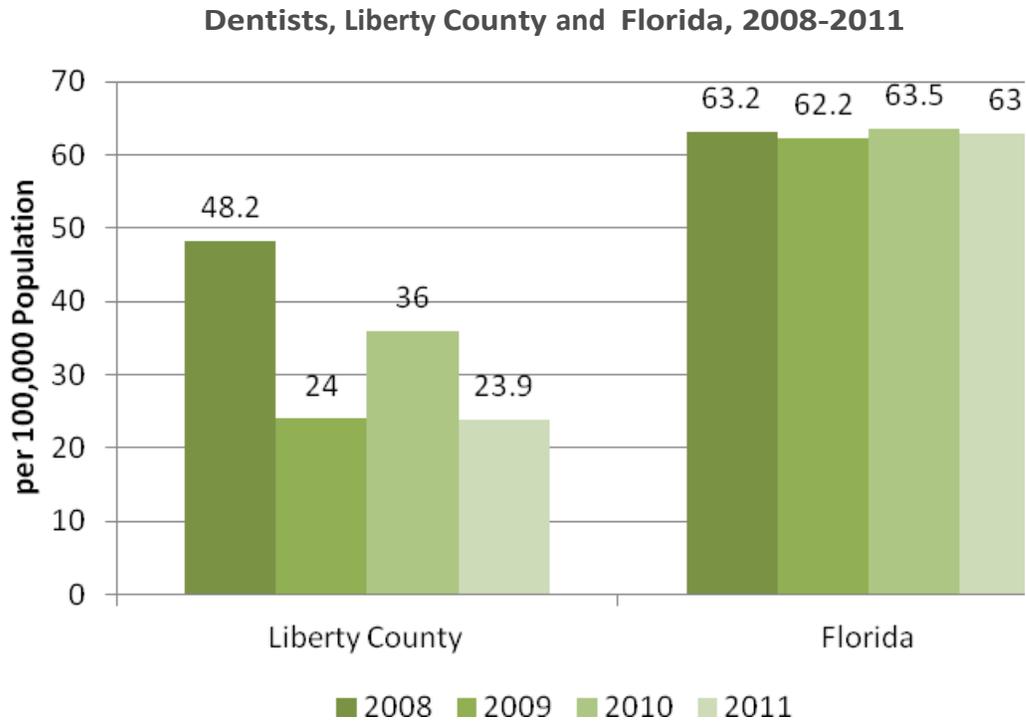
Mental Health and Substance Abuse

Liberty County has no adult psychiatric hospital beds.

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

Dental Care

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



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

LIBERTY COUNTY PHYSICAL ASSETS

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

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

HEALTH POLICIES

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

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

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

Health Risk Factors	Florida Law	Description
Sexually	FS 381.0031(1,2)	Permits FDOH Investigation; Requires Reporting To FDOH By

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

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

Health Risk Factors	Florida Law	Description
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability
Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6, 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations
Tobacco Use	FS 386.201 and FAC 64-I4	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

NEXT STEPS

The next step in the Liberty County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed by community health partners. By understanding that the Liberty County community's health is affected by where its residents live, work, and play, a comprehensive action plan can be developed.

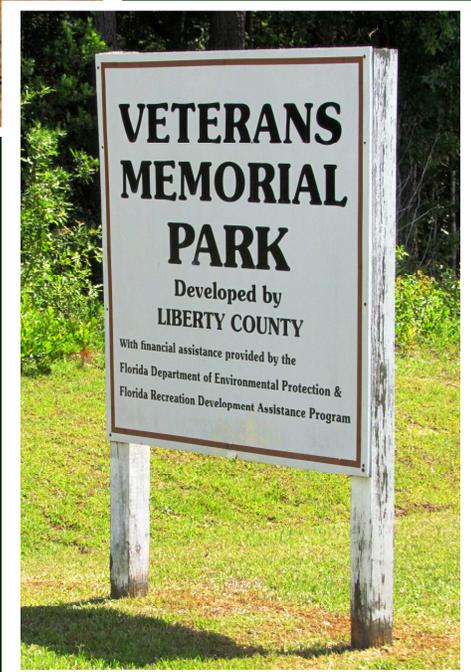
This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework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

The MAPP model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments (Community Health Status Assessment, Community Strength and Themes Assessment, Local Public Health System Assessment, Forces of Change Assessment)
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

It is recommended that the data sources in this report serve as the "measures of success" for the Community Health Improvement Action Plan. Many of the health indicators can be used as baseline and post-implementation evaluation measures for impact. In addition, other county and state successful Health Improvement initiatives can act as "Best Practices" and provide a foundation for the Community Health Improvement Plan's activities.

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Appendices

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Forces of Change Agenda & Worksheet



Calhoun & Liberty Counties Community Health Improvement Project:

Forces of Change Workshop

April 9, 2013 Agenda

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

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

Forces of Change – Key Terms

What are Forces of Change?

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

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

What Kind of Areas or Categories Are Included?

Economic Forces may include:

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

Environmental Forces can include:

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

Political Forces which impact the Liberty County community may include:

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

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

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

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

Technological Forces may include the use of technology such as the internet, cell phones, or social networks. It may include technology in education, industry, or healthcare. It may also involve the lack of technological training or education of community residents.

Brainstorm Worksheet

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

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

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

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

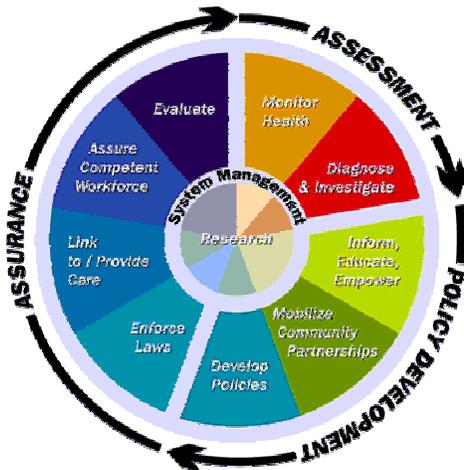
What characteristics or elements may post a threat or challenge to achieving a *Healthy Calhoun and/or Liberty County* for all residents?

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

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

Forces of Change Participants

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



From:

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community health Assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.

A CHA should be part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

