

2015-16 Community Health Needs Assessment

Gulf County, Florida

**Community Partners Vision:
To enhance Health for all generations in
Gulf County**

Prepared by:



TABLE OF CONTENTS

Executive Summary	1
Introduction	4
Collaborating Partners	4
Community Definition	5
Methodology	9
Participants in the Assessment Process	
Assessment Process - MAPP	9
Summary of Findings:	10
Vision and the Local Public Health System Workshop	
Themes & Strengths Assessment and the Forces of Change Workshop	
Community Health Status Assessment Workshop	
Community Health Priorities	19
Priority Setting Process	
Access to Care	22
Healthy Weight	29
Mental Health/ Substance Abuse	34
Additional Health Concerns	38
Attachments	
A. Health Status Indicators, Definitions and Sources	
B. Vision and Local Public Health System Workshop Report	
C. Themes and Strengths and the Forces of Change Workshop Report	
D. Community Health Status Assessment Workshop Report	

2015-16 Community Health Needs Assessment Gulf County, Florida

Executive Summary

In 2015, Sacred Heart Health System (“SHHS”) and the Florida Department of Health - Gulf County (“DOH-GULF”) worked together, in collaboration with other community organizations and agencies, to conduct a community health needs assessment (“assessment”) for the approximately 16,000 residents of Gulf County, Florida. A Community health needs assessment 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 a result of a collaborative and participatory approach to community health planning and improvement. Improving the health of the community is critical to enhancing Gulf County residents’ quality of life and supporting its future prosperity and well-being.



Description of the Community

The area for the purposes of this assessment is defined as the population of Gulf County. Gulf County has a total area of 745 square miles, of which 25% is water. There are two population centers in Gulf County - Wewahitchka in the northeast part of the County and Port St. Joe, the County seat and largest city, on the coast.

The population in Gulf County increased by 7.0% between 2000 and 2010, although the growth rate was less than the State of Florida over the same period. Between 2010 and 2014, the Gulf County population grew only 2.5%, compared to total population growth in the State of 5.8% during that period. Minorities represent about 23% of the total population, comparable to the composition of the State.

The median household income in Gulf County is \$40,455, significantly below that of the State. In 2013, the poverty rate was 30.8%, compared to 29.0% statewide. The unemployment rate as of August 2015 was 4.9%, lower than statewide and a significant improvement from the 10.3% rate reported for 2010.

Participants in the Assessment Process

The assessment process was led by SHHS and DOH-GULF, with active participation by community organizations and private and public agencies which collectively comprise the Community Health Improvement Partnership (CHIP).

The assessment process included CHIP meetings and workshops and a community survey distributed both on-line and in paper format. More than 25 people representing more than 15 different community agencies and organizations and the general public participated in various meetings throughout the process. In addition, 240 Gulf County residents completed the community survey. Particular focus was placed on obtaining input from vulnerable population groups.

How the Assessment Was Conducted

The assessment was developed using the Mobilization for Action through Planning and Partnership (MAPP) method, which was developed by the National Association of City and County Health Officials

in concert with the U.S. Centers for Disease Control and Prevention. The MAPP process has four elements:

- ✱ Community Health Status Profile
- ✱ Local Public Health System Assessment
- ✱ Community Themes and Strengths Assessment
- ✱ Forces of Change Assessment

Quantitative and qualitative data was collected and aggregated in support of the four MAPP elements. Quantitative data were obtained from county, state, and national sources. Qualitative information was obtained through regular CHIP meetings and workshops and a community survey distributed both on-line and in paper format.

A summary of key findings from each MAPP Assessment is provided below.

<p>Community Health Status Profile</p> <ul style="list-style-type: none"> • Significant disparities exist in health and health outcomes based on a variety of factors • Unhealthy behaviors are a significant contributor to poor health status in Gulf County, including: <ul style="list-style-type: none"> • Substance abuse • Weight issues/obesity • Tobacco use • Sedentary lifestyle • Mental health issues are of significant concern in the County • Inadequate access to care is a recurring theme, based on a number of factors, including: <ul style="list-style-type: none"> • Lack of availability of providers/services • High cost/lack of insurance coverage • Lack of awareness of available services 	<p>Community Themes & Strengths Assessment</p> <ul style="list-style-type: none"> • Recurring themes include: <ul style="list-style-type: none"> • Lack of diversity/minority engagement • Lack of awareness of available services • Lack of economic opportunity/high poverty rate • High tobacco use • Weight issues/obesity • Lack of access to access to services • The following were identified as strengths: <ul style="list-style-type: none"> • Environment/natural assets • Strong faith and values • Low crime rate/safe place to live • Good community to raise children • Availability of support networks • Increasing levels of mutual trust among community partners
<p>Local Public Health System Assessment</p> <ul style="list-style-type: none"> • The local public health system performs particularly well in the following areas: <ul style="list-style-type: none"> • Monitoring health status • Diagnosing and investigating • Informing, educating and empowering • Mobilizing community partnerships • Using technology to improve quality of care • Encouraging community participation in research • The local public health system could improve performance in the following areas: <ul style="list-style-type: none"> • Enforcing laws • Linking people • Coordinate the delivery of services so everyone can access the care they need • Developing leaders who represent the diversity of the population 	<p>Forces of Change Assessment</p> <ul style="list-style-type: none"> • Key forces of change identified include: <ul style="list-style-type: none"> • Negative health behaviors • Shifts in leadership • Shifts in economy • Changes in affordable access to care • Changes in resources available to all ages • Natural disasters and response • Change in availability of affordable housing • Threats posed by these forces include: <ul style="list-style-type: none"> • Increase in obesity and related health issues • Loss of leaders who support healthy agenda • Rise in poverty and government dependency • Decrease in access to preventative health care • Destruction of communities and assets • Decrease in property values

The last workshop conducted as part of the assessment process was The Community Health Status Assessment Workshop, which began with an in-depth review of data collected and analyzed throughout the process, including specific health status indicators and results of a Community Health Status Assessment Survey. The data review was followed by a decision matrix and ended with selection of health priorities based on the following criteria:

- * Broad applicability of solution set
- * Time frame required to support efforts
- * Potential to reduce health disparities
- * Alignment with vision (To enhance health for all generations in Gulf County)
- * Community support for the problem
- * Resource availability to address problem

Priority Health Issues

The top priority health issues identified for Gulf County were:

- * **Access to Care**
- * **Healthy Weight**
- * **Mental Health/Substance Abuse**

2015-16 Community Health Needs Assessment Gulf County, Florida

Introduction

In 2015, Sacred Heart Health System (“SHHS”) and the Florida Department of Health - Gulf County (“DOH-GULF”) worked together, in collaboration with other community organizations and agencies, to conduct a community health needs assessment (“assessment”) for Gulf County. The overarching goals of this report include:

- ✱ Examination of the current health status across Gulf County as compared to Florida
- ✱ Identification of the current health concerns among Gulf 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 Gulf County.

Collaborating Partners

Sacred Heart Hospital on the Gulf

SHHS operates a 19-bed acute care facility – Sacred Heart Hospital on the Gulf (“SHHG”) – in Port St. Joe, Gulf County. SHHG opened in 2010 as the area’s only hospital following the closure of a



proprietary hospital seven years prior. Gulf County residents comprise 70% of SHHG’s hospital discharges, with the remaining discharges coming from adjacent coastal zip codes in Franklin and Bay Counties and from out of area tourists. SHHG operations are partially supported by tax revenues under a tri-party agreement with the Gulf County Board of County Commissioners, the City of Wewahitchka and the City of Port St Joe. In exchange for tax-payer support, SHHG provides acute care and diagnostic services for the community’s poor and vulnerable residents. This safety net role is consistent with the mission of SHHG as a Catholic health ministry. As a Catholic health ministry, it is dedicated to spiritually centered, holistic care that sustains and improves the health of individuals and communities. SHHS serves as an advocate for a compassionate and just society through actions and words. SHHS’ guiding values are as follows:

- ✱ Service to the poor - Generosity of spirit, especially for persons most in need
- ✱ Reverence - Respect and compassion for the dignity and diversity of life
- ✱ Integrity - Inspiring trust through personal leadership
- ✱ Wisdom - Integrating excellence and stewardship
- ✱ Creativity - Courageous innovation
- ✱ Dedication - Affirming the hope and joy of our ministry

Florida Department of Health in Gulf County

The Florida Department of Health in Gulf County is the area's public health agency. DOH-Gulf provides programs and services to prevent disease and promote health in the following areas: clinical and nutritional services, wellness programs, community health planning and statistics, environmental health, emergency preparedness and response, and infectious disease surveillance. DOH-GULF works closely with the County and City Commissioners, the Emergency Response Division, and other local and federal agencies to protect the health and welfare of Gulf County residents and visitors. Its mission is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts. Its core values (ICARE) are:



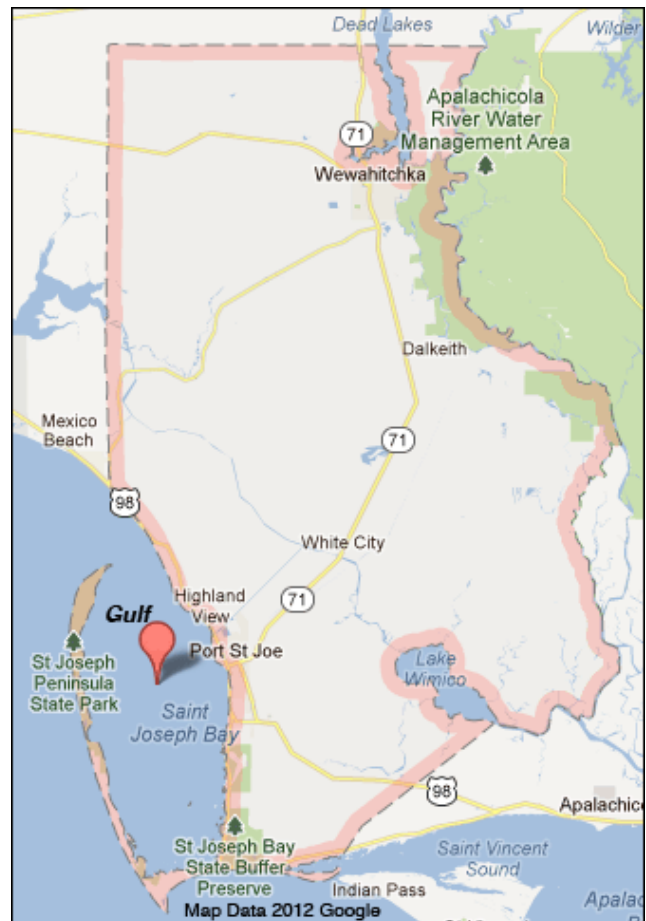
- ★ Innovation - Searching for creative solutions and managing resources wisely
- ★ Collaboration - Using teamwork to achieve common goals and solve problems
- ★ Accountability - Performing with integrity and respect
- ★ Responsiveness – Achieving its mission by serving its customers and engaging its partners
- ★ Excellence - Promoting quality outcomes through learning and continuous performance improvement

Community Definition

Gulf County has a total area of 745 square miles, of which 25% is water. There are two population centers in Gulf County - Wewahitchka in the northeast part of the County and Port St. Joe, the County seat and largest city, on the coast. Cape San Blas is a narrow strip of land jutting out into the Gulf, separating the Gulf of Mexico and St. Joseph Bay. The area is low in density, featuring mainly single-family homes and tourist rentals. The County jurisdiction also includes a 15-mile long barrier island which contains the St. Joseph Peninsula State Park.

Population

Gulf County has a low population density of a little less than 30 persons per land mass square mile, compared to 348 persons per square mile in the State of Florida. The County's coastal access and low cost of living drove a 13.6% growth in population from 2000 and 2010, although the growth rate was less than the State of Florida over the same period. Between 2010 and 2014, Gulf County population grew only 0.8%, compared to total population growth in the State of 5.5% during that period.



The population aged 65 and older represent 17.8% of the total population of Gulf County, less than the 18.4% they represent in the State as a whole. Nevertheless, the population Gulf County is somewhat older than that of the State, with a median age of 43.4 compared to 41.8 for the State. Notably, 30.0% of the population of Gulf County is between the ages of 45 and 64, and 44.8% is between the ages of 35 and 54, compared to 27.0% and 38.3% of the State's population, respectively. Only 15.0% of the population of Gulf County is under 18 years of age, compared to 21.0% of the State's population. In addition, the population is skewed heavily in favor of males over females, with almost 60% of the population of Gulf County being male compared to slightly less than 50% of the population of the State.

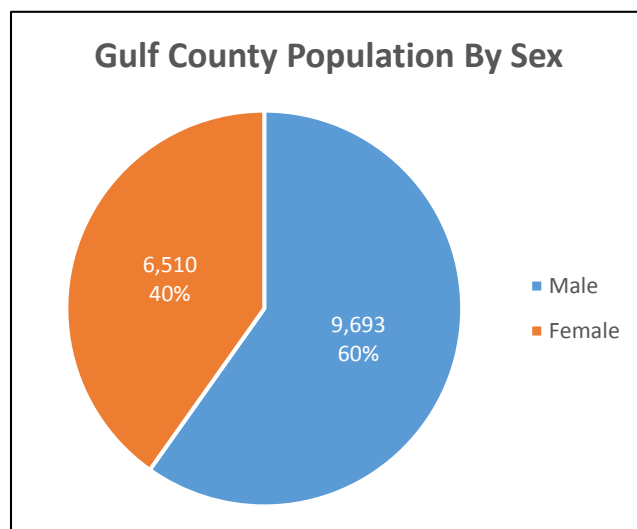
Population by Age Cohort – 2014 Gulf County and State of Florida

Age Cohort	County	% of Total	State	% of Total
0 – 17	2,430	15.0%	4,098,223	21.0%
18 – 24	1,343	8.3%	1,789,068	9.2%
25 – 34	2,403	14.8%	2,448,462	12.5%
35 – 44	2,292	14.1%	2,345,727	12.0%
45 – 54	2,565	15.8%	2,699,859	13.8%
55 – 64	2,290	14.1%	2,574,936	13.2%
65+	<u>2,880</u>	17.8%	<u>3,591,756</u>	18.4%
Total	16,203	100.0%	19,548,031	100.0%
F, 15 – 44	1,987	12.3%	3,622,709	18.5%
Male	9,693	59.8%	9,555,569	48.9%
Female	6,510	40.2%	9,992,462	51.1%
Median Age	43.4		41.8	

Source: Florida Charts, 2015.

Population Characteristics

- ★ Only 15% of the population of Gulf County is less than 18 years of age.
- ★ The significant majority of Gulf County residents are between the ages of 25 and 64 (58.9%), substantially more than the percentage of the population in that age bracket in the State (51.5%).
- ★ 17.8% of the population of Gulf County is aged 65 or older; less than the State as a whole.
- ★ Males represent 59.8% of the population of Gulf County, compared to 48.9% of the population Statewide.
- ★ Over the past 2 years, the population aged 18 - 24 in Gulf County grew at the fastest rate (6.4%), followed by the population aged 65 and older (5.5%) and the population aged 55 – 64 (3.9%). The fastest growing age group in the State over the past 2 years was those aged 55 – 64 (5.2%), followed by those aged 65 and older (5.1%) and between the ages of 25 and 34 (4.1%)



Population Growth by Age Cohort, 2012 - 2014
Gulf County and State of Florida

<u>Age Cohort</u>	<u>Gulf County</u>			<u>State of Florida</u>
	<u>2012</u>	<u>2014</u>	<u>% Change</u>	<u>% Change</u>
0-17	2,466	2,430	-1.5%	1.8%
18 – 24	1,262	1,343	6.4%	2.9%
25 – 34	2,319	2,403	3.6%	4.1%
35 – 44	2,263	2,292	1.3%	-0.9%
45 – 54	2,503	2,565	2.5%	0.2%
55 – 64	2,204	2,290	3.9%	5.2%
65+	<u>2,731</u>	<u>2,880</u>	5.5%	5.1%
Total	15,748	16,203	2.9%	2.7%
F, 15 - 44	1,959	1,987	1.4%	1.7%

Source: Florida Charts, 2015.

Population by Race and Ethnicity

Minorities represent about 23% of the total population in Gulf County, comparable to the almost 24% minority composition of the population of the State. A higher percentage of the population in Gulf County is African-American (slightly more than 18%) than in the State (about 16%). Unlike the State, only 4.6% of the population of Gulf County is Hispanic, compared to 23.3% statewide.

Population by Race - 2014
Gulf County and State of Florida

<u>Age Cohort</u>	<u>County</u>	<u>% of Total</u>	<u>State</u>	<u>% of Total</u>
White	12,215	77.4%	14,747,196	76.2%
Black	2,899	18.4%	3,114,841	16.1%
Asian/Pacific Islander	198	1.3%	502,961	2.6%
Native American	135	0.9%	59,121	0.3%
Two or More Races	147	0.9%	453,399	2.3%
Other	<u>187</u>	1.2%	<u>484,274</u>	2.5%
Total	15,781	100.0%	19,361,792	100.0%
Hispanic	729	4.6%	4,517,191	23.3%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Why are these characteristics important?

- ★ Population growth can strain health care resources and other infrastructure, particularly where limited resources already exist
- ★ Different gender and age groups utilize significantly different types and levels of health care services, particularly male versus female, pediatric versus adult, and elderly patient populations.
- ★ The elderly (population aged 65 and older) utilize 3 to 4 times the healthcare services required by younger populations.
- ★ Language and cultural differences create the need for different approaches to improving access to health services

Socioeconomic Indicators

The median household income in Gulf County is \$40,455, which is 13.8% below the median household income of the State of \$46,956. Real per capita income is dramatically lower in the County (\$27,053) than in the State (\$41,497). The percentage of the population living in poverty in Gulf County (30.8%) is only slightly higher than the percentage in the State (29.0%), while the percentage of children living in poverty in Gulf County (21.1%) is lower than the statewide percentage (23.6%). According to available data, only 4.9% of the population of Gulf County is unemployed, less than the 6.0% of the population of the State that is unemployed. A substantially greater percentage of the population over the age of 25 does not have a high school diploma in Gulf County compared to the State (27.2% versus 17.3%). Finally, 8.0% of the population in Gulf County has limited English proficiency compared to 6.9% in the State.

Socioeconomic Indicators – 2013 Gulf County and State of Florida

Indicator	County	State	Difference
Median Household Income	\$40,455	\$46,956	(13.8)%
Real Per Capita Income	\$27,053	\$41,497	(34.8)%
Poverty Rate	30.8%	29.0%	1.8%
Children in Poverty	21.1%	23.6%	(2.5)%
Unemployment Rate ¹	4.9%	5.6%	(0.7)%
Population >25 w/o HS Diploma	27.2%	17.3%	9.9%
Population with Limited English Proficiency	8.0%	6.9%	1.1%

Note: ¹ Data as of August 2015

Sources: U.S. Bureau of Labor Statistics

U.S. Department of Commerce, Bureau of Economic Analysis

U.S. Census Bureau

Florida Charts, 2015

Why are these characteristics important?

- ★ Socioeconomic status plays a major role in health and healthcare. It affects access to healthcare services as well as diet, housing conditions, and other environmental conditions that affect health.
- ★ Generally, the higher your socioeconomic status, the better health care coverage you have, which allows you to get routine check-ups as well as surgery, if and when needed, at lower out-of-pocket cost. It also can enable better access to providers outside of health plan provider networks.
- ★ The rate of employment is directly correlated with health insurance coverage, since most people still get health insurance through their employer. To some degree, this has changed under the Affordable Care Act through the creation of health insurance exchanges which provide access to health insurance to individuals and families outside of the work place.
- ★ Even with the relatively lower rate of unemployment in Gulf County, access to health care services may still be problematic. Employers who do provide health insurance are shifting a greater share of the cost of such coverage to employees through plans with higher deductibles and co-pays. As a result, median household and per capita income are important indicators of access to care. The very low relative income levels of the population in Gulf County suggest that access to care may be difficult for much of the population in Gulf County.

Additional demographic and socioeconomic data for Gulf County are provided in Attachment A.

Methodology

Participants in the Assessment Process

The assessment process was led by SHHS and DOH-GULF, with active participation by the following community organizations and private and public agencies which collectively comprise the Community Health Improvement Partnership (CHIP).

- Big Bend AHEC
- Big Bend Community Based Care
- Career Source Gulf Coast
- Community Care Center of Gulf County
- Department of Juvenile Justice
- DOH – Gulf County – Environmental Health
- Florida Department of Health – Closing the Gap
- Florida Department of Health – Franklin County
- Florida Department of Health – Gulf County
- Gulf Coast State College
- Healthy Start Coalition
- MyGulf Care – Sacred Heart
- Philadelphia Baptist Church
- Sacred Heart Health System
- Sacred Heart Hospital on the Gulf
- Tyndall Air Force Base
- University of Florida Institute of Food and Agricultural Sciences - Gulf County
- Wewahitchka Medical Center

Individual members of these organizations and agencies that participated are listed on the sign-in sheets included in each related workshop reports included in Attachments B-D.

The assessment process included CHIP meetings and workshops which occurred between June and December 2015 and continue into 2016 and a community survey distributed both on-line and in paper format. More than 25 people representing more than 15 different community agencies and organizations and the general public participated in various meetings throughout the process. In addition, 240 Gulf County residents completed a community survey to provide information about perceptions of the health of the community, its residents, and the health care system.

To ensure input was obtained from persons with a broad knowledge of the community, e-mail notifications and invitations were sent to numerous stakeholders and representatives of the public. In addition to soliciting input from the general population, special attention was given to obtaining input from vulnerable populations with targeted distribution to area churches, community service provider sites, community centers, and retail outlets. Vulnerable populations was defined to include people who met one of the following criteria: no health insurance; family income of \$25,000 or less; or took the survey at site of service for low income populations, e.g., the Department of Health or faith-based health clinics.

Assessment Process - MAPP

The assessment was developed using the Mobilization for Action through Planning and Partnership (MAPP) method, which was developed by the National Association of City and County Health Officials in concert with the U.S. Centers for Disease Control and Prevention. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the Ten Essential Public Health Services.

The MAPP process includes four assessment tools listed below and depicted in the graphic that follows:

- ✱ Community Health Status Assessment
- ✱ Community Themes and Strengths Assessment
- ✱ Forces of Change Assessment
- ✱ Local Public Health System Assessment

Each of these elements provided a platform for assessing multiple factors – 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.

Summary of Findings:

Quantitative and qualitative data were collected and aggregated in support of the four MAPP elements. Quantitative data were obtained from county, state, and national sources in order to develop a social, economic, and health assessment of Gulf County. Sources of data included, but were not limited to, the U.S. Census Bureau, U.S. Centers for Disease Control and Prevention, Florida Department of Law Enforcement, United States Department of Labor, Community Commons, U.S. Department of Commerce, County Health Rankings, Florida Department of Health CHARTS and Environmental Public Health Tracking Network, U.S. Department of Housing and urban Development, and Florida Agency for Health Care Administration. Types of data included public health surveillance data, such as deaths and births.

Qualitative information was obtained through regular CHIP meetings and workshops and a community survey distributed both on-line and in paper format to solicit perceptions of health status, concerns, and programs, services, or initiatives which would best address those concerns.

While much data analysis was conducted throughout the assessment period, review of the data and information and community participation in development of the findings and conclusions of each MAPP Assessment occurred in a series of community workshops. These workshops encompassed the following topics:

Workshop 1: Vision and Local Public Health System (detailed report, Attachment B)

Workshop 2: Themes & Strengths Assessment and the Forces of Change Assessment (detailed report, Attachment C)

Workshop 3: Community Health Status Assessment (detailed report, Attachment D)

The work that was performed, findings reviewed, and conclusions reached in each of these workshops is summarized below.

Vision and the Local Public Health System Workshop

The Vision and Local Public Health System (“LPHS”) Community Health Assessment (“CHA”) Workshop centered on creating a shared collective vision to guide participants throughout the CHA process and gauging the ideas, thoughts, and opinions of the community regarding their knowledge and experience dealing with the LPHS throughout the County. The workshop was held on August 26, 2015. Fourteen (14) people from 10 community organizations participated in the Workshop.

Vision

Participants were led through a process to understand the importance of developing a shared vision and were given time to consider what that shared vision might be. Many participants shared vision statements they had developed with the group and, although the statements were all different, several key values such as “enhancing community health for all,” “making Gulf County a great place to live, work, and play,” “making Gulf County the healthiest county in the nation,” and “improving the quality of the Gulf...” were consistent throughout.

Local Public Health System

The LPHS in Gulf County is a diverse mix of organizations and institutions in both the public and private sector. The diagram displays the various relationships local entities have within the interconnected web of the LPHS.

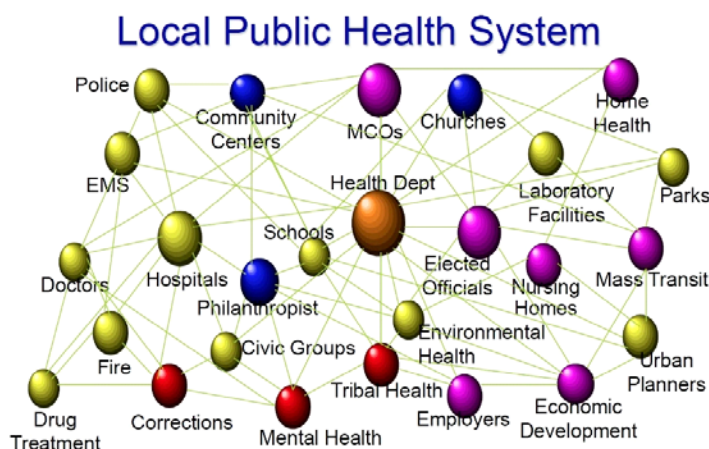
The LPHS Assessment required participants to think about how well the collective LPHS meets the Ten Essential Public Health Services.

Participants were asked to think about their personal experiences and knowledge of events over the past three years and answer a series of questions centering on the LPHS's community engagement as it relates to the Ten Essential Public Health Services. Each question started with "At what level does the LPHS ..." and was evaluated on the following scale:

- | | |
|-------------------------------|----------------------|
| 1. Optimal (greater than 75%) | 4. Minimal (1 – 25%) |
| 2. Significant (50 – 75%) | 5. No Activity (0%) |
| 3. Moderate (26 – 50%) | 6. I Don't Know |

The first set of questions polled all relate to the Essential Public Health Service #1 and answer the questions, "What is going on in our community?" and "Do we know how healthy we are?" The feedback from the Essential Service #1 questions conveyed a general satisfaction with the LPHS's level of community engagement. In all Essential Service #1 polls, nearly 50% of participants responded that the LPHS is doing an optimal or significant job.

Detailed results on these and all other polled questions related to the Ten Essential Public Health Services are provided in the full Workshop Report, provided in Attachment B.



The Ten Essential Public Health Services	
1. Monitor Health Status: What is going on in our community? Do we know how healthy we are?	6. Enforce Laws: When we enforce health regulations, are we fair, competent and effective?
2. Diagnose and Investigate: Are we ready to respond to healthy problems in our community? How quickly do we find about problems? How effective is our response?	7. Link People: Are people in the community receiving the health services they need?
3. Inform, Educate & Empower: How well do we keep all populations within our community well informed about health issues?	8. Assure: A Competent Workforce: Do you have competent healthcare staff?
4. Mobilize Community Partnerships: How well do we truly engage people in local health issues?	9. Evaluate: Are we meeting the needs of the population we serve? Are we doing things right? Are we doing the right things?
5. Develop Policies & Plans: What local policies in both government and private sector promote health in our community? How well are we setting local health policies?	10. Research: Are we discovering and doing new ways to get the job done?

Themes & Strengths Assessment and the Forces of Change Workshop

The Themes and Strengths and the Forces of Change CHA Workshop centered on establishing a collective vision to guide participants throughout the CHA process, identifying common community themes and strengths, and identifying the forces of change that can affect the health of the community. The workshop was held on September 30, 2015. Twenty (20) people from 12 community organizations participated in the Workshop.

Vision

Building on the previous CHA Workshop, community members created several individual vision statements and, although all of the statements were different, several key values were consistent in all of them. Participants reviewed the vision statements and through a collective process adopted “To enhance health for all generations in Gulf County” as the new vision statement.

Throughout the workshop, participants were reminded to be aware of this statement in all that they do.

Themes and Strengths

The Themes and Strengths portion of the assessment asked three significant questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What assets do we have that can be used to improve community health?

To answer these questions, community members participated in three (3) specific community-led sessions: Themes, Quality of Life Survey, and an Asset Inventory.

Through a series of open ended questions, participants identified several reoccurring themes throughout the community. Following submission of ideas by individual participants, a full group discussion among all participants identified several key themes.

Themes

Open Ended Questions	Common Themes
1. What makes you most proud of our community?	<ul style="list-style-type: none">• Peaceful/Low crime rate• Faith and Values• Natural Assets• Supportiveness• Close Knit
2. What would excite you enough to be involved or more involved in improving our community?	<ul style="list-style-type: none">• Events other than sporting• Witnessing change in the community• More minority involvement/outreach• Exciting movements/initiatives
3. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?	<ul style="list-style-type: none">• Lack of diversity• Lack of concern• Time restraints• Communication deficiencies• Lack of education/ knowledge of available services• Poverty
4. What are two to three important issues that must be addressed in order to improve the quality of life in our community?	<ul style="list-style-type: none">• Unity vs. Separation• Tobacco use• Healthy weight• Education• Access to care for all• Minority Engagement and Inclusion

Quality of Life Survey

The Quality of Life Survey answered the question, “How is quality of life perceived in our community?” The survey asked participants to think about their quality of life throughout the County as it relates to the health care system, raising children, growing old, affordable housing, economic opportunity, and civic responsibility, among other issues. Each question was evaluated on the following scale:

1. Most Unsatisfied
2. Slightly Unsatisfied
3. Neutral
4. Slightly Satisfied
5. Most Satisfied

The first question was: “Are you satisfied with the quality of life in our community?” 80% of all participants responded that they were either neutral or slightly satisfied with the quality of life in the community, while 7% each responded that they were most satisfied, slightly unsatisfied, or most unsatisfied. Detailed results for all polled questions regarding the quality of life in the community are provided in Attachment C.

Asset Inventory

The final session within the Themes and Strengths Assessment was the asset inventory. Participants were tasked with answering the question, “What assets do we have that can be used to improve community health?” Having just established a shared vision, community members were asked to list all of the community resources that may contribute to reaching the shared vision.

Workshop participants identified resources in four (4) major categories as summarized below.

Collective Assets Inventory

Individuals (w/ Knowledge and Skills):	Citizen Associations
<ul style="list-style-type: none">• Minnie Likely, Students Working Against Tobacco Advisor• Marshall Nelson, Gulf County Emergency Operations Center• Dr. Barnes, Medical Partner• Roy Carter, Extension Office• Joanna White, Washington Community Center• Pastors and Faith Based Leaders• Port St. Joe City Manager• County Commissioners• Katrina Saunders, Wewahitchka Medical Group• City Council Members	<ul style="list-style-type: none">• Rotary Club• Ministers Alliance• Lions Club• Sportsman League• Junior Service League• Boy Scouts• Wewahitchka Women's Club• People Helping People• Christian Community Development• Men's club
	Private Institutions
	<ul style="list-style-type: none">• Sacred Heart Hospital on the Gulf
	Public Institutions
	<ul style="list-style-type: none">• Washington Improvement Group Center• Travel and Development Center

Community assets identified by each work group are provided in the full Themes and Strengths and the Forces of Change Workshop Report, provided in Attachment C.

Forces of Change

The second half of the Themes and Strengths and the Forces of Change Workshop centered on the forces of change that directly or indirectly affect the health of our community. These forces can be one

time only events, growing trends, or existing underlying factors. They are largely predictable but rarely controllable. Understanding these potential forces helps the community to reduce potential risk and, ultimately, improve its chances of reaching the shared vision.

In order to better aid the community members brainstorm the forces of change, participants were asked, “What is currently happening or could happen that would affect the health of our community?” A consensus workshop helped everyone to identify, categorize, and label the many forces of change. Participants identified and categorized forces of change into seven (7) major categories as shown on the following page:

Negative Health Behaviors	Changes in Affordable Healthcare Access	Changes in Resources for All Generations	Change in Affordable Housing Availability
<ul style="list-style-type: none"> • Disease Outbreak • Shift From Cigaretts to E-Cigarettes as “Healthy” (Smokeless) Alternative • Poor Eating Habits • Anti-Vaccine Movement • Shifts in Leadership 	<ul style="list-style-type: none"> • Lack of Access to Health Care • GCHD “Who’s taking over health care?” • Loss of Health Providers, i.e., Physicians, FQHC • Election Cycle Could Impact Health Insurance Options 	<ul style="list-style-type: none"> • Aging Population - Increase in the Number of Elderly • Providing Lunches to School-Aged Children in the Summer Months • Community Pool – Kids Need to Know How to Swim. We Are Surrounded by Water 	<ul style="list-style-type: none"> • Lack of Affordable Housing • Potential Completion of Affordable Housing Project in PSJ
Natural Disasters & Response			Shifts in Economy
<ul style="list-style-type: none"> • Natural Disaster • Hurricane. It Could Destroy the Community There is No Barrier • Natural Disaster 		Shifts in Leadership <ul style="list-style-type: none"> • Community Leaders Leave • New Superintendent • Community Partners Leaving the Table • School & Government Changes & Support • Close Community 	<ul style="list-style-type: none"> • Major Employer Closing • Poverty and Low Employment • Port Expansion or Collapse • Local State Funding Stopped or Increased • Loss of Jobs • No Money/Job • Unstable Family • Military (Tyndall) Downsizing • Poverty

Opportunities and Threats

Each of the seven (7) major forces of change categories creates various opportunities and/or poses various threats. Community members reviewed all of the forces of change and listed the potential threats and/or opportunities associated with the items. The list is intended to help communities better strategize the next steps towards achieving the shared vision.

Opportunities and Threats

Major Force of Change Category	Opportunities (+)	Threats (-)
Negative Health Behaviors		<ul style="list-style-type: none"> • Increase in obesity and obesity related diseases/health issues
Shifts in Leadership	<ul style="list-style-type: none"> • Incoming partners and leadership may support healthy agenda 	<ul style="list-style-type: none"> • Loss of active, supportive, and skillful leaders (individual assets) and administrations • New administrations may not support healthy agenda

Shifts in Economy	<ul style="list-style-type: none"> • Increase in economic opportunities/job creation • More productive county 	<ul style="list-style-type: none"> • Rise in poverty and governmental funding dependencies
Changes in Affordable Health Care Access		<ul style="list-style-type: none"> • Decrease in the number of people seeking preventative care
Natural Disasters & Response	<ul style="list-style-type: none"> • Pulls the community together • Increased collaboration 	<ul style="list-style-type: none"> • Could destroy communities within and around the community
Change in Affordable Housing Availability	<ul style="list-style-type: none"> • Increase in the number of people moving into the area. • Business sales/productivity increases 	<ul style="list-style-type: none"> • Decreases in property value

Community Health Status Assessment Workshop

The Community Health Status Assessment Workshop began with an in-depth review of data collected and analyzed throughout the process, including specific health status indicators and results of a Community Health Status Assessment Survey. The data review was followed by a decision matrix and ended with selection of health priorities. The workshop was held on November 16, 2015. Nineteen (19) people from 12 community organizations participated in the Workshop.

Health Status Indicators

A review of health status assessments from the following organizations: Healthy People 2020, Community Commons, Florida CHARTS' County Health Profile, University of Wisconsin and Robert Wood Johnson's County Health Rankings, and previous assessments revealed a cross section of many common indicators. From this cross section, state and county data for 140 health status indicators and 30 demographic indicators were collected. Between July and October 2015, CHIP analyzed these health status indicators using County Health Ranking's model of population health as a framework. This model, depicted below, emphasizes that many factors, when addressed, can improve the overall health of a community.

Framework for Analysis

To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the County Health Rankings Model created by the University of Wisconsin Population Health and the Robert Wood Johnson Foundation. The framework emphasizes factors that, when improved, can help improve the overall health of a community. This model is comprised of three major components:

- ★ **Health Outcomes** - This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality / Length of Life) and how healthy people are when they are alive (Morbidity / Quality of Life).
- ★ **Health Factors** - Factors that influence the health of a community including the activities and behavior of individuals (Health Behaviors), availability of and quality of health care services (Clinical Care), the socio-economic environment that people live and work in (Social and Economic Factors) and the attributes and physical conditions in which we live (Physical Environment). Although an individual's biology and genetics play a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors are built from the concept of Social Determinants of Health (see inset).
- ★ **Programs and Policies** - Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization). As illustrated, Health Outcomes are improved when Policies & Programs are in place to improve Health Factors.

Data sources included: Florida CHARTS, Florida Department of Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Florida Department of Children and Families, US Department of Health & Human Services, Feeding America, USDA Economic Research Service, Florida Department of Law Enforcement, US Census Bureau, Federal Bureau of Labor and Statistics, and US Department of Housing and Urban Development.

Over the course of the four months, small committee meetings were held to review and assess the data. In these small committee meetings, over 140 health indicators for Gulf County were compared and contrasted to those for the state and surrounding counties. In addition, the committee members also compared local data to previous years' data from Gulf County, highlighting improvements and statistical trends.

Summary of Findings

Of those approximately 140 health status indicators, the following 94 indicators performed worse than the State for Gulf County.

Health Outcomes	
Mortality – Length of Life	
<ul style="list-style-type: none"> ♦ Alcohol-Related Motor Vehicle Traffic Crash Deaths ♦ Cancer Deaths ♦ Chronic Lower Respiratory Disease Deaths ♦ Colon, Rectal or Anus Cancer Deaths ♦ Deaths from Smoking-related Cancers ♦ Diabetes Deaths ♦ Heart Disease Deaths ♦ Infant Mortality ♦ Lung Cancer Deaths 	<ul style="list-style-type: none"> ♦ Murder ♦ Motor Vehicle Accident Deaths ♦ Neonatal Deaths (0-27 Days) ♦ Nephritis, Nephritic Syndrome, and Nephrosis Deaths ♦ Pneumonia, Influenza Deaths ♦ Premature Death ♦ Prostate Cancer Deaths ♦ Suicide Deaths
Morbidity – Quality of Life	
<ul style="list-style-type: none"> ♦ Adults with Good to Excellent Overall Health ♦ Asthma (Adult) ♦ Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days ♦ Cervical Cancer Incidence ♦ Chicken Pox ♦ Diabetes (Adult) ♦ Heart Disease (Adult) 	<ul style="list-style-type: none"> ♦ High Blood Pressure (Adult) ♦ High Cholesterol (Adult) ♦ Lung Cancer Incidence ♦ Meningitis, Other Bacterial, Cryptococcal, or Mycotic ♦ Poor or Fair Health ♦ Prostate Cancer Incidence ♦ Salmonellosis ♦ Tuberculosis

Health Factors

Health Behaviors	Clinical Care
<ul style="list-style-type: none"> ♦ Aggravated Assault ♦ Alcohol Consumption in Past 30 Days (Adolescents) ♦ Alcohol Consumption in Lifetime (Adolescents) ♦ Alcohol-Related Motor Vehicle Traffic Crashes ♦ Binge Drinking (Adolescents) ♦ Births to Mothers Ages 15-19 ♦ Births to Obese Mother (Rate) ♦ Blacking Out from Drinking Alcohol (Adolescents) ♦ Breast feeding Initiation ♦ Cancer Screening: PSA in past 2 years (Men 50 and up) ♦ Cigarette Use (Adolescents) ♦ Diabetic monitoring ♦ Exercise Opportunities ♦ Former Smokers (Adult) ♦ Fruits and Vegetables Consumption 5 Servings per Day ♦ Healthy Weight (Adult) ♦ Healthy Weight (Youth) ♦ Live Births Where Mother Smoked During Pregnancy ♦ Marijuana or Hashish Use (Adolescents) ♦ Medicaid Birth Rate ♦ Middle and High School Students Who Are Overweight or Obese ♦ Never Smoked (Adult) ♦ Obesity (Adult) ♦ Overweight and Obesity (Children and Adolescents) ♦ Prenatal Care Begun in First Trimester ♦ Secondhand Smoke Exposure (Youth) ♦ Sedentary Adults ♦ Smoked in Last 30 Days (Adolescents) ♦ Smokers (Adult) ♦ Tobacco Quit Attempt (Adult) ♦ Vigorous Physical Activity Recommendations Met 	<ul style="list-style-type: none"> ♦ Acute Care Beds (per Population) ♦ Adult Psychiatric Beds (per Population) ♦ Adults Who Have a Personal Doctor ♦ Adult Substance Abuse Beds (per population) ♦ Child and Adolescent Psychiatric Beds (per Population) ♦ Dentists (per population) ♦ ED Visits – Acute Conditions - Hypoglycemia ♦ ED Visits - Avoidable Conditions – Dental ♦ ED Visits - Chronic Conditions - Angina ♦ ED Visits - Chronic Conditions - Congestive Heart Failure ♦ ED Visits - Chronic Conditions – Diabetes ♦ ED Visits - Chronic Conditions – Hypertension ♦ Flu Vaccination in the Past Year (Adult Age 65 and Older) ♦ Insurance – Uninsured Children ♦ Internists (per Population) ♦ Mental Health Providers (per Population) ♦ OB/GYN (per Population) ♦ Pediatric Psychiatric Beds (per Population) ♦ Pediatricians (per Population) ♦ Physicians (per Population) ♦ Pneumonia Vaccination (Adult Age 65 and Older) ♦ Primary Care Access ♦ Rehabilitation Beds (per Population) ♦ Skilled Nursing Beds (per Population)
Socioeconomic	Physical Environment
<ul style="list-style-type: none"> ♦ Food Insecurity ♦ Percentage of adults who could not see a doctor at least once in the past year due to cost ♦ Poverty Rate ♦ Public Assistance Income ♦ Real Per Capita Income 	<ul style="list-style-type: none"> ♦ Drinking Water Violations ♦ Grocery Store Access

A detailed listing of the health status indicators, definitions and sources for the State and Gulf County are provided in Attachment A.

Community Health Status Assessment Survey

From mid-June through mid-September 2015, CHIP distributed a Community Health Status Assessment Survey, both on-line and in paper format. The survey asked 25 questions ranging from

health related opinions, ideas, statistics, and basic demographic information. In order to reduce health outcome gaps and disparities, the survey was distributed to the general population and specifically within communities with highly vulnerable populations. CHIP members identified and distributed paper surveys to key populations based on geography, income, and race. In some cases, volunteers were made available to assist in completion of the survey. A Spanish version of the survey was also created and distributed. Recipients were encouraged to complete the survey and to forward it to others. A copy of the community survey is provided in Attachment D.

Survey Results

Over 250 community-wide surveys (on-line and paper) were completed by residents of Gulf County. A demographic breakdown of survey respondents compared to the overall population of Gulf County is provided below.

Survey Demographics		
	Respondents	Gulf Population *
Female	76.3%	39.8%
Black/African American	13.5%	19.1%
White/Caucasian	77.8%	78.0%
Bachelor's Degree or Higher	41.8%	13.6%
Unemployed	6.0%	4.9%
Income Less Than \$35,001/Year	31.2%	Median Income \$40,455

In reviewing the survey results, several recurring concerns emerged, including Access to Care, Mental Health, Obesity, Substance Abuse, and Tobacco Use. A summary of some of the data related to these concerns is provided in the following sections.

Access to Care

The issue of access to care is not a simple issue. Sub-categories within this issue include, but are not limited to the following focused issues: provider/service supply; financial; resource knowledge; and screening/prevention.

Within the provider/service supply focused issue, forty-four percent (44%) of respondents in the general population and thirty-nine percent (39%) of respondents from vulnerable populations believe access to health services is essential to having a healthy community. Although access to health services was seen as essential to having a healthy community, twenty-five percent (25%) of general population respondents and twenty-six percent (26%) of vulnerable population respondents are concerned with people not seeing a doctor/dentist as an unhealthy behavior in Gulf County.

Ninety percent (93%) of general population respondents and eighty-seven percent (87%) of vulnerable population respondents have visited the doctor for a wellness visit or routine checkup in the last two years. Only nine percent (9%) of general population respondents do not have insurance coverage, while a much higher portion of the vulnerable population respondents, twenty-five percent (25%), are without insurance coverage – a major factor in access to care. With regard to knowledge of resources, twenty-three percent (23%) of general population respondents and twenty percent (20%) of vulnerable population respondents feel it is too expensive to cook and/or eat healthy foods. From a local screening and prevention focus, only six percent (6%) of general population respondents and thirteen percent (13%) of vulnerable population respondents think that preventative healthcare is difficult to get within the County.

Healthy Weight

Survey respondents provided several interesting opinions regarding healthy weight. Only thirty-six percent (36%) of general population respondents and twenty-five percent (25%) of vulnerable population respondents felt that excess weight was of considerable concern in the County. However, sixty-six percent (66%) of all respondents reported having been diagnosed as obese or overweight. In addition, ninety-four (94%) of both general and vulnerable population respondents indicated that they felt that they were relatively health (somewhat health to very health). However, sixty percent (60%) of

general population respondents and a whopping seventy percent (70%) of vulnerable population respondents reported having been diagnosed with one or more weight-related health problems, with high blood pressure, high cholesterol, obesity, and heart disease being among the leading issues reported

Mental Health

More than 1 in 5 (26%) of general population respondents and fifteen percent (15%) of vulnerable population respondents feel that mental health is one of the most important health issues in the County. Despite the perceived importance of the issue, thirty-seven percent (37%) of both general and vulnerable population respondents indicated that they think mental health services are difficult to obtain within Gulf County and thirty percent (30%) of general population respondents and twenty-six (26%) of vulnerable population respondents did not know where to go to receive mental health care.

Substance Abuse

Community residents were very alarmed by the prevalence of alcohol and drug use within Gulf County. More than half (67%) of general population respondents and over three-fourths (76%) of vulnerable population respondents indicated that drug abuse was of significant concern to them among other unhealthy behaviors in Gulf County. In addition, forty-five percent (45%) of both general population and vulnerable population respondents indicated that alcohol abuse was of significant concern to them. Thirty percent (30%) of general population respondents and forty percent (40%) of vulnerable population respondents indicated that they believed that alcohol and/or drug abuse treatment services are difficult to obtain within the County.

Tobacco Use

While seventy-one percent (71%) and sixty-one percent (61%) of general and vulnerable population respondents, respectively, reported having never used tobacco products, thirty-two percent (32%) of general population respondents and twenty-two (22%) of vulnerable population respondents identified tobacco use as one of the most important health issues in the County. In addition, according to the 2014 Florida Youth Tobacco Survey, 48% of middle school children in the County were exposed to secondhand smoke within the last 7 days, which is far better than the 62% that were exposed to secondhand smoke in the County in 2012, but substantially higher than the statewide average of only 36% of students being exposed to secondhand smoke.

More detailed survey response data are provided in Attachment D.

Community Health Priorities

Priority Setting Process

Priorization of the community health issues was a multi step process that included:

- Review and discussion of all of the top health concerns and associated indicator data.
- Identificaiton and discussion of consequences to the community of not addressing the issue.
- Consideration of key criteria for impacting change.

During the final workshop, participants identified and discussed responses to the question: “What are the consequences of not addressing this concern/issue?” The following table reflects the participants’ collective responses.

“What are the consequences of not addressing this concern/issue”?				
Access to Care	Mental Health	Obesity Related	Substance Abuse	Tobacco Use
<ul style="list-style-type: none"> ♦ Shortages of services ♦ Inability to work ♦ Premature death ♦ Mental health ♦ Unused grant money ♦ Impaired dental health among others 	<ul style="list-style-type: none"> ♦ Increased substance abuse ♦ Increase in family instability ♦ Increased financial issues ♦ Lack of self esteem 	<ul style="list-style-type: none"> ♦ Increased cardiac disease ♦ Adolescent issues ♦ Bullying ♦ Continued generation 	<ul style="list-style-type: none"> ♦ Death from overdose ♦ False perceptions ♦ Poverty ♦ Domestic violence ♦ Economic instability ♦ Educational struggles for youth 	<ul style="list-style-type: none"> ♦ Cancers ♦ Increased healthcare cost ♦ Reduction in County growth/ population ♦ Second hand smoke impact

As part of the Workshop, participants also sought to align prioritization of health issues in the County with the recently adopted shared vision: To enhance health for all generations in Gulf County. Participants agreed that, in order to achieve the shared vision, community partners must address disparities and that, doing so will help participants identify and implement ways for everyone to have a fair chance to lead the healthiest life possible.

Participants discussed disparities and their impact on community health. Participants reflected on the fact that addressing disparity is often linked to creating and encouraging equality within diversity (race, ethnicity, age, income, education, and being able-bodied). However, participants discussed the fact that identifying the disparities within a community is not just about equality and giving everyone a level playing field anymore because still not everyone has the means and opportunity to be their healthiest. Participants agreed that addressing disparities is much more about giving everyone a fighting chance and, accordingly, priorities selected must support strategies that help address health disparities.

The document used to support this discussion is provided within the Community Health Status Assessment Workshop Report provided in Attachment D.

Priority Selection Matrix

To further prioritize the identified areas of concern, the participants reviewed and discussed the issues based on key criteria that provided the best opportunity for impacting change. The issues were then weighted based on participant input. Due to the high level of co-occurrence, mental health and substance abuse were combined.

Priority Selection Matrix					
Criteria	Access to Care	Mental Health	Healthy Weight	Substance Abuse	Tobacco Use
1. Could working on this problem support other identified problems?	8	9	7	7	1
2. Could activities within a 3-year cycle feasibly support the problem (not solve, but support planning, implementation, and monitoring)?	7	2	8	4	6
3. Does this problem help to reduce health disparities?	9	4	8	1	4
4. Which problems align with our vision?	9	6	6	5	5
5. Does this problem have community support? (Consider survey responses.)	8	3	10	1	1
6. Do we have the resources available to address this problem (manpower, CHIP partners, community resources, other community assets)?	9	3	3	3	8

Top Priority Health Issues for Gulf County

As a result of the process described above, the top priority health issues identified for Gulf County were:

- * Access to Care
- * Healthy Weight
- * Mental Health/Substance Abuse

To better understand the impact these health issues have on the community, these priorities are discussed in greater detail in the following sections.

Access to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health care impacts:

- * Overall physical, social, and mental health status
- * Prevention of disease and disability
- * Preventable hospitalization
- * Detection and treatment of health conditions
- * Quality of life
- * Preventable death
- * Life expectancy

Access to health services encompasses four main components:

Coverage

Health insurance coverage helps patients get into the health care system. Uninsured (and underinsured) people are less likely to receive medical care, more likely to die early, and are more likely to have poor health status.

Although the percent of the population that is uninsured adults in Gulf County is high, it is slightly lower than it is statewide. However, the percentage of uninsured adults in Gulf County increased slightly compared to the prior period. Of greater concern is the rate of uninsured among children, which is higher than statewide and increased in Gulf County compared to the prior period. In addition, these rates do not account for those who are underinsured or who have coverage in high deductible plans, which are becoming increasingly prevalent. As a result, median household and per capita income are important indicators of access to care. The very low relative income levels of the population in Gulf County suggest that access to care may be difficult due to coverage issues for an even larger percentage of the population.

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to coverage issues are highlighted here.

Indicator	Gulf County		State of Florida
	Most Recent Period	Prior Period	
Population Receiving Medicaid (Rate/100,000)	15,275	15,184	16,601
Insurance – Uninsured Adults	23.50	22.00	24.30
Insurance – Uninsured Children	13.30	11.70	11.90
Median Household Income	\$40,455	\$39,535	\$46,956
Real Per Capita Income	\$27,053	\$26,615	\$41,497

Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. The Health Resources and Services Administration (“HRSA”) defines areas and populations as Medically Underserved based on four weighted variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

In Gulf County, almost 30% of the population does not have a personal doctor, a higher percentage than statewide and compared to prior period for Gulf County. Although the County has slightly more family practice physicians per population than overall for the State, it has substantially fewer internal medicine physicians and no OB/GYN physicians who practice in the County. Other services that are not available in Gulf County include adult and pediatric psychiatric beds, adult substance abuse beds, physical rehabilitation beds, and skilled nursing beds. These findings suggest that access to care may be limited in Gulf County due to lack of available services.

Indicator	Gulf County		State of Florida
	Most Recent Period	Prior Period	
Adults who have a personal doctor	71.7%	72.6%	73.2%
Internists (per Population)	12.6	12.7	49.7
Pediatricians (per Population)	3.0	3.0	21.0
OB/GYN (per Population)	0.0	0.0	9.8
Infant Mortality	10.8	7.7	6.1
Poverty Rate	30.8%	29.1%	29.0%
Percentage of Population Age 65 or Older	17.8%	17.6%	18.4%

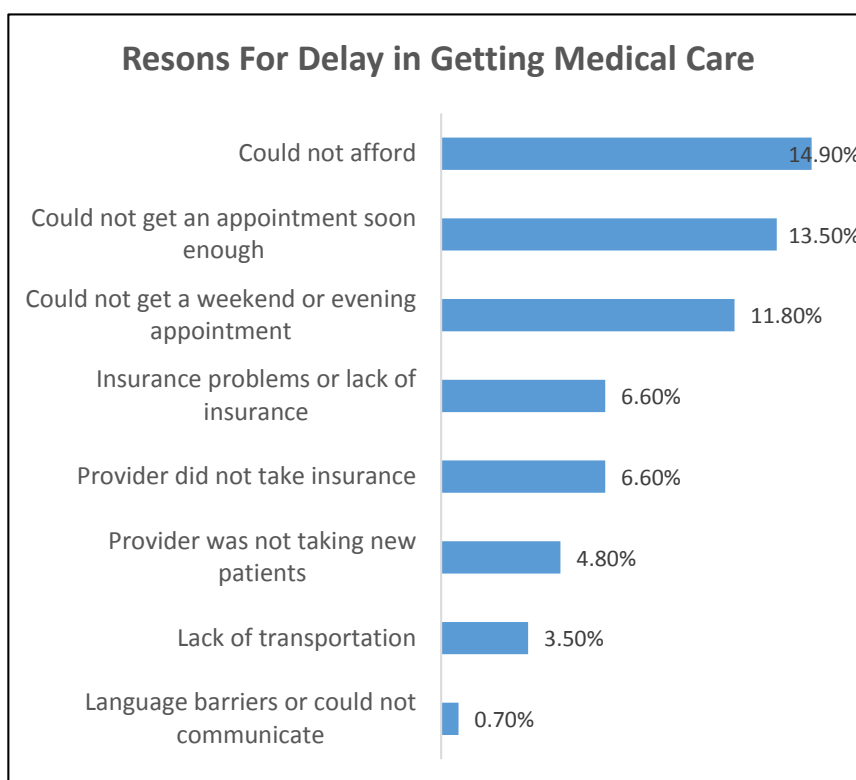
Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to services are highlighted here.

Timeliness

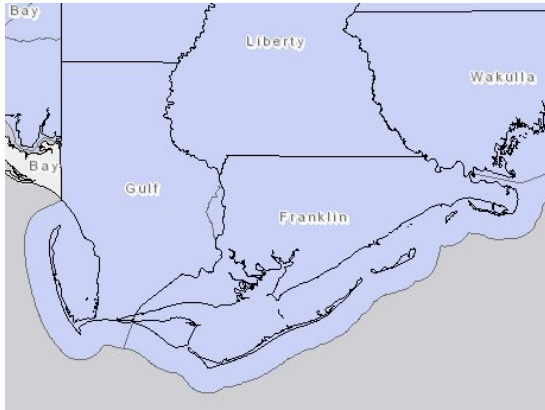
Timeliness is the health care system's ability to provide health care quickly after a need is recognized. Timeliness issues include the time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care.

One of the questions asked in the Community Health Status Assessment survey was, "In the past 12 months, did you delay getting needed medical care for any of the following reasons." Respondents were told to check all answers that applied (to them). 37.4% of respondents said that they did not delay in getting care and 28.4% said they did not need medical care. The following reasons were given for delaying care:

In addition, in terms of health status indicators, 28.9% of Gulf County adults could not see a doctor at least once in the past year due to cost, compared to 26.3% in the prior period and 20.8% statewide.



Workforce



Medically Underserved Areas - Health Resources and Services Administration (HRSA)

Primary care physicians (“PCP”) play an important role in the general health of the communities they serve because they typically develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. However, adequate availability of specialty physicians also impacts the overall health of a community.

As noted above, Gulf County has substantially fewer physicians per population in key primary care and other specialties than in the State as a whole. Not only are primary care physicians in short supply, but the County has substantially fewer physicians overall (of all specialties) per population and far fewer dentists per population than statewide. Dental health has significant implications for overall health, so the paucity of dentists is particularly

alarming. The lack of sufficient workforce is clearly an impediment to access to care in Gulf County.

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to workforce are highlighted below.

Indicator	Gulf County		State of Florida
	Most Recent Period	Prior Period	
Internists (per Population)	12.60	12.70	49.70
Pediatricians (per Population)	3.00	3.00	21.30
OB/GYN (per Population)	0.00	0.00	9.80
Physicians (per Population)	84	80	267
Dentists (per Population)	16.8	23.2	54.0

Resources in Gulf County potentially available to address the Access to Care priority health issue include the following:

- Healthy Start Coalition
- Deaf and Hard of Hearing Services of Northwest Florida, Inc.
- Sacred Heart Hospital on the Gulf
- Weems Memorial Hospital
- The Bridge at Bay St. Joe
- Division of Blind Services
- The Eye Center of North Florida
- Epilepsy Association of the Big Bend
- Department of Children & Families – ACCESS Florida
- Agency for Disabled Persons
- Gulf County Health Department Dental Clinic – Port St. Joe
- Gulf County Health Department Dental Clinic – Wewahitchka
- David Lister, DMD
- Advanced and Gentle Dental Care
- Lions Club
- A&A Homecare
- NHC Homecare
- Covenant Hospice
- Emerald Coast Hospice (Gentiva)
- Sacred Heart Rehabilitation
- Gulf County Health Department
- Vincent Ivers, MD – Family Medicine
- Shoreline Medical Group
- Sacred Heart Medical Group
- Michael Barnes – Family Medicine
- Sacred Heart Medical Group – Family Medicine
- Wewahitchka Medical Center
- Buy Rite Drugs
- CVS Pharmacy – Port St. Joe

Access to Care and Related Indicators

Legend:

County Performance	County Trend:	
Worse than Florida	Worsening increasing or decreasing	↑ ↓
Better than Florida	Improving increasing or decreasing	↑ ↓
Same as Florida	No Change	●

Health Outcomes

Mortality / Length of Life

Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Premature Death	2010-12	7,952	↑
Cancer Deaths	2012-14	196.6	↑
Breast Cancer Deaths	2012-14	16.1	↓
Prostate Cancer Deaths	2012-14	45.2	↑
Lung Cancer Deaths	2012-14	63.1	↑
Deaths from Smoking-related Cancers	2010-12	84.6	↓
Colon, Rectal or Anus Cancer Deaths	2012-14	16.8	↑
Diabetes Deaths	2012-14	38.5	↑
Heart Disease Deaths	2012-14	188.1	↓
Stroke Deaths	2012-14	31.3	↑
Infant Mortality	2012-14	10.8	↑
Neonatal Deaths (0-27 days)	2012-14	10.8	↑
Post neonatal Deaths (28-364 days)	2012-14	0	●
Chronic Liver Disease, Cirrhosis Deaths	2012-14	8.1	↓
Chronic Lower Respiratory Disease Deaths	2012-14	96.6	↑
Pneumonia, Influenza Deaths	2012-14	10.4	↑
HIV/AIDS Deaths	2012-14	1.8	●

Morbidity / Quality of Life

Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Diabetic monitoring	2012	74	↓
Disability (Any)	2013	20.40%	↑
Hepatitis C, Acute	2012-14	0	●
HIV	2012-14	6.3	↑
AIDS	2012-14	8.3	↓
Salmonellosis	2014	49.4	↓
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	2012-14	6.3	●

Tuberculosis	2012-14	6.3	↑
Chicken Pox	2012-14	4.2	↑
Whooping Cough	2012-14	2.1	●
Vaccine (selected) Preventable Disease for All Ages	2014	6.2	↑
Unhealthy mental days	2013	3.5	↑
Adults with good to excellent overall health	2013	76.2	↓

Health Factors

Behavior			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
NA			

Clinical Care – Access to Health Care			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Uninsured Adults	2013	23.5	↑
Uninsured Children	2013	13.3	↑
Adults who could not see a doctor at least once in the past year due to cost	2013	28.9	↑
Population Receiving Medicaid	2013	15,275	↑
Medicaid births	2012-14	62.3	↑
Dental Care Access by Low Income Persons	2010-12	35	↓
Primary Care Access	2012	31.8	↓
Mental health providers	2014	1,759:1	↑
Physicians	FY 11/12 - FY 13/14	84.2	↑
Family Practice Physicians	FY 11/12 - FY 13/14	25.3	↑
Internists	FY 11/12 - FY 13/14	12.6	↓
Pediatricians	FY 11/12 - FY 13/14	3	●
OB/GYN	FY 11/12 - FY 13/14	0	●
Dentists	FY 11/12 - FY 13/14	16.8	↓
Acute Care Beds	2012-14	118.9	↓
Adult psychiatric beds	2012-14	0	●
Adult substance abuse beds	2012-14	0	●
Pediatric psychiatric beds	2012-14	0	●
Rehabilitation beds	2012-14	0	●
Nursing Home Beds	2012-14	751.2	↓

Clinical Care – Quality of Care			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Lack of Prenatal Care	2012-14	0.3	↑
Prenatal Care Begun Late or No Prenatal Care	2012-14	4.7	↓
Prenatal Care Begun in First Trimester	2012-14	75.7	↑
Adults who have a personal doctor	2013	71.7	↓
Cancer Screening - Mammogram	2013	60	↑
Cancer Screening in past two years - PSA (Men age 50 & older)	2010	62.7	↑
Cancer Screening - Sigmoidoscopy or Colonoscopy	2013	60.7	↑
Cancer Screening - Pap Test	2013	61.4	↑
Diabetic Annual Foot Exam (Adults)	2013	72.6	↑
Diabetic Semi-Annual A1C Testing (Adult)	2013	77.4	↑
HIV Testing (Adult age 65 and over)	2013	55.6	↑
Flu Vaccination in the Past Year (Adult age 65 and over)	2013	50.8	↓
Flu Vaccination in the Past Year (Adult)	2013	33.8	↑
Pneumonia Vaccination (Adult age 65 and over)	2013	65.7	↓
Pneumonia Vaccination (Adult)	2013	33.9	↑
Vaccination (kindergarteners)	2012-14	98.1	↓
ED Visits - All Ambulatory Care Sensitive Conditions	2014	206.3	↑
ED Visits - Acute Conditions - Hypoglycemia	2014	0.4	↓
ED Visits - Avoidable Conditions - Dental	2014	19.8	↑
ED Visits - Avoidable Conditions - Dental (from health dept)	2014	0.9	↑
ED Visits - Chronic Conditions - Angina	2014	1.2	↓
ED Visits - Chronic Conditions - Asthma	2014	10.4	↑
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	3.5	↑
ED Visits - Chronic Conditions - Diabetes	2014	4.7	↑
ED Visits - Chronic Conditions - Mental Health	2014	25.2	↑
ED Visits - Chronic Conditions - Hypertension	2014	11.5	↓
ED Visits - STDs	2014	0.4	↑
Preventable hospital stays	2011-13	1,137	↓
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	2012-14	118.9	↓
Admitted ED Visits - Dental	2014	184.5	↑
Admitted ED Visits - Diabetes	2014	1.8	↑
Admitted ED Visits - STDs	2014	24.9	↑

Social and Economic Factors			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Unemployment	2015 AUG	4.9	↓
Poverty	2013	30.80%	↑
Children in poverty (based on household)	2013	21.10%	↓
Income - Public Assistance Income	2013	32.00%	↑
Population with Limited English Proficiency	2013	8.00%	↑

Physical Environment			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Households with No Motor Vehicle	2013	7.10%	↓
Use of Public Transportation	2013	0.70%	↓

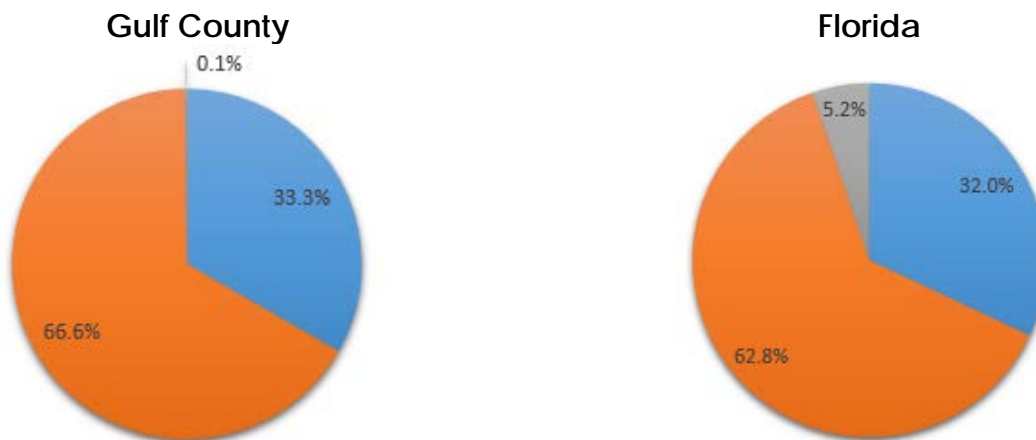
Healthy Weight

Obesity is common, serious, and costly. According to the Florida Department of Health, the number one public health threat to Florida's future is unhealthy weight. The estimated annual medical cost for people who are obese is \$1,429 higher than that for people of healthy weight. Currently, only 36 percent of Floridians are at healthy weight. With the current national trend, by 2030, almost 60 percent will be obese. Additionally, six out of ten children born today will be obese by the time they graduate high school.

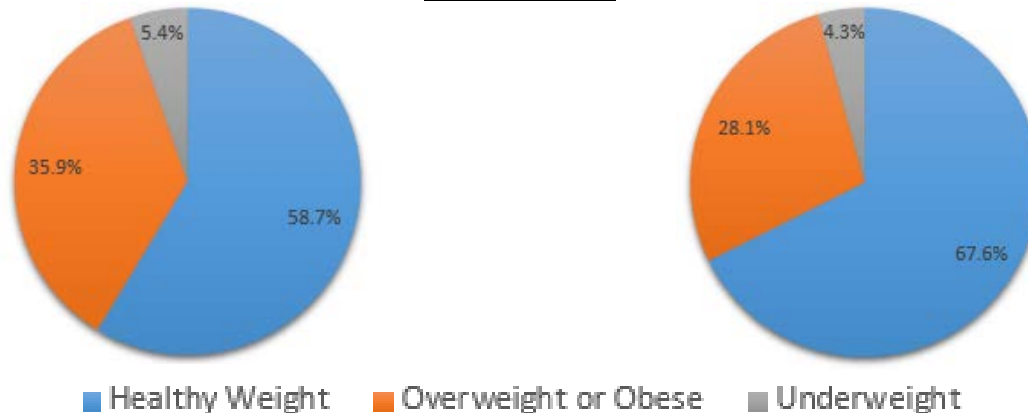
In Gulf County, excess weight and obesity is a major problem. In most of the indicator categories directly related to weight, Gulf County performs substantially worse than the State overall and, in many, the problem has gotten worse compared to the prior period. In addition, despite the beautiful surroundings and environment in many parts of the County, Gulf County residents are far less active than residents of the State overall. A lack of proper eating and exercise habits contribute to making excess weight and obesity a major health issue in Gulf County.

Weight Status (BMI)

Adults



Adolescents



■ Healthy Weight ■ Overweight or Obese ■ Underweight

Obese / Overweight Defined by Body Mass Index (BMI)

Adults (21 and over) - Obesity 30.0 or higher. Overweight 25.0 and 29.9

Children & Adolescents (2-20) - Obesity above the 95th percentile of the sex-specific CDC BMI for-age growth chart

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to weight are highlighted below.

Indicator	Gulf County		State of Florida
	Most Recent Period	Prior Period	
Births to Obese Mothers	29.0	26.2	21.1
Fruits and vegetables Consumption (5 Servings)	7.9%	20.1%	18.3%
Exercise Opportunities	47%	36%	93%
Vigorous Physical Activity Recommendations Met	21.9%	20.7%	26.0%
Sedentary Adults	32.6%	35.2%	27.7%

Obesity is a major contributor to many preventable chronic diseases and other poor health outcomes, including, but not limited to:

- * Premature death
- * Type 2 diabetes (noninsulin-dependent diabetes)
- * Some cancers
- * Heart disease
- * High blood pressure (hypertension)
- * High cholesterol (dyslipidemia)
- * Osteoarthritis
- * Complications during pregnancy

Not surprisingly, given the prevalence of weight problems in Gulf County, the rates of many of these diseases and poor health outcomes in Gulf County are substantially higher than statewide. Of potentially greater concern is that most of these rates have gotten worse compared to the prior period, with some getting substantially worse.

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to these chronic diseases and outcomes are highlighted below.

Indicator	Gulf County		State of Florida
	Most Recent Period	Prior Period	
Premature Death (per Population)	7,952	7,831	6,893
Diabetes	13.6%	7.6%	11.2%
Diabetes Deaths (per Population)	38.5	36.8	19.6
ED Visits - Diabetes (per 1,000 Visits)	4.67	2.73	4.55
Cancer Deaths (per Population)	197	185	158
Heart Disease (Adult)	14.9%	10.5%	10.3%
Heart Disease Deaths (per Population)	188	196	155
High Blood Pressure (Adult)	45.0%	32.5%	34.6%
High Cholesterol (Adult)	39.5%	33.1%	33.4%

Unhealthy weight is a complicated issue to address. To insure the effectiveness of interventions, it is important to understanding the personal, social, economic, and environmental barriers to and facilitators of changes in diet or physical activity including:

Factors Influencing Diet	Factors Influencing Physical Activity
<ul style="list-style-type: none"> ♦ Knowledge and attitudes ♦ Skills ♦ Social support ♦ Societal and cultural norms ♦ Food and agricultural policies ♦ Food assistance programs ♦ Economic price systems ♦ Marketing/advertising (which influences people's, particularly children's, food choices) ♦ Access to and availability of healthier foods ♦ Where people eat (at home or away from home), e.g., foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home 	<ul style="list-style-type: none"> ♦ Low income ♦ Lack of time ♦ Low motivation ♦ Rural residency ♦ Lack of social support from peers, family, or spouse ♦ Overweight or obesity ♦ Age and/or Disabilities (inaccessibility) ♦ Physical environment: ♦ Presence of sidewalks ♦ Access to public transportation ♦ Access to neighborhood or school play area and/or recreational equipment ♦ Lack of transportation to facilities ♦ Fear of injury

Resources in Gulf County potentially available to address this priority include the following:

- Florida Department of Health – Healthiest Weight Florida
- Florida Department of Health – Gulf County
- Community Resource Center
- Highland View Assembly of God Church
- Gulf County Senior Citizen Association
- Lions Club
- The City of Wewahitchka
- The City of Port St. Joe
- Gulf County Board of Commissioners
- Gulf County School Board

Healthy Weight and Related Indicators

Legend:

County Performance	County Trend:	
Worse than Florida	Worsening - increasing or decreasing	↑ ↓
Better than Florida	Improving - increasing or decreasing	↑ ↓
Same as Florida	No Change	●

Health Outcomes

Mortality / Length of Life			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Premature Death	2010-12	7,952	↑
Cancer Deaths	2012-14	196.6	↑
Colon, Rectal or Anus Cancer Deaths	2012-14	16.8	↑
Diabetes Deaths	2012-14	38.5	↑
Heart Disease Deaths	2012-14	188.1	↓
Stroke Deaths	2012-14	31.3	↑

Morbidity / Quality of Life			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Total Cancer Incidence	2009-11	440.7	↓
Breast Cancer Incidence	2009-11	99.8	↓
Colon and Rectum Cancer Incidence	2009-11	24.4	↑
Diabetic monitoring	2012	74	↓
Diabetes (Adult)	2013	13.6	↑
High Blood Pressure (Adult)	2013	45	↑
High Cholesterol (Adult)	2013	39.5	↑
High Blood Pressure Controlled (Adult)	2013	80.7	↑
Heart Disease (Adult)	2013	14.9	↑
Low birth weight	2012-14	6.2	↓
Poor or fair health	2013	23.8	↑

Health Factors

Behavior			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Healthy Weight (Adult)	2013	33.3	↑
Overweight (Adult)	2013	33.3	↓
Obesity (Adult)	2013	33.3	↑
Births to Obese Mothers	2012-14	29	↑
Births to overweight mothers	2012-14	22.9	↓
Breast feeding Initiation	2012-14	64.2	↑
Overweight (Adolescents)	2014	16.7	↓
Overweight or Obesity (Adolescents)	2014	37.9	↑
Healthy Weight (Adolescents)	2014	58.7	↓
Vigorous physical activity recommendations met (Adult)	2007	21.9	↑
Exercise opportunities	2010 & 13	0.5	↑
Sedentary Adults	2013	32.6	↓
Fruits and Vegetables Consumption 5 servings per day (Adult)	2013	7.9	↓
Food Insecurity	2013	17.8	↑
Grocery Store Access	2013	10.2	↓
Food Access Low - Low Income Population	2010	0.1	↑
Fast Food Restaurant Access	2013	11.6	●
SNAP Participants	2011	14.50%	↓

Clinical Care – Quality of Care			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Diabetic Annual Foot Exam (Adults)	2013	72.6	↑
Diabetic Semi-Annual A1C Testing (Adult)	2013	77.4	↑
ED Visits - Acute Conditions - Hypoglycemia	2014	0.4	↓
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	3.5	↑
ED Visits - Chronic Conditions - Diabetes	2014	4.7	↑
ED Visits - Chronic Conditions - Hypertension	2014	11.5	↓
Admitted ED Visits - Diabetes	2014	1.8	↑

Physical Environment			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Households with No Motor Vehicle	2013	7.10%	↓
Driving alone to work	2013	83.10%	↓
Use of Public Transportation	2013	0.70%	↓

Mental Health/ Substance Abuse

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental illness is the term that refers, collectively, to all diagnosable mental disorders.

Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. In addition, mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health and participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

In Gulf County, 23.4% of respondents to the Community Health Status Assessment survey indicated that they felt that mental health problems were one of the most important health issues facing the County. However, only 2.8% of respondents indicated that they had been told by a health professional that they had a mental health problem. Of course, this finding could be misleading due to the self-reported nature of the survey and self-selection, i.e., people suffering from mental health problems may be less likely to have completed the survey.

The County performed relatively well compared to the State with regard to mental health-related health status indicators. For instance, although slightly higher than the prior year, there were 25.22 ED visits per 1,000 visits for mental health issues in Gulf County compared to 25.71 per 1,000 ED visits in the State. The relatively high number of such visits in the County and the State suggests that mental health problems may be a significant problem statewide. In addition, Gulf County experienced an average of 3.5 unhealthy mental health days, compared to 4.1 for the State. However, this number increased in Gulf County from 2.9 days during the prior period.

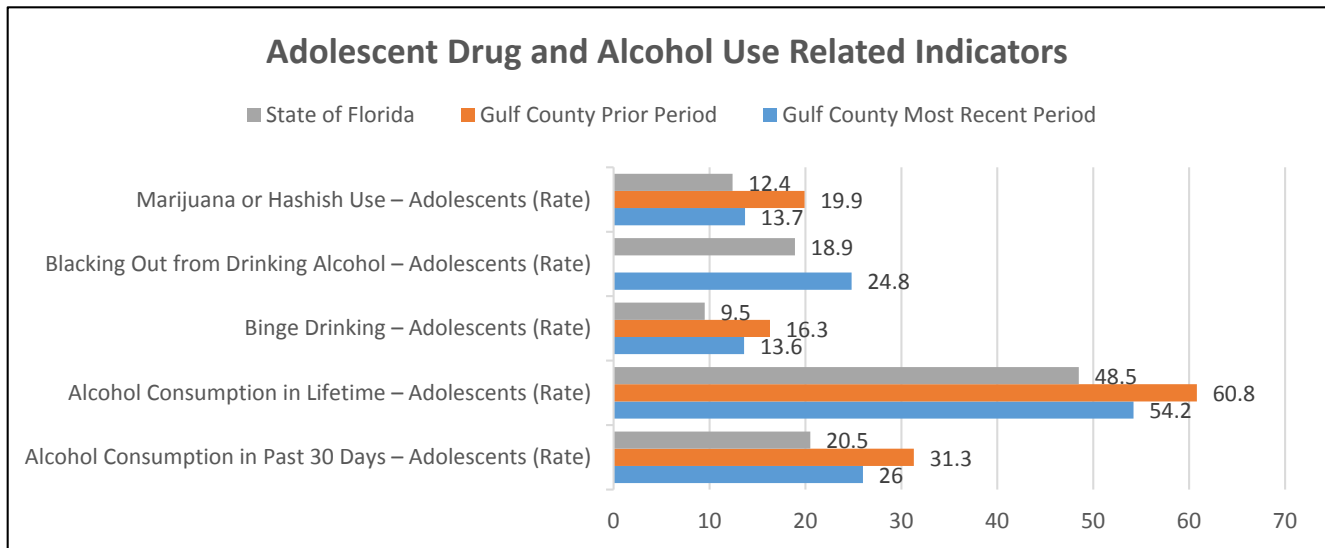
There are currently no adult or pediatric psychiatric beds located in Gulf County, compared to 20.0 and 2.70 beds per population, respectively, in the State. In addition, there are many fewer mental health providers in the County to serve the population in need compared to the State. In Gulf County, there is one mental health provider per 1,759 people compared to one per 744 people in the State.

Substance Abuse

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

In Gulf County, substance abuse appears to be a substantial problem, particularly among adolescents, for whom most indicators are substantially higher than statewide. On a brighter note, these indicators have all improved in Gulf County compared to the prior period.

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to substance abuse are highlighted below.



Similar to mental health, despite the high rate of substance abuse, there are currently no adult substance abuse beds located in Gulf County, compared to 1.7 beds per population in the State.

The effects of substance abuse are cumulative and significantly contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to:

- ♦ Teenage pregnancy
- ♦ Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- ♦ Other sexually transmitted diseases (STDs)
- ♦ Domestic violence
- ♦ Child abuse
- ♦ Motor vehicle crashes
- ♦ Crime
- ♦ Homicide
- ♦ Suicide

Not surprisingly, given the prevalence of substance abuse in Gulf County, the County has a higher (and, in some cases, a substantially higher) rate of many of these problems than statewide, although many of the rates in the County have improved compared to the prior period.

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to these negative outcomes are highlighted below.

Indicator	Gulf County		State of Florida
	Most Recent Period	Prior Period	
Births to Mothers Age 15 – 19 – Resident (Rate)	33.4	39.3	24.3
Domestic Violence Offenses (Rate per 100,000)	321	138	547
Alcohol-Related Motor Vehicle Traffic Crashes (Rate)	93.9	103.1	88.9
Alcohol-Related Motor Vehicle Traffic Crash Deaths (Rate)	10.4	12.6	4.3
Aggravated Assault (Rate per 100,000)	339	501	298
Murder (Rate per 100,000)	6.17	N/A	5.02
Suicide Deaths (Rate)	17.2	13.7	14.0

It should be noted that, despite the substance abuse problem in the County and the high rates of many of the problems associated with substance abuse, the rates of sexually transmitted diseases, including HIV/AIDS and infectious syphilis, are substantially lower in the County than they are statewide.

Resources in Gulf County potentially available to address this priority include the following:

- Florida Therapy Services, Inc.
- National Suicide Hot Line
- Florida Suicide Hot Line
- Gulf Coast Sexual Assault Program
- Salvation Army
- Chemical Addictions Recovery Effort (CARE)
- Life Management Center of Northwest Florida
- Narcotics Anonymous
- Gulf County ARC

Mental Health and Substance Abuse, and related indicators

Legend:

County Performance	County Trend:	
Worse than Florida	Worsening - increasing or decreasing	↑ ↓
Better than Florida	Improving - increasing or decreasing	↑ ↓
Same as Florida	No Change	●

Health Outcomes

Mortality / Length of Life			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Infant Mortality	2012-14	10.8	↑
Neonatal Deaths (0-27 days)	2012-14	10.8	↑
Post neonatal Deaths (28-364 days)	2012-14	0	●
Chronic Liver Disease, Cirrhosis Deaths	2012-14	8.1	↓
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	2012-14	16.4	↓
HIV/AIDS Deaths	2012-14	1.8	●
Suicide Deaths	2012-14	17.2	↑
Motor Vehicle Accident Deaths	2012-14	14.1	↓
Injury Deaths	2012-14	39.1	↓
Homicide	2012-14	3.7	↓
Morbidity / Quality of Life			
Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Low birth weight	2012-14	6.2	↓
Disability (Any)	2013	20.40%	↑
Hepatitis C, Acute	2012-14	0	●
HIV	2012-14	6.3	↑
AIDS	2012-14	8.3	↓
Unhealthy mental days	2013	3.5	↑
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	2013	7.5	↑

Health Factors

Behavior

Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Alcohol-related Motor Vehicle Traffic Crash Deaths	2012-14	10.4	↓
Alcohol-related Motor Vehicle Traffic Crashes	2012-14	93.9	↓
Blacking out from drinking Alcohol (Adolescents)	2014	24.8	↑
Marijuana or Hashish Use (Adolescents)	2014	13.7	↓
Alcohol Consumption in past 30 days (Adolescents)	2014	26	↓
Alcohol Consumption in Lifetime (Adolescents)	2014	54.2	↓
Binge Drinking (Adolescents)	2014	13.6	↓

Clinical Care – Access to Health Care

Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Adult psychiatric beds	2012-14	0	●
Adult substance abuse beds	2012-14	0	●
Pediatric psychiatric beds	2012-14	0	●

Clinical Care – Quality of Care

Indicator	Latest Data Period	Gulf County	
		Performance	Trend
ED Visits - Chronic Conditions - Mental Health	2014	25.2	↑

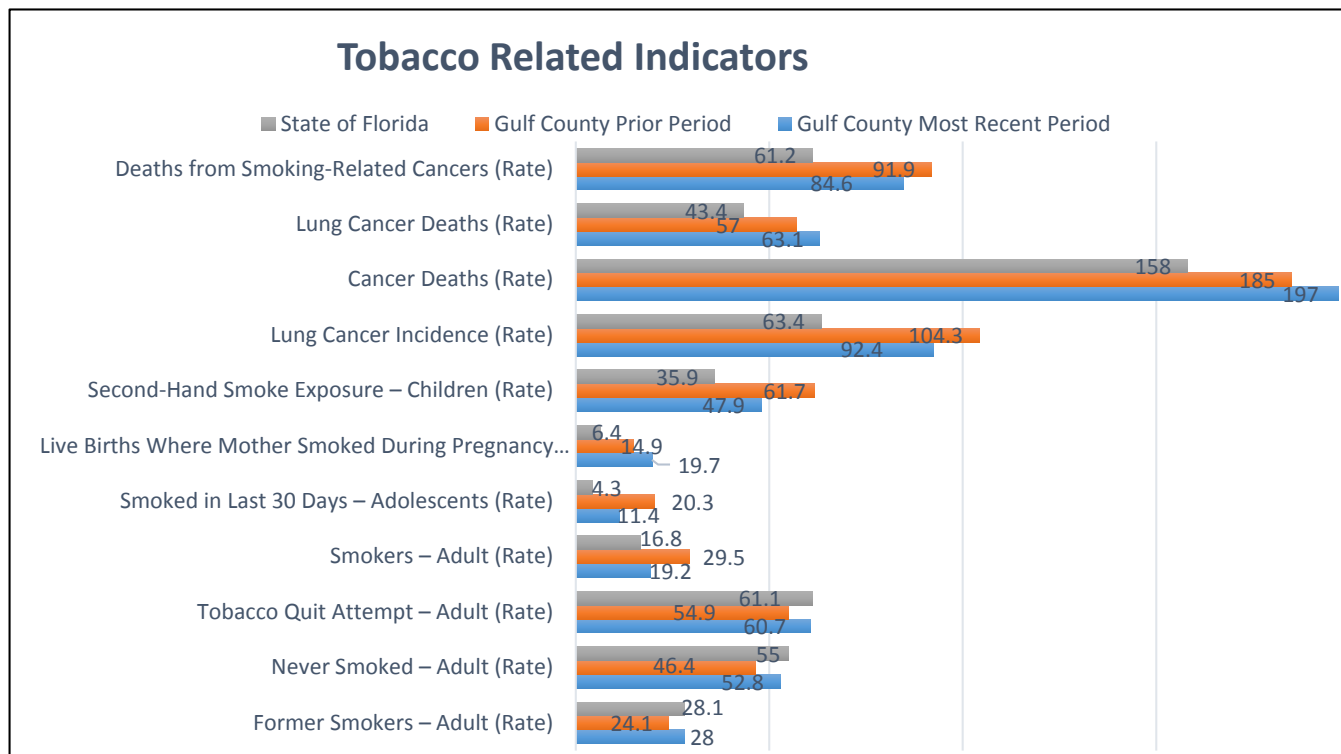
Social and Economic Factors

Indicator	Latest Data Period	Gulf County	
		Performance	Trend
Domestic Violence Offenses	2014	320.9	↑
Forcible Sex Offenses	2014	49.4	↓
Aggravated Assault	2014	339	↓
Murder	2014	6.2	↑
Property Crimes	2014	1,703	↓
Violent Crime	2014	401.2	↓

Additional Health Concerns

Although not selected as one of the top health priorities for Gulf County, tobacco use was also identified as a significant health issue in Gulf County. Although smoking is a problem statewide, Gulf County rates for all smoking-related indicators is worse than statewide. Of particular concern is the percentage of teenagers who have smoked in the last 30 days. However, the County rates in most of these areas improved compared to the prior period, including the number of teenagers who have smoked in the last 30 days, which, while still much higher than in the State overall, has decreased substantially compared to the prior period.

Poor performing indicators for Gulf County (compared to the State or the prior year for the County) related to tobacco use are highlighted below.



Next Steps

The next step in the Gulf County Health Improvement process will be to focus on community implementation planning, which include program planning and evaluation metrics for each priority. Specific objectives for this phase will include, but not be limited to:

- ✱ Organizing work groups to develop action plan(s)
- ✱ Identifying health improvement initiatives that are best practices for each priority
- ✱ Establishing an evaluation plan, including measurable outcome indicators
- ✱ Communicating progress and results to the Gulf County community.

Attachment A

Health Status Indicators, Definitions and Sources

Legend:

County Performance	County Trend:	
Worse than Florida	Worsening increasing or decreasing	↑ ↓
Better than Florida	Improving increasing or decreasing	↑ ↓
Same as Florida	No Change	●

Health Outcome - Mortality (Deaths)						
Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Premature Death	2010-12	7,952	↑	✓	✓	
Cancer Deaths	2012-14	196.6	↑	✓	✓	
Breast Cancer Deaths	2012-14	16.1	↓		✓	
Prostate Cancer Deaths	2012-14	45.2	↑		✓	
Lung Cancer Deaths	2012-14	63.1	↑		✓	
Deaths from Smoking-related Cancers	2010-12	84.6	↓		✓	
Colon, Rectal or Anus Cancer Deaths	2012-14	16.8	↑	✓	✓	
Diabetes Deaths	2012-14	38.5	↑	✓	✓	
Heart Disease Deaths	2012-14	188.1	↓	✓	✓	
Stroke Deaths	2012-14	31.3	↑	✓	✓	
Infant Mortality	2012-14	10.8	↑		✓	✓
Neonatal Deaths (0-27 days)	2012-14	10.8	↑		✓	✓
Post neonatal Deaths (28-364 days)	2012-14	0.0	●		✓	✓
Chronic Liver Disease, Cirrhosis Deaths	2012-14	8.1	↓		✓	✓
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	2012-14	16.4	↓			
Chronic Lower Respiratory Disease Deaths	2012-14	96.6	↑		✓	
Pneumonia, Influenza Deaths	2012-14	10.4	↑		✓	
HIV/AIDS Deaths	2012-14	1.8	●		✓	✓
Suicide Deaths	2012-14	17.2	↑			✓
Motor Vehicle Accident Deaths	2012-14	14.1	↓			✓
Injury Deaths	2012-14	39.1	↓			✓
Homicide	2012-14	3.7	↓			✓

Health Outcome - Morbidity (Quality of Life)						
Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Total Cancer Incidence	2009-11	440.7	↓	✓		
Breast Cancer Incidence	2009-11	99.8	↓	✓		
Prostate Cancer Incidence	2009-11	119.1	↓			
Lung Cancer Incidence	2009-11	92.4	↓			
Colon and Rectum Cancer Incidence	2009-11	24.4	↑	✓		
Melanoma Cancer Incidence	2009-11	7.3	●			
Cervical Cancer Incidence	2009-11	10.3	↑			
Diabetic monitoring	2012	74.0	↓	✓	✓	
Diabetes (Adult)	2013	13.6	↑	✓		
High Blood Pressure (Adult)	2013	45.0	↑	✓		
High Cholesterol (Adult)	2013	39.5	↑	✓		
High Blood Pressure Controlled (Adult)	2013	80.7	↑	✓		
Heart Disease (Adult)	2013	14.9	↑	✓		
Asthma (Adult)	2013	10.8	↑			
Low birth weight	2012-14	6.2	↓	✓		✓
Disability (Any)	2013	20.4%	↑		✓	
Hepatitis C, Acute	2012-14	0.0	●		✓	✓
HIV	2012-14	6.3	↑		✓	✓
AIDS	2012-14	8.3	↓		✓	✓
Salmonellosis	2014	49.4	↓		✓	
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	2012-14	6.3	●		✓	
Tuberculosis	2012-14	6.3	↑		✓	
Chicken Pox	2012-14	4.2	↑		✓	
Whooping Cough	2012-14	2.1	●		✓	
Vaccine (selected) Preventable Disease for All Ages	2014	6.2	↑		✓	
Unhealthy mental days	2013	3.5	↑		✓	✓
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	2013	7.5	↑			✓
Adults with good to excellent overall health	2013	76.2	↓		✓	
Poor or fair health	2013	23.8	↑	✓		

HEALTH BEHAVIORS						
Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Smokers (Adult)	2013	19.2	↓			
Former Smokers (Adult)	2013	28.0	↑			
Never Smoked (Adult)	2013	52.8	↑			
Tobacco Quit Attempt (Adult)	2013	60.7	↑			
Smoked Cigarettes in last 30 days (Adolescents)	2014	11.4	↓			
Cigarette Use (Adolescents)	2014	8.3	↓			
Secondhand Smoke exposure (Children)	2014	47.9	↓			
Live births where mother smoked during pregnancy	2012-14	19.0	↑			
Alcohol-related Motor Vehicle Traffic Crash Deaths	2012-14	10.4	↓			✓
Alcohol-related Motor Vehicle Traffic Crashes	2012-14	93.9	↓			✓
Blacking out from drinking Alcohol (Adolescents)	2014	24.8	↑			✓
Marijuana or Hashish Use (Adolescents)	2014	13.7	↓			✓
Alcohol Consumption in past 30 days (Adolescents)	2014	26.0	↓			✓
Alcohol Consumption in Lifetime (Adolescents)	2014	54.2	↓			✓
Binge Drinking (Adolescents)	2014	13.6	↓			✓
Healthy Weight (Adult)	2013	33.3	↑	✓		
Overweight (Adult)	2013	33.3	↓	✓		
Obesity (Adult)	2013	33.3	↑	✓		
Births to Obese Mothers	2012-14	29.0	↑	✓		
Births to overweight mothers	2012-14	22.9	↓	✓		
Breast feeding Initiation	2012-14	64.2	↑	✓		
Overweight (Adolescents)	2014	16.7	↓	✓		
Overweight or Obesity (Adolescents)	2014	37.9	↑	✓		
Healthy Weight (Adolescents)	2014	58.7	↓	✓		
Vigorous physical activity recommendations met (Adult)	2007	21.9	↑	✓		
Exercise opportunities	2013 & 10	0.5	↑	✓		
Sedentary Adults	2013	32.6	↓	✓		
Fruits and Vegetables Consumption 5 servings per day (Adult)	2013	7.9	↓	✓		
Food Insecurity	2013	17.8	↑	✓		
Grocery Store Access	2013	10.2	↓	✓		

Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Food Access Low - Low Income Population	2010	0.1	↑	✓		
Fast Food Restaurant Access	2013	11.6	●	✓		
SNAP Participants	2011	14.5%	↓	✓		
Infectious Syphilis	2012-14	2.1	●			
Sexually transmitted infections	2012-14	329.7	↓			
Births to Mothers under the age of Majority (10-14)	2012-14	0.0	●			
Births to Mothers under the age of Majority (10-16)	2012-14	1.4	↓			
Clinical Care						
Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Uninsured Adults	2013	23.5	↑		✓	
Uninsured Children	2013	13.3	↑		✓	
Adults who could not see a doctor at least once in the past year due to cost	2013	28.9	↑		✓	
Population Receiving Medicaid	2013	15,275	↑		✓	
Medicaid births	2012-14	62.3	↑		✓	
Dental Care Access by Low Income Persons	2010-12	35.0	↓		✓	
Primary Care Access	2012	31.8	↓		✓	
Mental health providers	2014	1,759:1	↑		✓	
Physicians	FY 11/12 - FY 13/14	84.2	↑		✓	
Family Practice Physicians	FY 11/12 - FY 13/14	25.3	↑		✓	
Internists	FY 11/12 - FY 13/14	12.6	↓		✓	
Pediatricians	FY 11/12 - FY 13/14	3.0	●		✓	
OB/GYN	FY 11/12 - FY 13/14	0.0	●		✓	
Dentists	FY 11/12 - FY 13/14	16.8	↓		✓	
Acute Care Beds	2012-14	118.9	↓		✓	
Adult psychiatric beds	2012-14	0.0	●		✓	✓
Adult substance abuse beds	2012-14	0.0	●		✓	✓
Pediatric psychiatric beds	2012-14	0.0	●		✓	✓
Rehabilitation beds	2012-14	0.0	●		✓	
Nursing Home Beds	2012-14	751.2	↓		✓	

Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Lack of Prenatal Care	2012-14	0.3	↑		✓	
Prenatal Care Begun Late or No Prenatal Care	2012-14	4.7	↓		✓	
Prenatal Care Begun in First Trimester	2012-14	75.7	↑		✓	
Adults who have a personal doctor	2013	71.7	↓		✓	
Cancer Screening - Mammogram	2013	60.0	↑		✓	
Cancer Screening in past two years - PSA (Men age 50 & older)	2010	62.7	↑		✓	
Cancer Screening - Sigmoidoscopy or Colonoscopy	2013	60.7	↑		✓	
Cancer Screening - Pap Test	2013	61.4	↑		✓	
Diabetic Annual Foot Exam (Adults)	2013	72.6	↑	✓	✓	
Diabetic Semi-Annual A1C Testing (Adult)	2013	77.4	↑	✓	✓	
HIV Testing (Adult age 65 and over)	2013	55.6	↑		✓	
Flu Vaccination in the Past Year (Adult age 65 and over)	2013	50.8	↓		✓	
Flu Vaccination in the Past Year (Adult)	2013	33.8	↑		✓	
Pneumonia Vaccination (Adult age 65 and over)	2013	65.7	↓		✓	
Pneumonia Vaccination (Adult)	2013	33.9	↑		✓	
Vaccination (kindergarteners)	2012-14	98.1	↓		✓	
ED Visits - All Ambulatory Care Sensitive Conditions	2014	206.3	↑		✓	
ED Visits - Acute Conditions - Hypoglycemia	2014	0.4	↓	✓	✓	
ED Visits - Avoidable Conditions - Dental	2014	19.8	↑		✓	
ED Visits - Avoidable Conditions - Dental (from health dept)	2014	0.9	↑		✓	
ED Visits - Chronic Conditions - Angina	2014	1.2	↓		✓	
ED Visits - Chronic Conditions - Asthma	2014	10.4	↑		✓	
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	3.5	↑	✓	✓	
ED Visits - Chronic Conditions - Diabetes	2014	4.7	↑	✓	✓	
ED Visits - Chronic Conditions - Mental Health	2014	25.2	↑		✓	✓

Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
ED Visits - Chronic Conditions - Hypertension	2014	11.5	↓	✓	✓	
ED Visits - STDs	2014	0.4	↑		✓	
Preventable hospital stays	2011-13	1,137	↓		✓	
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	2012-14	118.9	↓			
Admitted ED Visits - Dental	2014	184.5	↑			
Admitted ED Visits - Diabetes	2014	1.8	↑			
Admitted ED Visits - STDs	2014	24.9	↑			
Social and Economic Factors						
Indicator	Latest Data Period	Gulf County		Related Priorities		
		Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
High school graduation	2013	77.8%	↓			
Population 18 - 25 without a high school diploma	2013	27.2%	↓			
Unemployment	2015 AUG	4.9	↓		✓	
Real Per Capita Income	2013	27,053	↑			
Median Household Income	2013	40,455	↑			
Poverty	2013	30.8%	↑		✓	
Children in poverty (based on household)	2013	21.1%	↓		✓	
Children Eligible for Free/Reduced Price Lunch	2013-14	54.1%	↑			
Income - Public Assistance Income	2013	32.0%	↑		✓	
Housing Cost Burden	2009-13	31.3%	↑			
Children in single-parent households	2013	44.1%	↓			
Population with Limited English Proficiency	2013	8.0%	↑		✓	
Domestic Violence Offenses	2014	320.9	↑			✓
Forcible Sex Offenses	2014	49.4	↓			✓
Aggravated Assault	2014	339	↓			✓
Murder	2014	6.2	↑			✓
Property Crimes	2014	1,703	↓			✓
Violent Crime	2014	401.2	↓			✓

Physical Environment						
		Gulf County		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Air pollution - particulate matter	2008	0.3	↑			
Air Quality - Ozone	2008	0.00	●			
Drinking water violations	FY 2013-14	22.00	↑			
Severe housing problems	2008-12	16.9%	↑			
Households with No Motor Vehicle	2013	7.1%	↓	✓	✓	
Driving alone to work	2013	83.1%	↓	✓		
Use of Public Transportation	2013	0.7%	↓	✓	✓	
Population Characteristics						
Indicator	Latest Data Period	Gulf County Performance				
Median Age	2014	43.4				
Population Under Age 0-17	2014	2,430				
Population Age 18-24	2014	1,343				
Population Age 25-34	2014	2,403				
Population Age 35-44	2014	2,292				
Population Age 45-54	2014	2,565				
Population Age 55-64	2014	2,290				
Population Age 65+	2014	2,880				
Total Population (ACS)	2013	15,793				
Total Population (FL CHARTS)	2014	16,203				
Female Population	2014	6,510				
Female Population Age 10-14	2014	344				
Female Population Age 15-19	2014	351				
Female Population Age 20-44	2014	1,636				
Male Population	2014	9,693				
Male Population Age 50+	2014	3,372				
Families with Children	2013	31.8%				
Births to Mothers Ages 15-19	2012-14	33.4				
Births to Mothers Ages 15-44	2012-14	19.1				
Total Births (resident)	2014	117				
Population by Race - White	2013	12,279				
Population by Race - Black	2013	2,909				
Population by Race - Native American	2013	111				
Population by Race - Asian/Pacific Islander	2013	144				
Population by Race - 2 or more races	2013	205				
Population by Race - Other	2013	145				
Veteran Population	2013	10.4%				

Health Outcome - Mortality (Deaths)

Premature Death - Years of Potential Life Lost (YPLL) - Years of potential life lost (YPLL) before age 75 per 100,000 population (age-adjusted) The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population. Weblink:
<http://www.countyhealthrankings.org/app/florida/2015/downloads>

Data collection period: 3-year rolling
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Note: Data collected is 3-year rolling average, must use 2015, 2014 and 2012 for 3 data points

Source: CHR *County Health Rankings*. Original Data Source: National Center for Health Statistics - Mortality Files.

Cancer Deaths - ICD-10 Code(s): C00-C97. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0097>

Breast Cancer Deaths - ICD-10 Code(s): C50. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0084>

Prostate Cancer Deaths - ICD-10 Code(s): C61. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0093>

Lung Cancer Deaths - ICD-10 Code(s): C33-C34. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0092>

Deaths from Smoking-related Cancers - Cancers include: Lip, Oral Cavity, Pharynx (C00-C14), Esophagus (C15), Larynx (C32), Trachea, Bronchus, Lung (C33-C34), Kidney & Renal Pelvis (C64-C65), Bladder (C67), Other/Unspecified Sites In Urinary Tract (C66, C68). Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0268>

Colon, Rectal or Anus Cancer Deaths - Colorectal Cancer Deaths. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0089>

Diabetes Deaths - ICD-10 Code(s): E10-E14. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0090>

Heart Disease Deaths - ICD-10 Code(s): I00-I09, I11, I13, I20-I51. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0098>

Stroke Deaths - ICD-10 Code(s): I60-I69. Weblink:
<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0086>

Infant Mortality - Deaths occurring within 364 days of birth. Weblink:
<http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0053>

Neonatal Deaths (0-27 days) - Deaths occurring within 27 days of birth. Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records. Weblink:
<http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?>

Post neonatal Deaths (28-364 days) - Deaths occurring 28 to 364 days from birth. Note: Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records. Count Available. Weblink: <http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0055>

Chronic Liver Disease, Cirrhosis Deaths - Deaths from Chronic Liver Disease and Cirrhosis Deaths. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0091>

Nephritis, Nephritic Syndrome, and Nephrosis Deaths - Nephritis Deaths. ICD-10 Code(s): N17-N19. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0391>

Chronic Lower Respiratory Disease Deaths - ICD-10 Code(s): J40-J47. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0088>

Pneumonia, Influenza Deaths - ICD-10 Code(s): J09-J18. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0125>

HIV/AIDS Deaths - ICD-10 Code(s): B20-B24. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0122>

Suicide Deaths - Suicide (All Means) Deaths. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116>

Motor Vehicle Accident Deaths - Motor Vehicle Crashes Deaths. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0110>

Injury Deaths - Unintentional Injuries Deaths. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0109>

Homicide - Homicide (All Means) Deaths. Weblink: <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0118>

Data collection period: 3-year rolling
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Note: Counts Available

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: FL DOH, Bureau of Vital Statistics

Health Outcome - Morbidity (Quality of Life)

Total Cancer Incidence - Cancer Incidence. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0460>

Breast Cancer Incidence - ICD-10 Code(s): C50. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0448>

Prostate Cancer Incidence - ICD-10 Code(s): C61. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0450>

Lung Cancer Incidence - ICD-10 Code(s): C33-C34. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0446>

Colon and Rectum Cancer Incidence - Colorectal Cancer Incidences. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0445>

Melanoma Cancer Incidence - New cases during time period. CD-10 Code(s): C43. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0447>

Cervical Cancer Incidence - New cases during time period. ICD-10 Code(s): C53. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0449>

Data collection period: 3-year rolling
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Note: Rates are not displayed for fewer than 10 cases.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: UM(FL) MS, Florida Cancer Data System

Diabetic monitoring - Percentage of Diabetic Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their HbA1c levels. Weblink: <http://www.countyhealthrankings.org/app/florida/2015/measure/factors/7/data>

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: High/Increase

Source: County Health Rankings and Roadmaps *Dartmouth Atlas Project*. Original Data Source: Dartmouth Atlas of Health Care; CMS.

Diabetes (Adult) - Adults who have ever been told they had diabetes. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=21>

High Blood Pressure (Adult) - Adults who have ever been told they had hypertension. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=15>

High Cholesterol (Adult) - Adults who have ever been told they had high blood cholesterol. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=19>

High Blood Pressure Controlled (Adult) - Adults with hypertension who currently take high blood pressure medicine. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=72>

Heart Disease (Adult) - Adults who have ever been told they had coronary heart disease, heart attack, or stroke. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=46>

Asthma (Adult) - Adults who currently have asthma. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=20>

Data collection period: Triennial
Source Data type: %
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Low birth weight - Live Births under 2,500 Grams. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Merlin.

Disability (Any) - Disability Status. Weblink:

<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - s1810.

Data collection period:	Annual
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	Neutral

Source: US Census *Fact Finder*. Original Data Source: US Census.

Hepatitis C, Acute - ICD Code(s): 07051. Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Counts and rates include confirmed and probable cases of Hepatitis C, Acute (Merlin code 07051). Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8651>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Merlin.

HIV - Human immunodeficiency virus. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalHIVAIDSViewer.aspx?cid=0471>

AIDS - Acquired immunodeficiency syndrome. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalHIVAIDSViewer.aspx?cid=0141>

Data collection period:	Annual
Source Data type:	Rate per Population
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original
Data Source: FL DOH, Bureau of HIV/AIDS.

Salmonellosis - ICD-9-CM: 003.00. Counts and rates include confirmed and probable cases of Salmonellosis (Merlin code 00300). Weblink:

<http://www.floridacharts.com/charts/CommunicableDiseases/default.aspx>

Meningitis, Other Bacterial, Cryptococcal, or Mycotic - Includes the following types of Meningitis: group b strep, listeria monocytogenes, other meningitis, strep pneumoniae. beginning in 2007, data includes both probable and confirmed cases. Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0160>

Tuberculosis - Tuberculosis ICD-10 Case Definitions. Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0148>

Chicken Pox - Varicella. ICD-10 Case Definition. Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8633>

Whooping Cough - Pertussis. ICD-9-CM: 033.90. Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0156>

Vaccine (selected) Preventable Disease for All Ages - Includes: diphtheria, acute hepatitis b, measles, mumps, pertussis, rubella, tetanus, and polio. Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0194>

Data collection period:	Annual
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Merlin.

Unhealthy mental days - Average number of unhealthy mental days in the past 30 days. Survey Question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=65>

Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days - Among adults who responded that they have had at least one day of poor mental or physical health, the average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days. Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=70>

Data collection period:	Triennial
Source Data type:	Count (average)
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Adults with good to excellent overall health - Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=60>

Data collection period:	Triennial
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Poor or fair health - Adults who said their overall health was "fair" or "poor". Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=1>

Data collection period: Annual
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Health Behavior - Tobacco Use

Smokers (Adult) - Combination of everyday smoker and some day smoker. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=8>

Former Smokers (Adult) - Currently quit smoking. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=85>

Never Smoked (Adult) - Adults who reported smoking less than 100 cigarettes in their lifetime. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=86>

Tobacco Quit Attempt (Adult) - Adult current smokers who tried to quit smoking at least once in the past year. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=9>

Data collection period: Triennial
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Smoked in last 30 days (Adolescents) - Ages 11-17 years, smoked cigarettes on one or more of the last 30 days. Weblink: <http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/documents/2014-county/index.html>

Secondhand Smoke exposure (Children) - Middle school children exposed to secondhand smoke during the past 7 days. Weblink: <http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/documents/2014-county/index.html>

Data collection period: Biennial
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FYTS.

Live births where mother smoked during pregnancy - Resident live births. Weblink: <http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=343>

Data collection period: 3-year rolling
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Note: Race/ethnicity data also available

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Bureau of Vital Statistics.

Health Behavior - Alcohol / Substance Use

Alcohol-related Motor Vehicle Traffic Crash Deaths - A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication) that results in one or more fatalities within thirty days of occurrence. Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0303>

Alcohol-related Motor Vehicle Traffic Crashes - A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication). Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0302>

Data collection period: 3-year rolling
Source Data type: rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FDHSMV.

Blacking out from drinking Alcohol (Adolescents) - Ages 14-17 who reported on how many occasions in their lifetime they woke up after drinking and did not remember the things they did or the places they went. Weblink: <http://www.myflfamilies.com/service-programs/substance-abuse/fysas>.

Note: New for 2014. Indicator focuses toward negative consequence of behavior.

Cigarette Use (Adolescents) - Ages 10-17 who reported having used Cigarettes in the past 30 days. Weblink: <http://www.myflfamilies.com/service-programs/substance-abuse/fysas>.

Marijuana or Hashish Use (Adolescents) - Ages 10-17 who reported having used alcohol in the past 30 days. Weblink: <http://www.myflfamilies.com/service-programs/substance-abuse/fysas>.

Alcohol Consumption in past 30 days (Adolescents) - Ages 10-17 who reported having used alcohol in the past 30 days. Weblink: <http://www.myflfamilies.com/service-programs/substance-abuse/fysas>.

Alcohol Consumption in Lifetime (Adolescents) - Ages 10-17 who reported having used alcohol or any illicit drug in their lifetimes. Weblink: <http://www.myflfamilies.com/service-programs/substance-abuse/fysas>. Note: This indicator is helpful in understanding effectiveness of early intervention and education programs.

Binge Drinking (Adolescents) - Aaes 10-17 who reported having used alcohol in the past 30 days. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Weblink: <http://www.myflfamilies.com/service-programs/substance-abuse/fysas>

Data collection period:	Biennial
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Note: 30-day rates tend to be more indicative of regular or more frequent use. Lifetime usage captures experimentation as well as ongoing use.

Source: FL DCF FYSAS - *FL Department of Children and Families*. Original Data Source: FYSAS - FL Department of Children and Families.

Health Behavior - Diet and Exercise

Healthy Weight (Adult) - Having a body mass index (BMI) ranging from 18.5 to 24.9; BMI is calculated using self-reported height and weight. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=80>

Data collection period:	Triennial
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*. Original Data Source: Florida BRFSS

Overweight (Adult) - Body Mass Index (BMI) 25.0 to 29.9. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=5>

Obesity (Adult) - Body Mass Index (BMI) 30.0 or higher. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=6>

Data collection period:	Triennial
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*. Original Data Source: Florida BRFSS

Births to Obese Mothers - Births to obese mothers (BMI 30.0 or higher) at the time pregnancy occurred. Weblink: <http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0606>

Births to overweight mothers - Births to overweight (BMI 25.0 to 29.9) mothers at the time pregnancy occurred. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0607>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Bureau of Vital Statistics.

Breast feeding Initiation - Infant was being breastfed at the time the birth certificate was completed. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=637>

Data collection period:	Annual
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Pregnancy and Young Child Profile*. Original Data Source: FL DOH, Bureau of Vital Statistics.

Overweight (Adolescents) - Middle and High School Students. Body Mass Index (BMI) 25.0 to 29.9.

Weblink: <http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/documents/2014-county/index.html>

Obesity (Adolescents) - Middle and High School Students. Body Mass Index (BMI) 30.0 or higher.

Weblink: <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=1235&tn=31>.

Healthy Weight (Adolescents) - Middle and High School Students. Having a body mass index (BMI) ranging from 18.5 to 24.9. Weblink:

<http://www.floridacharts.com/charts/SpecReport.aspx?RepID=1235&tn=31>.

Data collection period:	Biennial
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*. Original Data Source: FYTS.

Vigorous physical activity recommendations met (Adult) - 75 minutes of vigorous aerobic activity per week in the past 30 days. Weblink:

<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=4>

Data collection period:	Triennial
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Exercise opportunities - Percentage of population with adequate access to locations for physical activity. Locations for physical activity (parks or recreation facilities); Urban pop. resides within 1 mile and rural resides within 3 miles of recreational facility. Weblink:

<http://www.countyhealthrankings.org/app/florida/2015/overview>

Data collection period:	Annual
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: CHR *County Health Rankings*. Original Data Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline files.

Sedentary Adults - Participating in no leisure-time physical activity in the past 30 days. Weblink:

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

Data collection period:	5-year
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*. Original Data Source: Florida BRFSS

Fruits and Vegetables Consumption 5 servings per day (Adult) – Weblink:

<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=7>

Data collection period:	5-year
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*. Original Data Source: Florida BRFSS

Food Insecurity - Lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods. Weblink:

<http://map.feedingamerica.org/county/2011/overall/florida/county/escambia>

Data collection period:	Annual
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: Feeding America *Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level*. Original Data Source: US Census.

Grocery Store Access - Population that live within a 1/2 mile of a healthy good source, including grocery stores and produce stands/farmers' markets. Weblink:
<http://www.floridacharts.com/charts/default.aspx>

Data collection period:	Annual
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, FDOH, Environmental Public Health Tracking.

Food Access - Low Income Population - Percentage of population who are low-income and do not live close to a grocery store. In rural areas, it means living less than 10 miles from a grocery store; in nonrural areas, less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Weblink:
<http://www.countyhealthrankings.org/app/florida/2013/measure/factors/83/map>

Data collection period:	Annual
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: CHR *County Health Rankings*. Original Data Source: US DoA.

Fast Food Restaurant Access - Population that live within a 1/2 mile of a fast food restaurant. Weblink:
<http://www.floridacharts.com/charts/HealthiestWeightProfile.aspx?county=17&profileyear=2013&tn=31>

Data collection period:	Annual
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*. Original Data Source: Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, FDOH, Environmental Public Health Tracking.

SNAP Participants - Weblink: <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx>

Data collection period:	Annual
Source Data type:	Rate per Population
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: USDA Economic Research Service *Food Environment Atlas*. Original Data Source: US DoA.

Health Behavior - Sexual Activity

Infectious Syphilis - Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0144>

Data collection period:	3-year rolling
Source Data type:	Rate per Population
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Bureau of STD Prevention & Control.

Sexually transmitted infections - Total gonorrhea, chlamydia, infectious syphilis cases. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0203>

Data collection period: Annual
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Bureau of STD Prevention & Control.

Births to Mothers under age of majority (Resident) - Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0001>.

Data collection period: 3-year rolling
Source Data type: Rate
Desired Target Direction: Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: FL DOH, Bureau of Vital Statistics

Clinical Care – Access to Health Care

Uninsured Adults - Percent Uninsured (ages < 65). Weblink: <http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie.html>

Uninsured Children - Percent Uninsured (ages < 19). Weblink: <http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie.html>

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: US Census *SAHIE Interactive Data Tool*. Original Data Source: US Census.

Percentage of adults who could not see a doctor at least once in the past year due to cost – Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=13>

Data collection period: Triennial
Source Data type: %
Smallest geographic level: County
Desired Target Direction: High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Population Receiving Medicaid - Medicaid Program Enrollment Totals (Including Medikids population). Weblink:

http://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

Data collection period:	Monthly
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Note: Data is available through August 2015, but June 2013, June 2012 & 2011 was collected

Source: FL AHCA (AHCA) *Comprehensive Medicaid Managed Care Enrollment Reports*. Original Data Source: FL AHCA (AHCA).

Medicaid births - Births covered by Medicaid. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0595>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: FL DOH, Bureau of Vital Statistics.

Dental Care Access by Low Income Persons - Access to Dental Care by Low Income Persons, Single Year. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0266>

Data collection period:	Annual
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: FL DOH, Public Health Dental Program.

Primary Care Access - Primary care physicians per 100,000 population by year. This figure represents all primary care physicians practicing patient care, including hospital residents. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. Weblink: <http://assessment.communitycommons.org/CHNA/report?page=4>.

Data collection period:	Annual
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: US DoHHS, Area Health Resource File. <http://arf.hrsa.gov/overview.htm> *Area Health Resource File*. Original Data Source: US DoHHS.

Mental health providers - Mental Health Providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. Weblink:

<http://www.countyhealthrankings.org/app/florida/2015/measure/factors/62/datasource>.

Data collection period:	Annual
Source Data type:	Ratio
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: CHR *County Health Rankings*. Original Data Source: CMS (CMS), National Provider Identification.

Physicians - Per population rate of people with active physician licenses only. Licensure data is for a fiscal year (July 1-June 30). Weblink:

<http://www.floridacharts.com/charts/LoadPage.aspx?l=~ /OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0327>

Family Practice Physicians - Per population rate of people with active physician licenses in Florida who report family practice as their specialty. Licensure data is for a fiscal year (July 1-June 30). Weblink:

<http://www.floridacharts.com/charts/LoadPage.aspx?l=~ /OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0328>

Internists - Per population rate of people with active physician licenses in Florida who report internal medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30). Weblink:

<http://www.floridacharts.com/charts/LoadPage.aspx?l=~ /OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0329>.

Pediatricians - Per population rate of people with active physician licenses in Florida who report pediatric medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30). Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0331>.

OB/GYN (per population) - Per population rate of people with active physician licenses in Florida who report OB/GYN as their specialty. Licensure data is for a fiscal year (July 1-June 30). Weblink:

<http://www.floridacharts.com/charts/LoadPage.aspx?l=~ /OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0330>

Dentists - Per population rate of people with active licenses to practice dentistry in Florida. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0326>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Note: <http://www.floridahealth.gov/licensing-and-regulation/index.html>

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: FL DOH, Division of Medical Quality Assurance.

Acute Care Beds - Acute care is necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness. The term is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short-term stay facility.

Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0314>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL AHCA (AHCA), Certificate of Need Office.

Adult psychiatric beds - The number of beds indicates the number of people who may receive adult psychiatric care on an inpatient basis. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0318>.

Adult substance abuse beds - The number of beds indicates the number of people who may receive adult substance abuse treatment on an in-patient basis. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0321>

Pediatric psychiatric beds - Child and Adolescent Psychiatric Beds. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0319>

Rehabilitation beds - The number of rehabilitation beds indicates the number of people who may receive rehabilitative care in the hospital on an in-patient basis. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0324>

Nursing Home Beds - Skilled Nursing Unit Beds. A nursing home, skilled nursing facility (SNF), or skilled nursing unit (SNU), also known as a rest home, is a type of care of residents: it is a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness. Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0325>

Data collection period:	3 year rolling
Source Data type:	Rate per 100,000
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL AHCA (AHCA), Certificate of Need Office.

Clinical Care – Quality of Care

Lack of Prenatal Care - Births to mothers with no prenatal care. Trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=16>

Prenatal Care Begun Late or No Prenatal Care - Births to Mothers with 3rd Trimester or No Prenatal Care. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=17>

Prenatal Care Begun in First Trimester - Births to Mothers with 1st Trimester Prenatal Care.
Weblink: <http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=18>

Data collection period:	3-year rolling
Source Data type:	Rate
Smallest geographic level:	County
Desired Target Direction:	Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Bureau of Vital Statistics.

Adults who have a personal doctor - Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=12>

Cancer Screening - Mammogram - Women 40 years of age and older who received a mammogram in the past year. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=24>

Cancer Screening in past two years - PSA (Men age 50 & older) - Men 50 years of age and older who received a PSA test in the past two years. Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=39>

Cancer Screening - Sigmoidoscopy or Colonoscopy - Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years, Overall. Weblink:
<http://www.floridacharts.com/CHARTS/Brfss/DataViewer.aspx?bid=39>

Cancer Screening - Pap Test - Women 18 years of age and older who received a Pap test in the past year. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=25>

Diabetic Annual Foot Exam (Adults) - Adults with diabetes who had an annual foot exam. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=49>

Diabetic Semi-Annual A1C Testing (Adult) - Adults with diabetes who had two A1C tests in the past year. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=49>

HIV Testing (Adult age 65 and over) - Adults less than 65 years of age who have ever been tested for HIV, Overall. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=29>

Flu Vaccination in the Past Year (Adult age 65 and over) - Adults 65 years of age and older who received a flu shot in the past year. Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=75>

Flu Vaccination in the Past Year (Adult) - Adults who received a flu shot in the past year. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=22>

Pneumonia Vaccination (Adult age 65 and over) - Adults 65 years of age and older who have ever received a pneumococcal vaccination. Weblink:
<http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=88>

Pneumonia Vaccination (Adult) - Adults who have ever received a pneumococcal vaccination, Overall. Weblink: <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=23>

Data collection period:	Triennial
Source Data type:	%
Smallest geographic level:	County
Desired Target Direction:	High/Increase

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology to include respondents via cellular phones in addition to land lines.

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida BRFSS

Vaccination (kindergarteners) - Fully immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus, influenzae type b, hepatitis B and varicella (chicken pox).

Weblink:

<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0075>

Data collection period: 3-year rolling
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Bureau of Immunization.

ED Visits - Acute Conditions - Hypoglycemia - Hypoglycemia Primary ICD9 251.2

ED Visits - Avoidable Conditions - Dental - Dental Conditions Primary ICD9 521-523,525,528

ED Visits - Chronic Conditions - Angina - Angina Primary ICD9 411.1, 411.8, 413. Excludes cases with a surgical procedure 01-86.99

ED Visits - Chronic Conditions - Asthma - Asthma Primary ICD9 493

ED Visits - Chronic Conditions - Congestive Heart Failure - Congestive Heart Failure Primary ICD9 402.01, 402.11, 402.91, 428, 518.4. Excludes cases with the following surgical procedures: 36.01, 36.02, 36.05, 36.1, 37.5, or 37.7

ED Visits - Chronic Conditions - Diabetes - Diabetes Primary ICD9 250.0 - 250.3, 250.8 - 250.9.

ED Visits - Chronic Conditions - Mental Health - ICD-9 Dx Group: Mental Disorders

ED Visits - Chronic Conditions - Hyper Tension - Hypertension Primary ICD9 401.0, 401.9, 402.00, 402.10, 402.90.

Data collection period: Quarterly
Source Data type: Rate/1000 Visits
Smallest geographic level: Zip
Desired Target Direction: Low/Decrease

Note: Ambulatory Care Sensitive Conditions:

http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf

Source: AHCA *IntelliMed - Export*. Original Data Source: IntelliMed© Custom Report

Preventable hospital stays - Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are hospitalization conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition. High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care. Weblink:
<http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8598>.

Data collection period: 3-year rolling
Source Data type: Rate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL AHCA (AHCA).

Social and Economic Factors - Education

High school graduation - Percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry. Data are for school years (September-June). Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndRateOnlyDataViewer.aspx?cid=0552>

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: High/Increase

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: Florida Department of Education, Education Information and Accountability Services (EIAS).

Population 18-24 without a high school diploma - Population 18 to 24 years with educational attainment of less than high school graduate. (Target %, Total 18 to 24 population estimate) Weblink: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - s1501.

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: *Fact Finder*. Original Data Source: US Census.

Social and Economic Factors - Employment

Unemployment - Number of unemployed people as a percentage of the civilian labor force (not seasonally adjusted). Weblink: <http://data.bls.gov/map/MapToolServlet>

Data collection period: Annual
Source Data type: %
Desired Target Direction: Low/Decrease

Source: US DoL, Bureau of Labor Statistics . Original Data Source: US DoL, Bureau of Labor Statistics.

Social and Economic Factors - Income

Real Per Capita Income - Real per capita income represents the total GDP of the county, adjusted for inflation and divided by the population. Weblink: <http://www.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=5#reqid=70&step=30&isuri=1&7022=20&7023=7&7024=non-industry&7033=1&7025=4&7026=12005,12033,12037,12043,12113,12131&7027=2013&7001=720&7028=-1&7031=12000&7040=-1&7083=levels&7029=20&7090=7>.

Data collection period: Annual
Source Data type: \$
Desired Target Direction: High/Increase

Source: US DoC, Bureau of Economic Analysis.

Median Household Income - Weblink:

<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - S1903.

Data collection period: Annual
Source Data type: \$
Desired Target Direction: High/Increase

Source: US Census *Fact Finder*. Original Data Source: US Census.

Poverty - Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family (and every individual in it) or unrelated individual is considered in poverty. Weblink: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - s1701.

Data collection period: 5-year estimate
Source Data type: %
Desired Target Direction: Low/Decrease

Source: US Census *Fact Finder*. Original Data Source: US Census.

Children in poverty (based on household) - Number individuals below poverty under the age of 18 divided by the number of individuals under the age of 18, expressed as a percentage. Weblink: <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndRateOnlyDataViewer.aspx?cid=0295>

Data collection period: Annual
Source Data type: %
Desired Target Direction: Low/Decrease

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: US Census.

Children Eligible for Free/Reduced Price Lunch - Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charge no more than 40 cents. Weblink: <http://assessment.communitycommons.org/CHNA/report?page=2&id=209>

Data collection period: Annual
Source Data type: %
Desired Target Direction: Low/Decrease

Source: *Common Core of Data*. Original Data Source: National Center for Education Statistics, NCES.

Income - Public Assistance Income - Living in household with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP in the past 12 months. Weblink: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - B09010.

Data collection period: Annual
Source Data type: % calculated from ACS population estimates
Desired Target Direction: Low/Decrease

Source: US Census *Fact Finder*. Original Data Source: US Census.

Housing Cost Burden (30%) - Percentage of the households where housing costs exceed 30% of total household income. Weblink:

<http://assessment.communitycommons.org/CHNA/report?page=2&id=240>

Data collection period: 5-year estimate

Source Data type: %

Desired Target Direction: Low/Decrease

Source: US Census ACS. Original Data Source: US Census.

Social and Economic Factors - Family and Social Support

Children in single-parent households - Excludes single parents living with unmarried partners.

Weblink: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Model

Studer Institute: Table name - B09002 ("In Other Families"/"Total")

Data collection period: Annual

Source Data type: %

Desired Target Direction: Low/Decrease

Source: US Census *Fact Finder*. Original Data Source: US Census.

Population with Limited English Proficiency - No one age 14 and over speaks English only or speaks English "very well" No one age 14 and over speaks English only. Weblink:

<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - S1602.

Data collection period: Annual

Source Data type: %

Desired Target Direction: Neutral

Source: US Census *Fact Finder*. Original Data Source: US Census.

Social and Economic Factors - Community Safety

Domestic Violence Offenses - Domestic Violence in Florida is tracked specifically for the following reported offenses: Murder, Manslaughter, Forcible Rape, Forcible Sodomy, Forcible Fondling, Aggravated Assault, Aggravated Stalking, Simple Assault, Threat/Intimidation, and Simple Stalking.

Forcible Sex Offenses - Legacy (prior to 2013) UCR definition of rape: The carnal knowledge of a female forcibly and against her will. Revised (2013-forward) UCR definition of rape: Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

Aggravated Assault - FBI's Uniform Crime Reporting (UCR) Program defines aggravated assault as an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. The UCR Program further specifies that this type of assault is usually accompanied by the use of a weapon or by other means likely to produce death or great bodily harm. Attempted aggravated assault that involves the display of—or threat to use—a gun, knife, or other weapon is included in this crime category because serious personal injury would likely result if the assault were completed. When aggravated assault and larceny-theft occur together, the offense falls under the category of robbery.

Murder - Murder and nonnegligent manslaughter. FBI's Uniform Crime Reporting (UCR) Program defines murder and nonnegligent manslaughter as the willful (nonnegligent) killing of one human being by another. The classification of this offense is based solely on police investigation as opposed to the determination of a court, medical examiner, coroner, jury, or other judicial body. The UCR Program does not include the following situations in this offense classification: deaths caused by negligence, suicide, or accident; justifiable homicides; and attempts to murder or assaults to murder, which are scored as aggravated assaults.

Property Crimes - Property crime (burglary, larceny-theft, and motor vehicle theft) FBI's Uniform Crime Reporting (UCR) Program, property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. The property crime category includes arson because the offense involves the destruction of property; however, arson victims may be subjected to force.

Violent Crime - FBI's Uniform Crime Reporting (UCR) Program, violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as those offenses which involve force or threat of force.

Weblink: [https://www.fdle.state.fl.us/Content/FSAC/Menu/Data---Statistics-\(1\)/UCR-Offense-Data.aspx](https://www.fdle.state.fl.us/Content/FSAC/Menu/Data---Statistics-(1)/UCR-Offense-Data.aspx)

Data collection period: Annual
 Source Data type: Rate per 100,000
 Smallest geographic level: County
 Desired Target Direction: Low/Decrease

Source: FDLE *FDLE. Crime in Florida, Florida uniform crime report, 2014 [Computer program]. Tallahassee, FL: FDLE. Florida Statistical Analysis Center.* Original Data Source: FDLE. Crime in Florida, Uniform Crime Reports

Physical Environment - Environmental Quality

Air pollution - particulate matter - Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Weblink: <http://assessment.communitycommons.org/CHNA/report?page=3&id=409>

Data collection period: Annual
 Source Data type: %
 Smallest geographic level: County
 Desired Target Direction: Low/Decrease

Source: EPA (EPA) *National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page.* Original Data Source: CDC, National Environmental Public Health Tracking Network.

Air Quality - Ozone - Percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring statistics are collected. Weblink: <http://assessment.communitycommons.org/CHNA/report?page=3&id=410>

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: EPA (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page. Original Data Source: CDC, National Environmental Public Health Tracking Network.

Drinking water violations - Percentage of population potentially exposed to water exceeding a violation limit during the past year. Weblink: <http://www.countyhealthrankings.org/app/florida/2015/measure/factors/124/data>

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: CHR County Health Rankings. Original Data Source: EPA (EPA): Safe Drinking Water Information System.

Physical Environment - Built Environment

Severe housing problems - The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%. Weblink: http://www.huduser.gov/portal/datasets/cp/CHAS/data_querytool_chas.html.

Data collection period: 4-year
Source Data type: %
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: US Department of Housing and Urban Development CHAS Data Query. Original Data Source: US Department of Housing and Urban Development.

Households with No Motor Vehicle - Weblink: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_B08201&prodType=table. Table name - B08201: Household size by vehicles available

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: High/Increase

Source: US Census Fact Finder. Original Data Source: US Census.

Driving alone to work - Commuting (Journey to Work) refers to a worker's travel from home to work. Place of work refers to the geographic location of the worker's job. Workers 16 years and over. <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - s0802.

Data collection period: 5-year estimate
Source Data type: % calculated on ACS population estimate
Smallest geographic level: County
Desired Target Direction: Low/Decrease

Source: US Census ACS. Original Data Source: US Census.

Use of Public Transportation - "Public transportation" includes workers who used a bus, trolley, streetcar, subway or elevated rail, railroad, or ferryboat. Weblink:
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - s0802.

Data collection period: Annual
Source Data type: %
Smallest geographic level: County
Desired Target Direction: High/Increase

Source: US Census *Fact Finder*. Original Data Source: US Census.

Population Characteristics

Median Age - Weblink:
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPAGESEX&prodType=table. Table name - PEPAGESEX.

Data collection period: Annual

Source: FL DOH, Office of Health Statistics and Assessment in consultation with the FL EDR.

Total Population (ACS) - Weblink:
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - PEPANNRES.

Data collection period: Annual
Source Data type: Count

Source: US Census *Fact Finder*. Original Data Source: US Census.

Total Population (FL CHARTS)

Female / Male Population

Weblink: <http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx>

Data collection period: Annual
Source Data type: Count

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Original Data Source: FL DOH, Office of Health Statistics and Assessment in consultation with the FL EDR.

Families with Children - Households with one or more people under 18 years. (%/total hhs).

Weblink:
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_S1101&prodType=table. Table name - S1101

Data collection period: Annual
Source Data type: %

Source: US Census *Fact Finder*. Original Data Source: US Census.

Births to Mothers by age group (Resident) - Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group. Weblink:

<http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0001>.

Data collection period: 3-year rolling

Source Data type: Rate

Source: FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.

Original Data Source: FL DOH, Bureau of Vital Statistics

Total Births (resident) - Number of infants born to residents regardless of county of birth. Weblink:

<http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx>

Population by Race - Weblink:

<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - B02001.

Veteran Population - Person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who serve People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps.

Weblink: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Table name - S2101.

Data collection period: Annual

Source Data type: Count

Source: US Census *Fact Finder*. Original Data Source: US Census.

Abbreviations and Acronyms

ACSC	Ambulatory Care Sensitive Conditions - ICD-9-CM Codes http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPD_ATE.pdf
ACS	American Community Survey
BRFSS	Florida Behavioral Risk Factor Surveillance System - county-level telephone survey conducted by the CDC and FL DOH Bureau of Epidemiology.
CDC	Centers for Disease Control and Prevention
CHR-RWJ	County Health Rankings, Robert Wood Johnson Foundation
CMS	Centers for Medicare and Medicaid Services
EPA	Environmental Protection Agency
FDHSMV	Florida Department of Highway Safety and Motor Vehicles
FDLE	Florida Department of Law Enforcement
FL AHCA	Florida Agency for Health Care Administration
FL DCF	Florida Department of Children and Families
FL DOE, EIAS	Florida Department of Education, Education Information and Accountability Services
FL DOH	Florida Department of Health
FL EDR	Florida Legislature's Office of Economic and Demographic Research
FYSAS	Florida Youth Substance Abuse Survey
FYTS	Florida Youth Tobacco Survey

Merlin	Merlin, FDOH Disease Surveillance and Reporting System
NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
SAHIE	Small Area Health Insurance Estimates (US Census)
UM(FL) MS	University of Miami (FL) Medical School
US Census	US Census Bureau
US DoA	US Department of Agriculture, Food Environment Atlas
US DoC	US Department of Commerce
US DoHHS	US Department of Health & Human Services, Health Resources and Services Administration
US DoHUD	US Department of Housing and Urban Development
US DoL	US Department of Labor

Community Health Assessment Workshop

Vision and the Local Public Health System

FLORIDA DEPARTMENT OF HEALTH – GULF COUNTY

August 26, 2015



Table of Contents

OVERVIEW	<u>2</u>
VISIONING	<u>2</u>
THE LOCAL PUBLIC HEALTH SYSTEM	<u>2</u>
THE ASSESSMENT PROCESS	<u>3</u>
THE TEN ESSENTIAL PUBLIC HEALTH SERVICES	<u>3</u>
THE RESULTS	<u>3</u>
WORKSHOP EVALUATION	<u>6</u>
APPENDIX	
WORKSHOP AGENDA	<u>7</u>
WORKSHOP ATTENDANCE	<u>8</u>
POLLING RESULTS	<u>10</u>

Community Health Assessment Workshop

Vision and the Local Public Health System

Overview

The Vision and Local Public Health System (LPHS) Community Health Assessment (CHA) Workshop centered on creating a shared collective vision to guide our participants throughout the CHA process and gauging their ideas, thoughts and opinions of the community regarding their knowledge and experience dealing with the LPHS throughout the county. The workshop was held on August 26, 2015 from 9:00am -12:00 pm EST at the Florida Department of Health in Gulf County – Port St. Joe location.

Visioning

In order to better understand the critical importance of crafting a shared vision, participants watched [Meghalaya's Living Bridges – Incredible India](https://www.youtube.com/watch?v=5jrm7gjZGE), found here <https://www.youtube.com/watch?v=5jrm7gjZGE> about the vision of a village elder and the collective efforts of a small community to see his vision into fruition. After a brief focused conversation about the film, members identified several key points.

When asked, “What is one message that you internalized from this video about the project?” Many viewers shared that most community level problems/issues cannot be solved overnight, and that the work involved to reach community goals should be multigenerational.

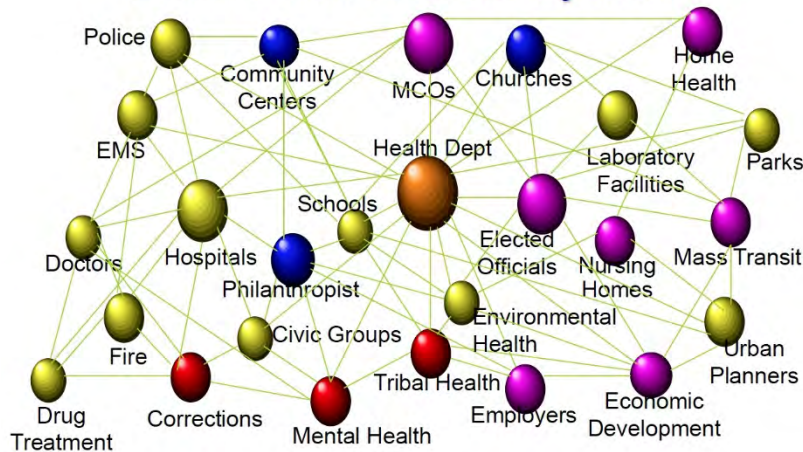
Once the participants grew more familiar with the power of vision they were asked to close their eyes, spin around several times and then point toward the location of Tallahassee, FL. As one can guess, no two participants were pointing in the same direction. There were many ideas as to why this was, but the overall consensus was that vision guides direction both physically and metaphorically. For the purposes the CHA, our shared community vision will help direct and guide us along the planning process.

Many workshop participants shared vision statements with the group and although the statements were all different several key values such as “enhancing community health for all,” “making Gulf County a great place to live, work, and play,” and “making Gulf County the healthiest county in the nation,” and “improving the quality of the Gulf...” were consistent throughout.

The Local Public Health System (LPHS)

The LPHS in Gulf County is a diverse mix of organizations and institutions in both the public and private sector. The diagram below displays the various relationships local entities have within the interconnected web of the LPHS. Participants were shown this display multiple times throughout the workshop to remind them of how vast and diverse the system truly is.

Local Public Health System



The Assessment Process

The LPHS Assessment required participants to think about how well the collective LPHS meets the Ten Essential Public Health Services (shown below) using predetermined standards and indicators found in the National Public Health Performance Standards Program (NPHSP).

The Ten Essential Public Health Services:

1. **Monitor Health Status:** What is going on in our community? Do we know how healthy we are?
2. **Diagnose and Investigate:** Are we ready to respond to healthy problems in our community? How quickly do we find about problems? How effective is our response?
3. **Inform, Educate & Empower:** How well do we keep all populations within our community well informed about health issues?
4. **Mobilize Community Partnerships:** How well do we truly engage people in local health issues?
5. **Develop Policies & Plans:** What local policies in both government and private sector promote health in our community? How well are we setting local health policies?
6. **Enforce Laws:** When we enforce health regulations, are we fair, competent and effective?
7. **Link People:** Are people in the community receiving the health services they need?
8. **Assure:** A Competent Workforce: Do you have competent healthcare staff?
9. **Evaluate:** Are we meeting the needs of the population we serve? Are we doing things right? Are we doing the right things?
10. **Research:** Are we discovering and doing new ways to get the job done?

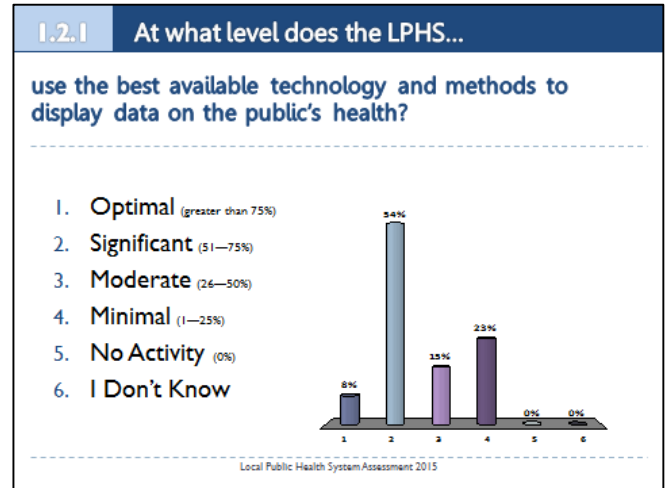
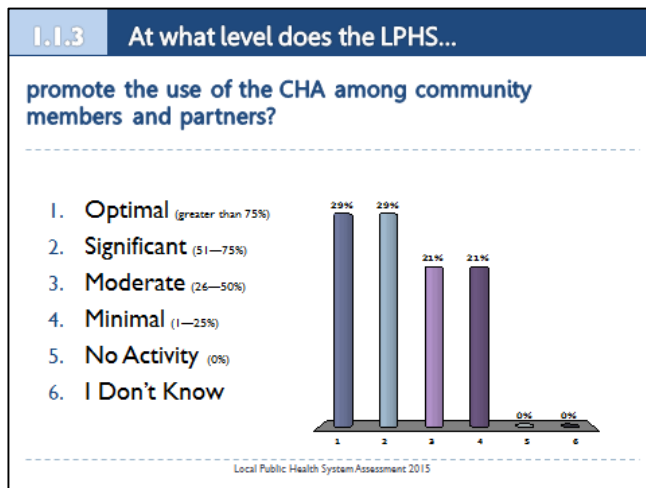
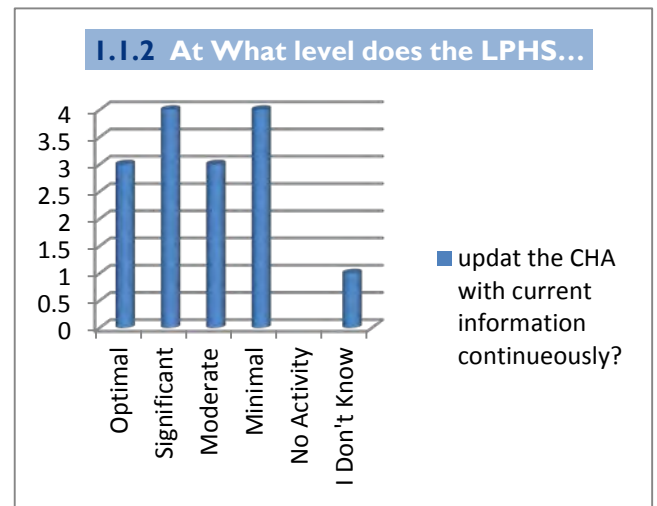
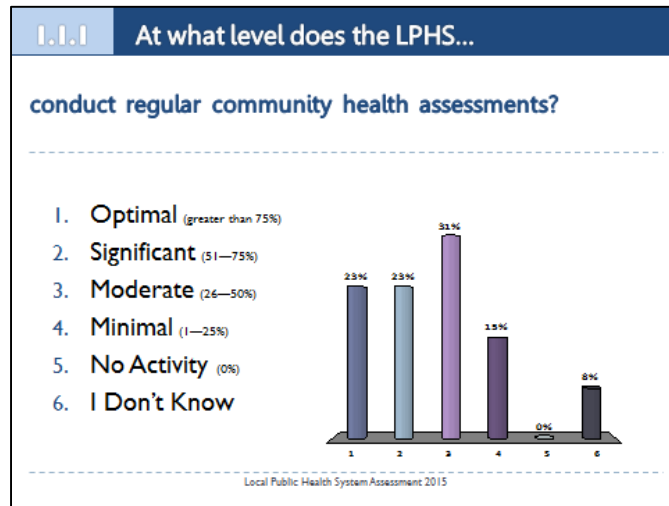
After a brief orientation on using the Turning Point instant response device, members were asked to think about their personal experiences and knowledge of events over the past three years and answer a series of questions centering on the LPHS's community engagement as it relates to the Ten Essential Public Health Services.

The Results

Using the Turning Point technology, participants were able to instantly review the results of each polled question.

The first set of questions polled 1.1.1 – 1.2.3 all relate to the Essential Public Health Service One and answer the questions, "What is going on in our community?" and "Do we know how healthy we are?" The feedback from the

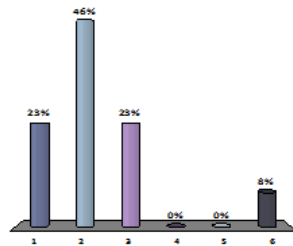
Essential Service One questions conveys a general satisfaction with the LPHS's level of community engagement. In all polls nearly 50% of participants think that the LPHS is doing an optimal to significant job.



I.2.2 At what level does the LPHS...

analyze health data, including geographic information to see where health problems exist?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

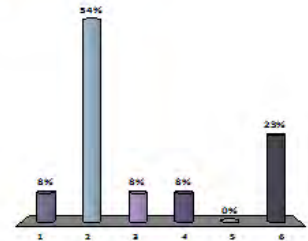


Local Public Health System Assessment 2015

I.2.3 At what level does the LPHS...

use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



Local Public Health System Assessment 2015

For a complete listing of results and data interpretation see Appendix A.

Workshop Evaluation

In an effort to make sure that the workshop accurately met the needs of participants and their communities, each person in attendance was asked to complete a short survey giving them an opportunity to address any concern in community/participant need and was encouraged to offer suggestions on how workshops may be improved going forward. Shown below is the complete evaluation tally.

Community Engagement Survey Meeting: Gulf CHA Workshop - August 26, 2015

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
My opinions were valued during this meeting.	1	1	4	8
There was enough time for me to provide input during the meeting.	1	1	4	8
The topics discussed during the meeting met the needs of my community.	1	1	5	7
The meeting time and location met my needs.	1		4	9
	<u>Not Likely</u>	<u>Somewhat Likely</u>	<u>Likely</u>	<u>Very Likely</u>
Based on your experience, how likely are you to return to another meeting?		2		12
Please list additional needs for your community that were not discussed today:				
Note: 14 Total evaluations received.				

Appendix A

Community Meeting Agenda



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting
DOH-Gulf Large Conference Room
August 26, 2015 9:00a.m. - 12:00p.m. EST

AGENDA

Purpose: Solicit input from the community on the vision and local public health system assessment steps of the Community Health Assessment as well as the selected Healthiest Weight activity through open dialogue.

Topic	Lead
Welcome/Call to Order <ul style="list-style-type: none"> • Introductions • Brief review of agenda • Prompt attendees to sign-in 	David Walker, DOH-Franklin Operations Manager
Review Previous Minutes	David Walker, DOH-Franklin Operations Manager
Status Update of Previous Actions <ul style="list-style-type: none"> • Item 1: Community health survey status update • Item 2: On the Road-MAPP for Community Health Assessment (CHA), workshops scheduled • Item 3: Healthiest Weight Project- Selection of project, developed AIM Statement/Project Charter 	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant Sarah Hinds, DOH-Gulf Operations Manager
Introduce Topic: <ul style="list-style-type: none"> • Community Health Assessment - Mobilizing for Action through Planning and Partnerships Workshop: <ol style="list-style-type: none"> 1. Visioning a healthier community 2. Local Public Health System Assessment process • Healthiest Weight – Early Childhood Education Centers Project 	Sarah Hinds, DOH-Gulf Operations Manager
Discuss Supporting Information: <p>Vision-Watch video and participate in focused conversation Local Public Health System Assessment – Turning Point Tools Healthiest Weight- Collecting data on current process and define problem statement.</p>	Sarah Hinds, DOH-Gulf Operations Manager Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Open Floor for Community Input	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Consider Possible Directions and or Needs <ul style="list-style-type: none"> • Item 1: Community health survey – deadline submission • Item 2: MAPP workshops moving forward • Item 3: Healthiest Weight Project– Community Support 	Deanna Simmons, DOH-Gulf Franklin Government Operations Consultant David Walker, DOH-Franklin Operations Manager
Actions	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Meeting Evaluation	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Adjourn	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant

Workshop Attendance



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting
DOH-Gulf Large Conference Room
August 26, 2015 9:00a.m. - 12:00p.m. EST

Sign In Sheet

Purpose: Solicit input from the community on the vision and local public health system assessment steps of the Community Health Assessment as well as the selected Healthiest Weight activity through open dialogue.

Attendees (e.g. community partners, additional CHD staff)

Name	Organization or Community Representative	Email	Phone
Katrina Saunders	Hewa Medical Center	k Saunders@hmc.org	639-5828
Teresa Bevins	My Gulf Care - Sacred Heart	teresa.bevins@shhpens.org	227-1276 x17
David Walker	FDOH - Franklin	david.walker@flhhs.gov	
April Wisdom	Tyndall AFB	april.wisdom@us.af.mil	850-283-710
Nelaine Taylor	UF/IEAS Gulf Co.	netaylor@ufl.edu	639-3200
Suzi Nadler	Healthy Start Coalition	suzy@healthystartbcg.com	850-872-4130 x100
Andi Morgan	SHHG	andrea.morgan@shhpens.org	850-229-5603
Alma Rush	FDOH - Closing the Gap	Alma.Rush@flhealth.gov	850-653-2112 x133
Talitha Robinson	FDOH - Gulf Franklin	talitha.robinson@flhealth.gov	653-211

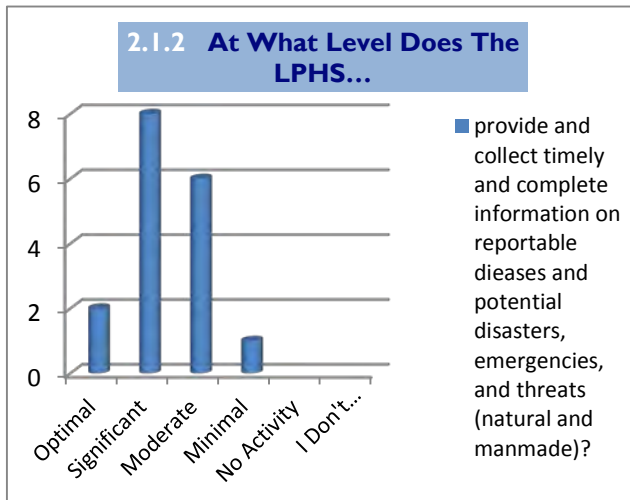
Sign In Sheet

Attendees (e.g. community partners, additional CHD staff)

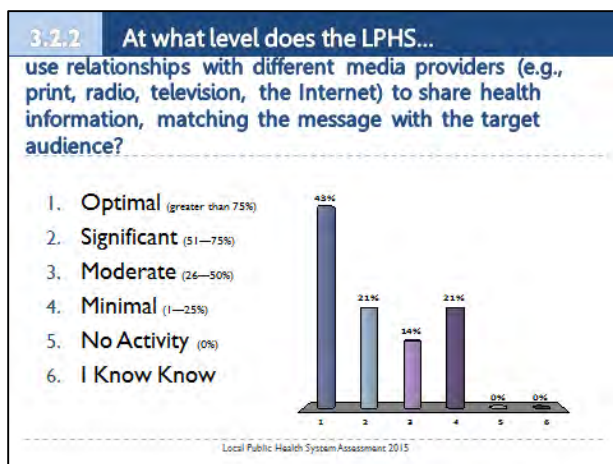
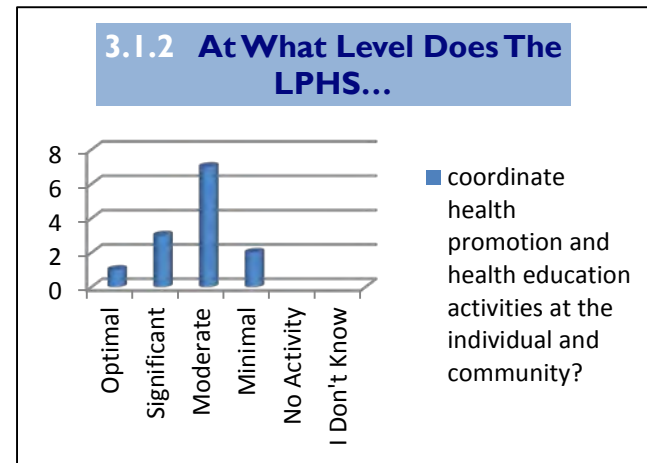
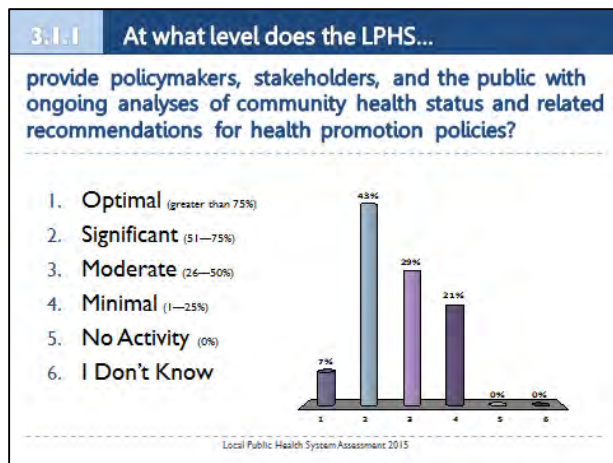
[illegible]

Comprehensive Polling Results

Essential Public Health Service 2 – Diagnose and Investigate:



Essential Public Health Service 3 – Inform, Educate & Empower:

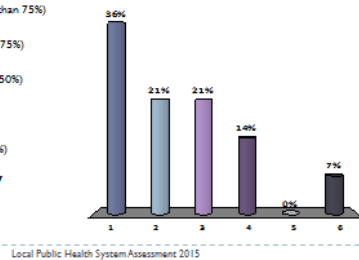


Essential Public Health Service 4 – Mobilize Community Partnerships:

4.1.3 At what level does the LPHS...

encourage constituents to participate in activities to improve community health?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

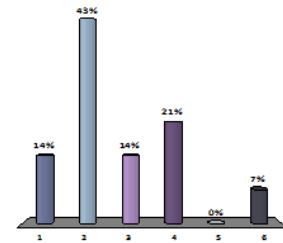


Local Public Health System Assessment 2015

4.1.4 At what level does the LPHS...

create forums for communication of public health issues?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

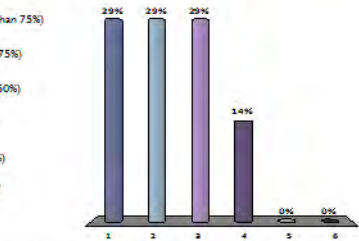


Local Public Health System Assessment 2015

4.2.1 At what level does the LPHS...

establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

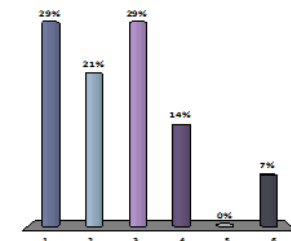


Local Public Health System Assessment 2015

4.2.2 At what level does the LPHS...

establish a broad-based community health improvement committee?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



Local Public Health System Assessment 2015

Essential Public Service 5 – Develop Policies & Plans

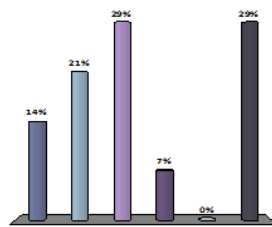
Omitted from the polling.

Essential Public Health Service 6 – Enforce Laws:

6.3.3 At what level does the LPHS...

ensure that all enforcement activities related to public health codes are done within the law?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

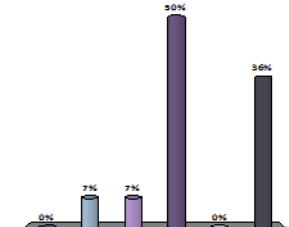


Local Public Health System Assessment 2015

6.3.4 At what level does the LPHS...

educate individuals and organizations about relevant laws, regulations, and ordinances?

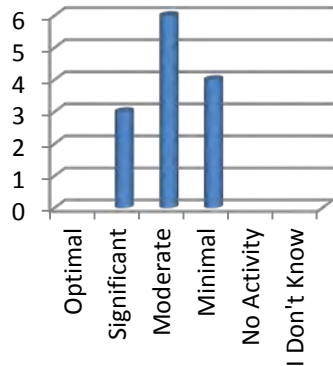
1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



Local Public Health System Assessment 2015

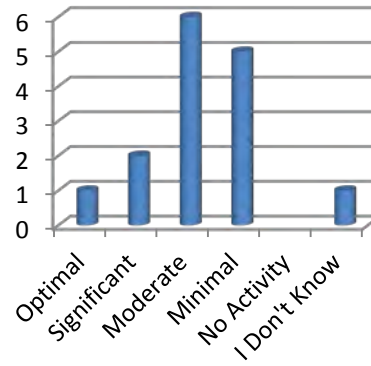
Essential Public Health Service 7 – Link People:

7.1.2 At What Level Does The LPHS...



■ identify all personal health service needs and unmet needs throughout the community?

7.1.1 At What Level Does The LPHS...

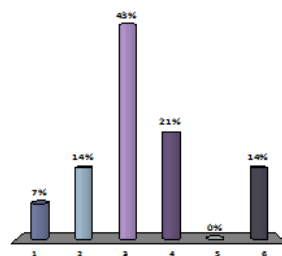


■ identify groups of people in the community who have trouble access or connecting to personal health services?

7.1.3 At what level does the LPHS...

defines partner roles and responsibilities to respond to the unmet needs of the community?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

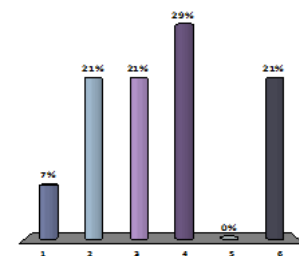


Local Public Health System Assessment 2015

7.1.4 At what level does the LPHS...

understand the reasons that people do not get the care they need?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

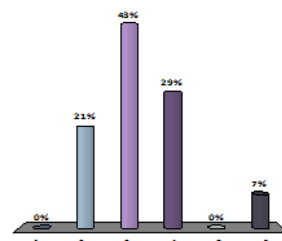


Local Public Health System Assessment 2015

7.2.1 At what level does the LPHS...

connect or link people to organizations that can provide the personal health services they may need?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

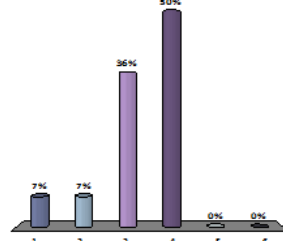


Local Public Health System Assessment 2015

7.2.2 At what level does the LPHS...

help people access personal health services in a way that takes into account the unique needs of different populations?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

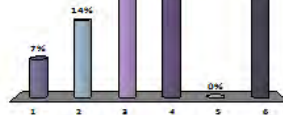


Local Public Health System Assessment 2015

7.2.3 At what level does the LPHS...

help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

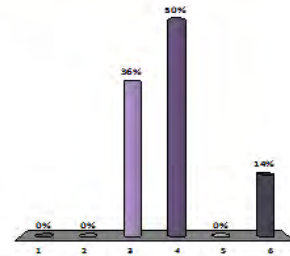


Local Public Health System Assessment 2015

7.2.4 At what level does the LPHS...

coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



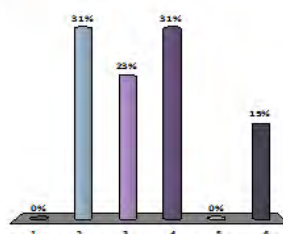
Local Public Health System Assessment 2015

Essential Public Health Service 8 – Assure:

8.1.3 At what level does the LPHS...

provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

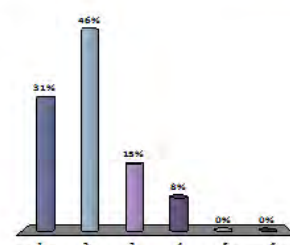


Local Public Health System Assessment 2015

8.4.2 At what level does the LPHS...

create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

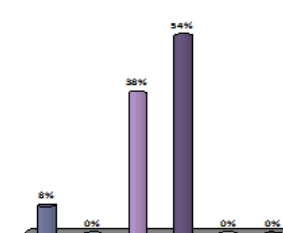


Local Public Health System Assessment 2015

8.4.4 At what level does the LPHS...

provide opportunities for the development of leaders who represent the diversity of the community?

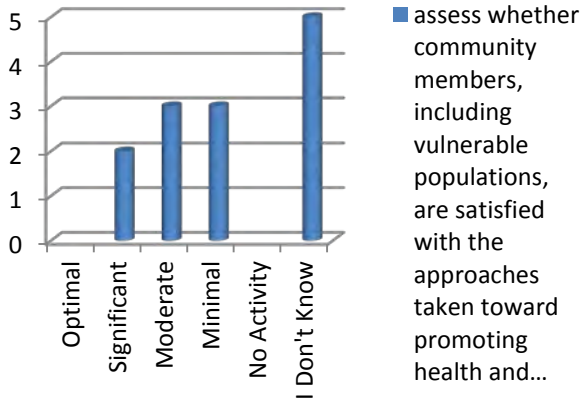
1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



Local Public Health System Assessment 2015

Essential Public Health Service 9 – Evaluate:

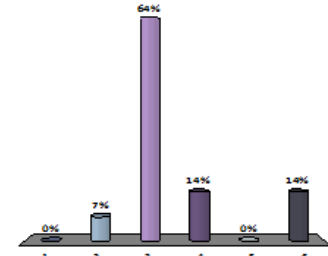
9.1.2 At What Level Does The LPHS...



9.2.1 At what level does the LPHS...

evaluate the accessibility, quality, and effectiveness of personal health services?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

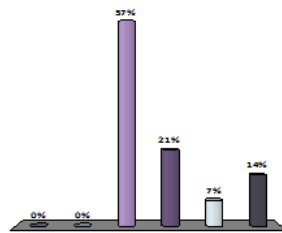


Local Public Health System Assessment 2015

9.2.3 At what level does the LPHS...

measure user satisfaction with personal health services?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

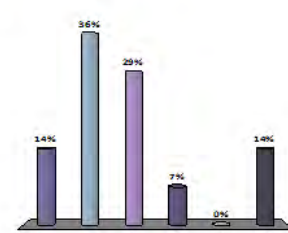


Local Public Health System Assessment 2015

9.2.4 At what level does the LPHS...

use technology, like the Internet or electronic health records, to improve quality of care?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



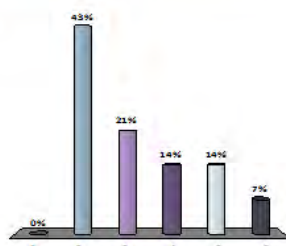
Local Public Health System Assessment 2015

Essential Public Health Service 10 – Research:

10.1.4 At what level does the LPHS...

encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

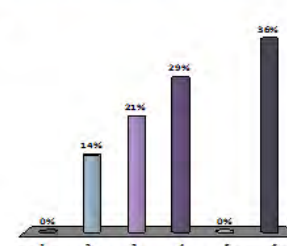


Local Public Health System Assessment 2015

10.2.2 At what level does the LPHS...

partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know

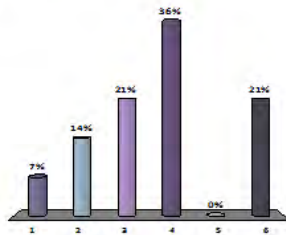


Local Public Health System Assessment 2015

10.3.3 At what level does the LPHS...

share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?

1. Optimal (greater than 75%)
2. Significant (51—75%)
3. Moderate (26—50%)
4. Minimal (1—25%)
5. No Activity (0%)
6. I Don't Know



Local Public Health System Assessment 2015

SAVE THE DATE

Community Health Assessment Workshop

Date: August 26, 2015

Time: 9:00AM—12:00 Noon EST

Location: Florida Department of Health in Gulf County—Port St. Joe Office

Want to improve the health of your community? Join the first Community Workshop! We are working to gain insight into what you—the **community members**—think is most important for our overall health.

2475 Garrison Ave,
Port St Joe, FL 32456

Phone: 850-227-1276 ext.124
Mobile: 850-591-9386
E-mail: Deanna.Simmons@flhealth.gov

RSVP by August 24th, 2015

DOH Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.



SAVE THE DATE

Community Health Assessment Workshop

Date: August 26, 2015

Time: 9:00AM—12:00 Noon EST

Location: Florida Department of Health in Gulf County—Port St. Joe Office

Want to improve the health of your community? Join the first Community Workshop! We are working to gain insight into what you—the **community members**—think is most important for our overall health.

2475 Garrison Ave,
Port St Joe, FL 32456

Phone: 850-227-1276 ext.124
Mobile: 850-591-9386
E-mail: Deanna.Simmons@flhealth.gov

RSVP by August 24th, 2015

DOH Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.



**Florida Department of Health—
Gulf County**

2475 Garrison Ave,
Port St Joe, FL 32456

Please
place
stamp
here

**Florida Department of Health—
Gulf County**

2475 Garrison Ave,
Port St Joe, FL 32456

Please
place
stamp
here

Community Health Assessment Workshop #2

Themes & Strengths Assessment and the Forces of Change Assessment

FLORIDA DEPARTMENT OF HEALTH – GULF COUNTY

September 30, 2015



Table of Contents

OVERVIEW	<u>2</u>
VISIONING	<u>2</u>
COMMUNITY THEMES & STRENGTHS ASSESSMENT	<u>2</u>
THEMES	<u>2</u>
QUALITY OF LIFE SURVEY	<u>3</u>
ASSETS INVENTORY	<u>4</u>
FORCES OF CHANGE ASSESSMENT	<u>5</u>
FORCES OF CHANGE	<u>5</u>
OPPORTUNITIES AND THREATS	<u>7</u>
WORKSHOP EVALUATION	<u>8</u>
APPENDIX	
WORKSHOP AGENDA	<u>9</u>
WORKSHOP ATTENDANCE	<u>10</u>
QUALITY OF LIFE RESULTS	<u>11</u>
ASSETS INVENTORY	<u>13</u>

Community Health Assessment Workshop #2

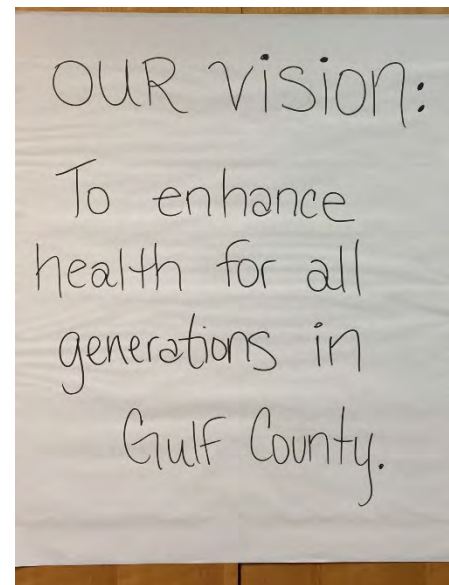
Themes & Strengths Assessment and the Forces of Change Assessment

Overview

The Themes and Strengths and the Forces of Change Community Health Assessment (CHA) Workshop centered on establishing a collective vision to guide our participants throughout the CHA process, identifying common community themes and strengths, and the forces of change that can affect the health of our community. The workshop was held on September 30, 2015 from 9:00am -12:00 pm EST at the Florida Department of Health in Gulf County – Port St. Joe location.

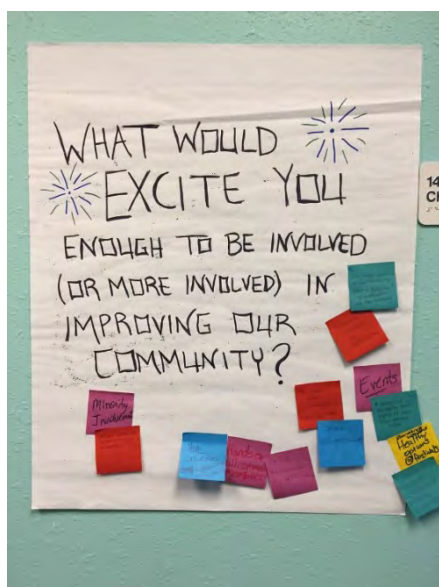
Visioning

In the previous CHA Workshop, community members created several individual vision statements and although all of the statements were different, several key values were a constant throughout. Participants were given the opportunity to create a completely new vision statement, enhance the existing vision statements, and/or leave the existing vision statements simply as they are. Several of the vision statements were upgraded with distinct added verbiage. By a show of hands favoring the various vision statement options, the community partners nearly unanimously voted to adopt “To enhance health for all generations in Gulf County” as the new vision statement. Throughout the workshop, participants were reminded to be aware of this statement in all that they do.



Themes and Strengths

The Themes and Strengths portion of the assessment asked three significant questions “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?” To answer these questions community members participated in three (3) specific community-led sessions: Themes, Quality of Life Survey and an Asset Inventory.



Themes

Through a series of open ended questions participants identified several reoccurring themes throughout the community that answered the questions,

- “What makes you most proud of our community?”
- “What would excite you enough to be involved or more involved in improving our community?”
- “What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?”
- “What are two to three important issues that must be addressed?”

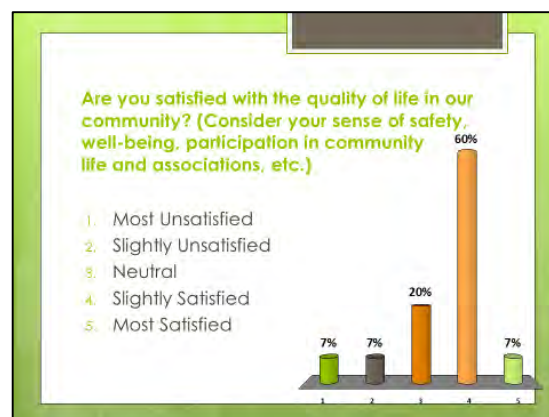
Attendees answered the questions by individually scribing their responses anonymously on sticky pads and posting them on their respective flip charts. Afterwards the participants split up into four small groups and positioned themselves at the various stations. With the guidance of a self-selected moderator groups viewed the answers to the four questions and sought out the responses with reoccurring themes. After a few minutes of observing and repositioning similar themes and ideas, groups rotated until each group had an opportunity to see each station and identify reoccurring themes.

Via a large general workshop body discussion, several key themes were identified. See the chart below for details.

Themes And Strengths	
Open Ended Questions	Common Themes
1. What makes you most proud of our community?	<ul style="list-style-type: none"> A. Peaceful/Low crime rate B. Faith and Values C. Natural Assets D. Supportiveness E. Close Knit
2. What would excite you enough to be involved or more involved in improving our community?	<ul style="list-style-type: none"> A. Events other than sporting B. Witnessing change in the community C. More minority involvement/outreach D. Exciting movements/initiatives
3. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?	<ul style="list-style-type: none"> A. Lack of diversity B. Lack of concern C. Time restraints D. Communication deficiencies E. Lack of education/knowledge of available services F. Poverty
4. What are two to three important issues that must be addressed in order to improve the quality of life in our community?	<ul style="list-style-type: none"> A. Unity vs. Separation B. Tobacco use C. Healthy weight D. Education E. Access to care for all F. Minority Engagement and Inclusion

Quality of Life Survey

The Quality of Life Survey answered the question, “How is quality of life perceived in our community?” The survey asked participants to think about their quality of life throughout the county as it relates to the health care system, raising children, growing old, affordable housing, economic opportunity, and civic responsibility among other issues. Using the Turning Point technology, participants were able to instantly review the results of each polled question and engage in open dialogue, sharing ideas and opinions on the results. See the first question below. Eighty percent (80%) of all participants neutral to slightly satisfied with the quality of life in our community.



For a complete listing of all the Quality of Life Survey questions, responses, and graphed results, see Appendix A.

Asset Inventory

The final session within the Themes and Strengths Assessment is the Asset Inventory and this session task participants with answering the question, “What assets do we have that can be used to improve community health?” Having just established a shared vision community members were tasked with listing all the community resources that may work in favor towards reaching the shared vision.

Workshop participants were once again broken up into four small groups and challenged to list of all the hard assets within the community categorizing them as either Individuals, Citizen Associations, Private Institutions, or Public Institutions.

Collective Assets Inventory			
Individuals (w/ Knowledge and Skills):		Citizen Associations	
Minnie Likely, Students Working Against Tobacco Advisor	Marshall Nelson, Gulf County Emergency Operations Center	Rotary Club	Ministers Alliance
Dr. Barnes, Medical Partner	Roy Carter, Extension Office	Lions Club	Sportsman League
Joanna White, Washington Community Center	Pastors and Faith Based Leaders	Junior Service League	Boy Scouts
Port St. Joe City Manager	County Commissioners	Wewa Women’s Club	People Helping People
Katrina Saunders, Wewa Medical Group	City Council Members	Christian Community Development	Men’s club
Private Institutions		Public Institutions	
Sacred Heart		Washington Improvement Group Center	Travel and Development Center

Wewa Medical Center		Gulf Coast State College	Domestic Violence Coalition
Taunton Family Home		Gulf County Sheriff's Office	County Public Library

For a complete listing of each groups Asset Inventory, please see Appendix A.

Forces of Change Assessment

The second half of the CHA Workshop centered on the forces of change that directly or indirectly affect the health of our community. These forces can be one time only events, growing trends, or present underlying factors. They are largely predictable but rarely controllable. Understanding these potential forces helps the community to reduce potential risk and ultimately improve their chances of reaching the shared vision.

In order to better aid the community members brainstorm the forces of change, participants were asked, “Whats currently happening or could happen that would affect the health of our community?” A consensus workshop helped everyone to identify, categorize, and label the many forces of change. First participants were asked to write down one idea (force of change) per sheet of paper and discuss where they thought the various forces should be placed. Then they had to identify similar forces to group together. Finally after grouping and re-grouping all of the similar forces together, workshop participants had to come up with all encompassing labels for the grouped forces.



As the photo at left and the chart below illustrates, the forces of change were categorized into seven (7) distinct subject matters.

The following is a comprehensive list of all the identified forces of change.

Forces of Change						
Negative Health Behaviours	Shifts in Leadership	Shifts in Economy	Changes in Affordable Health care Access	Changes in Resources for All Generations	Natural Disasters & Response	Change in Affordable Housing Availability
Disease Outbreak	Community Leaders Leave	Major Employer Closing	Lack of Access to Health Care	Aging Population Increase in the Number of Elders	Natural Disaster	Lack of Affordable Housing
Shift From Cigaretts to E-Cigaretts as "Healthy" (Smokeless) Alternative	New Superintendent	Poverty & Low Employment	GCHD "Who's taking over health care?"	Providing Lunches to School – Aged Children in the Summer Months	Hurricane. It Could Destroy the Community There is No Barrier	Potential Completion of Affordable Housing Project in PSJ
Poor Eating Habits	Community Partners Leaving the Table	Port Expansion or Collapse	Loss of Health Providers i.e. Physicians, FQHC	Community Pool – Kids Need to Know How to Swim. We Are Surrounded by Water	Natural Disaster	
Anti-Vaccine Movement	School & Government Changes & Support	Local State Funding Stopped or Increase	Election Cycle Could Impact Health Insurance Options			
Shifts in Leadership	Close Community	Loss of Job				
		No Money/Job Unstable Family				
		Military (Tyndall) Downsizing				
		Poverty				

Opportunities and Threats

Each of the seven (7) major forces of change categories creates various opportunities and/or poses various threats. Community members reviewed all of the forces of change and listed the potential threats and/or opportunities associated with the items. This list will better help communities to strategize their next steps towards achieve their shared vision.

Opportunities and Threats		
Major Force of Change Category	Opportunities (+)	Threats (-)
Negative Health Behaviours		Increase in obesity and obesity related diseases/health issues
Shifts in Leadership	Incoming partners and leadership may support healthy agenda	Loss of active, supportive and skillful leaders (individual assets) and administrations New administrations may not support healthy agenda
Shifts in Economy	Increase in economic opportunities/job creation More productive county	Rise in poverty and governmental funding dependencies
Changes in Affordable Health Care Access		Decrease in the number of people seeking preventative care
Natural Disasters & Response	Pulls the community together Increased collaboration	Could destroy communities within and around the community
Change in Affordable Housing Availability	Increase in the number of people moving into the area. Business sales/productivity increases	Decreases in property value

Workshop Evaluation

In an effort to make sure that the workshop accurately met the needs of participants and their communities, each person in attendance was asked to complete a short survey giving them an opportunity to address any concern in community/participant need and was encouraged to offer suggestions on how workshops may be improved going forward. Shown below is the complete evaluation tally.

Community Engagement Survey				
Meeting: Gulf County CHA Workshop #2 - September 30, 2015				
	Strongly Disagree	Disagree	Agree	Strongly Agree
My opinions were valued during this meeting.			3	10
There was enough time for me to provide input during the meeting.			4	9
The topics discussed during the meeting met the needs of my community.			3	9
The meeting time and location met my needs.			5	7
	Not Likely	Somewhat Likely	Likely	Very Likely
Based on your experience, how likely are you to return to another meeting?			3	10
Please list additional needs for your community that were not discussed today:				

Appendix A

Community Meeting Agenda



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting # 2
DOH-Gulf Large Conference Room
September 30, 2015 9:00a.m. - 12:00p.m. EST

AGENDA

Purpose: Solicit input from the community on the MAPP steps of the Community Health Assessment as well as the selected Healthiest Weight activity through open dialogue.

Topic	Lead
Welcome/Call to Order <ul style="list-style-type: none"> • Introductions • Brief review of agenda • Prompt attendees to sign-in 	Sarah Hinds, DOH-Gulf Operations Manager
Review Previous Minutes	Sarah Hinds, DOH-Gulf Operations Manager, Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Introduce Topic: <ul style="list-style-type: none"> • CHIP Annual Report • Healthiest Weight – Line Graph and Bar Chart • Community Health Assessment - Mobilizing for Action through Planning and Partnerships Workshop: <ol style="list-style-type: none"> 1. Review and select Vision for a healthier community 2. Review Local Public Health System Assessment process report 3. Community Themes and Strengths 4. Forces of Change 	Sarah Hinds, DOH-Gulf Operations Manager
Discuss Supporting Information: <ol style="list-style-type: none"> 1. Community Themes and Strengths Activities <ul style="list-style-type: none"> • Turning Point, Personal Post-its, Group Discussion and Capacity Building 2. Forces of Change • Consensus Workshop among CHA participants 	Sarah Hinds, DOH-Gulf Operations Manager Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Open Floor for Community Input	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Consider Possible Directions and or Needs <ul style="list-style-type: none"> • Item 1: Future Workshops – Who is missing at the table? • Item 2: Community Health Status Assessment (early-mid November) • Item 3: Healthiest Weight Project– Community Support 	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant, Sarah Hinds, DOH-Gulf Operations Manager
Actions	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Meeting Evaluation	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Adjourn	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant

Workshop Attendance



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting #2
DOH-Gulf Large Conference Room

September 30, 2015—9:00 AM—12:00 PM EST

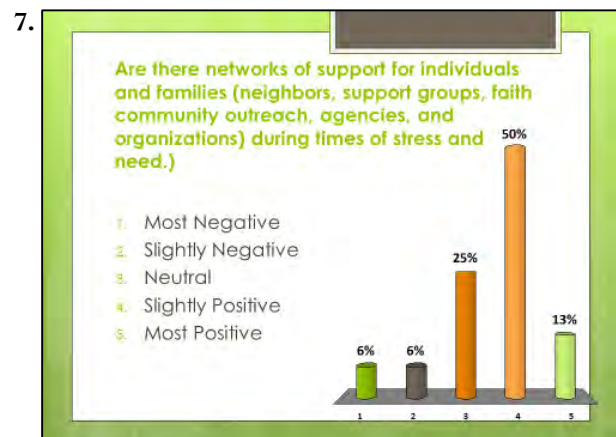
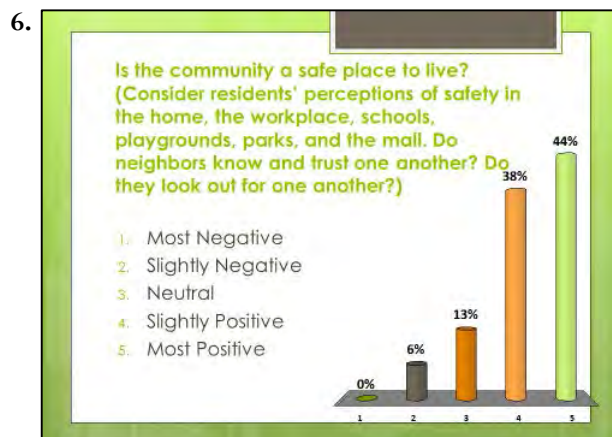
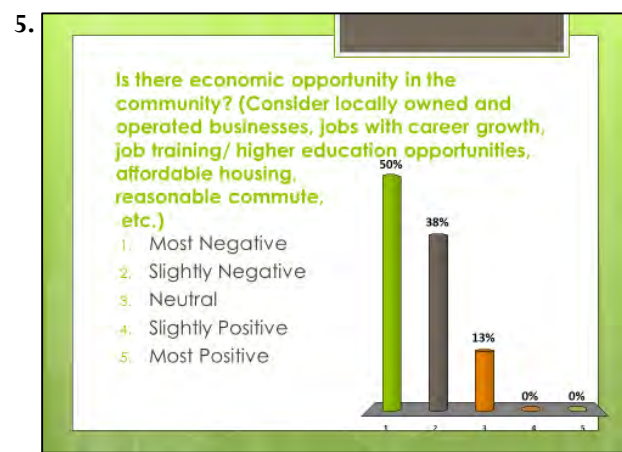
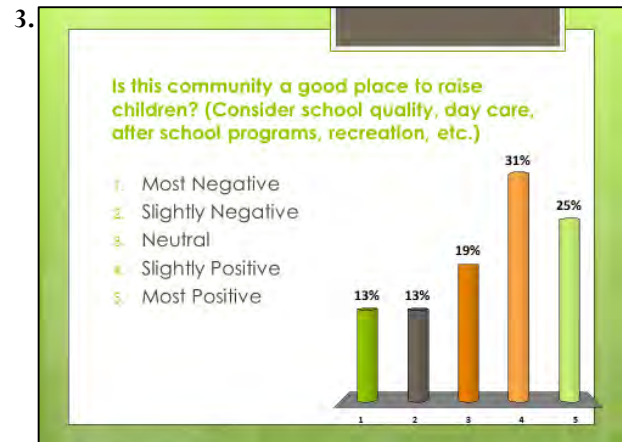
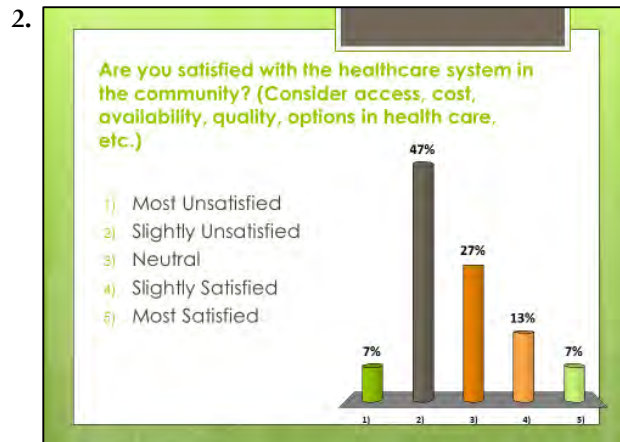
Sign In Sheet

Purpose: Solicit input from the community on the vision and local public health system assessment steps of the Community Health Assessment as well as the selected Healthiest Weight activity through open dialogue.

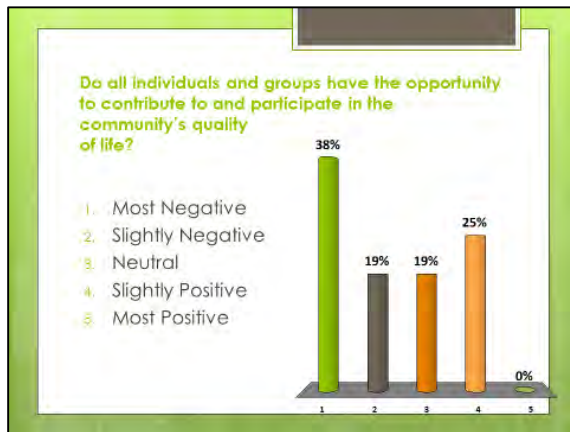
Attendees (e.g. community partners; additional CHD staff)

Name	Organization or Community Representative	Email	Phone
Andi Morgan	SHHG	andrea.grogan@shhps.org	229-5603
DT Simmons	DOH - Gulf	Deanna.Simmons@flhealth.gov	
David Walker	DOH - Franklin	david.walker@flhealth.gov	
Lindsay Gannon	DOH - Gulf - EH	lindsay.gannon@flhealth.gov	
Jessie Pippin	DOH - Gulf	Jessie.Pippin@flhealth.gov	
Alma Pugh	DOH Franklin / Gulf	alma.pugh@flhealth.gov	
James Lewis	Bia Bend AHEC	jlewis@biabendahc.org	850-445-1115
Kathryn Sanders	West Med Ctr	ksanders@westmed.org	639-5828
Marsha Lindeman	FL DOH Gulf + Franklin	marsha.lindeman@flhealth.gov	227-1276
Nora Bailey	Sacred Heart Health System	nbailey@smiconsultants.com	850-291-6410
Teresa Bevins	Sacred Heart Health System	teresa.bevins@shhps.org	850-229-5606
April Wisdom	Tyndall AFB	april.wisdom@us.af.mil	850-283-7100
Becky Washlee	SHHS (GULF)	Becky.WASHLEE@SHHPS.ORG	850-916-2840
Kelly Freeman	University of Florida	freemanr11@ufl.edu	850-394-3200
Amy Driggers	DOH - Gulf	Amy.Driggers@flhealth.gov	
Antoinette Batson	DOH - Franklin	Antoinette.Batson@flhealth.gov	227-1276
Samantha Jones	Dept. of Juvenile Justice	Samantha.jones@djj.state.fl.us	850-872-7630
Kellie Wright	CGSC BSN student	krw101989@gmail.com	850-250-7272
Sarah Hinds	DOH - Gulf	Sarah.Hinds@flhealth.gov	227-1276
Ann Wing	BBBC	ann.wing@bbbc.org	850-747-5755

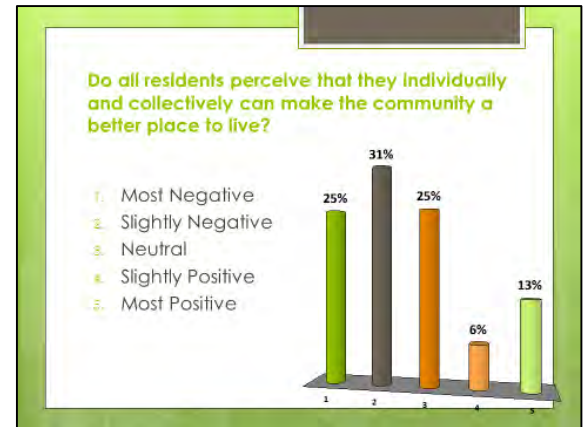
Quality of Life Survey Results



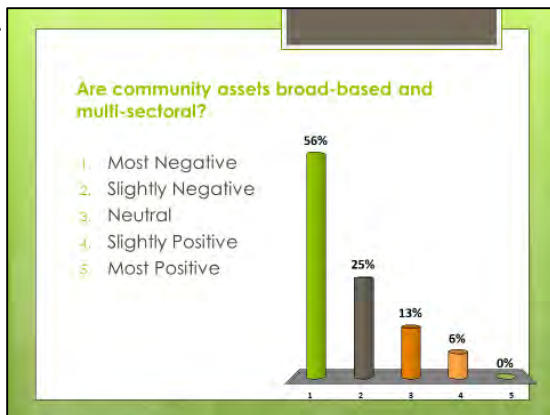
8.



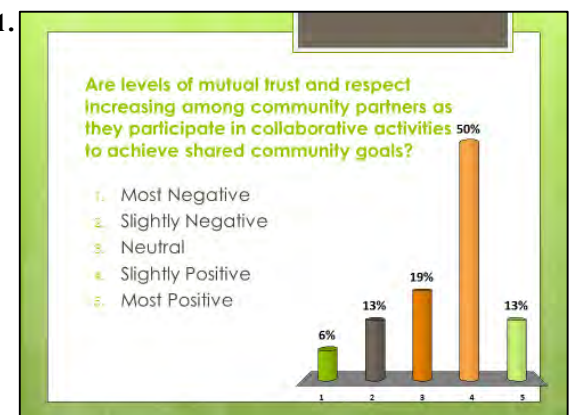
9.



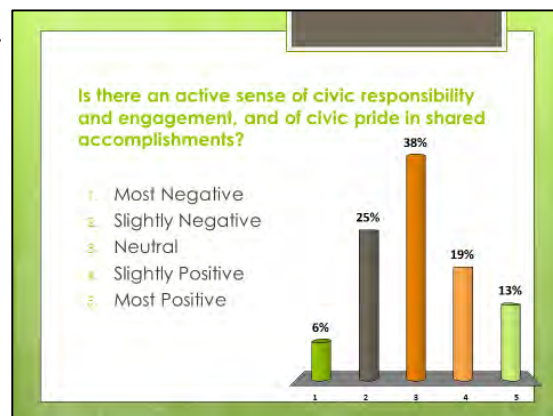
10.



11.



12.



Assets Inventory

Group 1



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting #2
DOH – Gulf Large Conference Room
September 30, 2015 9:00 – 12:00 noon EST

Assets Inventory

Vision: "To Enhance Health for all Generations in Gulf County."

Community: Gulf County

Individuals (w/ Knowledge and Skills):	Citizen Associations in the Community:
Robert manager	Faith Based
PSJ City manager staff	Rotary
Minie Likely	Lions Club
Joanna White	Jr Service League
	Wawa Women's Club
	Library
(Private) Institutions in the Community:	(Public) Institutions in the Community:
Sacred Heart	Alcoholics Anonymous
Wawa med Chr	Search & Rescue
Taunton Home	Health Dept
Dr. Barnes	Gulf City Schools
	LAW Enforcement
Other Category: _____	Other Category: <u>Gulf Coast College</u>

Group 2



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting #2
DOH – Gulf Large Conference Room
September 30, 2015 9:00 – 12:00 noon EST

Assets Inventory

Vision: "TO ENHANCE HEALTH FOR ALL GENERATIONS IN GULF COUNTY"

Community: Gulf County

Individuals (w/ Knowledge and Skills):	Citizen Associations in the Community:
Pastors	SSL
County Commissioners	People helping people
City Council - PSJ	? Workforce
	4-H
	Sportsman's League
	VFW CoFC
(Private) Institutions in the Community:	(Public) Institutions in the Community:
Ministers Alliance	GC
Faith Christian	#schools
	Chamber of Commerce
	CHD Public Library
	Law Enforcement
Other Category: _____	Other Category: _____

Group 3



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting #2
DOH – Gulf Large Conference Room
September 30, 2015 9:00 – 12:00 noon EST

Assets Inventory

Vision: "To enhance health for all generations in GULF COUNTY."

Community: Gulf County

Individuals (w/ Knowledge and Skills):	Citizen Associations in the Community:
	7? 55L Junior Service League PHP People helping People Org.
	Boy Scouts ✓
	Joanna White
	Minnie Likely Library
(Private) Institutions in the Community:	(Public) Institutions in the Community:
Lion's Club	Gulf Co. Senior Center
Faith Base	Gulf Co. School Systems
Taunton Family Home	Travel & Development Center
Wawa Medical Center	WIG Center
Dr. Barnes	Sacred Heart Domestic Violence Coalition
Other Category: _____	Other Category: Early Learning Coalition
	Alcoholic Inn.
	Gulf Coast College
	Gulf Coast Public Library

Group 4



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting #2
DOH – Gulf Large Conference Room
September 30, 2015 9:00 – 12:00 noon EST

Assets Inventory

Vision:

Community: Gulf County

<u>Individuals (w/ Knowledge and Skills):</u>	<u>Citizen Associations in the Community:</u>
LINDMAN	BOCC
CARTER ROYLEE	Chambers of Commerce
Husband/Wife @chip	garden club
Marshall Nelson	Christian Community Dev.
Joanna White	
<u>(Private) Institutions in the Community:</u>	<u>(Public) Institutions in the Community:</u>
Faith Base	WIG
	HD
	Sacred Heart
	Sheriff's Dept.
	Library
Other Category: _____	Other Category: _____

Hinds, Sarah JQ

Subject: FW: 2 Events Coming Your Way - You're Invited!
Attachments: DOH Gulf 5k Walk_Run Flyer.docx

From: Hinds, Sarah JQ
Sent: Tuesday, September 22, 2015 2:54 PM

You are invited to two upcoming events!

1. World Heart 5K Walk/Run

When: Sept. 26, 2015
8:00 am –until

Where: Starting line will be behind the Port St. Joe Elementary School on the Port City Trail
(2201 Long Ave, Port St. Joe)

In recognition of **World Heart Day**, the Florida Department of Health in Gulf County will be celebrating by hosting a 5K Walk/Run on Sept. 26. World Heart Day is an annual event created by the World Heart Foundation to remind everyone that heart disease and stroke are the world's leading causes of death. The Florida Department of Health is celebrating in collaboration with Healthiest Weight Florida, a public-private collaboration bringing together state agencies, not-for-profit organizations, businesses and entire communities to help Florida's children and adults make consistent, informed choices about healthy eating and active living. (see attached flyer).

Water, snacks and giveaways will be provided to all participants!

2. Community Health Workshop

When: Sept. 30, 2015
9:00 – 12:00 am EST

Where: Florida Department of Health in Gulf County (2475 Garrison Avenue, Port St. Joe)

Want to improve the quality of life in your community? Now is your chance! Join the 2nd Community Health Workshop! We are working to gain insight into what you—**the community members**—think is most important for our overall health. Please RSVP to Sarah Hinds, 850-227-1276 x 205.



Sarah Hinds

Operations Manager

Florida Department of Health in Gulf County

Office: (850) 227-1276 x 205

Cell: (850) 227-8366

DOH-Gulf website: <http://gulf.floridahealth.gov/>

Healthiest Weight Florida Website: <http://www.healthiestweightflorida.com/>

Twitter: [@HealthyFla](https://twitter.com/HealthyFla)

Facebook: [FLDepartmentofHealth](https://www.facebook.com/FLDepartmentofHealth)

Community Health Assessment Workshop #3

Community Health Status Assessment

FLORIDA DEPARTMENT OF HEALTH – GULF COUNTY

November 16, 2015



Table of Contents

OVERVIEW	<u>2</u>
ADDRESSING HEALTH DISPARITIES	<u>2</u>
DATA REVIEW	
ACCESS TO CARE	<u>2</u>
MENTAL HEALTH RELATED	<u>3</u>
WEIGHT RELATED	<u>3</u>
SUBSTANCE ABUSE	<u>3</u>
TOBACCO USE	<u>3</u>
PRIORITY SETTING	<u>4</u>
POTENTIAL CONSEQUENCES	<u>4</u>
PRIORITY SELECTION MATRIX	<u>5</u>
WORKSHOP EVALUATION	<u>6</u>
APPENDIX	
WORKSHOP AGENDA	<u>7</u>
WORKSHOP ATTENDANCE	<u>8</u>
ADDRESSING DISPARITIES	<u>9</u>
DATA REVIEW	<u>12</u>

Community Health Assessment Workshop #3

Community Health Status Assessment

Overview

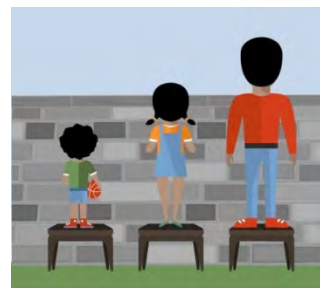
The Community Health Status Assessment Workshop is the final of four Community Health Assessments (CHA) workshops. Unlike the other three, this assessment workshop started with an in-depth data review, followed by a decision matrix and ending with priority selection. The workshop was held on November 16, 2015 from 9:00am - 12:00 pm EST at the Florida Department of Health in Gulf County – Port St. Joe location.

Addressing Disparities

In the previous CHA Workshop, community partners unanimously voted to adopt “To enhance health for all generations in Gulf County” as the new vision statement. In order to achieve the shared vision, partners must address disparities. Doing so will help participants to identify and implement ways for everyone to have a fair chance to lead their healthiest life possible.

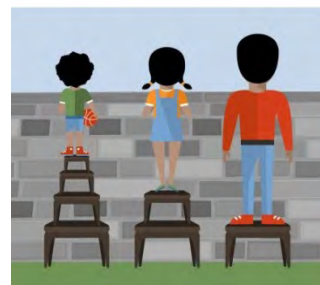
Often times addressing disparity is linked to creating and encouraging equality within diversity (race, ethnicity, age, income, education, able-bodiedness).

As the image to the right will show, identifying the disparities within a community is not just about equality and giving everyone a level playing field anymore because still not everyone has the means and opportunity to be their healthiest. Addressing disparities is much more about giving everyone a fighting chance!



Data Review

For the past four months partners have been collecting data from local residents in the form of a Community Health Status Assessment survey disseminated both online and in paper format. During those months of data collection, small committee meetings were held to review and assess health indicators researched from FloridaCHARTS.com, CountyHealthRankings.org, MyFloridaFamilies.com and other state health agency websites. These small committee meetings compared and contrasted Gulf County data indicators to that of the state and to surrounding counties. In addition to this, committee members also compared local data to previous figures from Gulf County, highlighting improvements and statistical trends. The Community Health Status Assessment survey asked 25 questions ranging from health related opinions, ideas, statistics, and basic demographic information. In order to reduce health outcome gaps and disparities, this survey was distributed within communities with highly vulnerable populations.



Throughout this survey several reoccurring concerns became evident, for this reason detailed data regarding Access to Care, Mental Health, Obesity, Substance Abuse, and Tobacco Use related concerns are highlighted below.

Access to Care

The common reoccurring concern of access to care is not a simple one. There are multiple sub-categories within the concern, including but not limited to the following focused issues: provider/service supply, financial, resource knowledge and screening/prevention.

Within the provider/service supply focused issue, forty-four percent (44%) of the Gulf County general population and thirty-nine percent (39%) of vulnerable populations, believe access to health services is essential to having a healthy community. Likewise, twenty-five percent (25%) of general population, and twenty-six percent (26%) are most concerned with people not seeing a doctor/dentist among unhealthy behaviors.

Similarly, ninety percent (93%) of the general population and eighty-seven percent (87%) of the vulnerable population have visited the doctor for a wellness visit or routine checkup in the last two years. Only nine percent (9%) of the general population does not have insurance coverage, while a much higher portion of the vulnerable population, twenty-five percent (25%), are without insurance coverage – a major detriment to access to care. With regard to resources knowledge, twenty-three percent (23%) of general population and twenty percent (20%) of the vulnerable population feel it is too expensive to cook and/or eat healthy foods. From a local screening and prevention focus, only six percent (6%) of the general population, and thirteen percent (13%) of vulnerable population think that preventative healthcare is difficult to get within the county. [For more details see Appendix A.]

Mental Health

More than 1 in 5 or (26%) of the general population and fifteen percent (15%) of the vulnerable population feel that mental health issues are the most important health issues in the county. Also, thirty-seven percent (37%) of participants of the general population and vulnerable population participants indicated that they think mental health services are difficult to obtain within Gulf County. Similarly, thirty percent (30%) of general population and twenty-six (26%) of vulnerable population did not know where to go to receive mental health care. [For more details see Appendix A.]

Weight Related

Survey respondents offered up several interesting opinions regarding healthy weight. Only thirty-six percent (36%) of the general population, and twenty-five percent (25%) of vulnerable population, were most concerned with excess weight among other unhealthy behaviors. Another interesting result is that ninety-four (94%) of the general and vulnerable populations felt they were very healthy to healthy to somewhat healthy. However, sixty percent (60%) of general population respondents and a whopping seventy percent (70%) the vulnerable have been diagnosed with one or more health problems such as high blood pressure, high cholesterol, heart disease and or diabetes. Additionally, of all sixty-six (66%) of residents have been diagnosed as overweight or obese. [For more details see Appendix A.]

Substance Abuse

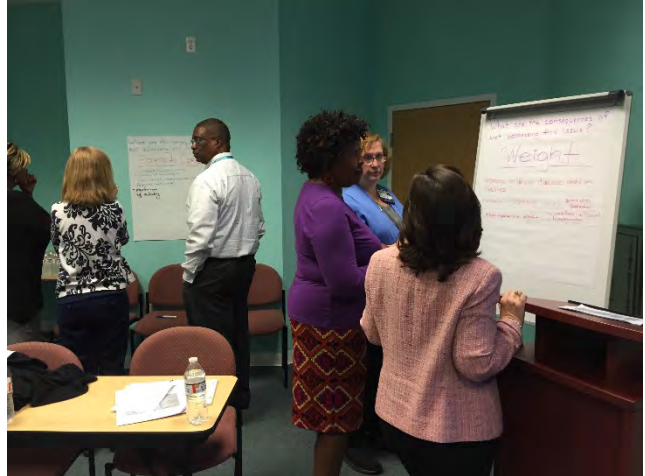
As the data shows, local residents were very alarmed by the prevalence of alcohol and drug use within the community. More than half of all general population survey participants (67%) and over three-fourths (76%) of the vulnerable population were most concerned with drug abuse among other unhealthy behaviors, while forty-five percent (45%) of the general population and vulnerable population were most concerned with alcohol abuse among other unhealthy behaviors. Thirty percent (30%) of the general population and forty percent of the vulnerable population thought that alcohol and/or drug abuse treatment services were difficult to obtain within the county. [For more details see Appendix A.]

Tobacco Use

The data indicates that seventy-one percent (71%) and sixty-one percent (61%) of the general and vulnerable population respectively, have never used tobacco products. In addition, thirty-two percent (32%) of the general population and twenty-two (22%) identified tobacco use as the most important health issue in the county. Also, according to the 2014 Florida Youth Tobacco Survey, 48% of middle school children were exposed to secondhand smoke within the last 7 days, which is far better than 62% in 2012 but substantially higher than the statewide average of only 36% students exposed to second hand smoke. [For more details see Appendix A.]

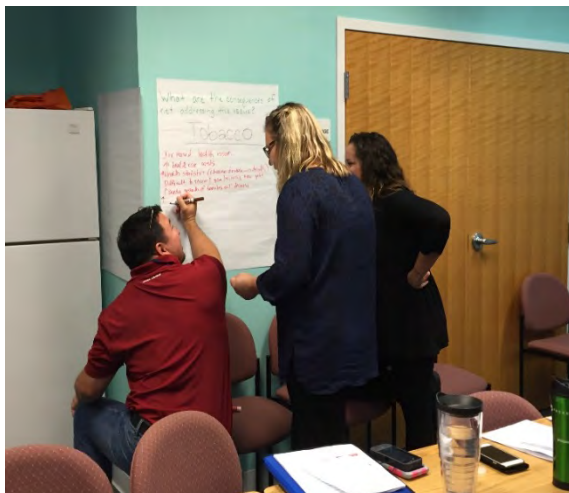
Priority Setting

After an indepth review and discussion of all the top health concerns, partners divided into small groups of three to five members and asked “What are the consequences of not addressing this concern/issue”? The groups talked amongst themselves, brainstorming all of the future possibilities of the reoccurring concerns within our community. The partners rotated around the room, writing down potential unfortunate outcomes for each concerns. The table below illustrates their collective responses.



“What are the consequences of not addressing this concern/issue”?

Access to Care	Mental Health	Obesity Related	Substance Abuse	Tobacco Use
<ul style="list-style-type: none"> shortages of services the inability to work premature death mental health, unused grant money impaired dental health among others 	<ul style="list-style-type: none"> increased substance abuse increase in family instability increased financial issues lack of self esteem 	<ul style="list-style-type: none"> increased cardiac disease adolescent issues bullying continued generation 	<ul style="list-style-type: none"> death from overdose false perceptions poverty domestic violence economic instability educational struggles for youth 	<ul style="list-style-type: none"> cancers increased healthcare cost reduction I county growth/population second hand smoke impact

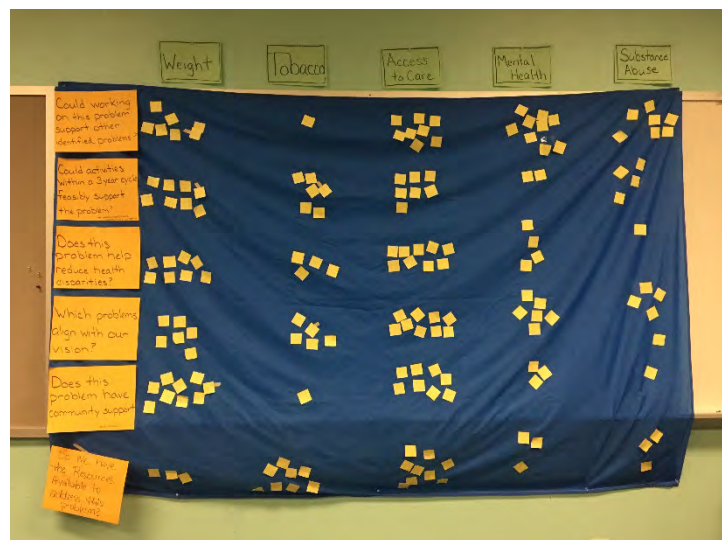


Priority Selection Matrix

In order to narrow the five reoccurring concerns into three community priorities the partners voted by answering the five key questions listed below. Each participant was given two voting markers per question to place within the concern column they believe most accurately fulfills the respective question.

Priority Selection Matrix					
Questions	Access to Care	Mental Health	Weight	Substance Abuse	Tobacco Use
1. Could working on this problem support other identified problems?	8	9	7	7	1
2. Could activities within a 3 year cycle feasibly support the problem(Not solved, but supports planning, implementation, and monitoring)	7	2	8	4	6
3. Does this problem help to reduce health disparities?	9	4	8	1	4
4. Which problems align with our vision?	9	6	6	5	5
5. Does this problem have community support? (think surveys)	8	3	10	1	1
6. Do we have the resources available to address this problem? (man power (CHIP partners, community resources, think assets!)	9	3	3	3	8

The partners voted to select Access to Care, Weight, and combined Mental Health/Substance Abuse as the top three community health priorities. Using these priorities, the partners will create goals, objectives and strategies to achieve the collective vision.



Workshop Evaluation

In an effort to make sure that the workshop accurately met the needs of participants and their communities, each person in attendance was asked to complete a short survey giving them an opportunity to address any concern in community/participant need and was encouraged to offer suggestions on how workshops may be improved going forward. Shown below is the complete evaluation tally.

Community Engagement Survey Meeting: Gulf County CHA Workshop #3 - November 16, 2015				
	Strongly Disagree	Disagree	Agree	Strongly Agree
My opinions were valued during this meeting.			4	10
There was enough time for me to provide input during the meeting.			9	5
The topics discussed during the meeting met the needs of my community.			7	7
The meeting time and location met my needs.			6	8
	Not Likely	Somewhat Likely	Likely	Very Likely
Based on your experience, how likely are you to return to another meeting?			1	13
Please list additional needs for your community that were not discussed today:				

Appendix A

Community Meeting Agenda



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting # 3
DOH-Gulf Large Conference Room
November 16, 2015 9:00a.m. - 12:00p.m. EST

AGENDA

Purpose: *Solicit input from the community on the community health priority selection through open dialogue.*

Topic	Lead
Welcome/Call to Order <ul style="list-style-type: none"> • Introductions • Brief review of agenda • Prompt attendees to sign-in 	Sarah Hinds, DOH-Gulf Operations Manager
Review Previous Minutes	Sarah Hinds, DOH-Gulf Operations Manager, Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Introduce Topic: <ul style="list-style-type: none"> • Overview of the phases of MAPP • Data Review <ol style="list-style-type: none"> 1. Discussion of the findings 2. Detail how common concerns/problems were identified • Health disparities/gaps within our community 	Marsha Lindeman, DOH-Gulf/Franklin Administrator, Sarah Hinds, DOH-Gulf Operations Manager Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant David Walker, DOH – Franklin, Operations Manager
Discuss Supporting Information: <ul style="list-style-type: none"> • Activity #1: What are the consequences of not addressing this issue? • Activity #2: Weighted Priority Matrix 	Sarah Hinds, DOH-Gulf Operations Manager Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Open Floor for Community Input	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Consider Possible Directions and or Needs <ul style="list-style-type: none"> • Item 1: Future Workshops – Who is missing at the table? • Item 2: Healthiest Weight Project– Community Support 	Sarah Hinds, DOH-Gulf Operations Manager
Actions	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Meeting Evaluation	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant
Adjourn	Deanna Simmons, DOH-Gulf/Franklin Government Operations Consultant

Workshop Attendance



Florida Department of Health in Gulf County
Gulf County Community Health Assessment Workshop Meeting #3
DOH-Gulf Large Conference Room
November 16, 2015 9:00a.m. - 12:00p.m. EST

Sign In Sheet

Purpose: Solicit input from the community on health priority selection through open dialogue.

Attendees (e.g. community partners, additional CHD staff)

	Name	Organization or Community Representative	Email	Phone
1	Becky Washle	SHHS / SHHG	onfile	850 416 2840
2	Amy Driggers	Gco. FDOH	Amy.Driggers@flhealth.gov	850-9710
3	Amy Lee	SRA DOH Gulf	amy.lee@flhealth.gov	850-227-8752
4	Johanna White	Career Services Gulf Coast	White@K4careerservice.com	
5	Andi Morgan	SHHG	Andrea.Gregan@shhps.org	229-5603
6	Teresa Bevins	SHHG/My Gulf Care	Teresa.Bevins@shhps.org	229-5606
7	Minnie J. Likely	Philadelphia P.M. Dept. Church Community Advocate	Likely_m@hotmail.com	850-229-8155
8	Alma Rugh	Closing the Gap Franklin/Gulf	Alma.Rugh@flhealth.gov	850-653-2114/133
9	Valerie Murphy	Community Care Center Gulf City	vmurphy@cccgtl.org	850-774-1113
10	David Walker	DOH - Franklin	David.Walker@flhealth.gov	653-2114
11	Katrina Saunders	Wawatchenka Medical Center	Ksaunders@nmc.org	850-639-5828
12	Mary Jim Montgomery	Sacred Heart Gulf	maryjim.montgomery@shhps.org	850-229-5604
13	Jessie Pippin	FDOH - Gulf	Jessie.Pippin@flhealth.gov	
14	Kari Williams	FDOH - Gulf	Kari.Williams@flhealth.gov	
15	Zach L. Hodges	FDOH - Gulf/Franklin EH	zachary.hodges@flhealth.gov	227-5350
16	Ann Wing	BBCBC - ME	ann.wing@bigbrother.org	747-5765
17	Kellie Wright	GCSC BSN program	kw101989@gmail.com	250-7279
18	S.D. Hinds	DOH - Gulf	Sarah.Hinds@flhealth.gov	850-8366
19	DT Simmons	DOH - Gulf	deanna.simmons@flhealth.gov	(850) 591-9886

Addressing Disparities

Addressing Health Disparities

COMMUNITY HEALTH ASSESSMENT WORKSHOP
NOVEMBER 15, 2015

Our overall goal in this process:

Is to identify and implement ways for everyone to have a fair chance to lead the healthiest life possible.

When we select our priorities...

We will be thinking about strategies to support these priorities (January!)

Strategies identified will need to address health disparities.

Health Disparities?

When you look into our counties, there are significant differences in health outcomes related to:

- Where people live
- Race
- Ethnicity
- Age
- Income
- Education

What are these gaps showing us?

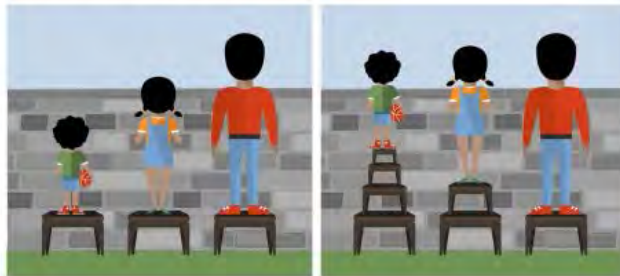
Not everyone has the means and opportunity to be their healthiest.

So what can we do?

Provide everyone with the same resources to be healthy?

Not exactly....

Providing a fair chance

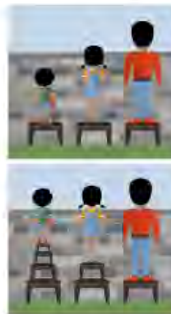


So what does it all mean?

Giving everyone a fair chance to be healthy does not necessarily mean offering everyone the same resources to be healthy, but rather offering people specific resources necessary for their good health.

Consider three children of different heights. Offering them all the same size bench to stand on would mean that shorter children do not have a fair chance to see over the wall.

Offering each child a bench to stand on that is the right size for their height gives all children a fair chance to see over the wall.



What does this mean for our CHA?

Priorities MUST support strategies that help address health disparities

(give everyone a fair chance to see over the wall)

Will take more work on our part, but time invested will help to close those health gaps!

Ex. Closing the Gap

Data Review

Answer Options	General Population		Vulnerable Population		All Responses	
	%	Count	%	Count	%	Count
1. What do you think are the most important features of a "Healthy Community"? (Those factors that would most improve the quality of life in this community.) Check only three (3).						
Access to health services(e.g. family doctor, hospitals)	43.7%	101	39.2%	29	42.6%	130
Good employment opportunities	39.0%	90	36.5%	27	38.4%	117
Good schools	30.7%	71	25.7%	19	29.5%	90
Clean environment (clean water, air, etc.)	29.0%	67	25.7%	19	28.2%	86
Quality education	29.0%	67	25.7%	19	28.2%	86
Affordable housing	22.9%	53	25.7%	19	23.6%	72
Religious or spiritual values	24.2%	56	20.3%	15	23.3%	71
Active lifestyles / outdoor activities	26.0%	60	12.2%	9	22.6%	69
Low crime / safe neighborhoods	21.2%	49	18.9%	14	20.7%	63
Low alcohol & drug abuse	18.6%	43	10.8%	8	16.7%	51
Healthy food options	17.7%	41	10.8%	8	16.1%	49
Family doctors and specialists	16.0%	37	14.9%	11	15.7%	48
Good place to raise children	16.9%	39	12.2%	9	15.7%	48
Quality hospitals and urgent / emergency services	17.7%	41	8.1%	6	15.4%	47
Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.)	13.9%	32	5.4%	4	11.8%	36
Mental health services	14.3%	33	1.4%	1	11.1%	34
Good race relations	8.7%	20	8.1%	6	8.5%	26
Low tobacco use	8.2%	19	6.8%	5	7.9%	24
Arts and cultural events	8.7%	20	4.1%	3	7.5%	23
Low numbers of homeless	6.1%	14	4.1%	3	5.6%	17
Low percent of population that are obese	6.1%	14	4.1%	3	5.6%	17
Good transportation options	6.1%	14	2.7%	2	5.2%	16
Low numbers of sexually transmitted disease (STDs)	5.2%	12			3.9%	12
<i>answered question</i>		231		74		305
<i>skipped question</i>		1		2		3

2. What do you think are the most important health issues in your County? (Those problems that have the greatest impact on overall community health.)							
Cancers	45.6%	104		52.6%	40		144
Obesity / Excess weight	48.7%	111		23.7%	18		129
Tobacco use	32.0%	73		22.4%	17		90
Diabetes	25.0%	57		25.0%	19		76
Mental health problems	26.3%	60		14.5%	11		71
Teenage pregnancy	21.5%	49		28.9%	22		71
Aging problems (e.g. dementia, vision/hearing loss, loss of mobility)	19.7%	45		18.4%	14		59
Child abuse / neglect	17.5%	40		17.1%	13		53
Heart disease and stroke	15.8%	36		21.1%	16		52
Dental problems	16.2%	37		11.8%	9		46
Domestic violence	15.4%	35		13.2%	10		45
Suicide	12.3%	28		2.6%	2		30
Respiratory / lung disease	9.2%	21		10.5%	8		29
Sexually Transmitted Diseases (STDs)	8.8%	20		2.6%	2		22
Homelessness	6.1%	14		2.6%	2		16
Accidental injuries (at work, home, school, farm)	4.4%	10		5.3%	4		14
Motor vehicle crash injuries	4.4%	10		5.3%	4		14
Infectious diseases (e.g. hepatitis, TB, etc.)	4.8%	11		1.3%	1		12
Rape / sexual assault	4.4%	10		1.3%	1		11
HIV / AIDS	2.6%	6		2.6%	2		8
Fire-arm related injuries	1.3%	3		2.6%	2		5
Homicide	0.9%	2		2.6%	2		4
Infant death	1.3%	3					3
<i>answered question</i>		228			76		304
<i>skipped question</i>		4			0		4

4. Overall, how would you rate the health of people who live in Gulf County?							
Very Healthy							
Healthy	4.8%	11		12.0%	9		20
Somewhat Healthy	69.4%	159		58.7%	44		203
Unhealthy	23.6%	54		25.3%	19		73
Very Unhealthy	2.2%	5		4.0%	3		8
<i>answered question</i>		229			75		304
<i>skipped question</i>		3			1		4

Access Related

Access		
Provider/Service Supply Focused		
Ref.	General Pop	Vulnerable Pop
SQ1	44% Believe access to health services (e.g. family doctor, hospitals) is vital to having a healthy community.	39% Believe access to health services (e.g. family doctor, hospitals) is vital to having a healthy community.
SQ3	25% Are most concerned with people not seeing a dentist/doctor among other unhealthy behaviors	26% Are most concerned with people not seeing a dentist/doctor among other unhealthy behaviors
SQ11	13% Of all survey participants delayed getting need medical care within the past 12 months because he/she could not get an appointment soon enough	16% Of all survey participants delayed getting need medical care within the past 12 months because he/she could not get an appointment soon enough
#80	The local rate of primary care physicians is 31.8 (per local population of 15,718) significantly lower than the state reported rate of 77.09 (per state population of 19,317,568) physicians.	
#112	The rate of licensed dentist within the county is only 16.8 (per 100,000) compared to the state rate of 54 (per 100,000) licensed dentist.	

10. Which healthcare services are difficult to get in Gulf County? (Check all answers that apply)							
Alternative therapies (acupuncture, herbals, etc.)	43.9%	101		44.7%	34		44.1%
Specialty medical care (specialist doctors)	40.4%	93		50.0%	38		42.8%
Mental Health services	37.0%	85		36.8%	28		36.9%
Alcohol or drug abuse treatment	30.4%	70		39.5%	30		32.7%
Dental care including dentures	20.4%	47		25.0%	19		21.6%
Services for the elderly	19.6%	45		21.1%	16		19.9%
X-Rays or mammograms	17.0%	39		15.8%	12		16.7%
Primary medical care (a primary doctor/clinic)	16.1%	37		13.2%	10		15.4%
Do not know / None	16.5%	38		11.8%	9		15.4%
Vision care (eye exams and glasses)	13.5%	31		19.7%	15		15.0%
Physical Therapy / Rehabilitation	9.6%	22		14.5%	11		10.8%
Laboratory services	8.7%	20		14.5%	11		10.1%
Hospital care	7.8%	18		10.5%	8		8.5%
Emergency medical care	7.0%	16		11.8%	9		8.2%
Preventative healthcare (routine or wellness check-ups, etc.)	5.7%	13		13.2%	10		7.5%
Family Planning (including birth control)	5.2%	12		7.9%	6		5.9%
Prescriptions / Pharmacy services	2.2%	5		5.3%	4		2.9%
<i>answered question</i>		230			76		306
<i>skipped question</i>		2			0		2

Access

Financial Focused		
Ref.	General Pop	Vulnerable Pop
SQ7	85% Have had a dental exam or cleaning within the last two years.	77% Have had a dental exam or cleaning within the last two years.
SQ8	93% Have visited the doctor for a wellness exam or routine check-up within the last two years.	87% Have visited the doctor for a wellness exam or routine check-up within the last two years.
SQ18	14% Of survey participants cannot afford exercise equipment/gym membership	20% Of survey participants cannot afford exercise equipment/gym membership
SQ9	94% Of participants fill prescriptions as prescribed at a pharmacy.	95% Of participants fill prescriptions as prescribed at a pharmacy.
SQ11	16% Of all survey participants delayed getting need medical care within the past 12 months because he/she could not afford care	11.4% Of all survey participants delayed getting need medical care within the past 12 months because he/she could not afford care
SQ6	What is your primary source of health care insurance coverage? (See below for General Population – left, and Vulnerable Population – lower right.)	

Access		
Resources Knowledge Focused		
Ref.	General Pop	Vulnerable Pop
SQ13	30% Do not know where to go for mental health services	27% Do not know where to go for mental health services
SQ18	23% Of survey participants feel it is too expensive to cook/eat healthy foods	20% Of survey participants feel it is too expensive to cook/eat healthy foods
Access		

Screening/Prevention Focused		
Ref.	General Pop	Vulnerable Pop
SQ13	6% Percent of participants think that preventive healthcare is difficult to get within Gulf County	13% Percent of participants think that preventive healthcare is difficult to get within Gulf County
#85	Over 72% of adults with diabetes who have had an annual foot exam within the past three years, which is higher than the last collection period and higher than the state's rate of 68%.	
#88	Nearly 34% of all adults received a flu vaccination in the past year, which is a bit higher than the state average of 31% adults.	
#91	60% of women age 40 and older have received a mammogram within the past year which is greater than the state's 58% of women.	

Mental Health

Mental Health		
Ref.	General Pop	Vulnerable Pop
SQ1	14% Consider mental health services the most important features of a "Healthy Community"	1% Consider mental health services the most important features of a "Healthy Community"
SQ2	26% Believes that mental health issues are the most important health issues in the county	15% Believes that mental health issues are the most important health issues in the county
SQ5	4% Have been told by a health professional that he/she have a mental health problems	1% Have been told by a health professional that he/she have a mental health problems
SQ5	16% Of survey participants have been told by a health professional that he/she has depression	18% Of survey participants have been told by a health professional that he/she has depression
SQ10	37% Percent of participants think that mental health services are difficult to get within Gulf County	37% Percent of participants think that mental health services are difficult to get within Gulf County
SQ13	30% Do not know where to go for mental health care.	26% Do not know where to go for mental health care.
#15	The suicide death rate has increased over the last three years from 13.7 to 17.2 (per 100,000 population) which is also higher than the state rate of 14.0 deaths.	
#136	The number of unhealthy mental health days within the past 30 days averaged 3.5 which more favorable than the state average of 4.1 days.	

Substance Abuse

Substance Abuse		
Ref.	General Pop	Vulnerable Pop
SQ1	19% Believe that low #s of Alcohol and Drug Abuse are essential features of a healthy community	11% Believe that low #s of Alcohol and Drug Abuse are essential features of a healthy community
SQ1	21% Low crime/safe neighbors are essential features of a healthy community	19% Low crime/safe neighbors are essential features of a healthy community
SQ3	67% Percent of survey participants are most concerned with drug abuse among other unhealthy behaviors	76% Percent of survey participants are most concerned with drug abuse among other unhealthy behaviors
SQ3	45% Percent of survey participants are most concerned with alcohol abuse among other unhealthy behaviors	45% Percent of survey participants are most concerned with alcohol abuse among other unhealthy behaviors
SQ10	30% Percent of participants think alcohol and/or drug abuse treatment services are difficult to get within Gulf County	40% Percent of participants think alcohol and/or drug abuse treatment services are difficult to get within Gulf County
#50.3	Nearly 14% of youth (age 10-17) reported having used Marijuana or Hashish within the past 30 days which is little higher than the statewide average of 12% adolescents.	
#53	14% of youth (age 10-17) reported binge drinking (having had five or more alcoholic drinks in a row within the past two weeks), a small decrease from the previously reported 16% but still higher than the state's count of only 10% of youth.	

Tobacco

Tobacco		
Ref.	General Pop	Vulnerable Pop
SQ2	32% Identified tobacco use as the most import health issue with the county.	Slightly over 22% identified tobacco use as the most import health issue with the county.
SQ3	24% Are most concerned with tobacco use among other unhealthy behaviors	22% Are most concerned with tobacco use among other unhealthy behaviors
SQ15	Over 71% of the population has never used tobacco.	Over 61% of the population has never used tobacco.
SQ15	20% Of former smokers quit 1 or more years ago	25% Of former smokers quit 1 or more years ago
SQ15	The remaining 8% primarily smoke cigarettes or cigars, chew tobacco, snuff or snus, or use e-cigarettes.	The remaining 11% primarily smoke cigarettes or cigars, chew tobacco, snuff or snus, or use e-cigarettes.
#42	The rate of live births with mother smoking during pregnancies locally is 20% (percent of total births), which is higher than the last local data and higher than the state rate of only 6% (percent of total statewide births).	
#40	11% of adolescents have smoked cigarettes within the last 30 days. Down by (9) from previous data cycle of 20% but still significantly higher than the state who's rate is only 4% of adolescents.	
#45	48% of middle school children exposed to secondhand smoke within the last 7 days which is far better than 62% in 2012 but substantially higher than the statewide average of only 36% students exposed to second hand smoke.	
#6	The smoking related cancer death rate is 84.6 (per 100,000) people compared to the state rate of 61.2 deaths.	

Weight Related

The General Population believes that obesity is bigger/more significant issue than cancer, mental health, diabetes, tobacco use and teenage pregnancy.

Weight Related		
Ref.	General Pop	Vulnerable Pop
SQ1	18% Of survey participants consider healthy food options an important feature of a healthy community	11% Of survey participants consider healthy food options an important feature of a healthy community
SQ1	26% Believe an active lifestyle/outdoor activities is vital to having a healthy community	12% Believe an active lifestyle/outdoor activities is vital to having a healthy community
SQ3	36% Are most concerned with excess weight among other unhealthy behaviors	25% Are most concerned with excess weight among other unhealthy behaviors
SQ3	35% Are most concerned with poor eating habits/poor nutrition among other unhealthy behaviors	30% Are most concerned with poor eating habits/poor nutrition among other unhealthy behaviors
SQ16	Nearly 94% feel/think they are Very Healthy to Healthy to Somewhat Healthy	Nearly 94% feel/think they are Very Healthy to Healthy to Somewhat Healthy
SQ18	48% feel/think/listed “I already eat healthy and am active.” and “I am happy the way I am” as a reason that prevents them from being healthier.	66% feel/think/listed: “I already eat healthy and am active.” and “I am happy the way I am” as a reason that prevents them from being healthier.
SQ5	Yet 60% of all survey participants have been diagnosed with one or more health problems with: HBP, HC, and Obesity, as leading issues.	Yet 70% of all survey participants have been diagnosed with one or more health problems with: HBP, HC, and Obesity, as leading issues.
SQ5	Slightly over 21% have been told by a health profession that she/she has obesity.	Nearly 18% have been told by a health profession that she/she has obesity.
#68 & #70	66% of residents have been diagnosed as obese or overweight.	
#69	20% of young people (children and adolescents) are obese.	
#66	Only 8% of the residents actually consume the recommended 5 servings of fruits and vegetables a day. A sharp decline from the last data collection period of 20% (1 in 5) of residents and significantly lower than the state’s 18% of residents.	

Common Weight Related Health Issues		
Ref.	General Pop	Vulnerable Pop
SQ5	60% of the people have been diagnosed with health issues. The most common are:	Of the nearly 70% with diagnosed health issues:
	1. 31% - High Blood Pressure	1. 41% - High Blood Pressure
	2. 25% - High Cholesterol	2. 37% - High Cholesterol
	3. 21% - Obesity	3. 19% - Heart Disease
	4. 16% - Depression	4. 18% - Depression
	5. 12% - Diabetes	5. 18% - Obesity
		6. 18% - Asthma
		7. 15% - Diabetes

Answer Options	On-Line Responses		Paper Responses		All Responses	
	%	Count	%	Count	%	Count
1. What do you think are the most important features of a "Healthy Community"? (Those factors that would most improve the quality of life in this community.) Check only three (3).						
Access to health services(e.g. family doctor, hospitals)	43.7%	101	39.2%	29	42.6%	130
Good employment opportunities	39.0%	90	36.5%	27	38.4%	117
Good schools	30.7%	71	25.7%	19	29.5%	90
Clean environment (clean water, air, etc.)	29.0%	67	25.7%	19	28.2%	86
Quality education	29.0%	67	25.7%	19	28.2%	86
Affordable housing	22.9%	53	25.7%	19	23.6%	72
Religious or spiritual values	24.2%	56	20.3%	15	23.3%	71
Active lifestyles / outdoor activities	26.0%	60	12.2%	9	22.6%	69
Low crime / safe neighborhoods	21.2%	49	18.9%	14	20.7%	63
Low alcohol & drug abuse	18.6%	43	10.8%	8	16.7%	51
Healthy food options	17.7%	41	10.8%	8	16.1%	49
Family doctors and specialists	16.0%	37	14.9%	11	15.7%	48
Good place to raise children	16.9%	39	12.2%	9	15.7%	48
Quality hospitals and urgent / emergency services	17.7%	41	8.1%	6	15.4%	47
Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.)	13.9%	32	5.4%	4	11.8%	36
Mental health services	14.3%	33	1.4%	1	11.1%	34
Good race relations	8.7%	20	8.1%	6	8.5%	26
Low tobacco use	8.2%	19	6.8%	5	7.9%	24
Arts and cultural events	8.7%	20	4.1%	3	7.5%	23
Low numbers of homeless	6.1%	14	4.1%	3	5.6%	17
Low percent of population that are obese	6.1%	14	4.1%	3	5.6%	17
Good transportation options	6.1%	14	2.7%	2	5.2%	16
Low numbers of sexually transmitted disease (STDs)	5.2%	12			3.9%	12
answered question		231		74		305
skipped question		1		2		3

2. What do you think are the most important health issues in your County? (Those problems that have the greatest impact on overall community health.)						
Cancers	45.6%	104	52.6%	40	47.4%	144
Obesity / Excess weight	48.7%	111	23.7%	18	42.4%	129
Tobacco use	32.0%	73	22.4%	17	29.6%	90
Diabetes	25.0%	57	25.0%	19	25.0%	76
Mental health problems	26.3%	60	14.5%	11	23.4%	71
Teenage pregnancy	21.5%	49	28.9%	22	23.4%	71
Aging problems (e.g. dementia, vision/hearing loss, loss of mobility)	19.7%	45	18.4%	14	19.4%	59
Child abuse / neglect	17.5%	40	17.1%	13	17.4%	53
Heart disease and stroke	15.8%	36	21.1%	16	17.1%	52
Dental problems	16.2%	37	11.8%	9	15.1%	46
Domestic violence	15.4%	35	13.2%	10	14.8%	45
Suicide	12.3%	28	2.6%	2	9.9%	30
Respiratory / lung disease	9.2%	21	10.5%	8	9.5%	29
Sexually Transmitted Diseases (STDs)	8.8%	20	2.6%	2	7.2%	22
Homelessness	6.1%	14	2.6%	2	5.3%	16
Accidental injuries (at work, home, school, farm)	4.4%	10	5.3%	4	4.6%	14
Motor vehicle crash injuries	4.4%	10	5.3%	4	4.6%	14
Infectious diseases (e.g. hepatitis, TB, etc.)	4.8%	11	1.3%	1	3.9%	12
Rape / sexual assault	4.4%	10	1.3%	1	3.6%	11
HIV / AIDS	2.6%	6	2.6%	2	2.6%	8
Fire-arm related injuries	1.3%	3	2.6%	2	1.6%	5
Homicide	0.9%	2	2.6%	2	1.3%	4
Infant death	1.3%	3			1.0%	3
answered question		228		76		304
skipped question		4		0		4

Answer Options	On-Line Responses			Paper Responses			All Responses	
	%	Count		%	Count		%	Count

3. Which of the following unhealthy behaviors in the County concern you? (Those behaviors that have the greatest impact on overall community health.) Check only three 3								
Drug abuse	67.1%	153		77.6%	59		69.7%	212
Alcohol abuse	45.2%	103		44.7%	34		45.1%	137
Excess weight	36.8%	84		25.0%	19		33.9%	103
Poor eating habits / poor nutrition	34.6%	79		30.3%	23		33.6%	102
Not seeing a doctor or dentist	25.0%	57		26.3%	20		25.3%	77
Tobacco use	23.7%	54		22.4%	17		23.4%	71
Lack of exercise	24.1%	55		15.8%	12		22.0%	67
Unprotected / unsafe sex	18.4%	42		14.5%	11		17.4%	53
Not using seat belts / child safety seats	11.4%	26		19.7%	15		13.5%	41
Not getting shots to prevent disease	11.0%	25		7.9%	6		10.2%	31
Homelessness	5.7%	13		6.6%	5		5.9%	18
answered question		228			76			304
skipped question		4			0			4

4. Overall, how would you rate the health of people who live in Gulf County?								
Very Healthy								
Healthy	4.8%	11		12.0%	9		6.6%	20
Somewhat Healthy	69.4%	159		58.7%	44		66.8%	203
Unhealthy	23.6%	54		25.3%	19		24.0%	73
Very Unhealthy	2.2%	5		4.0%	3		2.6%	8
answered question		229			75			304
skipped question		3			1			4

5. Have you ever been told by a health professional that you have any of the following: (Check all that apply)								
None of the above	40.9%	94		31.5%	23		37.0%	117
High blood pressure	31.3%	72		41.1%	30		32.3%	102
High cholesterol	24.8%	57		37.0%	27		26.6%	84
Obesity	21.3%	49		17.8%	13		19.6%	62
Depression	16.1%	37		17.8%	13		15.8%	50
Diabetes	12.2%	28		15.1%	11		12.3%	39
Asthma	5.7%	13		6.8%	5		5.7%	18
Heart disease	5.2%	12		6.8%	5		5.4%	17
Mental health problem	3.5%	8		1.4%	1		2.8%	9
Chronic Obstructive Pulmonary Disease (COPD)	1.3%	3		5.5%	4		2.2%	7
Alcohol or drug addiction	1.3%	3					0.9%	3
Dementia / Alzheimer's disease	0.4%	1		2.7%	2		0.9%	3
HIV / AIDS	0.9%	2					0.6%	2
Tuberculosis (TB)	0.9%	2					0.6%	2
answered question		230			86			316
skipped question		2			5			7

6. What is the primary source of your health care insurance coverage?								
Insurance from an employer or union	66.2%	151		41.3%	31		60.1%	182
Insurance that you pay for yourself (including "Obamacare" plans)	8.8%	20		8.0%	6		8.6%	26
Indian or Tribal Health Services								
Medicare	7.9%	18		25.3%	19		12.2%	37
Medicaid (such as Medipass, Medicaid HMO)	4.8%	11		8.0%	6		5.6%	17
TRICARE, military or VA benefits	5.3%	12		4.0%	3		5.0%	15
Other	2.2%	5		4.0%	3		2.6%	8
I do not have any health insurance	4.8%	11		9.3%	7		5.9%	18
answered question		228			75			303
skipped question		4			1			5

Page 24 of 30

Answer Options	On-Line Responses			Paper Responses			All Responses	
	%	Count		%	Count		%	Count
7. How long has it been since your last dental exam or cleaning?								
Within past 12 months	62.8%	142		59.5%	44		62.0%	186
1 to 2 years ago	21.7%	49		17.6%	13		20.7%	62
2 to 5 years ago	8.0%	18		8.1%	6		8.0%	24
5 or more years ago	5.8%	13		8.1%	6		6.3%	19
Do not know / Not sure	1.8%	4		6.8%	5		3.0%	9
<i>answered question</i>		226			74			300
<i>skipped question</i>		6			2			8

8. How long has it been since your last visit to a doctor for a wellness exam or routine check-up? (Does not include an exam for a specific injury, illness or condition)								
Within past 12 months	80.3%	184		81.1%	60		80.5%	244
1 to 2 years ago	12.2%	28		5.4%	4		10.6%	32
2 to 5 years ago	3.9%	9		5.4%	4		4.3%	13
5 or more years ago	1.7%	4		4.1%	3		2.3%	7
Do not know / Not sure	1.7%	4		4.1%	3		2.3%	7
<i>answered question</i>		229			74			303
<i>skipped question</i>		3			2			5

9. When a doctor prescribes medicine for you or a family member, what do you do?								
Fill the prescription at a pharmacy	93.9%	215		94.7%	71		94.1%	286
Use herbal or natural therapies instead	2.2%	5		1.3%	1		2.0%	6
Buy an over the counter medicine	1.3%	3		2.7%	2		1.6%	5
Go without medicine	1.3%	3		1.3%	1		1.3%	4
Use leftover medicine already at home	0.9%	2					0.7%	2
Use someone else's medicine	0.4%	1					0.3%	1
<i>answered question</i>		229			75			304
<i>skipped question</i>		3			1			4

10. Which healthcare services are difficult to get in Gulf County? (Check all answers that apply)								
Alternative therapies (acupuncture, herbals, etc.)	43.9%	101		44.7%	34		44.1%	135
Specialty medical care (specialist doctors)	40.4%	93		50.0%	38		42.8%	131
Mental Health services	37.0%	85		36.8%	28		36.9%	113
Alcohol or drug abuse treatment	30.4%	70		39.5%	30		32.7%	100
Dental care including dentures	20.4%	47		25.0%	19		21.6%	66
Services for the elderly	19.6%	45		21.1%	16		19.9%	61
X-Rays or mammograms	17.0%	39		15.8%	12		16.7%	51
Primary medical care (a primary doctor/clinic)	16.1%	37		13.2%	10		15.4%	47
Do not know / None	16.5%	38		11.8%	9		15.4%	47
Vision care (eye exams and glasses)	13.5%	31		19.7%	15		15.0%	46
Physical Therapy / Rehabilitation	9.6%	22		14.5%	11		10.8%	33
Laboratory services	8.7%	20		14.5%	11		10.1%	31
Hospital care	7.8%	18		10.5%	8		8.5%	26
Emergency medical care	7.0%	16		11.8%	9		8.2%	25
Preventative healthcare (routine or wellness check-ups, etc.)	5.7%	13		13.2%	10		7.5%	23
Family Planning (including birth control)	5.2%	12		7.9%	6		5.9%	18
Prescriptions / Pharmacy services	2.2%	5		5.3%	4		2.9%	9
<i>answered question</i>		230			76			306
<i>skipped question</i>		2			0			2

Answer Options	On-Line Responses		Paper Responses		All Responses	
	%	Count	%	Count	%	Count
11. In the past 12 months, did you delay getting needed medical care for any of the following reasons? Check all answers that apply.						
No, I did not have a delay in getting care	37.4%	82	37.1%	26	37.4%	108
No, I did not need medical care	29.2%	64	25.7%	18	28.4%	82
Could not afford	16.0%	35	11.4%	8	14.9%	43
Could not get an appointment soon enough	12.8%	28	15.7%	11	13.5%	39
Could not get a weekend or evening appointment	10.5%	23	15.7%	11	11.8%	34
Insurance problems or lack of insurance	5.5%	12	10.0%	7	6.6%	19
Provider did not take your insurance	6.4%	14	7.1%	5	6.6%	19
Provider was not taking new patients	5.0%	11	4.3%	3	4.8%	14
Lack of transportation	3.2%	7	4.3%	3	3.5%	10
Language barriers or could not communicate	0.5%	1	1.4%	1	0.7%	2
answered question		219		70		289
skipped question		13		6		19

12. When you or someone in your family is sick, where do you go for healthcare?						
My family doctor	63.9%	147	58.1%	43	62.5%	190
Health Department	16.5%	38	20.3%	15	17.4%	53
Hospital Emergency Room	5.7%	13	10.8%	8	6.9%	21
Community health center	3.5%	8	2.7%	2	3.3%	10
VA / Military facility	2.2%	5	4.1%	3	2.6%	8
I usually go without care	3.0%	7	1.4%	1	2.6%	8
Any available doctor	2.2%	5	2.7%	2	2.3%	7
Urgent care clinic	2.6%	6			2.0%	6
Free clinic	0.4%	1			0.3%	1
answered question		230		74		304
skipped question		2		2		4

13. If you felt that you or someone in your family needed mental health services, where would you go for care?						
I do not know where to go for mental health care	29.7%	69	26.4%	24	28.8%	93
Private psychologist, psychiatrist or other mental health professional	23.7%	55	13.2%	12	20.7%	67
My family doctor	20.3%	47	15.4%	14	18.9%	61
Other	3.4%	8	12.1%	11	5.9%	19
Mental health clinic in another county	5.6%	13	4.4%	4	5.3%	17
Life Management Center in Gulf County	5.2%	12	4.4%	4	5.0%	16
Mental health clinic in Gulf County	2.6%	6	5.5%	5	3.4%	11
Hospital Emergency Room in Gulf County	2.2%	5	5.5%	5	3.1%	10
VA / Military facility	2.2%	5	3.3%	3	2.5%	8
Florida Department of Health In Gulf	2.2%	5			1.5%	5
Life Management Center in Bay County	0.4%	1	2.2%	2	0.9%	3
Hospital Emergency Room in another county	0.0%		2.2%	2	0.6%	2
Health Department	0.4%	1	1.1%	1	0.6%	2
Community Care Center of Gulf County	0.9%	2			0.6%	2
Go to Clerk and File a Baker's Act	0.4%	1			0.3%	1
Referral from family doctor to a professional mental health office/clinic	0.4%	1			0.3%	1
Would use Gulf County if insurance accepted	0.4%	1			0.3%	1
The Church			1.1%	1	0.3%	1
For a referral.			1.1%	1	0.3%	1
Have him direct me.			1.1%	1	0.3%	1
I would ask my doctor to refer me.			1.1%	1	0.3%	1
answered question		232		91		323
skipped question				7		

Page 20

Answer Options	On-Line Responses			Paper Responses			All Responses	
	%	Count		%	Count		%	Count
14. Overall, how would you rate the quality of healthcare services available in Gulf County?								
Excellent	3.0%	7		2.6%	2		2.9%	9
Very Good	11.7%	27		18.4%	14		13.4%	41
Good	43.3%	100		27.6%	21		39.4%	121
Fair	32.9%	76		38.2%	29		34.2%	105
Poor	6.5%	15		7.9%	6		6.8%	21
Not sure / do not know	2.6%	6		5.3%	4		3.3%	10
<i>answered question</i>		231			76			307
<i>skipped question</i>		1			0			1
15. Do you currently use any tobacco products?								
No, I have never used tobacco products	71.7%	165		61.3%	46		69.2%	211
No, I quit 1 or more years ago	20.0%	46		25.3%	19		21.3%	65
Yes, I currently smoke cigarettes or cigars	5.2%	12		9.3%	7		6.2%	19
Yes, I currently use chewing tobacco, snuff or snus	1.3%	3		1.3%	1		1.3%	4
Yes I currently use e-cigarettes	1.3%	3		0.0%	0		1.0%	3
No, I quit 12 months ago or less	0.4%	1		2.7%	2		1.0%	3
<i>answered question</i>		230			75			305
<i>skipped question</i>		2			1			3
16. How would you rate your own health today?								
Very Healthy	11.3%	26		10.8%	8		21.4%	65
Healthy	45.2%	104		48.6%	36		46.1%	140
Somewhat Healthy	38.7%	89		36.5%	27		38.2%	116
Unhealthy	4.3%	10		2.7%	2		3.9%	12
Very Unhealthy	0.4%	1		1.4%	1		0.7%	2
<i>answered question</i>		230			74			304
<i>skipped question</i>		2			2			4
17. Please indicate how strongly you agree or disagree with the following statement as it applies to you personally: I am confident that I can make and maintain lifestyle changes, like eating right, exercising, or not smoking.								
Strongly Agree	32.5%	74		37.0%	27		33.6%	101
Agree	61.8%	141		56.2%	41		60.5%	182
Disagree	4.8%	11		5.5%	4		5.0%	15
Strongly Disagree	0.9%	2		1.4%	1		1.0%	3
<i>answered question</i>		228			73			301
<i>skipped question</i>		4			3			7
18. What are the top three (3) reasons that prevent you from eating healthier foods and being active? Check only three.								
I already eat healthy and am active	30.7%	70		37.8%	28		32.5%	98
Do not have time to be more active	30.7%	70		17.6%	13		27.5%	83
It is too expensive to cook / eat healthy foods	23.2%	53		20.3%	15		22.5%	68
I am happy the way I am	17.1%	39		28.4%	21		19.9%	60
Cannot afford exercise equipment / gym membership	14.0%	32		20.3%	15		15.6%	47
Do not have time to cook or shop for healthy foods	17.1%	39		6.8%	5		14.6%	44
Tried before and failed to change	15.8%	36		9.5%	7		14.2%	43
Do not want to change what I eat	12.7%	29		18.9%	14		14.2%	43
Healthier food is not available in my neighborhood	13.2%	30		13.5%	10		13.2%	40
Do not know how much more active I need to be	9.2%	21		5.4%	4		8.3%	25
Do not want to be more active	7.5%	17		10.8%	8		8.3%	25
Fear of failure	7.0%	16		8.1%	6		7.3%	22
Do not know how to change my diet	7.0%	16		6.8%	5		7.0%	21
It is not safe to exercise in my neighborhood	3.9%	9		2.7%	2		3.6%	11
<i>answered question</i>		228			74			302
<i>skipped question</i>		4			2			6

Answer Options	On-Line Responses		Paper Responses		All Responses	
	%	Count	%	Count	%	Count
19. What is the zip code where you live?						
32456	60.76%	144	64.56%	51	62.3%	195
32465	35.86%	85	27.85%	22	34.2%	107
32457	0.84%	2	2.53%	2	1.3%	4
32410	0.42%	1	1.27%	1	0.6%	2
<i>answered question</i>		237		76		313
<i>skipped question</i>		42		12		54

20. Are you male or female?						
Male	22.6%	52	27.0%	20	23.7%	72
Female	77.4%	178	73.0%	54	76.3%	232
<i>answered question</i>		230		74		304
<i>skipped question</i>		2		2		4

21. What is your race?						
Black/African-American, non-Hispanic	8.2%	22	32.4%	24	13.5%	46
Black/African-American, Hispanic						
White/Caucasian, non-Hispanic	82.5%	221	60.8%	45	77.8%	266
White/Caucasian, Hispanic	6.3%	17	4.1%	3	5.8%	20
Asian	0.4%	1			0.3%	1
American Indian / Alaska Native			1.4%	1	0.3%	1
Pacific Islander	0.7%	2			0.6%	2
Bi-racial or multiple races	1.9%	5	1.4%	1	1.8%	6
<i>answered question</i>		268		74		342
<i>skipped question</i>		11		2		13

22. What is your age?						
Less than 18	8.4%	19	2.7%	2	7.0%	21
18-24	0.0%	0	12.2%	9	3.0%	9
25-34	81.9%	185	9.5%	7	64.0%	192
35-44	6.6%	15	9.5%	7	7.3%	22
45-54	0.0%	0	14.9%	11	3.7%	11
55-74	0.0%	0	43.2%	32	10.7%	32
75+	0.9%	2	8.1%	6	2.7%	8
<i>answered question</i>		226		74		300
<i>skipped question</i>		6		2		8

23. What is the highest level of school you have completed or highest degree you have received?						
Grades 1 through 8	2.2%	5	5.5%	4	3.0%	9
Some high school (grades 9 through 11)	3.1%	7	5.5%	4	3.7%	11
High school diploma / GED	10.1%	23	12.3%	9	10.6%	32
Vocational/Tech School	6.1%	14	2.7%	2	5.3%	16
Some college	22.8%	52	26.0%	19	23.6%	71
2-year college degree	12.7%	29	9.6%	7	12.0%	36
4-year college degree	23.2%	53	17.8%	13	21.9%	66
Graduate or professional degree	19.7%	45	20.5%	15	19.9%	60
<i>answered question</i>		228		73		301
<i>skipped question</i>		4		3		7

24. What is your current employment status?						
Disabled / unable to work	1.8%	4	6.9%	5	3.0%	9
Employed full-time	60.5%	138	30.6%	22	53.3%	160
Employed part-time	3.9%	9	5.6%	4	4.3%	13
Homemaker	3.1%	7	8.3%	6	4.3%	13
Retired	16.2%	37	25.0%	18	18.3%	55
Seasonal worker	0.0%	0	1.4%	1	0.3%	1
Student	3.9%	9	2.8%	2	3.7%	11
Self-employed	5.7%	13	9.7%	7	6.7%	20
Unemployed	4.8%	11	9.7%	7	6.0%	18
<i>answered question</i>		228		72		300
<i>skipped question</i>		4		4		8

Answer Options	On-Line Responses		Paper Responses		All Responses	
	%	Count	%	Count	%	Count

25. What is your annual family income?							
Less than \$15,000/year	8.4%	18	16.2%	11	10.3%	29	
\$15,001 - \$25,000/year	9.3%	20	14.7%	10	10.6%	30	
\$25,001 - \$35,000/year	10.3%	22	10.3%	7	10.3%	29	
\$35,001 - \$50,000/year	15.4%	33	14.7%	10	15.2%	43	
\$50,001 - \$75,000/year	22.9%	49	13.2%	9	20.6%	58	
\$75,001 - \$100,000/year	15.0%	32	20.6%	14	16.3%	46	
\$100,001 or more/year	18.7%	40	10.3%	7	16.7%	47	
answered question		214		68		282	
skipped question		18		8		26	

26. Where did you take this survey?							
A church			50.0%	38			
A Health Fair			17.1%	13			
Healthy Start			10.5%	8			
Senior Citizen Center			9.2%	7			
Health Department			5.3%	4			
Home			5.3%	4			
WIC			1.3%	1			
Other			1.3%	1			
WIG Center							
Sacred Heart Hospital							
MyGULFCare							
answered question				76			

Community Health Survey - Gulf

The purpose of the following survey is to get your opinions about community health issues in Gulf County. The Florida Department of Health offices in Gulf County will use the results of this survey to identify health priorities for community action.

This survey will take about 5-10 minutes to complete. Your opinion is important. This survey is valid through August 14, 2015, so please respond by that date to have your opinions counted.

Thank you for taking the time to provide it. If you have any questions, please contact sarah.hinds@flhealth.gov.

1. What do you think are the most important features of a “Healthy Community”? (Those factors that would most improve the quality of life in this community.) Check only three (3).

- | | |
|--|---|
| <input type="checkbox"/> Access to health services(e.g. family doctor, hospitals) | <input type="checkbox"/> Low alcohol & drug abuse |
| <input type="checkbox"/> Active lifestyles / outdoor activities | <input type="checkbox"/> Low crime / safe neighborhoods |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low percent of population that are obese |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low numbers of sexually transmitted disease (STDs) |
| <input type="checkbox"/> Clean environment (clean water, air, etc.) | <input type="checkbox"/> Low tobacco use |
| <input type="checkbox"/> Family doctors and specialists | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Good employment opportunities | <input type="checkbox"/> Quality education |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Quality hospitals and urgent / emergency services |
| <input type="checkbox"/> Good race relations | <input type="checkbox"/> Good transportation options |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Healthy food options | <input type="checkbox"/> Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.) |
| <input type="checkbox"/> Low numbers of homeless | |

2. What do you think are the most important health issues in your County? (Those problems that have the greatest impact on overall community health.) Check only three (3).

- | | |
|--|---|
| <input type="checkbox"/> Accidental injuries (at work, home, school, farm) | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Aging problems (e.g. dementia, vision/hearing loss, loss of mobility) | <input type="checkbox"/> Infectious diseases (e.g. hepatitis, TB, etc.) |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Obesity / Excess weight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rape / sexual assault |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Fire-arm related injuries | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Homicide | |

3. Which of the following unhealthy behaviors in the County concern you the most? (Those behaviors that have the greatest impact on overall community health.) Check only three (3).

- | | |
|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not getting shots to prevent disease |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Excess weight | <input type="checkbox"/> Not seeing a doctor or dentist |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Unprotected / unsafe sex |
| <input type="checkbox"/> Poor eating habits / poor nutrition | |

4. Overall, how would you rate the health of people who live in Gulf County?

- ☐ Very Healthy
 ☐ Healthy
 ☐ Somewhat Healthy
 ☐ Unhealthy
 ☐ Very Unhealthy

5. Have you ever been told by a health professional that you have any of the following? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Depression |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Dementia / Alzheimer's disease |
| <input type="checkbox"/> Alcohol or drug addiction | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Mental health problem |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> None of the above |

6. What is the primary source of your health care insurance coverage?

- | | |
|---|--|
| <input type="radio"/> Insurance from an employer or union | <input type="radio"/> Medicaid (<i>such as Medipass, Medicaid HMO</i>) |
| <input type="radio"/> Insurance that you pay for yourself, including Affordable Care Act (sometimes called "Obamacare") plans | <input type="radio"/> TRICARE, military or VA benefits |
| <input type="radio"/> Indian or Tribal Health Services | <input type="radio"/> Other |
| <input type="radio"/> Medicare | <input type="radio"/> I do not have any health insurance |

7. How long has it been since your last dental exam or cleaning?

- ☐ Within past 12 months
 ☐ 1 to 2 years ago
 ☐ 2 to 5 years ago
 ☐ 5 or more years ago
 ☐ Do not know / Not sure

8. How long has it been since your last visit to a doctor for a wellness exam or routine check-up? (Does not include an exam for a specific injury, illness or condition)

- ☐ Within past 12 months
 ☐ 1 to 2 years ago
 ☐ 2 to 5 years ago
 ☐ 5 or more years ago
 ☐ Do not know / Not sure

9. When a doctor prescribes medicine for you or a family member, what do you do?

- | | |
|---|---|
| <input type="radio"/> Fill the prescription at a pharmacy | <input type="radio"/> Use someone else's medicine |
| <input type="radio"/> Use herbal or natural therapies instead | <input type="radio"/> Use leftover medicine already at home |
| <input type="radio"/> Go without medicine | <input type="radio"/> Buy an over the counter medicine |

10. Which healthcare services are difficult to get in Gulf County? (Check all answers that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alternative therapies (acupuncture, herbals, etc.) | <input type="checkbox"/> Prescriptions / Pharmacy services |
| <input type="checkbox"/> Dental care including dentures | <input type="checkbox"/> Primary medical care (a primary doctor/clinic) |
| <input type="checkbox"/> Emergency medical care | <input type="checkbox"/> Services for the elderly |
| <input type="checkbox"/> Family Planning (including birth control) | <input type="checkbox"/> Specialty medical care (specialist doctors) |
| <input type="checkbox"/> Hospital care | <input type="checkbox"/> Alcohol or drug abuse treatment |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Vision care (eye exams and glasses) |
| <input type="checkbox"/> Mental Health services | <input type="checkbox"/> X-Rays or mammograms |
| <input type="checkbox"/> Physical Therapy / Rehabilitation | <input type="checkbox"/> Do not know / None |
| <input type="checkbox"/> Preventative healthcare (routine or wellness check-ups, etc.) | |

11. In the past 12 months, did you delay getting needed medical care for any of the following reasons?

Check all answers that apply.

- | | |
|---|---|
| <input type="checkbox"/> Could not get a weekend or evening appointment | <input type="checkbox"/> Could not get an appointment soon enough |
| <input type="checkbox"/> No, I did not need medical care | <input type="checkbox"/> Provider was not taking new patients |
| <input type="checkbox"/> Provider did not take your insurance | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Could not afford | <input type="checkbox"/> No, I did not have a delay in getting care |
| <input type="checkbox"/> Insurance problems or lack of insurance | <input type="checkbox"/> Language barriers or could not communicate |

12. When you or someone in your family is sick, where do you go for healthcare?

- | | |
|---|---|
| <input type="radio"/> Hospital Emergency Room | <input type="radio"/> Community health center |
| <input type="radio"/> My family doctor | <input type="radio"/> Free clinic |
| <input type="radio"/> Any available doctor | <input type="radio"/> VA / Military facility |
| <input type="radio"/> Urgent care clinic | <input type="radio"/> I usually go without care |
| <input type="radio"/> Health Department | |

13. If you felt that you or someone in your family needed mental health services, where would you go for care?

- | | |
|--|--|
| <input type="radio"/> Hospital Emergency Room in Gulf County | <input type="radio"/> Mental health clinic in Gulf County |
| <input type="radio"/> Hospital Emergency Room in another county | <input type="radio"/> Mental health clinic in another county |
| <input type="radio"/> My family doctor | <input type="radio"/> VA / Military facility |
| <input type="radio"/> Private psychologist, psychiatrist or other mental health professional | <input type="radio"/> I do not know where to go for mental health care |

Other (please specify)

14. Overall, how would you rate the quality of healthcare services available in Gulf County?

- ☐ Excellent
 ☐ Very Good
 ☐ Good
 ☐ Fair
 ☐ Poor
 ☐ Not sure / do not know

15. Do you currently use any tobacco products?

- | | |
|---|--|
| <input type="radio"/> Yes, I currently smoke cigarettes or cigars | <input type="radio"/> No, I quit 12 months ago or less |
| <input type="radio"/> Yes, I currently use chewing tobacco, snuff or snus | <input type="radio"/> No, I quit 1 or more years ago |
| <input type="radio"/> Yes I currently use e-cigarettes | <input type="radio"/> No, I have never used tobacco products |

16. How would you rate your own health today?

- ☐ Very Healthy
 ☐ Healthy
 ☐ Somewhat Healthy
 ☐ Unhealthy
 ☐ Very Unhealthy

17. Please indicate how strongly you agree or disagree with the following statement as it applies to you personally: I am confident that I can make and maintain lifestyle changes, like eating right, exercising, or not smoking.

- ☐ Strongly Agree
 ☐ Agree
 ☐ Disagree
 ☐ Strongly Disagree

18. What are the top three (3) reasons that prevent you from eating healthier foods and being active? Check only three.

- | | |
|--|---|
| <input type="checkbox"/> It is not safe to exercise in my neighborhood | <input type="checkbox"/> Do not have time to be more active |
| <input type="checkbox"/> Tried before and failed to change | <input type="checkbox"/> Healthier food is not available in my neighborhood |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Do not have time to cook or shop for healthy foods |
| <input type="checkbox"/> Do not know how to change my diet | <input type="checkbox"/> Cannot afford exercise equipment / gym membership |
| <input type="checkbox"/> Do not know how much more active I need to be | <input type="checkbox"/> Do not want to be more active |
| <input type="checkbox"/> Do not want to change what I eat | <input type="checkbox"/> It is too expensive to cook / eat healthy foods |
| <input type="checkbox"/> I already eat healthy and am active | <input type="checkbox"/> I am happy the way I am |

19. What is the zip code where you live?

20. Are you male or female?

- ☐ Male
- ☐ Female

21. What is your race?

- | | |
|--|---|
| <input type="radio"/> Black/African-American, non-Hispanic | <input type="radio"/> Asian |
| <input type="radio"/> Black/African-American, Hispanic | <input type="radio"/> American Indian / Alaska Native |
| <input type="radio"/> White/Caucasian, non-Hispanic | <input type="radio"/> Pacific Islander |
| <input type="radio"/> White/Caucasian, Hispanic | <input type="radio"/> Bi-racial or multiple races |

22. What is your age?

- | | |
|------------------------------------|-----------------------------|
| <input type="radio"/> Less than 18 | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24 | <input type="radio"/> 55-74 |
| <input type="radio"/> 25-34 | <input type="radio"/> 75+ |
| <input type="radio"/> 35-44 | |

23. What is the highest level of school you have completed or highest degree you have received?

- | | |
|--|---|
| <input type="radio"/> Grades 1 through 8 | <input type="radio"/> Some college |
| <input type="radio"/> Some high school (grades 9 through 11) | <input type="radio"/> 2-year college degree |
| <input type="radio"/> High school diploma / GED | <input type="radio"/> 4-year college degree |
| <input type="radio"/> Vocational/Tech School | <input type="radio"/> Graduate or professional degree |

24. What is your current employment status?

- | | |
|---|---------------------------------------|
| <input type="radio"/> Disabled / unable to work | <input type="radio"/> Seasonal worker |
| <input type="radio"/> Employed full-time | <input type="radio"/> Student |
| <input type="radio"/> Employed part-time | <input type="radio"/> Self-employed |
| <input type="radio"/> Homemaker | <input type="radio"/> Unemployed |
| <input type="radio"/> Retired | |

25. What is your annual family income?

- | | |
|--|---|
| <input type="radio"/> Less than \$15,000/year | <input type="radio"/> \$50,001 - \$75,000/year |
| <input type="radio"/> \$15,001 - \$25,000/year | <input type="radio"/> \$75,001 - \$100,000/year |
| <input type="radio"/> \$25,001 - \$35,000/year | <input type="radio"/> \$100,001 or more/year |
| <input type="radio"/> \$35,001 - \$50,000/year | |

26. Where did you take this survey?

- | | |
|---|---|
| <input type="radio"/> A church | <input type="radio"/> WIG Center |
| <input type="radio"/> A Health Fair | <input type="radio"/> Sacred Heart Hospital |
| <input type="radio"/> Health Department | <input type="radio"/> MyGULFCare |
| <input type="radio"/> WIC | |

Other (please specify)

Thank you for taking this survey.

El propósito de la siguiente encuesta es obtener sus opiniones sobre cuestiones de salud de la comunidad en el Condado de Gulf. Las oficinas del Departamento de salud de Florida en el condado de Gulf utilizarán los resultados de esta encuesta para identificar las prioridades de salud de acción comunitaria. Esta encuesta se llevará a cerca de 5 a 10 minutos para completar. Tu opinión es importante. Esta encuesta es válida hasta el 28 de agosto de 2015, por favor responder por esa fecha para que sus opiniones cuentan.

Muchas gracias por tomar el tiempo para proporcionarlo. Si usted tiene alguna pregunta, por favor póngase en contacto con sarah.hinds@flhealth.gov

1. ¿Cuáles cree que son las características más importantes de una "comunidad saludable"? (Aquellos factores que más mejorarían la calidad de vida en esta comunidad.) **Marque sólo tres (3).**

- | | |
|--|--|
| <input type="checkbox"/> Acceso a servicios de salud (médico de familia, hospitales, etcétera) | <input type="checkbox"/> Abuso de alcohol y drogas bajo |
| <input type="checkbox"/> Estilos de vida activos / actividades al aire libre | <input type="checkbox"/> Bajo nivel de crimen/vecindarios seguros |
| <input type="checkbox"/> Vivienda asequible | <input type="checkbox"/> Bajo porcentaje de la población que son obesos |
| <input type="checkbox"/> Eventos culturales y artísticos | <input type="checkbox"/> Números bajos de enfermedad de transmisión sexual (ETS) |
| <input type="checkbox"/> Medio ambiente limpio (agua limpia, aire, etcétera) | <input type="checkbox"/> Bajo uso de tabaco |
| <input type="checkbox"/> Médicos de familia y especialistas | <input type="checkbox"/> Servicios de salud mental |
| <input type="checkbox"/> Buenas oportunidades de empleo | <input type="checkbox"/> Educación de calidad |
| <input type="checkbox"/> Buen lugar para criar a los niños | <input type="checkbox"/> Hospitales de calidad y servicios de urgencia /emergencias |
| <input type="checkbox"/> Buenas relaciones raciales | <input type="checkbox"/> Buenas opciones de transporte |
| <input type="checkbox"/> Buenas escuelas | <input type="checkbox"/> Valores religiosos o espirituales |
| <input type="checkbox"/> Opciones de alimentos saludables | <input type="checkbox"/> Servicios de apoyo social (como Ejército de Salvación (Salvation Army), despensas de alimentos, Caridades Católicas, la Cruz Roja, etcétera.) |
| <input type="checkbox"/> Números bajos de persona sin hogar | |

2. ¿Cuáles crees que son los más importantes problemas de salud de su condado? (Aquellos problemas que tienen mayor impacto en la salud general de la comunidad.) **Marque sólo tres (3).**

- | | |
|---|--|
| <input type="checkbox"/> Lesiones accidentales (en trabajo, casa, escuela, granja) | <input type="checkbox"/> Muerte infantil |
| <input type="checkbox"/> Problemas de Envejecimiento (por ejemplo demencia, pérdida de visión/audición, pérdida de movilidad) | <input type="checkbox"/> Enfermedades infecciosas (por ejemplo, hepatitis, tuberculosis, etcétera) |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Problemas de salud mental |
| <input type="checkbox"/> Abuso infantil / negligencia | <input type="checkbox"/> Lesiones de accidente de vehículo de motor |
| <input type="checkbox"/> Problemas dentales | <input type="checkbox"/> Obesidad / exceso de peso |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Violación / asalto sexual |
| <input type="checkbox"/> Violencia doméstica | <input type="checkbox"/> Respiratorio / enfermedad pulmonar |
| <input type="checkbox"/> Heridas relacionadas por arma de fuego | <input type="checkbox"/> Enfermedades de Transmisión Sexual (ETS) |
| <input type="checkbox"/> Enfermedades del corazón y derrame cerebral | <input type="checkbox"/> Suicidio |
| <input type="checkbox"/> VIH / SIDA | <input type="checkbox"/> Embarazo en la adolescencia |
| <input type="checkbox"/> La falta de vivienda/persona sin hogar | <input type="checkbox"/> Uso de Tabaco |
| <input type="checkbox"/> Homicidio | |

3. ¿Cuál de las siguientes conductas no saludables en el Condado te preocupan más? (Aquellos comportamientos que tienen el mayor impacto en la salud de la comunidad.) **Marque solo tres (3)**

- | | |
|---|---|
| <input type="checkbox"/> Abuso de alcohol | <input type="checkbox"/> No obtener vacunas para prevenir enfermedades |
| <input type="checkbox"/> Abuso de drogas | <input type="checkbox"/> No usar cinturones de seguridad / Asientos de seguridad infantil |
| <input type="checkbox"/> Exceso de peso | <input type="checkbox"/> No ver a un médico o dentista |
| <input type="checkbox"/> La falta de vivienda/persona sin hogar | <input type="checkbox"/> Uso de tabaco |
| <input type="checkbox"/> La falta de ejercicio | <input type="checkbox"/> Sexo sin protección / inseguro |
| <input type="checkbox"/> Pobres hábitos de alimentación, deficiente nutrición | |

4. En general, ¿cómo calificaría usted la salud de las personas que viven en su condado?

- | | | |
|--|---|--|
| <input type="checkbox"/> Muy saludable | <input type="checkbox"/> Algo saludable | <input type="checkbox"/> Muy insalubre |
| <input type="checkbox"/> Saludable | <input type="checkbox"/> Insalubre o poco saludable | |

5. ¿Alguna vez le han dicho por un profesional de la salud que usted tiene cualquiera de los siguientes: (Marque todas las que correspondan)

- | | |
|---|---|
| <input type="checkbox"/> Enfermedad Pulmonar Obstructiva Crónica (EPOC) | <input type="checkbox"/> Depresión |
| <input type="checkbox"/> Colesterol alto | <input type="checkbox"/> Demencia / enfermedad de Alzheimer |
| <input type="checkbox"/> Adicción al alcohol o drogas | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Obesidad | <input type="checkbox"/> Problemas de salud mental |
| <input type="checkbox"/> Enfermedades del corazón | <input type="checkbox"/> Asma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Presión arterial alta |
| <input type="checkbox"/> VIH / SIDA | <input type="checkbox"/> Ninguna de las anteriores |

6. ¿Cuál es la fuente principal de su cobertura de seguro médico?

- | | |
|--|--|
| <input type="checkbox"/> Seguro de un empleador o sindicato | <input type="checkbox"/> Medicaid (como Medipass, Medicaid HMO) |
| <input type="checkbox"/> Seguro que usted paga por sí mismo, incluyendo planes de la Affordable Care Act (a veces llamado "Obamacare") | <input type="checkbox"/> TRICARE, beneficios militares o beneficios para veteranos |
| <input type="checkbox"/> de servicios de salud indígena o Tribal | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> No tengo seguro de salud |

7. ¿Cuánto tiempo ha pasado desde el último examen dental o limpieza?

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Dentro de los últimos 12 meses | <input type="checkbox"/> hace 2 años | <input type="checkbox"/> 5 o más años |
| | <input type="checkbox"/> hace 5 años | <input type="checkbox"/> No se / no estoy seguro |

8. ¿Cuánto tiempo ha pasado desde la última vez que visitó al médico para obtener un examen de bienestar o revisión rutinaria? (No incluye un examen de una lesión específica, enfermedad o condición)

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Dentro de los últimos 12 meses | <input type="checkbox"/> 1 a 2 años | <input type="checkbox"/> 5 o más años |
| | <input type="checkbox"/> 2 a 5 años | <input type="checkbox"/> No se / no estoy seguro |

9. ¿Cuándo un médico le receta medicina para usted o un miembro de la familia, ¿qué haces?

- | | |
|--|--|
| <input type="checkbox"/> Llenar la prescripción en una farmacia | <input type="checkbox"/> Uso medicamentos sobrantes que están en la casa |
| <input type="checkbox"/> Uso terapias herbales o naturales en su lugar | <input type="checkbox"/> Comprar medicamento vendido sin receta |
| <input type="checkbox"/> Ir sin medicina | |
| <input type="checkbox"/> Uso medicamento de otra persona | |

10. ¿Cuáles servicios de salud son difíciles de conseguir en su condado? Compruebe todas las respuestas que se aplican.

- | | |
|---|--|
| <input type="checkbox"/> Terapias alternativas (acupuntura, hierbas, etcétera). | <input type="checkbox"/> Prescripciones, recetas / servicios de farmacia |
| <input type="checkbox"/> Cuidado dental incluyendo las dentaduras | <input type="checkbox"/> Atención médica primaria (un médico de atención primaria/clínica) |
| <input type="checkbox"/> Atención médica de emergencia | <input type="checkbox"/> Servicios para las personas de edad avanzada/ancianos |
| <input type="checkbox"/> Planificación familiar (incluyendo control de la natalidad) | <input type="checkbox"/> Atención médica de especialidad (médicos especialistas) |
| <input type="checkbox"/> Atención hospitalaria | <input type="checkbox"/> Tratamiento de abuso de alcohol o drogas |
| <input type="checkbox"/> Servicios de laboratorio | <input type="checkbox"/> Cuidado de la vista (exámenes de la vista y lentes) |
| <input type="checkbox"/> Servicios de Salud Mental | <input type="checkbox"/> Radiografías o mamografías |
| <input type="checkbox"/> Fisioterapia / rehabilitación | <input type="checkbox"/> No sé / Ninguno |
| <input type="checkbox"/> Salud preventiva (chequeos de rutina o de bienestar, etcétera) | |

11. En los últimos 12 meses, ¿se hay demorado de obtener atención médica necesaria para cualquiera de las siguientes razones? Compruebe todas las respuestas que se aplican.

- | | |
|--|---|
| <input type="checkbox"/> No, yo no he No se pudo obtener una cita durante el fin de semana o una cita por la noche | <input type="checkbox"/> No se pudo obtener una cita muy pronto |
| <input type="checkbox"/> No, no necesito atención médica | <input type="checkbox"/> Proveedor no estaba aceptando nuevos pacientes |
| <input type="checkbox"/> Proveedor no aceptó su seguro | <input type="checkbox"/> Falta de transporte |
| <input type="checkbox"/> No pude pagarlo/no podía permitirse | <input type="checkbox"/> No, yo no he tenido un retraso en recibir cuidados médicos |
| <input type="checkbox"/> Problemas de seguro o falta de seguro | <input type="checkbox"/> Las barreras del idioma o no podían comunicarse |

12. ¿Cuándo usted o alguien en su familia están enfermos, donde vas para su asistencia médica?

- | | |
|--|---|
| <input type="checkbox"/> Sala de emergencia del hospital | <input type="checkbox"/> Centro de salud de la comunidad |
| <input type="checkbox"/> Mi médico familiar | <input type="checkbox"/> Clínica gratis |
| <input type="checkbox"/> Cualquier médico disponible | <input type="checkbox"/> Facilidad para militares y veteranos |
| <input type="checkbox"/> Clínica de atención urgente | <input type="checkbox"/> Me voy sin cuidado o tratamiento |
| <input type="checkbox"/> Departamento de Salud | |

13. Si usted siente que usted o alguien en su familia necesita servicios de salud mental, ¿adónde irías para el cuidado?

- | | |
|---|--|
| <input type="checkbox"/> Sala de emergencia del hospital en el condado de Gulf | <input type="checkbox"/> Clínica de salud mental en el Condado de Gulf |
| <input type="checkbox"/> Sala de emergencia del hospital en otro condado | <input type="checkbox"/> Clínica de salud mental en otro condado |
| <input type="checkbox"/> Mi médico familiar | <input type="checkbox"/> Facilidad para militares y veteranos |
| <input type="checkbox"/> Psicólogo privado, psiquiatra u otro profesional de salud mental | <input type="checkbox"/> No sé dónde ir para la atención de salud mental |
| <input type="checkbox"/> Otro (Por favor Especifique) _____ | |

14. En general, ¿cómo calificaría la calidad de los servicios de salud disponibles en su condado?

- | | | | | | |
|------------------------------------|------------------------------------|--------------------------------|---|------------------------------|--|
| <input type="checkbox"/> Excelente | <input type="checkbox"/> Muy Bueno | <input type="checkbox"/> Bueno | <input type="checkbox"/> Equitativo/
justo | <input type="checkbox"/> Mal | <input type="checkbox"/> No seguro/
no se |
|------------------------------------|------------------------------------|--------------------------------|---|------------------------------|--|

15. ¿Usa actualmente algún producto de tabaco?

- ☐ Sí, yo actualmente fumo cigarrillos o cigarros
- ☐ Sí, actualmente uso tabaco para mascar
- ☐ Sí, yo actualmente uso los cigarrillos electrónicos

- ☐ No, yo dejé de fumar hace 12 meses o menos
- ☐ No, dejé de fumar hace 1 o más años atrás
- ☐ No, yo nunca he usado productos de tabaco

16. ¿Cómo calificaría su propio estado de salud hoy?

- ☐ Muy saludable
- ☐ Saludable
- ☐ Algo saludable

- ☐ Insalubre/poco saludable
- ☐ Muy insalubre

17. Por favor, indique si está de acuerdo o en desacuerdo con la afirmación siguiente tal como se aplica a usted personalmente, estoy seguro de que puedo hacer y mantener los cambios en el estilo de vida, como comer bien, hacer ejercicio, o no fumar.

- ☐ Muy de acuerdo
- ☐ Estar de acuerdo/discrepar
- ☐ No estar de acuerdo
- ☐ Muy en desacuerdo

18. ¿Cuáles son las tres 3 razones principales que impide a usted de comer alimentos más saludables y estar activos? Marque sólo tres

- ☐ No es seguro de hacer ejercicio en mi vecindad
- ☐ Ha intentado antes y no ha podido cambiar
- ☐ Miedo al fracaso
- ☐ No sé cómo cambiar mi dieta
- ☐ No sé cuánto más activo necesito de ser
- ☐ No quiero cambiar lo que como
- ☐ Yo como sano y soy activo

- ☐ No tengo tiempo para ser más activo
- ☐ Alimentos Saludables no está disponible en mi vecindad
- ☐ No tengo tiempo para cocinar o comprar alimentos saludables
- ☐ No puedo comprar equipos de ejercicios / gimnasio
- ☐ No quiero ser más activo
- ☐ Es demasiado caro para cocinar y comer alimentos saludable
- ☐ Soy feliz como soy

19. ¿Qué es el código postal dónde vives? 32_____

20. ¿Eres masculino o femenino?

- ☐ Masculino
- ☐ Femenino

21. ¿Cuál es tu raza?

- ☐ Negro/Afro Americano, no Hispano
- ☐ Negro/Afro Americano, Hispano
- ☐ Blanco/Caucásico, no Hispano
- ☐ Blanco/Caucásico, Hispano

- ☐ Asiático
- ☐ Indios Americanos / nativos de Alaska
- ☐ Isleño del Pacífico
- ☐ Multirraciales/de varias razas

22. ¿Cuál es su edad?

- ☐ Menos de 18
- ☐ 18-24

- ☐ 25-34
- ☐ 35-44

- ☐ 45-54
- ☐ 55-74
- ☐ 75+

23. ¿Cuál es el nivel más alto de escuela que ha completado o mayor grado que ha recibido?

- | | |
|---|---|
| <input type="checkbox"/> Grados 1 al 8 | <input type="checkbox"/> Algún universidad |
| <input type="checkbox"/> Algún escuela secundaria (grados 9 a 11) | <input type="checkbox"/> 2 años graduado en la universidad |
| <input type="checkbox"/> Diploma de la escuela • secundaria / GED | <input type="checkbox"/> 4 años título universitario |
| <input type="checkbox"/> Escuela profesional/ tecnología | <input type="checkbox"/> Graduado o profesional Título/licenciatura |

24. ¿Cuál es su estado de empleo corriente?

- | | |
|--|---|
| <input type="checkbox"/> Discapacitado/no puedo trabajar | <input type="checkbox"/> Trabajador temporal |
| <input type="checkbox"/> Empleo tiempo completo | <input type="checkbox"/> Estudiante |
| <input type="checkbox"/> Empleo a tiempo parcial | <input type="checkbox"/> Independiente/trabajador autónomos |
| <input type="checkbox"/> Ama de casa | <input type="checkbox"/> Desempleado |
| <input type="checkbox"/> Retirado/Jubilado | |

25. ¿Cuál es sus ingresos anual de su familia?

- | | |
|--|---|
| <input type="checkbox"/> Menos de \$15,000 /anual | <input type="checkbox"/> \$50,001 - \$75,000/anual |
| <input type="checkbox"/> \$15,001 - \$25,000/anual | <input type="checkbox"/> \$75,001 - \$100,000/anual |
| <input type="checkbox"/> \$25,001 - \$35,000/anual | <input type="checkbox"/> \$100.001 o más/anual |
| <input type="checkbox"/> \$35,001 - \$50,000/anual | |

26. ¿En donde hiciste usted esta encuesta?

- | | |
|---|---|
| <input type="checkbox"/> La iglesia | <input type="checkbox"/> Centro de WIG |
| <input type="checkbox"/> Feria/Evento de la Salud | <input type="checkbox"/> Otro (por favor especifique) |
| <input type="checkbox"/> Departamento de Salud | |
| <input type="checkbox"/> WIC | |

Gracias por tomar esta encuesta.



Want to improve the quality of life in your community?

Now is your chance! We are working to gain insight into what you—**the community members**—think is most important for our overall health.

Join the final Community Workshop where we will pick our priorities!

When: November 16, 2015, 9:00 am-12:00 pm EST

Where: Florida Department of Health in Gulf County

2475 Garrison Avenue, Port St. Joe, FL 32456

RSVP to Deanna Simmons, 850-591-9386 or Deanna.Simmons@flhealth.gov

This invitation is brought to you by the
Gulf County Community Health Improvement Partners.

Our vision is to enhance health for all generations in Gulf County.



Like us on facebook: <https://www.facebook.com/gulfcountycommunityhealth>